

Return of Private Foundation

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

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2017

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

For calendar year 2017 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 NORTH WESTERN AVENUE	Room/suite 204	B Telephone number 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 <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) ▶ \$ 16,235,288.	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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	31,699.		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	314,684.	314,684.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,030,028.			
	b Gross sales price for all assets on line 6a	3,988,984.			
	7 Capital gain net income (from Part IV, line 2)		1,030,028.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	377.	377.		STATEMENT 2	
12 Total. Add lines 1 through 11	1,376,788.	1,345,089.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	135,000.	33,750.		101,250.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	STMT 3 6,900.	3,450.		3,450.
	c Other professional fees	STMT 4 55,839.	55,839.		0.
	17 Interest	5,945.	0.		0.
	18 Taxes	STMT 5 36,742.	27,707.		9,035.
	19 Depreciation and depletion	374.	0.		
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	STMT 6 62,055.	6,206.		64,884.
	24 Total operating and administrative expenses. Add lines 13 through 23	302,855.	126,952.		178,619.
	25 Contributions, gifts, grants paid	749,000.			749,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,051,855.	126,952.		927,619.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	324,933.				
b Net investment income (if negative, enter -0-)		1,218,137.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

Form 990-PF (2017)

-*7090

Page 2

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	29,555.	845,645.	845,645.
	2 Savings and temporary cash investments	120,697.	52,874.	52,874.
	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 STMT 8	996,082.	884,712.	884,712.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other STMT 9	13,098,579.	14,071,789.	14,071,789.
	14 Land, buildings, and equipment: basis ▶ 10,368. Less: accumulated depreciation STMT 10 ▶ 8,370.	2,372.	1,998.	1,998.
15 Other assets (describe ▶ STATEMENT 11)	587,103.	378,270.	378,270.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	14,834,388.	16,235,288.	16,235,288.	
Liabilities	17 Accounts payable and accrued expenses	79,801.	76,322.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
23 Total liabilities (add lines 17 through 22)	79,801.	76,322.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	14,303,500.	15,673,499.	
	25 Temporarily restricted	107,197.	107,197.	
	26 Permanently restricted	343,890.	378,270.	
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds ...			
30 Total net assets or fund balances	14,754,587.	16,158,966.		
31 Total liabilities and net assets/fund balances	14,834,388.	16,235,288.		

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 30 (must agree with end-of-year figure reported on prior year's return)	14,754,587.
2 Enter amount from Part I, line 27a	324,933.
3 Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	1,079,446.
4 Add lines 1, 2, and 3	16,158,966.
5 Decreases not included in line 2 (itemize) ▶	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	16,158,966.

Form 990-PF (2017)

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

Form 990-PF (2017)

** - ***7090 Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(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 SEE ATTACHED STATEMENTS			
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 3,988,984.		2,958,956.	1,030,028.

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) 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			1,030,028.

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	1,030,028.
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

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2016	937,646.	14,596,045.	.064240
2015	1,285,938.	14,964,850.	.085931
2014	1,318,146.	17,255,208.	.076391
2013	1,165,829.	16,427,334.	.070969
2012	1,223,954.	15,945,636.	.076758

2 Total of line 1, column (d)	2	.374289
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	.074858
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	15,301,816.
5 Multiply line 4 by line 3	5	1,145,463.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	12,181.
7 Add lines 5 and 6	7	1,157,644.
8 Enter qualifying distributions from Part XII, line 4	8	927,619.

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.

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

Form 990-PF (2017)

** - ***7090 Page 4

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 <input type="checkbox"/> 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 <input type="checkbox"/> and enter 1% of Part I, line 27b		1	24,363.
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	24,363.
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	24,363.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	5,809.	
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	5,809.	
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	SEE STATEMENT 12	18,554.
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 2018 estimated tax	11	Refunded	

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?		X
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.		X
1c Did the foundation file Form 1120-POL for this year?		X
2 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.		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
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.		X
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?	X	
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 XV	X	
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	X	
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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Form 990-PF (2017)

Part VII-A Statements Regarding Activities (continued)

	Yes	No
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		X
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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.GRANTHEALTHCARE.ORG	X	
14 The books are in care of ► KATE GRUBBS O'CONNOR Telephone no. ► 847-735-1590 Located at ► 500 N. WESTERN AVE., SUITE 204, 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		N/A
16 At any time during calendar year 2017, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

	Yes	No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		N/A
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
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 2017?		X
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2017 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 2017.)		N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2017?		X

Part VII-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:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
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?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	X
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

Part VIII 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 15		135,000.	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

Part VIII 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 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 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
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	14,525,581.
b	Average of monthly cash balances	1b	524,386.
c	Fair market value of all other assets	1c	484,872.
d	Total (add lines 1a, b, and c)	1d	15,534,839.
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	15,534,839.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	233,023.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	15,301,816.
6	Minimum investment return. Enter 5% of line 5	6	765,091.

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	765,091.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	24,363.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	24,363.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	740,728.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	740,728.
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	740,728.

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	927,619.
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	927,619.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	927,619.

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.

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

Form 990-PF (2017)

** - ***7090 Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				740,728.
2 Undistributed Income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012	434,890.			
b From 2013	362,804.			
c From 2014	476,094.			
d From 2015	555,593.			
e From 2016	210,995.			
f Total of lines 3a through e	2,040,376.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	927,619.			
a Applied to 2016, 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 2017 distributable amount				740,728.
e Remaining amount distributed out of corpus	186,891.			
5 Excess distributions carryover applied to 2017 (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:	2,227,267.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7	434,890.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,792,377.			
10 Analysis of line 9:				
a Excess from 2013	362,804.			
b Excess from 2014	476,094.			
c Excess from 2015	555,593.			
d Excess from 2016	210,995.			
e Excess from 2017	186,891.			

Part XIV Private Operating Foundations (see instructions and Part VII-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 2017, enter the date of the ruling ▶
b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a 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					

Part XV 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 16

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

Form 990-PF (2017)

** - ***7090 Page 11

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 Paid during the year				
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE CHICAGO, IL 60651	NONE	PC	INTEGRATED HEALTH PROGRAM	15,000.
BREAKTHROUGH URBAN MINISTRY 402 N ST. LOUIS ST. CHICAGO, IL 60624	NONE	PC	BEHAVIORAL HEALTH FOR HOMELESS ADULTS	15,000.
CANINE THERAPY CORPS 1700 W IRVING PARK RD. CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	12,000.
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO 721 N LASALLE CHICAGO, IL 60654	NONE	PC	HOSPITAL TRANSITION PROGRAM	25,000.
CENTER ON HALSTED 3858 N. HALSTED ST. CHICAGO, IL 60613	NONE	PC	BEHAVIORAL HEALTH SERVICES	20,000.
Total SEE CONTINUATION SHEET(S) ▶ 3a				749,000.
b Approved for future payment				
NONE				
Total ▶ 3b				0.

Form 990-PF (2017)

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 TOUCHSTONE SMALL CAP		12/28/16	06/22/17
b HARBOR FD INTL		01/01/12	06/22/17
c PEAR TREE POLARIS		04/18/16	11/21/17
d TOUCHSTONE SMALL CAP		01/01/13	06/22/17
e HARBOR FD INTL		01/01/14	06/22/17
f BBH FDS BBH CORE SELECT		01/01/12	11/21/17
g VANGUARD 500 INDEX FUND		01/01/13	09/26/17
h QEP RESOURCES		04/13/17	10/04/17
i RPC INC		02/27/17	09/14/17
j WILLIAMS COS INC		07/01/16	03/15/17
k CANADIAN NATURAL RESOURCES		11/28/12	05/01/17
l MARATHON OIL CORP		08/24/12	02/27/17
m MARATHON OIL CORP		01/01/12	08/03/17
n MARATHON OIL CORP		01/01/13	11/08/17
o PDC ENERGY INC		01/01/14	06/29/17

(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 2,209.		1,961.	248.
b 155,895.		143,058.	12,837.
c 329,976.		259,068.	70,908.
d 602,614.		534,825.	67,789.
e 692,549.		648,630.	43,919.
f 1,552,911.		966,037.	586,874.
g 199,928.		199,928.	0.
h 9,221.		12,796.	-3,575.
i 3,584.		3,114.	470.
j 27,832.		20,315.	7,517.
k 3,180.		2,794.	386.
l 11,468.		20,345.	-8,877.
m 7,674.		18,754.	-11,080.
n 8,668.		17,496.	-8,828.
o 20,705.		24,816.	-4,111.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			248.
b			12,837.
c			70,908.
d			67,789.
e			43,919.
f			586,874.
g			0.
h			-3,575.
i			470.
j			7,517.
k			386.
l			-8,877.
m			-11,080.
n			-8,828.
o			-4,111.

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	
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	

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 PIONEER NATURAL RESOURCES		07/16/12	02/14/17
b QEP RESOURCES		06/03/16	10/04/17
c CANADIAN NATURAL RESOURCES		10/27/09	04/13/17
d CANADIAN NATURAL RESOURCES		10/10/12	05/01/17
e DEVON ENERGY		10/27/09	02/27/17
f HESS CORP	P	11/02/09	11/08/17
g SCHLUMBERGER LTD	P	02/22/10	05/22/17
h CAPITAL GAINS DIVIDENDS			
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 5,918.		2,555.	3,363.
b 8,460.		18,920.	-10,460.
c 16,600.		17,102.	-502.
d 15,898.		16,630.	-732.
e 5,570.		8,803.	-3,233.
f 6,612.		7,857.	-1,245.
g 15,840.		13,152.	2,688.
h 285,672.			285,672.
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			3,363.
b			-10,460.
c			-502.
d			-732.
e			-3,233.
f			-1,245.
g			2,688.
h			285,672.
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	1,030,028.
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
D/B/A GRANT HEALTHCARE FOUNDATION

-*7090

Part XV 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
Name and address (home or business)				
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVE CHICAGO, IL 60608	NONE	PC	FAMILY HOPE CENTER	20,000.
CHICAGO FAMILY HEALTH CENTER 9119 SOUTH EXCHANGE AVE CHICAGO, IL 60617	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
COMMUNITY COUNSELING CENTERS OF CHICAGO 4740 N CLARK CHICAGO, IL 60640	NONE	PC	BEHAVIORAL HEALTH PRIMARY CARE	30,000.
COMMUNITY HEALTH 2811 W CHICAGO AVE. CHICAGO, IL 60622	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST. CHICAGO, IL 60622	NONE	PC	PATIENT-CENTERED CARE INTEGRATION (PCCI) INITIATIVE	20,000.
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVE. CHICAGO, IL 60608	NONE	PC	CARE COORDINATION PROGRAM	20,000.
EVERTHRIVE ILLINOIS 1256 W CHICAGO AVE CHICAGO, IL 60642	NONE	PC	CHICAGO SAFETY NET LEARNING COLLABORATIVE	20,000.
FAMILY FOCUS 310 S. PEORIA CHICAGO, IL 60607	NONE	PC	TRAUMA-INFORMED THERAPEUTIC SERVICES	20,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	NONE	PC	HEALTHY MINDS, HEALTHY SCHOOLS	15,000.
GOLDIE'S PLACE 5705 N. LINCOLN AVE. CHICAGO, IL 60659	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
Total from continuation sheets				662,000.

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

** - ***7090

Part XV 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
HOWARD AREA COMMUNITY CENTER 7648 N PAULINA ST CHICAGO, IL 60626	NONE	PC	ELEANOR WESTER DENTAL CLINIC	10,000.
HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN RD CHICAGO, IL 60613	NONE	PC	HEALTHCARE OPERATIONS, SALARIES AND PROGRAMS	20,000.
HUMAN RESOURCES DEVELOPMENT INSTITUTE INC 222 S JEFFERSON ST CHICAGO, IL 60661	NONE	PC	HHC - BEHAVIORAL HEALTH INTEGRATION PROGRAM	25,000.
ILLINOIS COLLEGE OF OPTOMETRY 3241 S. MICHIGAN AVE. CHICAGO, IL 60616	NONE	PC	CHICAGO VISION OUTREACH	20,000.
INNER CITY MUSLIM ACTION NETWORK 2744 W 63RD ST. CHICAGO, IL 60629	NONE	PC	IMAN HEALTH CLINIC - GENERAL OPERATING SUPPORT	20,000.
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N. CLARK ST. CHICAGO, IL 60614	NONE	PC	WILDLIFE AND HUMAN HEALTH INITIATIVE	40,000.
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	15,000.
NEW MOMS INC 5317 W CHICAGO AVE CHICAGO, IL 60651	NONE	PC	FAMILY SUPPORT PROGRAM	20,000.
OLD IRVING PARK COMMUNITY CLINIC 5425 W. ADDISON ST. CHICAGO, IL 60641	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
Total from continuation sheets				

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

-*7090

Part XV 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
Name and address (home or business)				
PCC COMMUNITY WELLNESS CENTER 14 LAKE ST. OAK PARK, IL 60302	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
PRIMECARE COMMUNITY HEALTH 2232 N CLYBOURNE AVE CHICAGO, IL 60614	NONE	PC	PSYCHIATRIC CONSULTATION IN PRIMARY CARE	17,000.
PRIMO CENTER FOR WOMEN AND CHILDREN 4241 W WASHINGTON BLVD CHICAGO, IL 60624	NONE	PC	TRAUMA-INFORMED MENTAL HEALTH SERVICES IN CONGREGATE CARE	25,000.
RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN CHICAGO, IL 60612	NONE	PC	RUSH ADOLESCENT FAMILY CENTER	20,000.
SECOND SENSE 65 E. WACKER DR. CHICAGO, IL 60601	NONE	PC	SUPPORT FOR VISION REHABILITATION TO MOVE BEYOND VISION LOSS	10,000.
SISTERHOUSE 851 N. LEAMINGTON AVE. CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	15,000.
ST. JAMES CATHEDRAL COUNSELING CENTER 50 E WASHINGTON ST CHICAGO, IL 60602	NONE	PC	PEDIATRIC ASTHMA PROJECT	10,000.
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	OUTREACH AND HEALTH MINISTRY	15,000.
THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637	NONE	PC	URBAN HEALTHCARE INNOVATION BUILDING BEHAVIORAL HEALTH CAPACITY FOR VUNERABLE COMMUNITIES	30,000.
Total from continuation sheets				

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHICAGO TRUST - MITCHELL	12,030.	21.	12,009.	12,009.	
DRIEHAUS ACTIVE INCOME FUND	5,495.	0.	5,495.	5,495.	
ECKHARDT FUTURES LP	32,828.	26,554.	6,274.	6,274.	
LAZARD LTD	245.	0.	245.	245.	
TD AMERITRADE	549,758.	259,097.	290,661.	290,661.	
TO PART I, LINE 4	600,356.	285,672.	314,684.	314,684.	

FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	377.	377.	
TOTAL TO FORM 990-PF, PART I, LINE 11	377.	377.	

FORM 990-PF	ACCOUNTING FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,900.	3,450.		3,450.
TO FORM 990-PF, PG 1, LN 16B	6,900.	3,450.		3,450.

FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	55,839.	55,839.		0.
TO FORM 990-PF, PG 1, LN 16C	55,839.	55,839.		0.

FORM 990-PF	TAXES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	12,046.	3,011.		9,035.
FEDERAL EXCISE TAX	18,932.	18,932.		0.
FOREIGN TAXES	5,764.	5,764.		0.
TO FORM 990-PF, PG 1, LN 18	36,742.	27,707.		9,035.

FORM 990-PF	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	62,055.	6,206.		64,884.
TO FORM 990-PF, PG 1, LN 23	62,055.	6,206.		64,884.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED GAIN(LOSS) ON INVESTMENTS	488,279.
UNREALIZED GAIN(LOSS) ON INVESTMENTS	34,380.
LIFE INSURANCE DEATH BENEFIT, NET	556,787.
TOTAL TO FORM 990-PF, PART III, LINE 3	1,079,446.

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	884,712.	884,712.
TOTAL TO FORM 990-PF, PART II, LINE 10B	884,712.	884,712.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	12,351,433.	12,351,433.
PARTNERSHIPS	COST	922,594.	922,594.
EXCHANGE TRADED FUNDS	FMV	797,762.	797,762.
TOTAL TO FORM 990-PF, PART II, LINE 13		14,071,789.	14,071,789.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	7,548.	7,548.	0.
LAP TOP COMPUTER	653.	358.	295.
LENOVO IDEACENTER COMPUTER	917.	275.	642.
DESK AND CONFERENCE TABLE	1,250.	188.	1,062.
TOTAL TO FM 990-PF, PART II, LN 14	10,368.	8,369.	1,999.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CASH SURRENDER VALUE - INSURANCE	243,213.	0.	0.
BENEFICAL INTEREST IN A PERPETUAL TRUST	343,890.	378,270.	378,270.
TO FORM 990-PF, PART II, LINE 15	587,103.	378,270.	378,270.

FORM 990-PF INTEREST AND PENALTIES STATEMENT 12

TAX DUE FROM FORM 990-PF, PART VI	18,554.
LATE PAYMENT INTEREST	79.
LATE PAYMENT PENALTY	93.
TOTAL AMOUNT DUE	<u>18,726.</u>

FORM 990-PF LATE PAYMENT PENALTY STATEMENT 13

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/18	18,554.	18,554.	1	93.
DATE FILED	06/15/18		18,554.		
TOTAL LATE PAYMENT PENALTY					<u>93.</u>

FORM 990-PF LATE PAYMENT INTEREST STATEMENT 14

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/18	18,554.	18,554.	.0500	31	79.
DATE FILED	06/15/18		18,633.			
TOTAL LATE PAYMENT INTEREST						<u>79.</u>

FORM 990-PF

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

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH S. CARR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY/TREASURER 1.00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
RICHARD M. ROSS JR. 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIRMAN 1.00	0.	0.	0.
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	EXECUTIVE DIRECTOR 40.00	135,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		135,000.	0.	0.

FORM 990-PF

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

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATE GRUBBS O'CONNOR, GRANT HEALTHCARE FOUNDATION
500 NORTH WESTERN AVENUE, SUITE 204
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

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE EQUIPMENT	09/01/06	SL	7.00		HY17	7,548.				7,548.	7,548.		0.	7,548.
2	LAP TOP COMPUTER	05/16/12	SL	10.00		HY17	653.				653.	293.		65.	358.
3	LENOVO IDEACENTER COMPUTER	04/11/16	SL	5.00		HY17	917.				917.	92.		183.	275.
4	DESK AND CONFERENCE TABLE	06/14/16	SL	10.00		HY17	1,250.				1,250.	63.		125.	188.
	* TOTAL 990-PF PG 1 DEPR						10,368.				10,368.	7,996.		373.	8,369.

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	Employer identification number (EIN) or **-***7090
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 500 NORTH WESTERN AVENUE, NO. 204	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAKE FOREST, IL 60045	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KATE GRUBBS O'CONNOR

• The books are in the care of ▶ **500 N. WESTERN AVE., SUITE 204 - LAKE FOREST, IL 60045**
Telephone No. ▶ **847-735-1590** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 5,809.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.