

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

Name of foundation GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION		A Employer identification number 36-2167090	
Number and street (or P.O. box number if mail is not delivered to street address) 500 NORTH WESTERN AVENUE NO 204		Room/suite	B Telephone number (see instructions) (847) 735-1590
City or town, state or province, country, and ZIP or foreign postal code LAKE FOREST, IL 60045		C If exemption application is pending, check here ▶ ☐	
G Check all that apply: ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here..... ▶ ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐	
H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 16,118,537		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐	
J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total 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	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	16,821			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	450,255	450,255		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	150,736			
	b Gross sales price for all assets on line 6a 952,462				
	7 Capital gain net income (from Part IV, line 2) . . .		150,736		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	539	539		
	12 Total. Add lines 1 through 11	618,351	601,530		
	13 Compensation of officers, directors, trustees, etc.	150,000	37,500		112,500
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,700	3,850		3,850
	c Other professional fees (attach schedule)	17,469	17,469		0
	17 Interest	2,132	0		2,132
	18 Taxes (attach schedule) (see instructions)	34,072	24,609		9,463
	19 Depreciation (attach schedule) and depletion	373	0		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	35,567	3,556		32,011
	24 Total operating and administrative expenses. Add lines 13 through 23	247,313	86,984		159,956
	25 Contributions, gifts, grants paid	750,000			750,000
	26 Total expenses and disbursements. Add lines 24 and 25	997,313	86,984		909,956
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-378,962			
	b Net investment income (if negative, enter -0-)		514,546		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	90,598	35,221	35,221
	2 Savings and temporary cash investments	19,578	19,429	19,429
	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 ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	13,714,906	15,685,524	15,685,524
	14 Land, buildings, and equipment: basis ▶ 10,368 Less: accumulated depreciation (attach schedule) ▶ 9,117	1,624	1,251	1,251
15 Other assets (describe ▶ _____)	322,464	377,112	377,112	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	14,149,170	16,118,537	16,118,537	
Liabilities	17 Accounts payable and accrued expenses	27,064		
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	27,064	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ ☒ and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	13,787,938	15,729,721	
	25 Net assets with donor restrictions	334,168	388,816	
	Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	14,122,106	16,118,537		
30 Total liabilities and net assets/fund balances (see instructions) .	14,149,170	16,118,537		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	14,122,106
2 Enter amount from Part I, line 27a	2	-378,962
3 Other increases not included in line 2 (itemize) ▶ _____	3	2,375,393
4 Add lines 1, 2, and 3	4	16,118,537
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	16,118,537

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a See Additional Data Table			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	150,736
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	915,102	14,962,563	0.061159
2017	927,619	15,301,816	0.060621
2016	937,646	14,596,045	0.064240
2015	1,285,938	14,964,850	0.085931
2014	1,318,146	17,255,208	0.076391

2 Total of line 1, column (d)	2	0.348342
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.069668
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	14,905,138
5 Multiply line 4 by line 3	5	1,038,411
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	5,145
7 Add lines 5 and 6	7	1,043,556
8 Enter qualifying distributions from Part XII, line 4	8	909,956

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b	1	10,291
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	10,291
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	10,291
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	17,280
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	17,280
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	6,989
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 6,989 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.GRANTHEALTHCARE.ORG</u>	13	Yes	
14	The books are in care of ► <u>KATE GRUBBS O'CONNOR</u> Telephone no. ► <u>(847) 735-1590</u>			

Located at ► 500 N WESTERN AVE SUITE 204 LAKE FOREST ILZIP+4 ► 60045

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ► ☐			
	and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions ☐	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☒ No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	
	Organizations relying on a current notice regarding disaster assistance check here. 		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	☐ Yes ☐ No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☒ No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000. 				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

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.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	14,717,985
b	Average of monthly cash balances.	1b	62,909
c	Fair market value of all other assets (see instructions).	1c	351,226
d	Total (add lines 1a, b, and c).	1d	15,132,120
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	15,132,120
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	226,982
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,905,138
6	Minimum investment return. Enter 5% of line 5.	6	745,257

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	745,257
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	10,291
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	10,291
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	734,966
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	734,966
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	734,966

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	909,956
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	909,956
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	909,956

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				734,966
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	476,094			
b From 2015.	555,593			
c From 2016.	210,995			
d From 2017.	186,891			
e From 2018.	184,224			
f Total of lines 3a through e.	1,613,797			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 909,956				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				734,966
e Remaining amount distributed out of corpus	174,990			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,788,787			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
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.		0		
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				0
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).	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	476,094			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	1,312,693			
10 Analysis of line 9:				
a Excess from 2015.	555,593			
b Excess from 2016.	210,995			
c Excess from 2017.	186,891			
d Excess from 2018.	184,224			
e Excess from 2019.	174,990			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

Part XV

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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

KATE GRUBBS O'CONNOR GRANT HEALTHCA
500 NORTH WESTERN AVENUE SUITE 204
LAKE FOREST, IL 60045
(847) 735-1590
KOCONNOR@GRANTHEALTHCARE.ORG

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

GRANT FORM USED

c Any submission deadlines:

JULY

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

THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	750,000
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .			14	450,255	
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	539	
8 Gain or (loss) from sales of assets other than inventory			14	150,736	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e). . .		0		601,530	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		601,530

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

	Yes	No
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1a(1)	No
1a(2)	No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

(see instr.) ☒ Yes ☐ No

Print/Type preparer's name DENNIS P O'BRIEN	Preparer's Signature	Date	Check if self-employed ☐	PTIN P00008832
Firm's name ▶ PASQUESI SHEPPARD LLC				Firm's EIN ▶ 36-4049282
Firm's address ▶ 585 BANK LANE LAKE FOREST, IL 60045				Phone no. (847) 234-5000

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
T. ROWE PRICE FUNDS GLOBAL MULTI-SECTOR BOND		2018-06-15	2019-12-02
VANGUARD TOTAL INTL STOCK INDEX		2018-06-15	2019-12-02
VANGUARD INTL EXPLORER INVESTOR		2015-06-09	2019-04-02
METROPOLITAN WSET FUNDS TOTAL RETURN BOND		2009-09-03	2019-12-02
VANGUARD 500 INDEX		2011-12-31	2019-12-02
LAZARD LTD	P	2010-01-01	2019-01-01
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
364,928		351,716	13,212
149,976		152,486	-2,510
49,976		55,164	-5,188
74,976		66,072	8,904
299,976		172,821	127,155
		3,467	-3,467
12,630			12,630

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (l) over col. (j), if any	
			13,212
			-2,510
			-5,188
			8,904
			127,155
			-3,467
			12,630

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOSEPH S CARR	DIRECTOR 1.00	0	0	0
500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045				
GEORGE M COVINGTON	SECRETARY/TREASURER 1.00	0	0	0
500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045				
ROBERT L FRIEDLANDER	CHAIRMAN 1.00	0	0	0
500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045				
RICHARD M NORTON	DIRECTOR 1.00	0	0	0
500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045				
THOMAS C VANDEN BERK	DIRECTOR 1.00	0	0	0
500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045				
KATE GRUBBS O'CONNOR	EXECUTIVE DIRECTOR 40.00	150,000	0	0
500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BREAKTHROUGH URBAN MINISTRIES 402 N ST LOUIS AVE CHICAGO, IL 60624	NONE	PC	BEHAVIORAL HEALTH CARE FOR HOMELESS ADULTS	15,000
CANINE THERAPY CORPS 3918 W FULLERTON AVE CHICAGO, IL 60647	NONE	PC	GENERAL OPERATING SUPPORT	20,000
CENTER ON HALSTED 3656 N HALSTED ST CHICAGO, IL 60613	NONE	PC	BEHAVIORAL HEALTH SERVICES PROGRAM SUPPORT	20,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVE CHICAGO, IL 60608	NONE	PC	GENERAL OPERATING SUPPORT	20,000
CHICAGO FAMILY HEALTH CENTER 9119 SOUTH EXCHANGE AVE CHICAGO, IL 60617	NONE	PC	GENERAL OPERATING SUPPORT AND ADVANCING WELLNESS ON THE SOUTHSIDE.	45,000
COMMUNITY COUNSELING CENTERS OF CHICAGO (C4) 4740 N CLARK ST CHICAGO, IL 60640	NONE	PC	THE BEHAVIORAL HEALTH PRIMARY CARE LEARNING COLLABORATIVE	30,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY HEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	NONE	PC	GENERAL OPERATING SUPPORT	20,000
COMMUNITY IN SCHOOLS OF CHICAGO 815 W VAN BUREN ST CHICAGO, IL 60607	NONE	PC	CISC INTENSIVE PROGRAM	25,000
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR ST CHICAGO, IL 60622	NONE	PC	THE ERIE TEEN CENTER	20,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ESPERANZA HEALTH CENTERS 2001 S CALIFORNIA AVE STE 100 CHICAGO, IL 60608	NONE	PC	BEHAVIORAL HEALTH CARE COORDINATION	20,000
GADS HILL CENTER1919 W CULLERTON CHICAGO, IL 60608	NONE	PC	HEALTHY MINDS, HEALTHY SCHOOLS	20,000
HEARTLAND ALLIANCE HEALTH 208 S LASALLE ST CHICAGO, IL 60604	NONE	PC	IMPROVING ACCESS TO HEALTHCARE ON CHICAGO'S SOUTH SIDE	20,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HOWARD AREA COMMUNITY CENTER 7648 N PAULINA ST CHICAGO, IL 60626	NONE	PC	ELEANOR WESTER DENTAL CLINIC	10,000
HUMAN RESOURCES DEVELOPMENT INSTITUTE INC 222 S JEFFERSON ST CHICAGO, IL 60661	NONE	PC	HRDI INTEGRATED HEALTHCARE	45,000
ILLINOIS COLLEGE OF OPTOMETRY 3241 S MICHIGAN AVE CHICAGO, IL 60616	NONE	PC	THE ILLINOIS EYE INSTITUTE AT PRINCETON ELEMENTARY	20,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
INNER CITY MUSLIM ACTION NETWORK 2744 W 63RD ST CHICAGO, IL 60629	NONE	PC	GENERAL OPERATING SUPPORT	20,000
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623	NONE	PC	GENERAL OPERATING SUPPORT	20,000
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N CLARK ST CHICAGO, IL 60614	NONE	PC	UNDERSTANDING THE IMPACTS OF RODENT CONTROL ON ZOO NOTIC DISEASE RISK IN CHICAGO	45,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	GENERAL OPERATING SUPPORT	20,000
MIDWEST ACCESS PROJECT PO BOX 13173 CHICAGO, IL 60613	NONE	PC	GENERAL OPERATING SUPPORT	20,000
NEW MOMS INC5317 W CHICAGO AVE ROUND LAKE, IL 60651	NONE	PC	THE FAMILY SUPPORT PROGRAM	20,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
PCC COMMUNITY WELLNESS CENTER 14 LAKE ST OAK PARK, IL 60302	NONE	PC	GENERAL OPERATING SUPPORT	20,000
PEER HEALTH EXCHANGE 233 W JACKSON BLVD STE 630 CHICAGO, IL 60606	NONE	PC	GENERAL OPERATING SUPPORT	20,000
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE CHICAGO, IL 60603	NONE	PC	GENERAL OPERATING SUPPORT	50,000
Total ▶ 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST CHICAGO, IL 60607	NONE	PC	REPRODUCTIVE SERVICES ACROSS AFC/SBHC PROGRAM	20,000
SINAI HEALTH SYSTEM 1500 S CALIFORNIA AVE CHICAGO, IL 60608	NONE	PC	BEHAVIORAL HEALTH TRANSITIONS OF CARE AT HOLY CROSS HOSPITAL	20,000
ST BERNARD HOSPITAL326 W 64TH ST CHICAGO, IL 60621	NONE	PC	DENTAL CENTER	20,000
Total ► 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE BOULEVARD OF CHICAGO 3456 W FRANKLIN BLVD CHICAGO, IL 60624	NONE	PC	GENERAL OPERATING SUPPORT	10,000
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVE CHICAGO, IL 60640	NONE	PC	THE OUTREACH AND HEALTH MINISTRY PROGRAM	15,000
THE UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637	NONE	PC	ECHO-CHICAGO: EXPANDING PRIMARY CARE CAPACITY TO SUPPORT BEHAVIORAL HEALTH IN VULNERABLE COMMUNITIES	30,000
Total ► 3a				750,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THRESHOLDS 4101 N RAVENSWOOD AVE CHICAGO, IL 60613	NONE	PC	SUBSTANCE USE TREATMENT PROGRAM	25,000
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N MOZART ST CHICAGO, IL 60618	NONE	PC	UCAN TRAUMA-INFORMED YOUTH CLINICAL SERVICES	25,000
Total ▶ 3a				750,000

TY 2019 Accounting Fees Schedule**Name:** GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	7,700	3,850		3,850

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

TY 2019 Depreciation Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION
EIN: 36-2167090

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
OFFICE EQUIPMENT	2006-09-01	7,548	7,548	SL	7.00000000000000	0	0		
LAP TOP COMPUTER	2012-05-16	653	423	SL	10.00000000000000	65	0		
LENOVO IDEACENTER COMPUTER	2016-04-11	917	458	SL	5.00000000000000	183	0		
DESK AND CONFERENCE TABLE	2016-06-14	1,250	313	SL	10.00000000000000	125	0		

TY 2019 Investments - Other Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION
EIN: 36-2167090

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	15,685,524	15,685,524

**TY 2019 Land, Etc.
Schedule**

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
OFFICE EQUIPMENT	7,548	7,548	0	
LAP TOP COMPUTER	653	488	165	
LENOVO IDEACENTER COMPUTER	917	641	276	
DESK AND CONFERENCE TABLE	1,250	438	812	

TY 2019 Other Assets Schedule

Name: GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
BENEFICAL INTEREST IN A PERPETUAL TRUST	322,464	377,112	377,112

TY 2019 Other Expenses Schedule**Name:** GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	35,567	3,556		32,011

TY 2019 Other Income Schedule

Name: GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	539	539	539

TY 2019 Other Increases Schedule**Name:** GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Description	Amount
UNREALIZED GAIN(LOSS) ON INVESTMENTS	2,320,744
UNREALIZED GAIN(LOSS) ON INVESTMENTS	54,649

TY 2019 Other Professional Fees Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

EIN: 36-2167090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	17,469	17,469		0

TY 2019 Taxes Schedule

Name: GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION
EIN: 36-2167090

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	12,617	3,154		9,463
FEDERAL EXCISE TAX	10,189	10,189		0
FOREIGN TAXES	11,266	11,266		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2019
Name of the organization GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION		Employer identification number 36-2167090

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GRANT HOSPITAL OF CHICAGO
D/B/A GRANT HEALTHCARE FOUNDATION

Employer identification number
36-2167090

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM C MADLENER TRUST 135 S LASALLE ST CHICAGO, IL 60603	\$ 16,821	☒ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	Employer identification number 36-2167090
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given (see instructions). Use duplicate copies of Part II if additional space is needed.	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

36-2167090

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)