



GRANT HEALTHCARE FOUNDATION

2024 TAX RETURNS

PREPARED BY: DENNIS P. O'BRIEN

For calendar year 2024 or tax year beginning

, and ending

Name of foundation GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION		A Employer identification number ***-***7090	
Number and street (or P.O. box number if mail is not delivered to street address) 500 N. WESTERN AVENUE		Room/suite 210	
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 <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 16,619,669.	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
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).)		(a) Revenue and expenses per books (b) Net investment income (c) Adjusted net income (d) Disbursements for charitable purposes (cash basis only)	
1 Contributions, gifts, grants, etc., received		14,004.	N/A
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B			
3 Interest on savings and temporary cash investments			
4 Dividends and interest from securities		495,705.	495,705.
5a Gross rents			STATEMENT 1
b Net rental income or (loss)			
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a		517,188.	
7 Capital gain net income (from Part IV, line 2)		517,188.	
8 Net short-term capital gain			
9 Income modifications Gross sales less returns and allowances			
10a Gross sales less returns and allowances			
b Less: Cost of goods sold			
c Gross profit or (loss)			
11 Other income			
12 Total. Add lines 1 through 11		1,026,897.	1,012,893.
13 Compensation of officers, directors, trustees, etc.		176,750.	44,187.
14 Other employee salaries and wages			132,563.
15 Pension plans, employee benefits			
16a Legal fees			
b Accounting fees		STMT 2	9,200.
c Other professional fees		STMT 3	18,000.
17 Interest			4,600.
18 Taxes		STMT 4	125.
19 Depreciation and depletion			0.
20 Occupancy		37,750.	27,988.
21 Travel, conferences, and meetings		16,052.	1,605.
22 Printing and publications		1,017.	0.
23 Other expenses		STMT 5	39,311.
24 Total operating and administrative expenses. Add lines 13 through 23			14,447.
25 Contributions, gifts, grants paid		298,205.	98,876.
26 Total expenses and disbursements. Add lines 24 and 25		790,000.	199,204.
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements		-61,308.	
b Net investment income (if negative, enter -0-)			914,017.
c Adjusted net income (if negative, enter -0-)			N/A

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing	79,197.	28,751.	28,751.
	2	Savings and temporary cash investments	22,461.	22,406.	22,406.
	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			
	7	Other notes and loans receivable			
		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			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			
Liabilities	11	Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other	STMT 7	15,345,937.	16,130,332.
	14	Land, buildings, and equipment: basis	9,715.		
		Less: accumulated depreciation	STMT 8	9,528.	312.
	15	Other assets (describe	STATEMENT 9	420,910.	437,993.
	16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		15,868,817.	16,619,669.
	17	Accounts payable and accrued expenses	20,102.	1,625.	
	18	Grants payable			
Net Assets or Fund Balances	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
	22	Other liabilities (describe	STATEMENT 10	35,682.	20,801.
	23	Total liabilities (add lines 17 through 22)		55,784.	22,426.
		Foundations that follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
		and complete lines 24, 25, 29, and 30.			
	24	Net assets without donor restrictions	15,427,805.	16,180,051.	
	25	Net assets with donor restrictions	385,228.	417,192.	
		Foundations that do not follow FASB ASC 958, check here	<input type="checkbox"/>		
		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		15,813,033.	16,597,243.
	30	Total liabilities and net assets/fund balances		15,868,817.	16,619,669.

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	15,813,033.
2	Enter amount from Part I, line 27a	2	-61,308.
3	Other increases not included in line 2 (itemize)	3	845,518.
4	Add lines 1, 2, and 3	4	16,597,243.
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	16,597,243.

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Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

(a) List and describe the kind(s) of property sold (for example, 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					
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					
b					
c					
d					
e	1,029,860.		512,672.		517,188.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a					
b					
c					
d					
e					517,188.
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	517,188.	
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	N/A	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1.	1	12,705.
	Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)		
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	12,705.
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	12,705.
6	Credits/Payments:		
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a	11,080.
b	Exempt foreign organizations - tax withheld at source	6b	0.
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	11,080.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	1,625.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2025 estimated tax	11	Refunded

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Part VI-A Statements Regarding Activities

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?

1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition

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.

c Did the foundation file **Form 1120-POL** for this year?

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?

If "Yes," attach a detailed description of the activities.

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? If "Yes," attach a conformed copy of the changes

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

N/A

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by *General Instruction T*.

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?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV

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*? If "No," attach explanation

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 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

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

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

13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

Website address WWW.GRANTHEALTHCARE.ORG

14 The books are in care of KATE GRUBBS O'CONNOR Telephone no. 847-735-1590
 Located at 500 N. WESTERN AVE., SUITE 210, LAKE FOREST, IL ZIP+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 **N/A**

16 At any time during calendar year 2024, 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**

16 **No**

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

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Part VI-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.

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?

(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?

(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?

(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?

(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)?

(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.)

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

N/A

c Organizations relying on a current notice regarding disaster assistance, check here

d 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 2024?

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 2024, did the foundation have any undistributed income (Part XII, lines

6d and 6e) for tax year(s) beginning before 2024?

If "Yes," list the years _____, _____, _____, _____

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.)

N/A

c If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here.

_____, _____, _____, _____

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

b If "Yes," did it have excess business holdings in 2024 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.)

N/A

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2024?

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Part VI-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued)**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))?

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

(3) Provide a grant to an individual for travel, study, or other similar purposes?

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

(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
5a(1)	X	
5a(2)	X	
5a(3)	X	
5a(4)	X	
5a(5)	X	
5b		
5d		
6a	X	
6b	X	
7a	X	
7b		
8	X	

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

N/A

c Organizations relying on a current notice regarding disaster assistance, check here **d** 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?

N/A

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

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(s) during the year?**Part VII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, and foundation managers and their compensation.**

(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 STATEMENT 11		176,750.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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

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Part VII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. 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 VIII-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 N/A	
2	
3	
4	

Part VIII-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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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Part IX 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	15,738,134.
b	Average of monthly cash balances	1b	76,407.
c	Fair market value of all other assets (see instructions)	1c	429,701.
d	Total (add lines 1a, b, and c)	1d	16,244,242.
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	16,244,242.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	243,664.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	16,000,578.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	800,029.

Part X 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 IX, line 6	1	800,029.
2a	Tax on investment income for 2024 from Part V, line 5	2a	12,705.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	12,705.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	787,324.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	787,324.
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 XII, line 1	7	787,324.

Part XI 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	989,204.
b	Program-related investments - total from Part VIII-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 XII, line 4	4	989,204.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				787,324.
2 Undistributed income, if any, as of the end of 2024:			0.	
a Enter amount for 2023 only				
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019	174,990.			
b From 2020	116,369.			
c From 2021	69,171.			
d From 2022	125,255.			
e From 2023	147,812.			
f Total of lines 3a through e	633,597.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 989,204.			0.	
a Applied to 2023, but not more than line 2a				
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 2024 distributable amount				787,324.
e Remaining amount distributed out of corpus	201,880.			
5 Excess distributions carryover applied to 2024 (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	835,477.			
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 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				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 2019 not applied on line 5 or line 7	174,990.			
9 Excess distributions carryover to 2025.				
Subtract lines 7 and 8 from line 6a	660,487.			
10 Analysis of line 9:				
a Excess from 2020	116,369.			
b Excess from 2021	69,171.			
c Excess from 2022	125,255.			
d Excess from 2023	147,812.			
e Excess from 2024	201,880.			

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Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

N/A

1 a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling				
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2 a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed				
b	85% (0.85) of line 2a				
c	Qualifying distributions from Part XI, 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 IX, 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				

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

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).)

NONE

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.

NONE

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.

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

SEE STATEMENT 12

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

c Any submission deadlines:

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

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

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Part XIV **Supplementary Information** *(continued)*

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				
ALTERNATIVES, INC. 5700 S. PRAIRIE AVENUE CHICAGO, IL 60637	NONE	PC	SCHOOL BASED BEHAVIORAL HEALTH SERVICES SUPPORT	30,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE. CHICAGO, IL 60611	NONE	PC	BEHAVIORAL HEALTH TEAMS AND SCHOOL-COMMUNITY COLLABORATION IN CHICAGO PUBLIC SCHOOLS	30,000.
BREAKTHROUGH URBAN MINISTRIES 402 N. ST. LOUIS AVE. CHICAGO, IL 60624	NONE	PC	BREAKTHROUGH YOUTH BEHAVIORAL HEALTH	25,000.
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE. CHICAGO, IL 60632	NONE	PC	MENTAL HEALTH - BPNC SCHOOL-BASED MENTAL HEALTH PROGRAM	30,000.
BUILD, INC. 5100 W. HARRISON ST. CHICAGO, IL 60644	NONE	PC	BUILDING GIRLS 2 WOMEN (BG2W) PROGRAM	30,000.
Total	SEE CONTINUATION SHEET(S)			3a 790,000.
b Approved for future payment				
NONE				
Total				3b 0.

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GRANT HOSPITAL OF CHICAGO
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Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion 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	495,705.	
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					
8 Gain or (loss) from sales of assets other than inventory			18	517,188.	
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.		1,012,893.	0.
13 Total. Add line 12, columns (b), (d), and (e)			13		1,012,893.
(See worksheet in line 13 instructions to verify calculations.)					

Relationship of Activities to the Accomplishment of Exempt Purposes

GRANT HOSPITAL OF CHICAGO
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Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash

(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

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?

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign
Here

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.

EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below? See instr.

Signature of officer or trustee

Date

Title

**Paid
Preparer
Use Only**

Preparer's name DENNIS P. O'BRIEN	Preparer's signature DENNIS P. O'BRIEN	Date	Check <input type="checkbox"/> if self-employed	PTIN P00008832
Firm's name PASQUESI SHEPPARD LLC			Firm's EIN ***-***9282	
Firm's address 585 BANK LANE LAKE FOREST, IL 60045			Phone no. 847-234-5000	

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 VANGUARD 500 INDEX			09/01/23	04/05/24
b VANGUARD 500 INDEX			09/01/23	07/15/24
c VANGUARD MID CAP INDEX			06/15/18	12/05/24
d VANGUARD SMALL CAP INDEX			07/11/17	12/05/24
e VANGUARD TOTAL INTL STOCK INDEX			06/15/18	04/05/24
f VANGUARD TOTAL INTL STOCK INDEX			06/15/18	12/05/24
g VANGUARD 500 INDEX			09/01/23	12/05/24
h				
i				
j				
k				
l				
m				
n				
o				
(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 44,980.		16,786.	28,194.	
b 99,980.		34,471.	65,509.	
c 139,980.		82,045.	57,935.	
d 59,980.		33,332.	26,648.	
e 24,980.		22,907.	2,073.	
f 199,980.		176,440.	23,540.	
g 459,980.		146,691.	313,289.	
h				
i				
j				
k				
l				
m				
n				
o				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")	
(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			28,194.	
b			65,509.	
c			57,935.	
d			26,648.	
e			2,073.	
f			23,540.	
g			313,289.	
h				
i				
j				
k				
l				
m				
n				
o				
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	517,188.
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). If (loss), enter "-0-" in Part I, line 8			3	N/A

GRANT HOSPITAL OF CHICAGO
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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
CHICAGO ABORTION FUND 333 W. NORTH AVE., STE 267 CHICAGO, IL 60610	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVE. CHICAGO, IL 60608	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
CHICAGO SOUTH SIDE BIRTH CENTER 643 N. CARROLL PARKWAY GLENWOOD, IL 60425	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
CHILDREN'S RESEARCH TRIANGLE 70 EAST LAKE STREET, SUITE 1300 CHICAGO, IL 60601	NONE	PC	TRAUMA TREATMENT PROGRAM	30,000.
COMMUNITY COUNSELING CENTERS OF CHICAGO (C4) 2014 W. BELLE PLAINE AVENUE CHICAGO, IL 60618	NONE	PC	BEHAVIORAL HEALTH PRIMARY CARE LEARNING COLLABORATIVE	40,000.
COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
ENLACE CHICAGO 2759 S. HARDING AVE. CHICAGO, IL 60623	NONE	PC	GENERAL OPERATING SUPPORT	30,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST., 3RD FL CHICAGO, IL 60622	NONE	PC	ERIE TEEN CENTER	25,000.
ESPERANZA HEALTH CENTERS 1940 S. WESTERN AVE., SUITE 205 CHICAGO, IL 60608	NONE	PC	CHICAGO SAFETY NET LEARNING COLLABORATIVE	25,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	NONE	PC	HEALTHY MINDS, HEALTHY SCHOOLS	30,000.
Total from continuation sheets				645,000.

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Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

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
HEARTLAND ALLIANCE HEALTH 4730 N WINTHROP CHICAGO, IL 60640	NONE	PC	BUILDING A CULTURE OF HEALTH ON CHICAGO'S SOUTH SIDE	50,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W 63RD STREET CHICAGO, IL 60629	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
JUVENILE PROTECTIVE ASSOCIATION (JPA) 1707 NORTH HALSTED STREET CHICAGO, IL 60614	NONE	PC	SCHOOL-BASED THERAPEYTIC SERVICES	30,000.
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	CALM CLASSROOM	15,000.
MIDWEST ACCESS PROJECT P.O.BOX 310 BERWYN, IL 60402	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
NAMI CHICAGO 224 W HILL STREET, SUITE 410 CHICAGO, IL 60610	NONE	PC	NAMI CHICAGO YOUTH MENTAL HEALTH PROGRAM	20,000.
NEW MOMS, INC. 5317 W. CHICAGO AVE. CHICAGO, IL 60651	NONE	PC	FAMILY SUPPORT	25,000.
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO 180 N. MICHIGAN, SUITE 1200 CHICAGO, IL 60601	NONE	PC	SCHOOL HEALTH ACCESS COLLABORATIVE	30,000.
RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON STREET, SUITE 250 CHICAGO, IL 60607	NONE	PC	REPRODUCTIVE SERVICES ACROSS AFC/SBHC PROGRAM	25,000.
SINAI HEALTH SYSTEM 1500 S. CALIFORNIA, SUITE F-125 CHICAGO, IL 60608	NONE	PC	GENERAL OPERATING SUPPORT	30,000.
Total from continuation sheets				

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Part XIV **Supplementary Information**

3 Grants and Contributions Paid During the Year (Continuation)

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
THE NIGHT MINISTRY 1735 N. ASHLAND AVE., SUITE 2000 CHICAGO, IL 60622	NONE	PC	GENERAL OPERATING SUPPORT - YOUTH HOUSING SERVICES	15,000.
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3605 W. FILMORE STREET CHICAGO, IL 60624	NONE	PC	GENERAL OPERATING SUPPORT - YOUTH MENTAL HEALTH PROVIDER COHORT	30,000.
YOUTH GUIDANCE 1 NORTH LASALLE STREET, SUITE 900 CHICAGO, IL 60602	NONE	PC	SCHOOL-BASED COUNSELING	30,000.
Total from continuation sheets				

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB	495,705.	0.	495,705.	495,705.	
TO PART I, LINE 4	495,705.	0.	495,705.	495,705.	

FORM 990-PF ACCOUNTING FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	9,200.	4,600.		4,600.
TO FORM 990-PF, PG 1, LN 16B	9,200.	4,600.		4,600.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	18,000.	18,000.		0.
TO FORM 990-PF, PG 1, LN 16C	18,000.	18,000.		0.

FORM 990-PF TAXES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	13,016.	3,254.		9,762.
FEDERAL EXCISE TAX	12,627.	12,627.		0.
FOREIGN TAXES	12,107.	12,107.		0.
TO FORM 990-PF, PG 1, LN 18	37,750.	27,988.		9,762.

FORM 990-PF

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	8,853.	885.		7,968.
MEMBERSHIP DUES	6,975.	0.		6,975.
INSURANCE	3,513.	351.		3,162.
SOFTWARE	12,599.	1,260.		11,339.
SEMINARS	7,371.	0.		7,371.
TO FORM 990-PF, PG 1, LN 23	39,311.	2,496.		36,815.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 6

DESCRIPTION

AMOUNT

UNREALIZED GAIN (LOSS) ON INVESTMENTS	813,554.
UNREALIZED GAIN (LOSS) ON INVESTMENTS	31,964.
TOTAL TO FORM 990-PF, PART III, LINE 3	845,518.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 7

DESCRIPTION

VALUATION
METHOD

BOOK VALUE

FAIR MARKET
VALUE

MUTUAL FUNDS	FMV	16,130,332.	16,130,332.
TOTAL TO FORM 990-PF, PART II, LINE 13		16,130,332.	16,130,332.

FORM 990-PF

DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 8

DESCRIPTION

COST OR
OTHER BASISACCUMULATED
DEPRECIATION

BOOK VALUE

OFFICE EQUIPMENT	7,548.	7,548.	0.
LENOVO IDEACENTER COMPUTER	917.	917.	0.
DESK AND CONFERENCE TABLE	1,250.	1,063.	187.
TOTAL TO FM 990-PF, PART II, LN 14	9,715.	9,528.	187.

FORM 990-PF	OTHER ASSETS	STATEMENT 9	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICAL INTEREST IN A PERPETUAL TRUST	385,228.	417,192.	417,192.
OPERATING RIGHT-OF-USE ASSET, NET	35,682.	20,801.	20,801.
TO FORM 990-PF, PART II, LINE 15	420,910.	437,993.	437,993.

FORM 990-PF	OTHER LIABILITIES	STATEMENT 10	
DESCRIPTION	BOY AMOUNT	EOY AMOUNT	
OPERATING LEASE LIABILITIES	35,682.	20,801.	
TOTAL TO FORM 990-PF, PART II, LINE 22	35,682.	20,801.	

FORM 990-PF

PART VII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
THOMAS C. VANDEN BERK 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	CHAIRMAN 1.00	0.	0.	0.
MAUREEN L. BLAHA 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	SECRETARY/TREASURER 1.00	0.	0.	0.
BRENDA B. ASARE 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
CODY MCSELLERS-MCCRAY 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE, SUITE 210 LAKE FOREST, IL 60045	EXECUTIVE DIRECTOR 40.00	176,750.	0.	0.

GRANT HOSPITAL OF CHICAGO D/B/A GRANT HE

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TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII

176,750. 0. 0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATE GRUBBS O'CONNOR, GRANT HEALTHCARE FOUNDATION
500 NORTH WESTERN AVENUE, SUITE 210
LAKE FOREST, IL 60045

TELEPHONE NUMBER

847-735-1590

EMAIL ADDRESS

KOCONNOR@GRANTHEALTHCARE.ORG

FORM AND CONTENT OF APPLICATIONS

GRANT FORM USED

ANY SUBMISSION DEADLINES

JULY

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA