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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

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OMB No. 1545-0052

**Return of Private Foundation** or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

2019

Open to Public Inspection

Name of foundation Illinois Children's Healthcare Foundation  Number and street (or P.O. box number if mail is not delivered to street address) 1200 Jorie Blvd No 301  Room/suite B Telephone number (see instance) (630) 571-2555  City or town, state or province, country, and ZIP or foreign postal code Oak Brook, IL 60523  C If exemption application is	ending, check here
Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see inst (630) 571-2555  City or town, state or province, country, and ZIP or foreign postal code	eck here
1200 Jorie Blvd No 301  (630) 571-2555  City or town, state or province, country, and ZIP or foreign postal code	eck here
	eck here
,	eting the 85%
G Check all that apply:	eting the 85%
Final return Amended return 2. Foreign organizations m	
H Check type of organization: ✓ Section 501(c)(3) exempt private foundation  E If private foundation status under section 507(b)(1)(A	was terminated
H Check type of organization: ✓ Section 501(c)(3) exempt private foundation under section 507(b)(1)(A Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation	, check here 🕨 🗀
I Fair market value of all assets at end	month termination
of year (from Part II, col. (c),   Under section 507(b)(1)(B   line 16) ►\$ 155,190,973   Under section 507(b)(1)(B   (Part I, column (d) must be on cash basis.)	
Part I Analysis of Revenue and Expenses (The total	(d) Disbursements
of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)  (a) Revenue and expenses per books  (b) Net investment income income	
1 Contributions, gifts, grants, etc., received (attach schedule) 1,000	
2 Check ▶ ☑ if the foundation is <b>not</b> required to attach	
Sch. B	
4 Dividends and interest from securities 3,907,881 3,907,881	
5a Gross rents	
b Net rental income or (loss)	
Φ 6a Net gain or (loss) from sale of assets not on line 10 934,560	
b Gross sales price for all assets on line 6a  3,458,975  Capital gain net income (from Part IV line 2)	
3,458,975 934,560	
8 Net short-term capital gain	
9 Income modifications	
10a Gross sales less returns and allowances	
b Less: Cost of goods sold	
c Gross profit or (loss) (attach schedule)	
11 Other income (attach schedule)	
<b>12 Total.</b> Add lines 1 through 11	
13 Compensation of officers, directors, trustees, etc. 260,000 7,800	252,200
14 Other employee salaries and wages	554,214
15 Pension plans, employee benefits	176,067
16a Legal fees (attach schedule)	34,607
15   Pension plans, employee benefits   177,175   1,108     16a   Legal fees (attach schedule)   25,723   0     b   Accounting fees (attach schedule)   53,968   41,743     c   Other professional fees (attach schedule)   452,906   74,781     17   Interest   18   Taxes (attach schedule) (see instructions)   144,694   98,513     19   Depreciation (attach schedule) and depletion   3,660   0     20   Occupancy   63,329   345     21   Travel, conferences, and meetings   5,589   0	12,225
c Other professional fees (attach schedule)	413,984
17 Interest	
18 Taxes (attach schedule) (see instructions) 98,513	0
19 Depreciation (attach schedule) and depletion	
20 Occupancy	62,984
21 Travel, conferences, and meetings	67,703
	8,839 86,887
24 Total operating and administrative expenses.	00,007
23 Other expenses (attach schedule)	1,669,710
25 Contributions, gifts, grants paid	5,652,099
26 Total expenses and disbursements. Add lines 24 and	
25 15,568,541 224,448 27 Subtract line 26 from line 12:	7,321,809
a Excess of revenue over expenses and	
disbursements -10,725,036	
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)	
For Paperwork Reduction Act Notice, see instructions.  Cat. No. 11289X	Form <b>990-PF</b> (2019)

133,869,260

58,705

2,353,913

2,412,618

131,456,642

131,456,642

133,869,260

9

155,190,973

10,364,698

-350,673

10,046,595

145,144,378

145,144,378

155,190,973

131,456,642

-10,725,036

24,412,772

145,144,378

145,144,378

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1

2

3

4

5

6

32,570

Page 2

155,190,973

	2	Savings and temporary cash investments		2,305,818		2,128,064		2,128,064
	3	Accounts receivable ▶						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ▶						
		Less: allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less: allowance for doubtful accounts ▶						
S.	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges		25,154		30,962		30,962
As	<b>10</b> a	Investments—U.S. and state government obligations (attach schedule)		9,906,593	<b>%</b> J	10,475,393		10,475,393
	b	Investments—corporate stock (attach schedule)		113,085,568	رچ <b>ه</b>	133,688,543		133,688,543
	c	Investments—corporate bonds (attach schedule)		8,477,251	<b>%</b> J	8,841,976		8,841,976
	11	Investments—land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)						
	14	Land, buildings, and equipment: basis ▶126,874						
		Less: accumulated depreciation (attach schedule) ▶ 119,461		11,073	<b>9</b>	7,413		7,413
	15	Other assets (describe )	<b>%</b> J	57,803	<b>%</b> J	18,622	<b>%</b> J	18,622
- 1					_			

12	Investments—mortgage loans		
13	Investments—other (attach schedule)		
14	Land, buildings, and equipment: basis ▶126,874		
	Less: accumulated depreciation (attach schedule) ▶ 119,461	11,073	<b>9</b>
15	Other assets (describe ▶)	57,803	9
16	Total assets (to be completed by all filers—see the		

instructions. Also, see page 1, item I)

Grants payable

Other liabilities (describe .

Accounts payable and accrued expenses .

**Total liabilities**(add lines 17 through 22) .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 . . . . . .

Enter amount from Part I, line 27a

Net assets with donor restrictions .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). .

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg., and equipment fund

Foundations that do not follow FASB ASC 958, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

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2

17

18

19

20

21

22

23

24

25

26

27 28

29

30

Part III

2

3

Liabilities

Net Assets or Fund Balances

• •	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a Publicly Traded Securities	5				
b					
c					
d					
e					
	(f)		(g)	(	h)
(e)	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus expe	ense of sale	(e) plus (f	) minus (g)
<b>a</b> 3,45	8,975		2,524,415		934,560
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69	(	I)
	(j)		(k)	Gains (Col. (	h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis		of col. (i)		less than -0-) or
	as of 12/31/69	over col.	(j), if any	Losses (fr	om col.(h))
а					934,56
b					
c					
d					
e					
-	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0	· }	3	934,560
	Inder Section 4940(e) for Re				
	•	( )		,	
f section 4940(d)(2) applies, le	ave this part blank.				
f "Yes," the foundation does no	e section 4942 tax on the distributa of qualify under section 4940(e). Do	not complete this part.			es 🔽 No
	nount in each column for each year;	see instructions before	making any entrie		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitabl		<b>(d)</b> Distribution rati (col. (b) divided by c	
2018	6,877,136		140,045,547		0.049106
2017	6,364,470		134,359,870		0.047369
2016	6,254,212		123,286,423		0.050729
2015	6,628,444		129,525,216		0.051175
2014	6,100,025		132,754,845		0.045950
2 Total of line 1, column (	d)		2		0.244329
	for the 5-year base period—divide				
,	dation has been in existence if less	,			0.048866
	ncharitable-use assets for 2019 fron	•	4		140,060,521
5 Multiply line 4 by line 3			5		6,844,197
	ent income (1% of Part I, line 27b)		6		46,181
					6,890,378
	ons from Part XII, line 4 , ater than line 7, check the box in Pa			 ng a 1% tax rate. Se	7,321,809 e the Part VI
					rm 000-DE (2010

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Pai	rt VIII-B Stat	tements Regardin	g Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year o	did the foundation pay	or incur any amount to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
	(2) Influence the	e outcome of any spec	ific public election (see sec	tion 4955); or to carry				
	on, directly o	or indirectly, any voter	registration drive?		· · 🗌 Yes 🗸	No		
	(3) Provide a gra	ant to an individual for	travel, study, or other sim	ilar purposes?	Yes V	No		
	(4) Provide a gra	ant to an organization	other than a charitable, etc	, organization described				
	in section 49	45(d)(4)(A)? See insti	ructions		· · · Pes 🗸	No		
	(5) Provide for a	iny purpose other thar	religious, charitable, scien	tific, literary, or				
			evention of cruelty to child		∟ Yes 🖭	No		
b	•		dany of the transactions fa		•			
	-		rent notice regarding disas			5b		
	-	, <del>-</del>	ce regarding disaster assist		· · · · · • 📙			
С			), does the foundation clair	•				
		· ·	responsibility for the grant		· · 🗌 Yes 🗌	No		
	If "Yes," attach t	he statement required	by Regulations section 53.	4945-5(d).				
6a	Did the foundation	on, during the year, re	ceive any funds, directly or	indirectly, to pay premit	ıms on			
					· Yes 🗸	No		
b			y premiums, directly or inc	lirectly, on a personal be	nefit contract?	<b>6</b> b		No
	If "Yes" to 6b, file							
7a	•		ne foundation a party to a p		∟ Yes 💌	No		
b			proceeds or have any net		ne transaction?	<b>7</b> b		
8		•	1 4960 tax on payment(s) o					
	excess parachute	e payment during the	/ear?		· · 🗌 Yes 🗸	No L		<u> </u>
Dai			icers, Directors, Trust	tees, Foundation Ma	nagers, Highly Paid Er	nployees	,	
Fa	and C	Contractors						
1	List all officers,	directors, trustees,	foundation managers ar	d their compensation	See instructions			
			(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse acc	ount.
	(a) Name and	d address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other a		
See .	Additional Data Tal	hle	devoted to position	-0-)	deferred compensation			
<u> </u>	Additional Data Tai	bie						
						1		
	Componention	of five highest paid	amplayaas (athar than t	hoso included on line t	 L—see instructions). If no	no ontor'	NONE	71
	Compensation	or five ingliest-paid			(d) Contributions to	iie, eiitei	HOIL	<u> </u>
(a)	Name and address	of each employee pa	d (b) Title, and average	( ) 6	employee benefit	(e) Expen	se acco	ount.
. ,		n \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other al		
			· ·		compensation			
<u>_</u>	Starin PhD LCSW		Senior Program Offic 40.00	145,50	34,449			0
	1200 Jorie Blvd S	uite 301	10.00					
	Brook, IL 60523		Canian Duagues Offi	140.00	27.050			
	ert J Egan	:t- 201	Senior Program Offic 40.00	140,00	27,850			0
	1200 Jorie Blvd S Brook, IL 60523	uite 301	1					
	hew J Thullen		Program Officer	97,38	35,916			
		uito 201	40.00	97,50	33,910			Ū
	i 1200 Jorie Blvd S Brook, IL 60523	uite 301						
	Moynihan		Dir of Finance and O	89,95	19,232			
	1200 Jorie Blvd S	uite 301	40.00		13,232			J
	Brook, IL 60523	aite 301						
	anae Hunt		Administrative Manag	72,69	21,908			0
	1200 Jorie Blvd S	uite 301	40.00					
	Brook, IL 60523							
Tota	I number of other	employees paid over	\$50,000	. <del></del>				0
						Form 99	0-PF	(2019)

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Univ of IL-Urbana	Program Consultation and Evaluation	205,594
1010 W Nevada Ste 2080 Urbana, IL 61801		
Vanguard	Investment Consultant	74,781
PO Box 2600 Valley Forge, PA 19482		,
LearnVentures LLC	Program Consultation and Evaluation	53,144
413 North Grand Ave Oak Park, IL 60302		,
Total number of others receiving over \$50,000 for professional services	5	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inc organizations and other beneficiaries served, conferences convened, research pape		Expenses
a variety of access issues. Grantmaking is focused in two specific at children and addressing the mental health needs of children. In add health issues that the Board of Directors may select as focus areas charitable activities.	lition, the Foundation monitors other emerging	0
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Describe the two largest program-related investments made by the foundation	during the tax year on lines 1 and 2.	Amount
1		-
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0
		<u> </u>

6

7

1a

1b

2

3a 3b

4

5

6.958.030

7,321,809

7,321,809

7,275,628

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46,181

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

6

1

2

3

4

5

Part XII

a From 2014. . . . . **b** From 2015. . . . . c From 2016. . . **d** From 2017. . . . . e From 2018. . . . .

2 Undistributed income, if any, as of the end of 2019:

a Enter amount for 2018 only. . . . . . 3 Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 7,321,809 a Applied to 2018, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . .

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . . . . .

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

same amount must be shown in column (a).)

1,634,142

5.323,888

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5.687.667

5,687,667

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Pa	rt XIII	1

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			_	_

(2019)							
Undistributed Income (see instructions)							
	(a) Corpus	(b) Years prior to 2018	(c) 2018				

Ondistributed income (see mistractions)							
	(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019			
able amount for 2019 from Part XI, line 7				6,958,030			

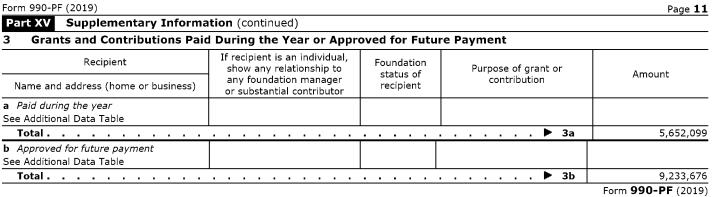
	(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019
pistributable amount for 2019 from Part XI, line 7				6,958,03

4111	Undistributed Income (see instruc	ctions)			
		(a)	(b)	(c)	(d)
		Corpus	Vears prior to 2019	2018	2010

	(a) Corpus	(b) Years prior to 2018	(c) 2018	<b>(d)</b> 2019				

				(a)	(b)	(c)	(d)
				Corpus	Years prior to 2018	2018	2019
A STATE OF THE STA	1.5 2010.5	B L ME II	_				6 050 020

	Part XIV Private O	perating Founda	ations (see instru	ictions and Part V	II-A, question 9)		·g	
1a	If the foundation has rece foundation, and the rulin				rating			
b	Check box to indicate who	ether the organization	on is a private opera	ting foundation desc	cribed in section $\Box$	4942(j)(3) or	] 4942(j)(5)	
2a	Enter the lesser of the adjusted net Tax year Prior 3 years (e) Total income from Part I or the minimum (a) 2010							
	investment return from P		(a) 2019	<b>(b)</b> 2018	(c) 2017	<b>(d)</b> 2016	(5)	
	year listed							
	85% of line 2a	ŀ						
	Qualifying distributions fr line 4 for each year listed							
d	Amounts included in line directly for active conductactivities	t of exempt						
е	Qualifying distributions m for active conduct of exer Subtract line 2d from line	mpt activities.						
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test-							
	(1) Value of all assets .							
	(2) Value of assets qual under section 4942(							
b	"Endowment" alternative of minimum investment	return shown in						
c	Part X, line 6 for each ye "Support" alternative test	· · · · · · · · · · · · · · · · · · ·						
·	(1) Total support other							
	investment income (							
	dividends, rents, pa on securities loans (:							
	512(a)(5)), or royalt							
	(2) Support from genera							
	and 5 or more exem organizations as pro	·						
	section 4942(j)(3)(B	(iii)						
	(3) Largest amount of s from an exempt organized							
	(4) Gross investment in							
	Sunnlementa		(Complete this	part only if the f	oundation had s	5,000 or more	in	
	assets at any	time during the	e year—see inst					
1	Information Regarding List any managers of the			than 20% of the total	contributions receive	ad by the foundatio	n	
a	before the close of any ta						11	
b	List any managers of the					rge portion of the		
2	ownership of a partnersh  Information Regarding							
_		•		• • • •	-	J		
	Check here ▶ ☐ if the forunsolicited requests for f	oundation only make funds. If the foundat	es contributions to p tion makes gifts, gra	reselected charitable ints, etc. to individua	e organizations and als or organizations i	uoes not accept Inder		
	other conditions, comple			,	<b>.</b>			
а	The name, address, and	telephone number o	or email address of t	he person to whom a	applications should b	e addressed:		
	See Additional Data Tab	le						
b	The form in which applica	ations should be sub	mitted and informal	ion and materials th	ney should include:			
	See Additional Data Tab	le						
С	Any submission deadlines	s:						
	See Additional Data Tab	le						
d	Any restrictions or limitat factors:	cions on awards, suc	ch as by geographica	al areas, charitable f	ields, kinds of institu	itions, or other		
	See Additional Data Tab	le						



er gross	amounts unless otherwise indicated.		usiness income	Excluded by section		(e) Related or exemp function income
_	service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	( <b>d)</b> Amount	(See instructions
f						
g Fees	and contracts from government agencies					
	rship dues and assessments					
investm	t on savings and temporary cash ents			1.4	CA	
	ds and interest from securities			14 14	64 3,907,881	
	tal income or (loss) from real estate:				3,30,,001	
	financed property					
<b>b</b> Not d	ebt-financed property					
	tal income or (loss) from personal property					
	nvestment income					
Gain or invento	(loss) from sales of assets other than			40	024 560	
	ome or (loss) from special events:			18	934,560	
	profit or (loss) from sales of inventory					
	evenue: a					
с						
е						
e			0		4,842,505	
e Subtota Total.	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1	4,842,505 <b>3</b>	4,842,50
e Subtota <b>Total.</b>	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)				
e Subtota Total. (See wo	al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations.)  e Accomplisi income is report	hment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	3uted importantly to	
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e Subtota Total. (See wo art XVI	al. Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.)  e Accomplisi income is report	hment of Exempled in column (e) of	ot Purposes  Part XVI-A contribu	3uted importantly to	

Form 990-I	PF (2019)				Pa	ge <b>13</b>
Part XV	Information Re Exempt Organi		ons and Relationships With Nonchari	table		
		ndirectly engage in any of the following with a organizations) or in section 527, relating to p	ny other organization described in section 501 political organizations?		Yes	No
a Transfe	ers from the reporting four	ndation to a noncharitable exempt organizatio	n of:			
<b>(1)</b> Ca	ash			1a(1)		No
(2) 01	ther assets			1a(2)		No
<b>b</b> Other t	ransactions:					
<b>(1)</b> Sa	ales of assets to a nonchar	itable exempt organization		1b(1)		No
<b>(2)</b> Pu	ırchases of assets from a ı	noncharitable exempt organization		1b(2)		No
(3) Re	ental of facilities, equipme	nt, or other assets		1b(3)		No
( <b>4</b> ) Re	eimbursement arrangemer	nts		1b(4)		No
	-			1b(5)		No
		nembership or fundraising solicitations		1b(6)		No
<b>c</b> Sharing	g of facilities, equipment, r	mailing lists, other assets, or paid employees.		1c		No
	transaction or sharing arra	rvices given by the reporting foundation. If the reporting foundation is the report of	e foundation received less than fair market value goods, other assets, or services received.  (d) Description of transfers, transactions, and sha		ngemen	ts
-						

2a Is the fo	oundation directly or indire	ectly affiliated with	, or related to, one or mo	re tax-exem	pt organizations
describe	ed in section 501(c) (other	r than section 501(	c)(3)) or in section 527?		Yes 🗹 No
	' complete the following s				
,			(b) Type of organiza	ation	(c) Description of relationship
		·			
		·			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this 2020-10-28 return with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No Print/Type preparer's name Preparer's Signature Date PTIN Check if self-P00357347 employed ▶ 🔲 Elizabeth A Vaccariello Firm's name ▶ E Vaccariello & Company PC

Sign Here Paid **Preparer Use Only** Firm's address ▶

Elgin, IL 60123

Firm's EIN ▶36-3994838 2205 Point Boulevard Suite 210

Phone no. (847) 228-6977

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation Ruth B Rosenthal MD Chair/Director 0 0 5.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Peter Flynn PhD 0 0 Vice Chair/Director 0 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Philip S Cali Treasurer/Director 0 0 0 5.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Floyd D Perkins 0 Secretary/Director 0 0 5.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Heather Higgins Alderman 0 President 260.000 36,943 40.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Michael Parker Director 0 0 0 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Terry F Hatch MD 0 Director 0 0 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Juan Carlos Avila 0 Director 0 n 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Kay L Saving MD 0 0 0 Director 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Billie Wright Adams MD 0 0 0 Director 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Jennifer Cartland PhD Director 0 0 0 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Nicholas Panomitros DDS 0 0 0 Director 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Icy Cade-Bell MD Director 0 0 0 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Angie Cantillon Director 0 0 0 2.00 ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523 Barbara H Fiese PhD Director 0 0 0

2.00

ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation

			Compensation	1
J Kay Giles	Director	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
George O'Neill Jr	Director	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
Myrtis Sullivan MD	Director	0	0	0

ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
Myrtis Sullivan MD	Director	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
Rudy Valdez DM	Director	0	0	0

ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523				
Rudy Valdez DM	Director	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
Peter E Doris MD	Board Member Emeritus	0	0	0
ICHE 1200 Jorie Blvd Suite 301	2.00			

Ouk Brook, 12 00323				
Rudy Valdez DM	Director	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
Peter E Doris MD	Board Member Emeritus	0	0	0
ICHF 1200 Jorie Blvd Suite 301	2.00			

ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
Peter E Doris MD	Board Member Emeritus	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			

Peter E Doris MD	Board Member Emeritus	0	0	0
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
C William Pollard	Board Member Emeritus	0	0	0
ICHE 1200 Jorio Blvd Suite 201	2.00			

ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			
C William Pollard	Board Member Emeritus	0	0	
ICHF 1200 Jorie Blvd Suite 301	2.00			

Board Member Emeritus

2.00

James Ryan

ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523

Oak Blook, IL 60525				
C William Pollard	Board Member Emeritus	0	0	(
ICHF 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523	2.00			

a The name, address, and telephone number of the person to whom applications should be addressed:

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

wwwilchforg - All applicants must s 1200 Jorie Blvd Suite 301

Oak Brook, IL 60523 (630) 571-2555

**b** The form in which applications should be submitted and information and materials they should include:

Review the open RFP(s) on our website and determine whether your project is a match to the projects being sought for funding. Submit a Letter of Inquiry or Proposal (based on the specific RFP timeline) with the required information by the posting deadline. Be sure to attach all

electronically - including all required attachments. c Any submission deadlines:

Please visit our website for currently open RFPs. Submission deadlines vary from year to year.

described in Section 170(c)(1) or 511(a)(2)(B) of the Code. Your proposed activities must serve Illinois children.

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

You must be either (1) an organization that has been determined by the IRS to be an organization described in Section 501(c)(3) of the

of the requested documentation - incomplete applications will be eliminated from consideration. All applicants must submit their proposals

Internal Revenue Code of 1986, as amended (the "Code"), that is a public charity described in Section 509(a)(1), (2), or (3) of the Code and that is not a Type III supporting organization within the meaning of Section 4943(f)(5)(A) of the Code; or, (2) a governmental entity

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: a The name, address, and telephone number of the person to whom applications should be addressed:

Program Officer - Illinois Children 1200 Jorie Blvd Suite 301 Oak Brook, IL 60523

**b** The form in which applications should be submitted and information and materials they should include: To propose a project for consideration for Innovation/Emerging Needs Funding, please contact a member of the Foundation's Staff to discuss it. A short project write-up may be submitted to assist during the preliminary conversation.

c Any submission deadlines: There is no formal deadline to submit an application.

(630) 571-2555

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Eligible projects will be able to demonstrate: Innovation, Support of evidence-based research and/or best practices, Potential for statewide system change, and Impact on children's healthcare in Illinois. There is no specific dollar amount assigned to engagement funding projects,

although it is anticipated that most grants will be less than \$250,000. You must be either (1) an organization that has been determined by the

IRS to be an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), that is a public

charity described in Section 509(a)(1), (2), or (3) of the Code and that is not a Type III supporting organization within the meaning of Section 4943(f)(5)(A) of the Code; or, (2) a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Code.

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount

Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	
a Paid during the year				

a Paid during the year			
Advocate Charitable Foundation 3075 Highland Parkway Suite 600	None	TEACH_2_Reach: Training to Expand Access to Clinically-	75,000
Downers Grove, IL 60515		Effective Care Health/Oral Health	

Downers Grove, IL 60515			Effective Care Health/Oral Health Care to Reach Vulnerable Children	
Ann & Robert H Lurie Childrens Hospital of Chicago	None	PC	Early Childhood Mental Health Consultation Pilot	100

Ann & Robert H Lurie Childrens Hospital of Chicago 225 E Chicago Ave Box 282 Chicago, IL 60611  None PC Early Childhood Mental Health Consultation Pilot				Children	
	of Chicago 225 E Chicago Ave Box 282	None	PC	, <i>'</i>	100

19990 Governors Hwy

Total .

Olympia Fields, IL 60461

225 E Chicago Ave Box 282 Chicago, IL 60611	Consultation Pilot	225 E Chicago Ave Box 282			Consultation Pilot	
Chicago, IL 60611		Chicago, IL 60611				
of Chicago Consultation Pilot		Ann & Robert H Lurie Childrens Hospital	None	PC	Early Childhood Mental Health	100,000

of Chicago 225 E Chicago Ave Box 282 Chicago, IL 60611	Thomas and the second s		Consultation Pilot	100,000
Aunt Marthas Health And Wellness Inc	None	PC	Aunt Martha's Evnanded	74 000

225 E Chicago Ave Box 282 Chicago, IL 60611				
Aunt Marthas Health And Wellness Inc	None	PC	Aunt Martha's Expanded	74,000

Pediatric Oral Health

5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Board of Trustees of Southern Illinois University 2800 College Avenue Building 286 Alton, IL 62002	None	PC	Graduate Programs Patient Clinic at the Southern Illinois University School of Dental Medicine	1,000,000
Panel of Twisters of the H of Illinois	Nene	DC.	Construction of LIC Redistrie	F00 000

Alton, IL 62002			Medicine	
Board of Trustees of the U of Illinois 506 S Wright St 209 Hab Mc 339 Urbana, IL 61801	None	PC	Construction of UIC Pediatric Dentistry Ambulatory Surgery Center	500,000
Centerstone of Illinois Inc	None	PC	Building Compassionate	350,000

Board of Trustees of the U of Illinois 506 S Wright St 209 Hab Mc 339 Urbana, IL 61801	None	PC	Construction of UIC Pediatric Dentistry Ambulatory Surgery Center	500,000
Centerstone of Illinois Inc 902 W Main Street W Frankfort, IL 62896	None	PC	Building Compassionate Communities	350,000

Total .

5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Central Illinois Foodbank1937 E Cook St Springfield, IL 62791	None	PC	2019 Food Nutrition Program	25,000
Community Foundation of Kankakee River Valey	None	PC	CMHI 2.0 Implementation - Project SUN - A Strong & Unified	350,000

Community Foundation of Kankakee River Valey 701 S Harrison Ave Kankakee, IL 60901	None	PC	CMHI 2.0 Implementation - Project SUN - A Strong & Unified Network	350,000
Community Health Improvement Council of Decatur 2905 North Main Street Suite B	None	PC	Childhood Dental Medical Integration Program	75,000

701 S Harrison Ave Kankakee, IL 60901			Network	
Community Health Improvement Council of Decatur 2905 North Main Street Suite B Decatur, IL 62526	None	PC	Childhood Dental Medical Integration Program	75,000

5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Community Nurse Health Association 23 Calendar Ave La Grange, IL 60525	None	PC	Oral Health Integration and Community Outreach	71,000

La Grange, IL 60525			,	
Eastern Illinois Foodbank 2405 N Shore Dr Urbana, IL 61802	None	PC	2019 Food Nutrition Program	25,000
Erie Family Health Center Inc 1701 West Superior Street	None	PC	Westside H3: Developing a Seamless Approach to	20,000

2405 N Shore Dr Urbana, IL 61802	None		2019 FOOD NUCLICION FROGRAM	23,000
Erie Family Health Center Inc 1701 West Superior Street Chicago, IL 60622	None	PC	Westside H3: Developing a Seamless Approach to Behavioral Health Screening and Treatment for Children on	20,000

5,652,099

3a

Urbana, IL 61802				
Erie Family Health Center Inc 1701 West Superior Street Chicago, IL 60622	None	PC	Westside H3: Developing a Seamless Approach to Behavioral Health Screening and Treatment for Children on Chicago's Westside	20,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Erie Family Health Foundation Inc 1701 W Superior St Chicago, IL 60622	None	PC	Expanding Access to Integrated Oral Healthcare for Children at Erie Evanston/Skokie Health Center	75,000
Forefront	None	PC	General Operating	12,590

			Center	
Forefront 208 S LaSalle Street Suite 1540 Chicago, IL 60604	None	PC	General Operating	12,590
Glenview School District #34	None	GOV	Glenview 34 Teacher-Child	5,000

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5,652,099

Forefront 208 S LaSalle Street Suite 1540 Chicago, IL 60604	None	PC	General Operating	12,59
Glenview School District #34 1401 Greenwood Road Glenview, IL 60026	None	GOV	Glenview 34 Teacher-Child Partnership	5,00

Chicago, IL 60604				
Glenview School District #34 1401 Greenwood Road Glenview, IL 60026	None	GOV	Glenview 34 Teacher-Child Partnership	5,00

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor			
a Paid during the year				
Grantmakers for Effective Organizations	None	PC	General Operating	2,090

1725 Desales Street Nw Ste 404 Washington, DC 20036				
Grantmakers In Health 1100 Connecticut Ave NW Suite 1200 Washington, DC 20036	None	PC	General Operating	22,465

antmakers In Health 00 Connecticut Ave NW Suite 1200 ashington, DC 20036	None	PC	General Operating	22,
eater Chicago Food Depository 00 W Ann Lurie Pl	None	PC	2019 Food Nutrition Program	25,

1100 Connecticut Ave NW Suite 1200 Washington, DC 20036			Serieral Sperading	22,100
Greater Chicago Food Depository 4100 W Ann Lurie Pl Chicago, IL 60632	None	PC	2019 Food Nutrition Program	25,000

Washington, DC 20036				
Greater Chicago Food Depository 4100 W Ann Lurie Pl Chicago, IL 60632	None	PC	2019 Food Nutrition Program	25,000
Total			<b>&gt;</b> 3a	5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
Health and Medicine Policy Research Group 29 E Madison St Ste 602 Chicago, IL 60602	None	PC	Advancing Trauma-Informed Illinois Health Departments to Improve Child Health	60,000
Heartland International Health Center	None	PC	School-as-Population: A New	25 000

Chicago, IL 60602				
Heartland International Health Center 3048 N Wilton 2nd Floor Chicago, IL 60657	None	PC	School-as-Population: A New Approach to Integrated Pediatric Medical and Dental Care	25,000
Heritage Behavioral Health Center	None	PC	CMHI Implementation Grant -	350,000

Heartland International Health Center 3048 N Wilton 2nd Floor Chicago, IL 60657	None	PC	School-as-Population: A New Approach to Integrated Pediatric Medical and Dental Care	25,000
Heritage Behavioral Health Center 151 N Main St Decatur, IL 62523	None	PC	CMHI Implementation Grant - Community Together	350,000

3048 N Wilton 2nd Floor Chicago, IL 60657			Approach to Integrated Pediatric Medical and Dental Care	
Heritage Behavioral Health Center 151 N Main St Decatur, IL 62523	None	PC	CMHI Implementation Grant - Community Together	350,00

Heritage Behavioral Health Center None PC CMHI Implementation Grant - 151 N Main St Community Together	350

Heritage Behavioral Health Center 151 N Main St Decatur, IL 62523	None	PC	CMHI Implementation Grant - Community Together	350,000
Total			▶ 3a	5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Howard Brown Health Center 4025 N Sheridan Rd Chicago, IL 60613	None	PC	Pediatric Dental-Medical Integration at Howard Brown Health	61,818
a Paid during the year				

Chicago, IL 60613			Health	
Howard Brown Health Center 4025 N Sheridan Rd Chicago, IL 60640	None	PC	Child-Friendly Dentistry: Creating Capacity for Pediatric Dental Care at Howard Brown Health 63rd Street	191,813
		l		

4025 N Sheridan Rd Chicago, IL 60640			Creating Capacity for Pediatric Dental Care at Howard Brown Health 63rd Street	
Kane County Health Department 1240 Highland Avenue Aurora, IL 60506	None	GOV	CMHI 2.0 Implementation - Kane County System of Care Project	350,000

			Health 63rd Street	
Kane County Health Department 1240 Highland Avenue Aurora, IL 60506	None		CMHI 2.0 Implementation - Kane County System of Care Project	350,000
Total				5.652.099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Lawndale Christian Health Center 3860 W Ogden Ave Chicago, IL 60623	None	PC	LCHC Continued Oral Health Integration	75,000
3860 W Ogden Ave			I	,
			Integration	

Chicago, IL 60623				
Legal Council for Health Justice 17 N State St Suite 900 Chicago, IL 60602	None	PC	New Approaches to Childhood Lead Poisoning	200,000
Livingston County Commission on	None	PC	CMHI Mentoring Year 2	25,000

17 N State St Suite 900 Chicago, IL 60602	None	PC	Lead Poisoning	200,000
Livingston County Commission on Children and Youth PO Box 504 Pontiac, IL 61764	None	PC	CMHI Mentoring Year 2 Continuation	25,000

Chicago, IL 60602			Lead Poisoning	
Livingston County Commission on Children and Youth PO Box 504 Pontiac, IL 61764	None	PC	CMHI Mentoring Year 2 Continuation	25,000
Total			<b>&gt;</b> 3a	5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business)

	Name and address (nome or business)	or substantial contributor			
	a Paid during the year				
1	Loma Linda UniversityPO Box 2000	None	PC	Cook County Demonstration of	188,195

Loma Linda, IL 92354			the MEND Program	
Macoupin County Public Health Department 805 North Broad Street	None	GOV	Project KISS - Keeping Illinois Smiles Super!	63,229

Macoupin County Public Health Department 805 North Broad Street Carlinville, IL 62626	None	Project KISS - Keeping Illinois Smiles Super!	63,7

Total .

805 North Broad Street Carlinville, IL 62626				
Memorial Health System701 N 1st St	None	PC	CMHI Mentoring Year 2	24,999

Carlinville, IL 62626				
Memorial Health System701 N 1st St Springfield, IL 62781	None	PC	CMHI Mentoring Year 2 Continuation	24,999

Springfield, IL 62781	Hone		Continuation	21,333

5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor	'		l
a Paid during the year				
Metropolitan Family Services	None	PC	Healthy Minds, Healthy Children,	20,0

Chicago, IL 60602			Healthy Chicago (H3)	
Metropolitan Family Services One North Dearborn 10th Flr	None	PC	Playful Learning	:

Metropolitan Family Services One North Dearborn 10th Flr Chicago, IL 60602	None	PC	Playful Learning	30,0
Northern Illinois Food Bank	None	PC	2019 Food Nutrition Program	25,0

Metropolitan Family Services One North Dearborn 10th Flr Chicago, IL 60602	None	PC	Playful Learning	30,000
Northern Illinois Food Bank 273 Dearborn Court	None	PC	2019 Food Nutrition Program	25,000

Chicago, IL 60602				
Northern Illinois Food Bank 273 Dearborn Court Geneva, IL 60134	None	PC	2019 Food Nutrition Program	25,000

Northern Illinois Food Bank	None	PC	2019 Food Nutrition Program	25,000
273 Dearborn Court				
Geneva, IL 60134				

Geneva, IL 60134		
Total	 ▶ 3a	5,652,099

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

Name and address (home or business)	or substantial contributor	1 00,10110		
a Paid during the year				
Northwestern University633 Clark Street	None	PC	Acceptability and Refinement of	20,000

Northwestern University633 Clark Street Evanston, IL 60208	None	PC	Acceptability and Refinement of the Fathers and Babies Course	20,000
Peoria Citizens Committee for Economic Opportunity Inc 711 W McBean St	None	PC	2019 Food Nutrition Program	25,000

Peoria Citizens Committee for Economic Opportunity Inc 711 W McBean St Peoria, IL 61605	None	PC	2019 Food Nutrition Program	25,000
Primo Center for Women and Children	None	PC	Kids Connected	350,000

711 W McBean St Peoria, IL 61605				
Primo Center for Women and Children 6212 S Sangamon St Chicago, IL 60621	None	PC	Kids Connected	350,000

Peoria, IL 61605				
Primo Center for Women and Children 6212 S Sangamon St Chicago, IL 60621	None	PC	Kids Connected	350,000
Total			▶ 3a	5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

Hame and address (nome or business)	or substantial contributor			i
a Paid during the year				
Promise Healthcare NFP 819 Bloomington Road	None	PC	SmileHealthy Oral Health Integration	75,000

Champaign, IL 61820				
River Bend Food Reservoir 4040 Kimmel Drive Davenport, IA 52802	None	PC	2019 Food Nutrition Program	25,000
Sargent Shriver National Center on	None	PC	Children's Oral Health Advocacy	25,000

4040 Kimmel Drive Davenport, IA 52802	None		2019 1 000 Nutrition 1 Togram	23,000
Sargent Shriver National Center on Poverty Law 67 E Madison St Ste 2000 Chicago, IL 60603	None	PC	Children's Oral Health Advocacy Project	25,000

Davenport, IA 52802				
Sargent Shriver National Center on Poverty Law 67 E Madison St Ste 2000 Chicago, IL 60603	None	PC	Children's Oral Health Advocacy Project	25,000
Total			▶ 3a	5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

· '				
Sargent Shriver National Center on Poverty Law 67 E Madison St Ste 2000 Chicago, IL 60603	None	PC	Children's Mental Health Access Advocacy Project	80,000
Shawnee Health Service and	None	PC	Integration of Dental and	75,000

Chicago, IL 60603				
Shawnee Health Service and Development Corp 109 California St Carterville, IL 62918	None	PC	Integration of Dental and Primary Care	75,000
STHE Healthcare 2041 Coose Lake Board	None	DC.	Oral Health Integration at SIHE	75,000

1	Development Corp 109 California St Carterville, IL 62918	Norie	PC	Primary Care	75,000
1	SIHF Healthcare2041 Goose Lake Road Sauget, IL 62206	None	PC	Oral Health Integration at SIHF Healthcare	75,000

Carterville, IL 62918				
SIHF Healthcare2041 Goose Lake Road Sauget, IL 62206	None	PC	Oral Health Integration at SIHF Healthcare	75,000

5,652,099

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of ...........

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
Southwest Organizing Project 2558 W 63rd St Chicago II, 60629	None	PC	Southwest System of Care Project	80,900

Southwest Organizing Project 2558 W 63rd St Chicago, IL 60629	None	PC	Southwest System of Care Network (SWSOC)	273,000
Chicago, IL 60629				

Southwest Organizing Project 2558 W 63rd St Chicago, IL 60629	None		Southwest System of Care Network (SWSOC)	273,000
St Jude Children's Research Hospital 501 St Jude Place Memphis, TN 38105	None	PC	General Operating	1,000

Chicago, IL 60629			,	
St Jude Children's Research Hospital 501 St Jude Place Memphis, TN 38105	None	PC	General Operating	1,000
Total			▶ 3a	5,652,099

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
St Louis Area Food Bank Inc 70 Corporate Woods Drive	None	PC	2019 Food Nutrition Program	25,000

Bridgeton, MO 63044			
Tri-State Food Bank Inc	None	PC	2019 Food Nutrition Program

or substantial contributor

Total.

Bridgeton, MO 03044				
Tri-State Food Bank Inc 801 E Michigan St Evansville, IN 47711	None	PC	2019 Food Nutrition Program	25,000

▶ 3a

5,652,099

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491309001270								
TY 2019 Accounting Fees Schedule								
Name: Illinois Children's Healthcare Foundation EIN: 03-0503425								
Category	Amount		Net Investmen Income	t Adjusted Net Income	t Disbursements for Charitable Purposes			
Accounting fees - E Vaccariello & Company PC		37,668	37,6	68	0			

4,075

12,225

16,300

Audit fees - Crowe Horwath LLP

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93491309001270 TY 2019 Cash Deemed Charitable Explanation Statement Name: Illinois Children's Healthcare Foundation **EIN:** 03-0503425 Explanation: PART X - LINE 4 - MINIMUM INVESTMENT RETURNThe Illinois Children's Healthcare Foundation chooses to use the amount of adminstrative expenses and charitable disbursements, as shown in Part I, Line 26D of the return, as the cash deemed held for

organization.

charitable activities due to the large distributions of the

DLN: 93491309001270

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## **TY 2019 Depreciation Schedule**

Name: Illinois Children's Healthcare

Foundation

**EIN:** 03-0503425

**Depreciation Schedule** 

bepreciation benediate									
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
HP LaserJet 2300N Printer	2004-03-29	1,207	1,207	SL	5.000000000000	0	0		
Office Furniture	2004-03-29	12,226	12,226	SL	7.00000000000	0	0		
GIFTS Grants Management Software	2004-04-20	17,249	17,249	SL	3.000000000000	0	0		
Quickbooks for Nonprofits Software	2004-03-31	497	497	SL	3.000000000000	0	0		
Dell 2200 MP LCD Projector	2005-01-06	1,293	1,293	SL	5.00000000000	0	0		
Office Furniture	2005-08-31	4,924	4,924	SL	7.000000000000	0	0		
GIFTS Grants Application Module Software	2005-09-15	6,381	6,381	SL	3.000000000000	0	0		
Polycom Soundstation2 Speaker Phone	2006-01-13	625	625	SL	5.000000000000	0	0		
Gifts Plus Pack Software	2006-12-27	945	945	SL	3.000000000000	0	0		
Desktop Computer	2007-12-03	921	921	SL	5.00000000000	0	0		
Office Furniture	2007-12-21	1,369	1,369	SL	7.000000000000	0	0		
Smart Buy DL 360 - Two	2009-04-18	4,524	4,524	SL	5.000000000000	0	0		
146GB 10K RPM Hard Drives - Six	2009-04-18	1,890	1,890	SL	5.00000000000	0	0		
ASA 5505 8Port SSL	2009-04-18	384	384	SL	5.000000000000	0	0		
400/800GB LT03 960 Tape Drive	2009-04-18	2,795	2,795	SL	5.00000000000	0	0		
Smart Buy 6730B P8400 - Three	2009-04-18	2,700	2,700	SL	5.00000000000	0	0		
Smart Buy DC5800 SFF E8400 - Two	2009-04-18	1,450	1,450	SL	5.00000000000	0	0		
Netshelter SX 24U Deep Enclosure	2009-04-18	1,025	1,025	SL	5.000000000000	0	0		
APC Smart-UPS 1500VA	2009-04-18	635	635	SL	5.00000000000	0	0		
Laserjet P4014N MONO LASER	2009-04-18	815	815	SL	5.00000000000	0	0		

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Catalyst 2960 20Port Gigabit	2009-04-18	1,900	1,900	SL	5.000000000000	0	0		
Installation New Computer Equip	2009-04-18	3,887	3,887	SL	5.00000000000	0	0		
EXP Backup Exec SBS Prem Ed 12.5 Win	2009-04-18	689	689	SL	3.000000000000	0	0		
OLP Win Small Bus Svr Prem 2008	2009-04-18	1,579	1,579	SL	3.000000000000	0	0		
OLP Win Small Bus Svr Prem Cal Ste 2008	2009-04-18	786	786	SL	3.000000000000	0	0		
OLP Win Svr Std 2008 Sngl NL	2009-04-18	690	690	SL	3.000000000000	0	0		
Ayaya Phone System	2009-07-09	4,870	4,870	SL	5.000000000000	0	0		
Office Furniture - Two Chairs	2009-09-02	1,503	1,503	SL	7.000000000000	0	0		
Office Furniture - Three Media Towers	2009-09-02	2,137	2,137	SL	7.000000000000	0	0		
Office Furniture - 4 Cabinets with Custom Top	2009-09-03	2,002	2,002	SL	7.000000000000	0	0		
Office Furniture	2010-07-19	12,385	12,385	SL	7.00000000000	0	0		
Office Furniture - Cabinets with Glass Doors	2010-10-01	1,674	1,674	SL	7.000000000000	0	0		
EX7200 Multimedia Projector	2011-02-22	757	757	SL	5.000000000000	0	0		
HP EliteBook 8570p - Two	2013-02-01	2,598	2,598	SL	5.000000000000	0	0		
HP Compaq Elite 8300 - Two	2013-02-01	1,598	1,598	SL	5.00000000000	0	0		
Microsoft Office PRO Plus 2013 - Four	2013-02-01	1,956	1,956	SL	3.000000000000	0	0		
Microsoft Surface	2014-04-01	1,301	1,235	SL	5.00000000000	66	0		
Office Furniture - 3 Chairs	2014-09-01	1,200	743	SL	7.000000000000	171	0		
Office Fumiture - Desk and Credenzia	2014-09-01	1,858	1,150	SL	7.00000000000	266	0		
HP EliteBook 840 G2 Windows 7	2015-07-01	963	675	SL	5.000000000000	191	0		

**Depreciation Schedule** 

Cost or Other

Basis

962

3.831

1,630

2.304

3,463

564

1,721

1,486

725

Date

Acquired

2015-08-01

2016-06-01

2016-06-01

2017-01-01

2017-01-01

2017-03-01

2017-05-01

2017-11-01

2017-12-01

Prior Years'

Depreciation

657 SL

1,979 SL

1,403 SL

922 SL

990 SL

148 SL

347 SL

113 l sl

573 | SL

Computation Method

Rate /

Life (# of years)

5.000000000000

5.000000000000

3.000000000000

5.000000000000

7.000000000000

7.000000000000

5.000000000000

5.000000000000

7.000000000000

Current Year's

Depreciation

Expense

193

767

227

460

494

80

345

297

103

Adjusted Net

Income

Net Investment

Income

Cost of Goods

Sold Not Included

Property
HP EliteBook 840 G2 Windows 7

HP ProLiant DL360

Software

- Two Office Furniture

Station Computer

MS Windows 2012 R22

HP EliteBook 840 G3 14"

Office Furniture - Chair

Office Furniture - Chair

Laptop and Docking

Description of

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -			DLN: 93491309001	1270	
TY 2019 Investments Corporate Bonds Schedule						
Name:	Illinois Children's	Healthcare				
	Foundation					

8,841,976

8,841,976

Investments Corporate Bonds Schedule	1
EIN:	03-0503425
	Foundation

Vanguard International Bond Index Fd

Investments Corporate Bonds Schedule					
Name of Bond	End of Year Book Value	End of Year Fair Market Value			

efile GRAPHIC print - DO NOT PROCESS	DLN: 93491309001270						
TY 2019 Investments Corporate Stock Schedule							
11 2019 Threstillents Corporate Stock Schedule							
Name: Illinois Children's	Healthcare						

8,942,228 43,476,724

8,942,228

43,476,724

Foundation

**EIN:** 03-0503425

Vanguard Inter-Term Investment Grade Fund

Vanguard Total International Stock Fd

Investments Corporation Stock Schedule				
Name of Stock	End of Year Book Value	End of Year Fair Market Value		
Vanguard Total Stk Mkt Indx Fd	72,661,102	72,661,102		
Vanguard Short-Term Investment Grade Fund	8,608,489	8,608,489		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491309001270			
TY 2019 Investments Government Obligations Schedule						
Name:	Illinois Childre	n's Healthcare				
	Foundation					
EIN:	03-0503425					
US Government Securities - End of Year Book Value:	1	0,475,393				
US Government Securities - End of Year Fair Market Value:	1	0,475,393				
State & Local Government Securities - End of Year Book Value:		0				
State & Local Government Securities - End of Year Fair Market Value:		0				

## TY 2019 Land, Etc. Schedule

Name: Illinois Children's Healthcare

Foundation **EIN:** 03-0503425

EIN: U3-U3U3425						
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value		
HP LaserJet 2300N Printer	1,207	1,207	0			
Office Furniture	12,226	12,226	0			
GIFTS Grants Management Software	17,249	17,249	0			
Quickbooks for Nonprofits Software	497	497	0			
Dell 2200 MP LCD Projector	1,293	1,293	0			
Office Furniture	4,924	4,924	0			
GIFTS Grants Application Module Software	6,381	6,381	0			
Polycom Soundstation2 Speaker Phone	625	625	0			
Gifts Plus Pack Software	945	945	0			
Desktop Computer	921	921	0			
Office Furniture	1,369	1,369	0			
Smart Buy DL 360 - Two	4,524	4,524	0			
146GB 10K RPM Hard Drives - Six	1,890	1,890	0			
ASA 5505 8Port SSL	384	384	0			
400/800GB LT03 960 Tape Drive	2,795	2,795	0			
Smart Buy 6730B P8400 - Three	2,700	2,700	0			
Smart Buy DC5800 SFF E8400 - Two	1,450	1,450	0			
Netshelter SX 24U Deep Enclosure	1,025	1,025	0			
APC Smart-UPS 1500VA	635	635	0			
Laserjet P4014N MONO LASER	815	815	0			
Catalyst 2960 20Port Gigabit	1,900	1,900	0			
Installation New Computer Equip	3,887	3,887	0			
EXP Backup Exec SBS Prem Ed 12.5 Win	689	689	0			
OLP Win Small Bus Svr Prem 2008	1,579	1,579	0			
OLP Win Small Bus Svr Prem Cal Ste 2008	786	786	0			
OLP Win Svr Std 2008 Sngl NL	690	690	0			
Ayaya Phone System	4,870	4,870	0			
Office Furniture - Two Chairs	1,503	1,503	0			
Office Furniture - Three Media Towers	2,137	2,137	0			
Office Furniture - 4 Cabinets with Custom Top	2,002	2,002	0			

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Office Furniture	12,385	12,385	0	
Office Furniture - Cabinets with Glass Doors	1,674	1,674	0	
EX7200 Multimedia Projector	757	757	0	
HP EliteBook 8570p - Two	2,598	2,598	0	
HP Compaq Elite 8300 - Two	1,598	1,598	0	
Microsoft Office PRO Plus 2013 - Four	1,956	1,956	0	
Microsoft Surface	1,301	1,301	0	
Office Furniture - 3 Chairs	1,200	914	286	
Office Furniture - Desk and Credenzia	1,858	1,416	442	
HP EliteBook 840 G2 Windows 7	963	866	97	
HP EliteBook 840 G2 Windows 7	962	850	112	
HP ProLiant DL360	3,831	2,746	1,085	
MS Windows 2012 R22 Software	1,630	1,630	0	
HP EliteBook 840 G3 14" - Two	2,304	1,382	922	
Office Furniture	3,463	1,484	1,979	
Office Furniture - Chair	564	228	336	
Laptop and Docking Station	1,721	918	803	
Computer	1,486	644	842	
Office Furniture - Chair	725	216	509	

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491309001270
TY 2019 Legal Fees Sched	ule			
	Foundation	ren's Healthcare		
E	<b>IN:</b> 03-0503425			1
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal fees - Quarles & Brady LLP	25,723	0		34,607

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TY 2019 Other Assets Schedule	2	
	=	

**Name:** Illinois Children's Healthcare

Foundation

Other Assets Schedule

Section 4940 Excise Tax Deposit

**EIN:** 03-0503425

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Description

57,803

End of Year - Book

Value

18,622

End of Year - Fair

18,622

Market Value

DIN. 02/01200001270

**Book Value** 

Beginning of Year -

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491309001270						
TY 2019 Other Expenses Schedule						
Name:	Name: Illinois Children's Healthcare					
	Foundation					
EIN:	IN: 03-0503425					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Equipment rental and maintenance	6,969	0	·	6,969		
Supplies	17,972	0	i	11,497		
Postage, shipping and delivery	7,881	0		7,881		
Insurance	8,345	83	·	8,262		

23,024

28,639

609

114

75

3,990

0

0

0

0

75

0

23,024

24,541

609

114

3,990

0

Software maintenance

Miscellaneous

Bank charges

Website

Licenses and fees

Staff development and membership dues

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491309001270				
TY 2019 Other Increases Schedule						
Name:	Illinois Children's Healt	ncare				
	Foundation					
EIN:	03-0503425					
De	escription	Amount				
Unrealized gain on investments carried a	t market value	24,060,914				
Income Modification - Grants Returned		1,185				
Grants payable present value adjustmen	t	350,673				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491309001270		
TY 2019 Other Liabilities Schedule						
Name:	Illinois Childre	n's Healthcar	re e			
	Foundation					
EIN:	03-0503425					
Description		Beginning of Year - Book Value	End of Year - Book Value			
Grants payable present value adjustment			0	-350,673		

efile	GRAPH	IC print -	· DO NOT	PROCESS	As F	iled Data -
ΤY	2019	Other	Profes	sional F	ees s	Schedule

Compensation Consultant - Quatt

Program consultation & evaluation -

Marketing Communications - Robertz &

Program Press Release - Business Wire

Program Partner Manual - Marguerite

Program consultation & evaluation - Loyola

Program Symposium Keynote - Starfish

Program Training - Youth & Family Peer

Associates Inc

Kobold Inc

Williams

LearnVentures LLC

University Chicago

Family Services

Support Alliance

## Name: Illinois Children's Healthcare

DLN: 93491309001270

6,531

53,144

18,461

1,060

2,518

38,009

3,000

6,500

Foundation

ETN: 03-0503425

EIN: U3-U3U3423					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Payroll service fees	9,126	0		9,126	
I/S Support	7,920	0		7,920	
Investment consulting - Vanguard	74,781	74,781		0	
Program consultation & evaluation - Dr. Bennett Leventhal	14,611	0		17,611	
Marketing Communications - Amdur Spitz & Associates	5,310	0		9,510	
Program consultation & evaluation - UC Regents	17,500	0		35,000	
Program consultation & evaluation - Univ of IL-Urbana	205,594	0		205,594	

6,531

53,144

7,302

1,060

2,518

38,009

3,000

6,500

0

0

0

0

0

0

0

0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	DLN: 93491309001270				
TY 2019 Taxes Schedule						
Name: Illinois Children's Healthcare Foundation EIN: 03-0503425						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Section 4940 excise tax	46,181	0		0		
Foreign tax withheld on dividends	98,513	98,513		0		