EXTENDED TO AUGUST 15, 2016 Return of Private Foundation

Form **990-PF**Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No. 1545-0052 **2015**Open to Public Inspection

For	calen	dar year 2015 or tax year beginning		, and ending		
		foundation NT HOSPITAL OF CHICAGO			A Employer identificatio	n number
D/B/A GRANT HEALTHCARE FOUNDATION					**-***7090)
		nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		NORTH WESTERN AVENUE		204	847-735-15	590
		own, state or province, country, and ZIP or foreign p E FOREST, IL 60045	ostal code		C If exemption application is p	pending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return		2 Favoien avecanizations m	acting the 050/ test
		Address change	Name change		2. Foreign organizations m check here and attach c	omputation Lest,
H C	_	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
			Other taxable private founda	X Accrual	under section 507(b)(1	
		rket value of all assets at end of year J Accounti	ther (specify)	Accrual	F If the foundation is in a	
(<i>11</i>		Part II, col. (c), line 16) 14 , 802 , 252 . (Part I, colu	ımn (d) must be on cash b	pasis.)	under section 507(b)(1)(b), check here
	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	23,282.		N/A	
	2	Check if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	245,533.	245,533.		STATEMENT 1
		Gross rents				
		Net rental income or (loss)	718,077.			
ıne	b	Net gain or (loss) from sale of assets not on line 10	710,077.			
Revenue	7	assets on line 6a 2,008,975. Capital gain net income (from Part IV, line 2)		718,077.		
æ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
		Less: Cost of goods sold				
		Gross profit or (loss)	40 161			CM3 MEMENTO O
	11	Other income	40,161.	963,610.		STATEMENT 2
	12 13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.	135,000.	903,010.		0.
		Other employee salaries and wages	133,000.	<u>.</u>		· · ·
		Pension plans, employee benefits				
ses	16a	Legal fees STMT 3	500.	0.		0.
ben	b	Accounting fees STMT 4	6,350.	0.		0.
Ä	C	Other professional fees STMT 5	52,875.	52,875.		0.
tive	17	Interest Taxes STMT 6	9,260.	0.		0.
stra	18	Taxes STMT 6	26,564. 65.	5,275. 0.		0.
ij		Depreciation and depletion	17,766.	0.		0.
Adn		Occupancy Travel, conferences, and meetings	4,699.	0.		0.
P			147.	0.		0.
g a	23	Printing and publications Other expenses STMT 7	34,198.	0.		0.
atir	24	Total operating and administrative				
Operating and Administrative Expens		expenses. Add lines 13 through 23	287,424.	58,150.		0.
O	l .	Contributions, gifts, grants paid	1,105,500.			1,105,500.
	26	Total expenses and disbursements.	1 202 024	EO 1EO		1 105 500
	07	Add lines 24 and 25	1,392,924.	58,150.		1,105,500.
		Subtract line 26 from line 12:	-365,871.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	303,071	905,460.		
		Adjusted net income (if negative, enter -0-)			N/A	

23501 1-24-15 LHA For Paperwork Reduction Act Notice, see instructions. Form **990-PF** (2015)

For	m 99	0-PF (2015) D/B/A GRANT HEALTHCARE		**_	***7090 Page 2
D	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	,
•	ai t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	114,314.	88,611.	88,611.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ι	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock STMT 8	1,039,356.	801,860.	801,860.
	C	Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 9	15,315,389.	13,333,409.	13,333,409.
	14	Land, buildings, and equipment: basis \blacktriangleright 10,296. Less: accumulated depreciation STMT 10 \blacktriangleright 9,871.			
		Less: accumulated depreciation STMT 10 > 9,871.	490.	425.	425.
	15	Other assets (describe ► STATEMENT 11)	593,332.	577,947.	577,947.
		Total assets (to be completed by all filers - see the	,	·	· · · · · · · · · · · · · · · · · · ·
		instructions. Also, see page 1, item I)	17,062,881.	14,802,252.	14,802,252.
_	17	Accounts payable and accrued expenses	321,379.	102,807.	
		Grants payable		-	
ý		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
abil		Mortgages and other notes payable			
Ĩ		Other liabilities (describe)			
		·			
	23	Total liabilities (add lines 17 through 22)	321,379.	102,807.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted	16,264,071.	14,248,940.	
<u>a</u> n	25	Temporarily restricted	107,197.	107,197.	
Ba		Permanently restricted	370,234.	343,308.	
<u>n</u>		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds \dots			
Net Assets or Fund Balances	30	Total net assets or fund balances	16,741,502.	14,699,445.	
	31	Total liabilities and net assets/fund balances	17,062,881.	14,802,252.	
P	art	III Analysis of Changes in Net Assets or Fund B	Balances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	16,741,502.
		amount from Part I, line 27a			-365,871.
		ingragge not included in line O (itemize)			0.
		ines 1, 2, and 3		4	16,375,631.
5	Decr	eases not included in line 2 (itemize) <u>UNREALIZED GAI</u>	N(LOSS) ON IN	VESTMENTS 5	1,676,186.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	14,699,445.
					Form 990-PF (2015)

523511 11-24-15

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

Form 990-PF (2015)

Page 3

Part IV Capital Gains a	and Losses for Tax on I	nvestmen	t Income						
	ibe the kind(s) of property sold (e.grehouse; or common stock, 200 sh			(b) I P D	How acquired - Purchase - Donation) Date a (mo., d	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~								
b SEE ATTACHED	STATEMENTS								
C									
<u>d</u>						+			
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale					ain or (loss (f) minus	
a									
b c									
d 2,608,975.		+	1,890,89	Ω					718,077.
	g gain in column (h) and owned by			0.		(1) (oine (C	ol (b) goin	
Complete only for assets showing	, ,		cess of col. (i)			col. (k	ailis (U (), but r	ol. (h) gain ot less tha	n -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		col. (j), if any					(from col. (
a		1	<i>(,,,</i>)						
b		1							
C		+							
d		+							
e		1							718,077.
	(If goin, also anto	r in Dort I line	7	7					,
2 Capital gain net income or (net ca	pital loss) If (loss) enter -(n in Part I, illie N- in Part I line	7 7	 	2				718,077.
,	•		,	ا ′ ٔ	_				<u> </u>
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		iiu (o).		٦l					
If (loss), enter -0- in Part I, line 8				}	3			N/A	
Part V Qualification U		r Reduced	Tax on Net	Inv	estment	Inco	me	·	
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	e.)				
	-				/				
If section 4940(d)(2) applies, leave the	is part blank.								
Was the foundation liable for the sect	ion 4942 tax on the distributable ar	mount of any ve	ear in the base per	riod?					Yes X No
If "Yes," the foundation does not qual			•						
1 Enter the appropriate amount in e				ntries).				
(a)	(b)			(c)				Diotrik	(d) oution ratio
Base periód years Calendar year (or tax year beginnir	ng in) Adjusted qualifying di	stributions	Net value of no			sets	(col. (b) div	rided by col. (c))
2014		18,146.		17	,255,2	08.			.076391
2013	1,16	55,829.			,427,3				.070969
2012	1,22	23,954.			,945,6				.076758
2011	1,26	59,710.			,918,0				.075051
2010		2,069.			,849,6				.066784
	,	•							
2 Total of line 1, column (d)							2		.365953
3 Average distribution ratio for the 5	5-vear base period - divide the total	on line 2 by 5.	or by the number	of ve	ars				
ŭ	nce if less than 5 years	, ,	•	,			3		.073191
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X.	line 5					4	1	4,964,850.
									, ,
5 Multiply line 4 by line 3							5		1,095,292.
									, , .
6 Enter 1% of net investment incom	ne (1% of Part I, line 27h)						6		9,055.
									-,
7 Add lines 5 and 6							7		1,104,347.
									, = , , •
8 Enter qualifying distributions from							8		1,105,500.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1º	% tax rate.				

Forn	n 990-PF (2015) D/B/A GRANT HEALTHCARE FOUNDATION		***'/			Page 4
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u> 1948 - </u>	- see ir	ารtrเ	ctio	ns)
1a	a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔀 and enter 1%	1			9,0	55.
	of Part I, line 27b					
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			9,0	55.
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			9,0	55.
6	Credits/Payments:					
	a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 10,360.	<u>.</u>]				
b	Exempt foreign organizations - tax withheld at source 6b					
	Tax paid with application for extension of time to file (Form 8868)					
C	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7		1		60.
8		8				26.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			1,2	79.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 1,279 • Refunded ▶	11				0.
Pa	art VII-A Statements Regarding Activities					
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ed or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
C	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$	<u>.</u>				
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?			2		X
	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,					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
	o If "Yes," has it filed a tax return on Form 990-T for this year?		[/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
	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					
	remain in the governing instrument?			6	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 XI	/		7	Х	
8a	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IL					
b	o 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			8b	X	
9						
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

... | **10** | X Form **990-PF** (2015)

	GRANT HOSPITAL OF CHICAGO			
	m 990-PF (2015) D/B/A GRANT HEALTHCARE FOUNDATION **-***7	090		Page 5
Р	art 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)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.GRANTHEALTHCARE.ORG			
14	The books are in care of ► KATE GRUBBS O'CONNOR Telephone no. ► 847-73			
	Located at ► 500 N. WESTERN AVE., SUITE 204, LAKE FOREST, IL ZIP+4 ►60			
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 b	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1	a 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? Yes X No			
	(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	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	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 2015?	1c		Х
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X 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	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
	b If "Yes," did it have excess business holdings in 2015 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 2015.) N/A	3b		

Form **990-PF** (2015)

4a

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 2015?

Form 990-PF (2015)

Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
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)) ?	Ye	es X No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes			es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,					
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	ler the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A Y6	es No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p					
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	anagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to	(a) E)	cpense
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred	accour	ıt, other
.,,	to position	`enter'-0-)'	compensation	allow	ances
SEE STATEMENT 12		135,000.	0.		0.
SEE STATEMENT 12		133,000.	0.		0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		l	
	(b) Title, and average		(d) Contributions to	(e) E>	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	accour allow	nt, other ances
NONE	devoted to position		compensation	uno ii	411000
1,01,12					
				1	
				1	
Total number of other employees paid over \$50,000	i	1		1	0

Form 990-PF (2015) D/B/A GRANT HEALTHCARE FOUNDATION **-***7090 Page 7 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." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE **Total** number of others receiving over \$50,000 for professional services 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 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 All other program-related investments. See instructions.

Form **990-PF** (2015)

Total. Add lines 1 through 3

Form 990-PF (2015)

P	Minimum Investment Return (All domestic foundations r	nust compl	ete this part. Foreign four	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitab	le, etc., purp	oses:		
	Average monthly fair market value of securities			1a	14,505,182.
	Average of monthly cash balances			1b	101,462.
	Fair market value of all other assets			1c	586,097.
	Total (add lines 1a, b, and c)			1d	15,192,741.
е	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	15,192,741.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	, see instruct	tions)	4	227,891.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and o	n Part V, line	4	5	14,964,850.
6	Minimum investment return. Enter 5% of line 5			6	748,243.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here		ate operating foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	748,243.
2a	Tax on investment income for 2015 from Part VI, line 5		9,055.		
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	9,055.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	739,188.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	739,188.
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			7	739,188.
Р	Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	•			4 405 500
a	1 , , , , , , , , , , , , , , , , , , ,			1a	1,105,500.
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 charital	ble, etc., purp	ooses	2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	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, a		line 4	4	1,105,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inverse.				
	income. Enter 1% of Part I, line 27b			5	9,055.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	1,096,445.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years v	uhan aalaulat	ing whather the foundation of	unlifian fo	r the coetion

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

Form 990-PF (2015)

		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI,		·		739,188.
9	line 7 Undistributed income, if any, as of the end of 2015:				737,100.
	a Enter amount for 2014 only			0.	
	b Total for prior years:			•	
	b retained prior years.		0.		
3	Excess distributions carryover, if any, to 2015:		-		
	a From 2010 315,449.				
	b From 2011 434,514.				
	c From 2012 434,890.				
	dFrom 2013 362,804.				
	eFrom 2014 476,094.				
	f Total of lines 3a through e	2,023,751.			
4	Qualifying distributions for 2015 from				
	Part XII, line 4: \blacktriangleright \$ 1,105,500.				
	a Applied to 2014, 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	0			
	(Election required - see instructions)	0.			739,188.
	d Applied to 2015 distributable amount	366,312.			739,100.
	e Remaining amount distributed out of corpus	0.			0.
Ð	Excess distributions carryover applied to 2015 (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	2,390,063.			
	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.		
	assessed d Subtract line 6c from line 6b. Taxable		0.		
	amount - see instructions		0.		
	e Undistributed income for 2014. Subtract line		-		
	4a from line 2a. Taxable amount - see instr.			0.	
	f Undistributed income for 2015. Subtract				
	lines 4d and 5 from line 1. This amount must				
	be distributed in 2016				0.
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election	0			
	may be required - see instructions)	0.			
8	Excess distributions carryover from 2010	215 440			
^	not applied on line 5 or line 7	315,449.			
9	Excess distributions carryover to 2016.	2,074,614.			
	Subtract lines 7 and 8 from line 6a	4,014,014.			
	Analysis of line 9: a Excess from 2011 434,514.				
	b Excess from 2012 434,890.				
	c Excess from 2013 362,804.				
	d Excess from 2014 476,094.				
	e Excess from 2015 366,312.				

Form **990-PF** (2015)

	RANT HEALTH				*7090 Page 1
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo					
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
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 Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t				•	
1 Information Regarding Foundation	n Managers:	<u> </u>			
a List any managers of the foundation wh	-	than 2% of the total cor	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed n			,		•
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation	(or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation ha			, , , , , , , , , , , , , , , , , , , ,		·
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	, Scholarship, etc., F	Programs:		
Check here ▶ ☐ if the foundation of	only makes contributions	to preselected charitable	e organizations and does r	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations	under other conditions, co	omplete items 2a, b, c, and	d.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom app	lications should be addres	ssed:	
KATE GRUBBS O'CONNOR					
500 NORTH WESTERN AV	ENUE, SUITE	204, LAKE	FOREST, IL	60045	
${f b}$ The form in which applications should ${f b}$ GRANT FORM USED	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
JULY			11 1 61		
d Any restrictions or limitations on award THE FIELD OF HEALTHO					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to contribution Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GENERAL OPERATING A SAFE PLACE NONE PUBLIC 2710 17TH ST. CHARITIES SUPPORT ZION, IL 60088 10,000. BREAKTHROUGH URBAN MINISTRY NONE PUBLIC BREAKTHROUGH DENTAL 402 N ST. LOUIS ST. CHARITIES VAN CHICAGO, IL 60624 5,000. CANINE THERAPY CORPS NONE PUBLIC GENERAL OPERATING 1700 W IRVING PARK RD. CHARITIES SUPPORT CHICAGO, IL 60651 10,000. CENTER ON HALSTED NONE PUBLIC BEHAVIORAL HEALTH 3858 N. HALSTED ST. CHARITIES SERVICES CHICAGO, IL 60613 25,000. CHICAGO CHILDREN'S ADVOCACY CENTER NONE PUBLIC FAMILY HOPE CENTER 1240 SOUTH DAMEN AVE CHARITIES CHICAGO, IL 60608 25,000. SEE CONTINUATION SHEET(S) ▶ 3a 1,105,500. Total **b** Approved for future payment NONE **▶** 3b Total

Form 990-PF (2015)

Part XVI-A	Analysis of Income-Producing Activities
------------	--

1 Program service revenue:	Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
a b C C C C C C C C C C C C C C C C C C	v		` '	sion		Related or exempt
b	-	Code		1		
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	h			+ +		
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	·					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	d					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	е					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	f					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	g Fees and contracts from government agencies					
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b						
4 Dividends and interest from securities 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 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: a b	3 Interest on savings and temporary cash					
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 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 . 1,003,771.	4 Di 11 1 1 1 1 1 1 1 1 1			14	245,533.	
6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 18 718,077. 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) 1 1 4 40,161.	a Debt-financed property					
7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 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) 14 40,161. 40,161.	6 Net rental income or (loss) from personal					
8 Gain or (loss) from sales of assets other than inventory 18 718,077. 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) 1,003,771.				14	40,161.	
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) 1 Other revenue: 2 Other revenue: 3 Other revenue: 4 Other revenue: 5 Other revenue: 6 Other revenue: 7 Other revenue: 8 Other revenue: 9 Other revenue: 9 Other revenue: 1 Other revenue: 2 Other revenue: 3 Other revenue: 4 Other revenue: 5 Other revenue: 6 Other revenue: 7 Other revenue: 8 Other revenue: 9 Othe	8 Gain or (loss) from sales of assets other			18	718,077.	
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) 1 Other revenue: a b c c d c d c d c d c d c d c d d c d d c d						
a						
7						
7		 				
7	d	 		+ +		
7	u			+		
(2), (4), 4.4 (7)	12 Subtotal Add columns (b) (d) and (e)		n		1.003.771.	0.
13 Total. Add line 12, columns (b), (d), and (e) 13 1 1, 003, 75 (See worksheet in line 13 instructions to verify calculations.)	13 Total. Add line 12, columns (b), (d), and (e)					1,003,771.

Relationship of Activities to the Accomplishment of Exempt Purposes

LINE NO.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2015)

Form 990-PF (2015)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the	organization directly or indir	rectly engage in any o	of the followin	g with any other organization	on described in sec	ction 501(c) of		Yes	No
	the Coo	le (other than section 501(c))(3) organizations) or	in section 52	?7, relating to political orgar	nizations?				
а	Transfe	ers from the reporting founda	ation to a noncharitat	ole exempt or	ganization of:					
	(1) Ca	sh						1a(1)		X
		ner assets								Х
b		ansactions:								
	(1) Sa	les of assets to a noncharital	ble exempt organizat	ion				1b(1)		_X_
		rchases of assets from a nor								X
	(3) Re	ntal of facilities, equipment, o	or other assets					1b(3)		X
	(4) Re	imbursement arrangements						1b(4)		X
	(5) Lo	ans or loan guarantees						1b(5)		X
		rformance of services or me								X
		of facilities, equipment, mai								X
d		nswer to any of the above is		-	• •	-			ets,	
		ices given by the reporting fo			ed less than fair market valu	ue in any transactio	on or sharing arrangem	ent, show in		
۵۱.		(b) Amount involved			a avampt arganization	(4)				
a)L	ine no.	(u) Amount involved	(c) Name of		e exempt organization	(u) Description	on of transfers, transactions	s, and sharing ari	angeme	nts
				N/A						
	+									
	- +									
2a	Is the fo	oundation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	izations described				
	in secti	on 501(c) of the Code (other	r than section 501(c)	(3)) or in sect	tion 527?			Yes	X	No
b	If "Yes,	complete the following sche	edule.							
		(a) Name of org			(b) Type of organization		(c) Description of rela	tionship		
		N/A								
	Loc	der popultion of position (Late 1)	that I have ever-to	roture in-t	ag googmagning age-states	Latatomenta en dita "	in hoot of mulimous-startes			
o:	lone	der penalties of perjury, I declare to belief, it is true, correct, and com						May the IRS of return with the	liscuss t	his er
Sig	re				ı			shown below	(see ins	tr.)?
		ignature of officer or tructee			Data	Title		X Yes		J No
	5	ignature of officer or trustee Print/Type preparer's na		Preparer's s	Date	Title Date	Check if F	TIN		
		I minorype preparer S na	เกาเษ	i iepaiel 5 S	ignatur o	Date	self- employed	IIIV		
Pa	id	DENNIS P.	O'BRIENT					P00008	832	
	epare			DDARD DDARD	T.T.C	L	Firm's EIN ▶ * * - 3			
	e Onl		ZOTOI DIIE	LIMID			I IIIII 9 LIIV	24	J 21	
		Firm's address ▶ 58	5 BANK TA	NE						
			KE FOREST		0045		Phone no. 847	234-5	000	
			-		1	Form 990		(2015)		

CONTINUATION FOR 990-PF, PART IV **-***7090 PAGE 1 OF 2

D/B/A GRANT HEAL	THCARE FOUNDATION	N **-**	* 70	90 PAGE 1 OF 2				
·	sses for Tax on Investment Income							
	I describe the kind(s) of property solorick warehouse; or common stock, 20			(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (d) Date sold (mo., day, yr.)				
1a CAMERON INTL C	ORP			07/07/1508/27/15				
b NABORS IND				09/11/1401/21/15				
c QEP RESOURCES				05/29/1404/01/15				
d CENTERPOINT EN	ERGY			06/24/1407/09/15				
e NABORS IND				03/08/1301/21/15				
f NEWFIELD EXPLO	RATION			11/23/1204/08/15				
g NEWFIELD EXPLO	RATION			11/23/1204/30/15				
h NEWFIELD EXPLO	RATION			11/23/1211/19/15				
CAMERON INTL C	ORP			12/15/0908/27/15				
j HALLIBURTON				11/17/1008/04/15				
k NATIONAL OILWE	LL VARCO			12/29/0904/30/15				
	QEP RESOURCES							
m WILLIAMS COS				11/02/09 06/22/15				
n WILLIAMS COS				11/02/09 08/22/15				
o DODGE & COX FU	NDS			02/21/07 09/11/15				
(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 12,376.		10,270.		2,106.				
b 3,189.		7,212.		-4,023.				
c 8,484.		12,768.		-4,284.				
d 28,710.		37,125.		-8,415.				
e 14,882.		23,338.		-8,456.				
f 18,195.		21,392.		-3,197.				
g 15,724.		9,600.		6,124.				
n 7,858.		4,800.		3,058.				
i 37,128.		23,309.		13,819.				
j 28,189.		24,849.		3,340.				
k 26,760.		20,273.		6,487.				
29,694.		41,931.		-12,237.				
m 6,053.		1,561.		4,492.				
n 42,657.		12,737.		29,920.				
0 99,976.		110,788.		-10,812.				
(i) F.M.V. as of 12/31/69	ng gain in column (h) and owned by t	(k) Excess of col. (i)		(I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")				
	as of 12/31/69	over col. (j), if any		2,106.				
a b				-4,023.				
C				-4,284.				
d				-8,415.				
e				-8,456.				
f				-3,197.				
g				6,124.				
h				3,058.				
"i				13,819.				
i				3,340.				
k				6,487.				
"				-12,237.				
m				4,492.				
n				29,920.				
0				-10,812.				
	ر If gain, also enter	in Part I, line 7		.,,				
2 Capital gain net income or (net ca		_	2					
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		u (o):						
11 (1033), GILGE -U- III FAIL I, IIII C	,		3					

CONTINUATION FOR 990-PF, PART IV
-*7090 PAGE 2 OF 2

| Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 02/25/1112/09/15 1a LEUTHOLD GLOBAL INST b METROPOLITAN WEST 09/03/0912/09/15 C TEMPLETON GLOBAL BOND 09/03/09|12/09/15 d ISHARES RUSSELL MID-CAP 06/12/12|12/09/15 TOUCHSTONE SMALL CAP CORE 06/12/14/12/09/15 01/01/1012/09/15 f BBH FDS BBH CORE SELECT 01/01/1012/09/15 VANGUARD 500 INDEX FUND h ECKHARDT FUTURES LP 01/01/1012/31/15 CAPITAL GAINS DIVIDENDS m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 124,976 -5,650. 130,626. а 299,952. 269,312. 30,640. 238,766. 224,952. -13,814. 45,928. 124,932. 79,004. 159,952. 126,905. 33,047. 785,000. 494,545. 290,455. 115,898. 84,078. 199,976. 73,889. -73,889. h 309,360 309,360. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -5,650. а 30,640. b -13,814.С 45,928. 33,047. е 290,455. 84,078. -73,889. 309,360. m n 2 Capital gain net income or (net capital loss) \dots { If gain, also enter in Part I, line 7 } Part I, line 7 718,077. 2 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 N/A 3

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
CHICAGO YOUTH PROGRAMS INC	NONE	PC	VOLUNTEER HEALTH	
5950 S. PRAIRIE			CLINICS AND HEALTH	
CHICAGO, IL 60615			EDUCATION INITIATIVE	15,000.
CHILDREN'S RESEARCH TRIANGLE	NONE	PC	EVALUATION AND	
70 W LAKE ST.			TREATMENT FUND	
CHICAGO, IL 60601				25,000.
CHRISTIAN COMMUNITY HEALTH CENTER	NONE	PC	BEHAVIORAL HEALTH	
9718 S. HALSTED			PROGRAM	
CHICAGO, IL 60628				20,000.
COMMUNITY HEALTH	NONE	PC	GENERAL OPERATING	
2811 W CHICAGO AVE.			SUPPORT	
CHICAGO, IL 60622				25,000.
DENTAL LIFELINE NETWORK ILLINOIS	NONE	PC	DENTAL SERVICES	
PO BOX 211				
NORTHBROOK, IL 60085			+	15,000.
ERIE FAMILY HEALTH CENTER	NONE	PC	ORAL HEALTH PROGRAM	
1701 W. SUPERIOR ST.				
CHICAGO, IL 60622				25,000.
ESPERANZA HEALTH CENTERS	NONE	PC	CARE COORDINATION	
2001 S. CALIFORNIA AVE.			PROGRAM	10.000
CHICAGO, IL 60608				10,000.
ESPERANZA HEALTH CENTERS	NONE	PC	CHICAGO SAFETY NET	
2001 S. CALIFORNIA AVE.			LEARNING COLLABORATIVE	20.000
CHICAGO, IL 60608				30,000.
FAMILY FOCUS	NONE	PC	SAFE FROM THE	
310 S. PEORIA			START/TRAUME FOCUSED	25 222
CHICAGO, IL 60607			INTERVENTION	25,000.
FAMILY HEALTH PARTNERSHIP CLINIC	NONE	PC	MEDICATION ACCESS	
401 E. CONGRESS CRYSTAL LAKE, IL 60014				18,000.
Total from continuation sheets				1,030,500.

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
FENIX FAMILY HEALTH CENTER 130 WASHINGTON AVE. HIGHWOOD, IL 60040	NONE	PC	INTEGRATING MENTAL HEALTH SERVICES WITH PRIMARY CARE FOR LATINOS	15,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	NONE	PC	BUILDING LEADERS - MENTAL HEALTH	10,000.
				· · ·
GOLDIE'S PLACE 5705 N. LINCOLN AVE. CHICAGO, IL 60659	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
HEARTLAND HEALTH CENTERS 3048 N. WLITON CHICAGO, IL 60657	NONE	PC	HHC - BEHAVIORAL HEALTH INTEGRATION PROGRAM	20,000.
ILLINOIS COLLEGE OF OPTOMETRY 3241 S. MICHIGAN AVE. CHICAGO, IL 60616	NONE	PC	CHICAGO VISION OUTREACH	25,000.
				· · · · ·
INNER CITY MUSLIM ACTION NETWORK 2744 W 63RD ST. CHICAGO, IL 60629	NONE	PC	IMAN HEALTH CLINIC - GENERAL OPERATING SUPPORT	20,000.
JUVENILE PROTECTIVE ASSOCIATION 1707 N. HALSTED ST.	NONE	PC	BUILDING BRIDGES TO NORTH LAWNDALE PROGRAM	
CHICAGO, IL 60614				25,000.
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVE. CHICAGO, IL 60623	NONE	PC	CENTERING - GROUP BASED PRENATAL AND PEDATRIC CARE	25,000.
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	GENERAL OPERATING SUPPORT	35,000.
METROSQUASH 6100 S. COTTAGE GROVE AVE.	NONE	PC	HEALTH AND WELLNESS PROGRAM	
CHICAGO, IL 60637				10,000.
Total from continuation sheets				

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	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	any foundation manager or substantial contributor	recipient							
MIDWEST ACCESS PROJECT	NONE	PC	GENERAL OPERATING						
PO BOX 13173			SUPPORT						
CHICAGO, IL 60613				20,000.					
NICASA NFP	NONE	PC	MENTAL HEALTH SERVICES						
31979 N. FISH LAKE RD. ROUND LAKE, IL 60073				10,000.					
ROOM DAKE, 11 00073				10,000.					
NORWEGIAN AMERICAN HOSPITAL 1044 N. FRANCISCO AVE.	NONE	PC	PEDIATRIC DENTAL VAN						
CHICAGO, IL 60622				10,000.					
·				· ·					
OAK PARK RIVER FOREST INFANT WELFARE	NONE	PC	GENERAL OPERATING SUPPORT						
SOCIETY 320 LAKE ST.			SUPPORT						
OAK PARK, IL 60302				20,000.					
OLD IRVING PARK COMMUNITY CLINIC	NONE	PC	GENERAL OPERATING						
5425 W. ADDISON ST.			SUPPORT						
CHICAGO, IL 60641				30,000.					
PACIFIC GARDEN MISSION	NONE	PC	NEW DAY SUBSTANCE						
1458 S. CANAL ST.			ABUSE RECOVERY PROGRAM						
CHICAGO, IL 60607				20,000.					
PCC WELLNESS ORGANIZATION	NONE	PC	GENERAL OPERATING						
14 LAKE ST.			SUPPORT	25 000					
OAK PARK, IL 60302				25,000.					
PEER HEALTH EXCHANGE	NONE	PC	GENERAL OPERATING						
330 N. WABASH CHICAGO, IL 60011			SUPPORT	20,000.					
				,					
DIAMMED DADENMUOOD OF TITTNOTS	NONE	D.C.	CENEDAL ODERATIVO						
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN AVE.	NONE	PC	GENERAL OPERATING SUPPORT						
CHICAGO, IL 60603				75,000.					
PRESENCE SAINT JOSEPH HOSPITAL	NONE	PC	LABOURE CLINIC						
2900 N. LAKE SHORE DR.									
CHICAGO, IL 60657				15,000.					
Total from continuation sheets									

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	Foundation status of	Purpose of grant or contribution	Amount					
Name and address (home or business)	or substantial contributor	recipient							
PRIMARY CARE COMMUNITY HEALTH	NONE	PC	PSYCHIATRIC						
1431 N. WESTERN AVE.			CONSULTATION IN						
CHICAGO, IL 60622			PRIMARY CARE	40,000.					
RESPOND NOW	NONE	PC	PRESCRIPTION						
PO BOX 215			ASSISTANCE PROGRAM						
CHICAGO HEIGHTS, IL 60411				20,000.					
DUCH INTERGENT MEDICAL GRAMED	MONTE	D.C.	DUGU ADOLEGGENM EANTLY						
RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN	NONE	PC	RUSH ADOLESCENT FAMILY CENTER PREGNANCY						
CHICAGO, IL 60612			PREVENTION PROGRAM	20,000.					
·				, .					
SCHWAB REHABILITATION HOSPITAL	NONE	PC	ENHANCING HEALTH						
1401 S. CALIFORNIA AVE.			LITERACY & ACCESS TO						
CHICAGO, IL 60608			CARE FOR INDIVIDUALS						
			WITH DISABILITIES	10,000.					
SECOND SENSE	NONE	PC	SUPPORT FOR VISION						
65 E. WACKER DR.			REHABILITATION TO MOVE						
CHICAGO, IL 60601			BEYOND VISION LOSS	10,000.					
SINAI HEALTH SYSTEM	NONE	PC	UNDER THE RAINBOW						
1500 S. CALIFORNIA AVE.									
CHICAGO, IL 60608				50,000.					
SISTERHOUSE	NONE	P.C.	CENEDAL ODEDATING						
851 N. LEAMINGTON AVE.	NONE	PC	GENERAL OPERATING SUPPORT						
CHICAGO, IL 60651				15,000.					
an province vegotime		7.0							
ST. BERNARD HOSPITAL 326 W. 64TH ST.	NONE	PC	PEDIATRIC ASTHMA PROJECT						
CHICAGO, IL 60621			PROJECT	20,000.					
<u> </u>				20,000.					
TCA HEALTH	NONE	PC	MOBILE STUDENT HEALTH						
1029 EAST 130TH ST.			CLINIC	40.500					
CHICAGO, IL 60628				12,500.					
THE BOULEVARD OF CHICAGO	NONE	PC	GENERAL OPERATING						
3456 W. FRANKLIN BLVD.			SUPPORT						
CHICAGO, IL 60624		<u> </u>		10,000.					
Total from continuation sheets									

Recipient Recipient Illinoise is an individual, show any relationship to any foundation status of recipient Purpose of grant or contribution Status of recipient Purpose of grant or contribution Purpose of grant o	
Name and address (home or business) show any relationship to any foundation manager or substantial contributor THE HEKTOEN INSTITUTE OF MEDICINE THE NIGHT MINISTRY THE NIGHT MINISTRY THE NIGHT MINISTRY THE NIGHT MINISTRY THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO THE WOMEN'S TREATMENT CENTER NONE PC THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CONSTRUCTION UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC SENERAL OPERATING SUPPORT	
THE HEKTOEN INSTITUTE OF MEDICINE 2240 W. OGDEN AVE. CHICAGO, IL 60612 THE NIGHT MINISTRY 4711 N RAVENSWOOD AVE. CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO NONE FC PC HEALTHCARE INNOVATION IN AN URBAN LANDSCAPE THE WOMEN'S TREATMENT CENTER 140 N. ASHLAND AVE. CHICAGO, IL 60607 THE WOMEN'S TREATMENT CENTER 1410 N. ASHLAND AVE. CHICAGO, IL 60607 THESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC WURSING STATTION, THERAPBUTIC YOUTH HOME AND CAMPUS CONSTRUCTION UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHPIELD AVE. PC HEALTH PEOPLE PC HEALTH AND HEALTH MINISTRY PROGRAM IN AN URBAN LANDSCAPE PC THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHPIELD AVE.	Amount
CHICAGO, IL 60612 THE NIGHT MINISTRY NONE PC OUTREACH AND HEALTH MINISTRY PROGRAM CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO NONE PC HEALTHCARE INNOVATION IN AN UREAN LANDSCAPE CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT CHICAGO, IL 60613 NONE PC THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	
THE NIGHT MINISTRY NONE PC OUTREACH AND HEALTH MINISTRY PROGRAM CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO NONE PC HEALTHCARE INNOVATION 15801 S. ELLIS AVE. CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT CHICAGO, IL 60613 NONE PC THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NOTE ON THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NOTE ON THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC SURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CONSTRUCTION UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC SENERAL OPERATING SUPPORT	
THE NIGHT MINISTRY NONE PC DUTREACH AND HEALTH MINISTRY PROGRAM CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO NONE PC HEALTHCARE INNOVATION IN AN URBAN LANDSCAPE CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CONSTRUCTION UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC SENERAL OPERATING SUPPORT	10,000
4711 N RAVENSWOOD AVE. CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO NONE PC HEALTHCARE INNOVATION IN AN URBAN LANDSCAPE CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THE "HEALTH CARE INTEGRATION" CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NURSING STATTION, THERAPBUTIC YOUTH HOME AND CAMPUS CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC SENERAL OPERATING SUPPORT	•
CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO NONE PC HEALTHCARE INNOVATION IN AN URBAN LANDSCAPE CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THRESHOLDS THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT UCAN (UHLICH CHILDREN'S ADVANTAGE NONE THERAPEUTIC YOUTH HOME AND CAMPUS CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	
IN AN URBAN LANDSCAPE CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THRESHOLDS ANONE PC THE "HEALTH CARE INTEGRATION" CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE UNIVERSITY OF ILLINOIS AT CHICAGO UNIVERSITY OF ILLINOIS AT	15,000
IN AN URBAN LANDSCAPE CHICAGO, IL 60637 THE WOMEN'S TREATMENT CENTER NONE PC PEDIATRIC NURSE PROGRAM CHICAGO, IL 60607 THRESHOLDS ANONE PC THE "HEALTH CARE INTEGRATION" CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE UNIVERSITY OF ILLINOIS AT CHICAGO UNIVERSITY OF ILLINOIS AT	
THE WOMEN'S TREATMENT CENTER 140 N. ASHLAND AVE. CHICAGO, IL 60607 THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE UCAN (UHLICH CHILDREN'S ADVANTAGE NONE NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	F0 000
PROGRAM CHICAGO, IL 60607 THRESHOLDS A101 N. RAVENSWOOD AVE. CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE NONE NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	50,000
CHICAGO, IL 60607 THRESHOLDS A101 N. RAVENSWOOD AVE. CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE NONE NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	
4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	10,000
4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613 UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME AND CAMPUS CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	
UCAN (UHLICH CHILDREN'S ADVANTAGE NONE PC NURSING STATTION, THERAPEUTIC YOUTH HOME 3737 N. MOZART ST. CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING 809 S. MARSHFIELD AVE.	
NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618 UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHFIELD AVE. THERAPEUTIC YOUTH HOME AND CAMPUS CONSTRUCTION PC GENERAL OPERATING SUPPORT	15,000
CHICAGO, IL 60618 CONSTRUCTION UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	
UNIVERSITY OF ILLINOIS AT CHICAGO NONE PC GENERAL OPERATING SUPPORT	50,000
809 S. MARSHFIELD AVE.	,
	10,000
Total from continuation sheets	

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION **Employer identification number**

-*7090

Organization type (check one):							
Filers of: Section:							
Form 990 or 990-EZ		501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99)-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Check if	vour organization is	s covered by the General Rule or a Special Rule .					
		(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, duri year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this be is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution	. An organization th	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

-*7090

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM C. MADLENER TRUST C/O US TRUST, 231 S. LASALLE ST. CHICAGO, IL 60697	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INGRED HIBBELER 500 N WESTERN AVE LAKE FOREST, IL 60045	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number

-*7090

Part II	Noncash Property (see instructions). Use duplicate copies of P	art ii ii additional space is needed.	ı
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
;		 	
453 10-26-			l 990, 990-EZ, or 990-PF)

Name of organization Employer identification number GRANT HOSPITAL OF CHICAGO **-***7090 D/B/A GRANT HEALTHCARE FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

2015

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

Employer identification number **-***7090

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment		·				
1 Total tax (see instructions)					1	9,055.
2 a Personal holding company tax (Schedule PH (Form 1120), lin	e 26)	included on line 1	2a			
b Look-back interest included on line 1 under section 460(b)(2)						
contracts or section $167(g)$ for depreciation under the income			2b			
contracts of cocaen for (g) for dopressition and the mount	7 10100					
c Credit for federal tax paid on fuels (see instructions)			2c			
d Total. Add lines 2a through 2c					2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do	not co	omplete or file this form.	The corporation			
does not owe the penalty					3	9,055.
4 Enter the tax shown on the corporation's 2014 income tax ret	urn (s	ee instructions). Caution	; If the tax is zero			
or the tax year was for less than 12 months, skip this line a	nd en	ter the amount from line	3 on line 5		4	10,354.
5 Required annual payment. Enter the smaller of line 3 or line						
enter the amount from line 3					5	9,055.
Part II Reasons for Filing - Check the boxes below	w tha	t apply. If any boxes are	checked, the corporation	must file Form 22	20	
even if it does not owe a penalty (see instructions).						
The corporation is using the adjusted seasonal install						
7 The corporation is using the annualized income instal						
The corporation is a "large corporation" figuring its first	st requ	ired installment based o	n the prior year's tax.			
Part III Figuring the Underpayment		(-)	(1-)	(-)		(4)
O to della cod due della Entre in columna (a) thursush	\vdash	(a)	(b)	(c)		(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:						
Use 5th month), 6th, 9th, and 12th months of the	9	05/15/15	06/15/15	09/15/	15	12/15/15
corporation's táx yeár	9	03/13/13	00/13/13	09/13/	13	12/13/13
above is checked, enter the amounts from Sch A, line 38. If						
the box on line 8 (but not 6 or 7) is checked, see instructions						
for the amounts to enter. If none of these boxes are checked,						
enter 25% of line 5 above in each column.	10	2,264.	2,264.	2,2	63.	2,264.
11 Estimated tax paid or credited for each period (see	10	2,201.	2,201.	2,2	03.	2,201.
instructions). For column (a) only, enter the amount						
from line 11 on line 15	11	1,342.		6,4	28.	2,590.
Complete lines 12 through 18 of one column	 ' 	1,3121		0 / 1		273301
before going to the next column.						
12 Enter amount, if any, from line 18 of the preceding column	12					979.
13 Add lines 11 and 12	13			6,4	28.	3,569.
14 Add amounts on lines 16 and 17 of the preceding column	14		922.	3,1	86.	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	1,342.	0.	3,2		3,569.
16 If the amount on line 15 is zero, subtract line 13 from line		,		- , -		
14. Otherwise, enter -0-	16		922.		0.	
17 Underpayment. If line 15 is less than or equal to line 10,	П					
subtract line 15 from line 10. Then go to line 12 of the next						
column. Otherwise, go to line 18	17	922.	2,264.			
18 Overpayment . If line 10 is less than line 15, subtract line 10	\Box					
from line 15. Then go to line 12 of the next column	18			9	79.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)

Part IV Figuring the Penalty

			(a)	(b)	(c)		(d)
19	Enter the date of payment or the 15th day of the 3rd month						
	after the close of the tax year, whichever is earlier (see						
	instructions). (Form 990-PF and Form 990-T filers:						
	Use 5th month instead of 3rd month.)	19					
20	Number of days from due date of installment on line 9 to the						
	date shown on line 19	20					
21	Number of days on line 20 after 4/15/2015 and before 7/1/2015	21					
22	Underpayment on line 17 x Number of days on line 21 x 3%	22	\$	\$	\$	\$	<u> </u>
23	Number of days on line 20 after 06/30/2015 and before 10/1/2015	23					
24	Underpayment on line 17 x Number of days on line 23 x 3% 365	24	\$	\$	\$	\$	
25	Number of days on line 20 after 9/30/2015 and before 1/1/2016	25					
	Number of days of fine 20 and 5/00/2010 and before 1/ 1/2010						
26	Underpayment on line 17 x Number of days on line 25 x 3%	26	\$	\$	\$	\$	
			SEE	ATTACHED			
27	Number of days on line 20 after 12/31/2015 and before 4/1/2016	27	255	ATTACHED	WORKSHEET		
28	Underpayment on line 17 x Number of days on line 27 x 3%	28	\$	\$	\$	\$	
	366						
29	Number of days on line 20 after 3/31/2016 and before 7/1/2016	29					
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$	
-	366	"	Ψ	Ψ	ΙΨ	\dashv^{ψ}	'
31	Number of days on line 20 after 6/30/2016 and before 10/01/2016	31					
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
22		,,					
33	Number of days on line 20 after 9/30/2016 and before 1/1/2017	33					
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$	
٠.	366	<u> </u>	Ψ				
35	Number of days on line 20 after 12/31/2016 and before 2/16/2017	35					
26		26	¢.	œ.	 	φ.	
30	Underpayment on line 17 x Number of days on line 35 x *%	36	φ	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to						2.0
	or the comparable line for other income tax returns					38 \$	26.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2015)

FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

RANT HOSPI D/B/A GRANT	r HEALTHCARE I	FOUNDATION		**_***	7090
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
5/15/15	2,264.	2,264.			
5/15/15	-1,342.	922.	31	.000082192	
6/15/15	2,264.	3,186.	92	.000082192	2
9/15/15	2,263.	5,449.			
9/15/15	-6,428.	-979.			
.2/15/15	2,264.	1,285.			
.2/15/15	-2,590.	-1,305.			
.2/31/15	0.	-1,305.	91	.000081967	
3/31/16	0.	-1,305.	45	.000109290	

^{*} Date of estimated tax payment, withholding credit date or installment due date.

512511 04-01-15

FORM 990-PF	DIVIDENDS	AND INTE	REST	FROM SECU	JRITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	}	(A) REVENUE PER BOOKS			
CHICAGO TRUST - MITCHELL DRIEHAUS ACTIVE	17,949.		0.	17,949	9. 17,94	9.	
INCOME FUND ECKHARDT FUTURES	8,668.		0.	8,668	8,66	8.	
LP LAZARD LTD TD AMERITRADE	681. 235. 527,360.	309,3	0. 0.	681 235 218,000	5. 23	5.	
TO PART I, LINE 4	554,893.						
FORM 990-PF		OTHER	INCO	ME		STATEMENT	2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME		
OTHER INCOME		_		40,161.	0	•	
TOTAL TO FORM 990-PH	F, PART I,	LINE 11 =		40,161.	0	•	
FORM 990-PF		LEGA	L FE	ES		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME			
PROFESSIONAL FEES		500	•	0.	•		0.
TO FM 990-PF, PG 1,	LN 16A	500	•	0.	, 		0.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
ACCOUNTING FEES	6,350.	0.		0.		
TO FORM 990-PF, PG 1, LN 16B	6,350.	0.		0.		
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	ratement 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT MANAGEMENT FEES	52,875.	52,875.		0.		
TO FORM 990-PF, PG 1, LN 16C	52,875.	52,875.		0.		
FORM 990-PF	TAX	ES	S'	FATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
PAYROLL TAXES FEDERAL EXCISE TAX FOREIGN TAXES	12,271. 9,018. 5,275.	0. 0. 5,275.		0. 0. 0.		
TO FORM 990-PF, PG 1, LN 18 =	26,564.	5,275.		0.		
FORM 990-PF	OTHER E	XPENSES	S'	ratement 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
OFFICE EXPENSE	34,198.	0.		0.		
TO FORM 990-PF, PG 1, LN 23	34,198.	0.		0.		

FORM 990-PF C	ORPORATE STOCK		STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
EQUITIES		801,860.	801,860	0.
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	801,860.	801,860	0.
FORM 990-PF OT:	HER INVESTMENTS		STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
MUTUAL FUNDS PARTNERSHIPS EXCHANGE TRADED FUNDS	FMV COST FMV	11,865,771. 853,668. 613,970.	11,865,773 853,668 613,970	8.
TOTAL TO FORM 990-PF, PART II, LI	NE 13	13,333,409.	13,333,409	9.
FORM 990-PF DEPRECIATION OF ASS	ETS NOT HELD FOR	INVESTMENT	STATEMENT :	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT LAP TOP COMPUTER	9,643.	9,643.	42!	0 . 5 .
TOTAL TO FM 990-PF, PART II, LN 1	10,296.	9,871.	42!	5 .
FORM 990-PF	OTHER ASSETS		STATEMENT 1	11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
CASH SURRENDER VALUE - INSURANCE	223,098.	234,639.	234,639	9.
BENEFICAL INTEREST IN A PERPETUAL TRUST	370,234.	343,308.	343,308	8.
TO FORM 990-PF, PART II, LINE 15	593,332.	577,947.	577,94	7.
				=

FORM 990-PF PART VIII - LI TRUSTEES AN	EMENT 12			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
JOSEPH S. CARR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIRMAN 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	DIRECTOR 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	SECRETARY/TREA	ASURER 0.	0.	0.
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	EXECUTIVE DIRE	ECTOR 135,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	135,000.	0.	0.

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	C o n v	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	ну17	9,643.				9,643.	9,643.		0.	9,643.
2	LAP TOP COMPUTER	05/16/12	SL	10.00	нү17	653.				653.	163.		65.	228.
	* TOTAL 990-PF PG 1 DEPR					10,296.				10,296.	9,806.		65.	9,871.

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

■ If	are filing for an Automatic 3-Month Extension, comple	te only Pa	III I and check this box			<u>X</u>	
■ IT you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).			
Do not co	omplete Part II unless you have already been granted	an automa	tic 3-month extension on a previous	sly filed Fo	rm 8868	3.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	me to file (6	month	s for a corporation	
required [.]	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	file Form 88	368 to re	equest an extension	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers /	Associat	ted With Certain	
Personal	Benefit Contracts, which must be sent to the IRS in page	er format	(see instructions). For more details	on the elec	tronic fi	iling of this form,	
visit wwu	irs.gov/efile and click on e-file for Charities & Nonprofits	S.					
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete			
Part I onl	у					▶ □	
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of t	time	
to file inc	ome tax returns.			Enter file	r's iden	ntifying number	
Type or	Name of exempt organization or other filer, see instru	ctions.		1		cation number (EIN) or	
print	GRANT HOSPITAL OF CHICAGO			' '		, ,	
-	D/B/A GRANT HEALTHCARE FOU	NDATI	ON		**_	***7090	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 500 NORTH WESTERN AVENUE, 1			Social se	curity n	umber (SSN)	
return. See instructions.				<u> </u>			
	LAKE FOREST, IL 60045						
Cotor tha	Deturn and for the verturn that this application is far (file		to application for each return)			0 4	
Enter the	Return code for the return that this application is for (file	е а ѕерага	te application for each return)				
Applicati	ion	Return	Application			Return	
Is For		Code	Is For				
	o or Form 990-EZ	01	Form 990-T (corporation)	Code 07			
Form 990		02	Form 1041-A	08			
		02	Form 4720 (other than individual)			09	
FUIII 4//	20 (individual)	03	`	10			
) DE	l ο ₄	■ Form 5007				
Form 990		04	Form 5227				
Form 990 Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990 Form 990	D-T (sec. 401(a) or 408(a) trust) D-T (trust other than above)	05 06	Form 6069 Form 8870				
Form 990 Form 990 Form 990	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C	05 06 CONNO	Form 6069 Form 8870 R	FORE	S.Tr	11 12	
Form 990 Form 990 Form 990	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C cooks are in the care of 500 N. WESTERN	05 06 CONNO	Form 6069 Form 8870 R , SUITE 204 – LAKE	FORE	ST,	11 12	
Form 990 Form 990 Form 990 • The bo	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C cooks are in the care of \triangleright 500 N • WESTERN chone No. \triangleright $847-735-1590$	05 06 CONNO AVE .	Form 6069 Form 8870 R , SUITE 204 - LAKE Fax No. ▶			11 12 IL 60045	
Form 990 Form 990 The bo Teleph If the o	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C cooks are in the care of	05 06 CONNO AVE .	Form 6069 Form 8870 R , SUITE 204 - LAKE Fax No.			11 12 IL 60045	
Form 990 Form 990 The bo Teleph If the o	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of Cooks are in th	05 06 CONNOI AVE.	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inited States, check this box emption Number (GEN)	If this is fo	the wh	11 12 IL 60045 ole group, check this	
Form 990 Form 990 The bo Teleph If the o If this	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of Cooks are in the care	05 06 CONNO AVE. s in the Ur Group Exe	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inited States, check this box	If this is fo	the wh	11 12 IL 60045 ole group, check this	
Form 990 Form 990 The bo Teleph If the o If this	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N • WESTERN Chone No. ▶ 847-735-1590 Corganization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ □ Iquest an automatic 3-month (6 months for a corporation)	05 06 CONNO AVE. s in the Ur Group Exe and atta	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inted States, check this box emption Number (GEN) ch a list with the names and EINs of the file Form 990-T) extension of times	If this is fo	the wh	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N WESTERN Connone No. ▶ 847-735-1590 Corganization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ Corquest an automatic 3-month (6 months for a corporation automatic 15, 2016 , to file the exemp	05 06 CONNO AVE. s in the Ur Group Exe and atta	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inited States, check this box	If this is fo	the wh	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N WESTERN Connone No. ▶ 847-735-1590 Corganization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ corpust an automatic 3-month (6 months for a corporation AUGUST 15, 2016 , to file the exemplor the organization's return for:	05 06 CONNO AVE. s in the Ur Group Exe and atta	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inted States, check this box emption Number (GEN) ch a list with the names and EINs of the file Form 990-T) extension of times	If this is fo	the wh	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box	Continuation of the group, check this box August an automatic 3-month (6 months for a corporation August 15, 2016 , to file the exemptor the organization's return for: X calendar year 2015 Continuation of the group or the organization's return for: X calendar year 2015 Continuation of the group or the organization's return for: August 2015 Continuation of the group or the organization's return for: X Continuation of the group or the organization's return for: X Continuation of the group or the organization's return for: X Continuation of the group or the organization's return for: X Continuation of the group or the organization's return for: X Continuation of the group or the organization's return for: X Continuation of the group of the product of the group of the product of the group	05 06 CONNO AVE. s in the Ur Group Exe and atta required of organiza	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inited States, check this box emption Number (GEN) ich a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization name	If this is fo	the wh	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N WESTERN Connone No. ▶ 847-735-1590 Corganization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ corpust an automatic 3-month (6 months for a corporation AUGUST 15, 2016 , to file the exemplor the organization's return for:	05 06 CONNO AVE. s in the Ur Group Exe and atta required of organiza	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inited States, check this box emption Number (GEN) ich a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization name	If this is fo	the wh	11 12 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the o If this box I re	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N • WESTERN Connone No. ▶ 847-735-1590 Corganization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ Inquest an automatic 3-month (6 months for a corporation AUGUST 15, 2016 Or the organization's return for: X calendar year 2015 It is year beginning	05 06 CONNO AVE. s in the Ur Group Exe and atta required t organiza , an	Form 6069 Form 8870 R , SUITE 204 - LAKE Fax No. mitted States, check this box	If this is fo of all memb ountil ed above.	the whers the o	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the o If this box I re	ATE GRUBBS O'C Cooks are in the care of Dooks are in the care of D	05 06 CONNO AVE. s in the Ur Group Exe and atta required t organiza , an	Form 6069 Form 8870 R , SUITE 204 - LAKE Fax No. mitted States, check this box	If this is fo	the whers the o	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If this box I re is f	OT (sec. 401(a) or 408(a) trust) OT (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N WESTERN Connone No. ▶ 847-735-1590 Corganization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ Couguest an automatic 3-month (6 months for a corporation AUGUST 15, 2016 , to file the exemplor the organization's return for: X calendar year 2015 or tax year entered in line 1 is for less than 12 months, council Change in accounting period	os in the Ur Group Exe and atta required to organiza , an	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inted States, check this box emption Number (GEN) inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named dending on: Initial return	If this is fo of all memb ountil ed above.	the whers the o	11 12 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the o If this box I re Is f I a I re 3a If the	ATE GRUBBS O'C Cooks are in the care of Department of the properties of the organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization does not have an office or place of business is for a Group Return, enter the organization's four digit organization and the group, check this box Department of the group	os in the Ur Group Exe and atta required to organiza , an	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. inted States, check this box emption Number (GEN) inch a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named dending on: Initial return	If this is fo of all member ountilled above.	The wheers the extension	11 12 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 Form 990 The bo Teleph If the o If this box I I re 2 If th 3a If th	O-T (sec. 401(a) or 408(a) trust) O-T (trust other than above) KATE GRUBBS O'C Cooks are in the care of ▶ 500 N WESTERN Connone No. ▶ 847-735-1590 Organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ □ Inquest an automatic 3-month (6 months for a corporation august an automatic 3-month (6 months for	os in the Ur Group Exe and atta required to organiza , an check reas	Form 6069 Form 8870 R , SUITE 204 - LAKE Fax No. inted States, check this box	If this is fo of all memb ountil ed above.	the whers the o	11 12 IL 60045 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box 1 I re 2 If the nor b If the	ATE GRUBBS O'C Cooks are in the care of ► 500 N • WESTERN Cooks	os in the Ur Group Exe and atta required torganiza , an check reas , or 6069,	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. mitted States, check this box memption Number (GEN) chech a list with the names and EINs of the form 990-T) extension of time tion return for the organization named dending Initial return enter the tentative tax, less any yrefundable credits and	If this is foor of all member and above. Final retur	The wheers the o	11 12 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box 1 I re 2 If the 3a If the both Indian	ATE GRUBBS O'C Cooks are in the care of Dooks are in the care of D	os in the Ur Group Exe and atta required to organiza , an check reas , or 6069, o, enter an payment a	Form 6069 Form 8870 R , SUITE 204 - LAKE Fax No. mitted States, check this box	If this is fo of all member ountilled above.	The wheers the extension	11 12 IL 60045 ole group, check this extension is for.	
Form 990 Form 990 The bo Teleph If the co If this box 1 I re 2 If tt 3a If tt nor b If tt est c Ba	ATE GRUBBS O'C Cooks are in the care of ► 500 N • WESTERN Cooks	os in the Ur Group Exe and atta required of organiza , an check reas , or 6069, enter an ayment a ayment with	Form 6069 Form 8870 R SUITE 204 - LAKE Fax No. Inited States, check this box	If this is foor of all member and above. Final retur	The wheers the o	11 12 IL 60045 ole group, check this extension is for.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 523841

Form 8868 (Rev. 1-2014)

Form AG990-IL

For Off	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	REPORT			Form AG990-IL Revised 3/05
PMT	# Attorney General LISA MADIGAN State of III Charitable Trust Bureau, 100 West Rando		~~	щ О.	
	11th Floor, Chicago, Illinois 60601	ipii	CO		1-003,6990 all items attached:
AMT	Report for the Fiscal Period:		X		of IRS Return
		Make Checks			d Financial Statements
	Beginning 01/01/2015	Payable to the Illinois			of Form IFC
INIT		Charity Bureau Fund	X) Annual Report Filing Fee)O Late Report Filing Fee
Federa	al ID# **-***7090 MO DAY YR	Durcuu r unu			MO DAY YR
Are co		ganization was o	created	d:	01/01/1883
	LEGAL GRANT HOSPITAL OF CHICAGO	Year-end amounts			
	NAME D/B/A GRANT HEALTHCARE FOUNDATION MAIL	A) ASSETS		A) \$	14,802,252
AE	DRESS 500 NORTH WESTERN AVENUE, NO. 204	B) LIABILITIES	S	B) \$	102,807
	STATE LAKE FOREST, IL	C) NET ASSET	S	C) \$	14,699,445.
	P CODE 60045	DEDOENTA	25		ANACHINIT
I.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	PERCENTAI 2.26		D) \$	AMOUNT 23,282.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	2.20	%	E) \$	25,202
	F) OTHER REVENUES	97.73		F) \$	1,003,771.
				0. 4	1 000 050
١	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	10	0 %	G) \$	1,027,053
11.	H) OPERATING CHARITABLE PROGRAM EXPENSE	18.57	1%	H) \$	258,682
	Ty of Element of the transfer of the Elect			ΙΙ, Ψ	
	I) EDUCATION PROGRAM SERVICE EXPENSE		%	l) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	18.57	1 o/	J) \$	258,682.
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	10.57	⊥ 7⁄0	J) Ø	250,002
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):				
	CONTRACTOR OF THE DESCRIPTION OF THE ORIGINAL	79.36	5 .,		1 105 500
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	19.30	3%	K) \$	1,105,500.
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	97.93	7%	L) \$	1,364,182
			_		
	M) MANAGEMENT AND GENERAL EXPENSE	2.06	3%	M) \$	28,742.
	N) FUNDRAISING EXPENSE		%	N) \$	
	ny ronomialia za znoz		70	ΙΙ, Ψ	
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	10	0 %	0) \$	1,392,924.
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:				
	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.) PROFESSIONAL FUNDRAISERS:				
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	10	0 %	P) \$	0.
				0. 4	
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:		70	,	
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$	0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YET NAME, TITLE:KATE GRUBBS O'CONNOR	AR:		T) \$	135,000.
	T) NAME, TITLE: GRUBBS O'CONNOR U) NAME, TITLE:			U) \$	133,000
	V) NAME, TITLE:			V) \$	
٧.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)		List o	on back side of instructions
11-15	W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATION			\\\\ #	CODE 150
598091 04-01-15	W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATION X) DESCRIPTION:	110		W)# X)#	130
5980	Y) DESCRIPTION:			Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
		Ī		
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
		ı		
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
		İ		
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
		- 1		
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
•	OR ORGANIZATION?	5.		Х
		·		
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
٠.	SID THE STANKED TO SEE THE SELTITIOES STANKED SHOULD SHOUL	٠. ا		
7a	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
,	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
	BETWEEN THOUSAND GETTING TONDER MICHIGEN ENGLOS.			
7h	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
75.	ALLOCATED TO PROGRAM SERVICES \$			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
	, AND (IV) THE ANIOUNT ALECOATED TO TONDINATING #			
8	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		х
0.	THE OTHER PROPERTY AND THE PROPERTY OF THE OTHER PROPERTY OTHER PROPERT	٠. ا		
q	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
٥.	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		х
	TEVOLED DI ANTI GOVERNMENTAL AGENOT.	٠. ا		
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
10.	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		х
	COMMINGENER OF MICHIGATION LET ONDO.	۱۰۰ [
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
	THREE LARGEST ACCOUNTS:			
	LAKE FOREST BANK & TRUST CO.			
	IAVE EODECH TITINOTO 60045			
	LAKE FOREST, ILLINOIS 60045			
10	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KATE GRUBBS O'CONNOR 847-735-1590			
12.	INAINIL AND ILLLITIONE NUMBER OF CONTACT PERSON. ILAITE GROUDS C CONTACT 047-733-1330			
Δ11	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			
ALI	TATALON BEST ACCOUNTANT THICKER ONLY OF ENGINEERING			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
DENNIS P. O'BRIEN		

598101 04-01-15

PREPARER (PRINT NAME)

SIGNATURE

DATE