

**Return of Private Foundation**

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

**2015**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990pf).

For calendar year 2015 or tax year beginning , and ending

Name of foundation <b>GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION</b>		<b>A Employer identification number</b> <b>** - ***7090</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>500 NORTH WESTERN AVENUE</b>	Room/suite <b>204</b>	<b>B Telephone number</b> <b>847-735-1590</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LAKE FOREST, IL 60045</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here ... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>14,802,252.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....	23,282.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	245,533.	245,533.		STATEMENT 1
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	718,077.			
	<b>b</b> Gross sales price for all assets on line 6a .....	2,608,975.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		718,077.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	40,161.	0.		STATEMENT 2	
<b>12 Total.</b> Add lines 1 through 11 .....	1,027,053.	963,610.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	135,000.	0.		0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees ..... <b>STMT 3</b>	500.	0.		0.
	<b>b</b> Accounting fees ..... <b>STMT 4</b>	6,350.	0.		0.
	<b>c</b> Other professional fees ..... <b>STMT 5</b>	52,875.	52,875.		0.
	<b>17</b> Interest .....	9,260.	0.		0.
	<b>18</b> Taxes ..... <b>STMT 6</b>	26,564.	5,275.		0.
	<b>19</b> Depreciation and depletion .....	65.	0.		
	<b>20</b> Occupancy .....	17,766.	0.		0.
	<b>21</b> Travel, conferences, and meetings .....	4,699.	0.		0.
	<b>22</b> Printing and publications .....	147.	0.		0.
	<b>23</b> Other expenses ..... <b>STMT 7</b>	34,198.	0.		0.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	287,424.	58,150.		0.
	<b>25</b> Contributions, gifts, grants paid .....	1,105,500.			1,105,500.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	1,392,924.	58,150.		1,105,500.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	-365,871.				
<b>b Net investment income</b> (if negative, enter -0-)		905,460.			
<b>c Adjusted net income</b> (if negative, enter -0-)			N/A		

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	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 .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock ..... <b>STMT 8</b>	1,039,356.	801,860.	801,860.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ Less: accumulated depreciation ▶			
	12 Investments - mortgage loans .....			
	13 Investments - other ..... <b>STMT 9</b>	15,315,389.	13,333,409.	13,333,409.
	14 Land, buildings, and equipment: basis ▶ <b>10,296.</b> Less: accumulated depreciation <b>STMT 10</b> ▶ <b>9,871.</b>	490.	425.	425.
15 Other assets (describe ▶ <b>STATEMENT 11</b> )	593,332.	577,947.	577,947.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	17,062,881.	14,802,252.	14,802,252.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	321,379.	102,807.	
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ )			
23 <b>Total liabilities</b> (add lines 17 through 22)	321,379.	102,807.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted .....	16,264,071.	14,248,940.	
	25 Temporarily restricted .....	107,197.	107,197.	
	26 Permanently restricted .....	370,234.	343,308.	
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds .....			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
29 Retained earnings, accumulated income, endowment, or other funds .....				
30 <b>Total net assets or fund balances</b> .....	16,741,502.	14,699,445.		
31 <b>Total liabilities and net assets/fund balances</b> .....	17,062,881.	14,802,252.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	16,741,502.
2 Enter amount from Part I, line 27a .....	2	-365,871.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3 .....	4	16,375,631.
5 Decreases not included in line 2 (itemize) ▶ <b>UNREALIZED GAIN(LOSS) ON INVESTMENTS</b>	5	1,676,186.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	14,699,445.

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			
	2,608,975.	1,890,898.	718,077.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			718,077.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	718,077.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	3	N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	1,318,146.	17,255,208.	.076391
2013	1,165,829.	16,427,334.	.070969
2012	1,223,954.	15,945,636.	.076758
2011	1,269,710.	16,918,039.	.075051
2010	1,192,069.	17,849,638.	.066784

2	Total of line 1, column (d) .....	2	.365953
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....	3	.073191
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 .....	4	14,964,850.
5	Multiply line 4 by line 3 .....	5	1,095,292.
6	Enter 1% of net investment income (1% of Part I, line 27b) .....	6	9,055.
7	Add lines 5 and 6 .....	7	1,104,347.
8	Enter qualifying distributions from Part XII, line 4 .....	8	1,105,500.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	9,055.
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	9,055.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	9,055.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	10,360.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	10,360.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	26.	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	1,279.	
11 Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> <input checked="" type="checkbox"/> <b>1,279.</b>   <b>Refunded</b> <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>X</b>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		<b>X</b>
c Did the foundation file <b>Form 1120-POL</b> for this year?		<b>X</b>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		<b>X</b>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		<b>X</b>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <span style="float:right">N/A</span>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		<b>X</b>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<b>X</b>	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	<b>X</b>	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> <u>IL</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	<b>X</b>	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		<b>X</b>
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		<b>X</b>

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**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ► WWW.GRANTHEALTHCARE.ORG		
14 The books are in care of ► KATE GRUBBS O'CONNOR Telephone no. ► 847-735-1590		
Located at ► 500 N. WESTERN AVE., SUITE 204, LAKE FOREST, IL ZIP+4 ► 60045		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here .....	N/A	
and enter the amount of tax-exempt interest received or accrued during the year .....	15	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? .....	N/A	
Organizations relying on a current notice regarding disaster assistance check here .....		
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? .....		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) .....	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 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	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? .....		X

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

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No **N/A**  
Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No **N/A**  
If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **N/A**

5b

6b

7b

X

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		135,000.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000  0

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

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... **0**

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part IX-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3 .....	<b>0.</b>

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	14,505,182.
b	Average of monthly cash balances .....	1b	101,462.
c	Fair market value of all other assets .....	1c	586,097.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	15,192,741.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	15,192,741.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	227,891.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	14,964,850.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	748,243.

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

1	Minimum investment return from Part X, line 6 .....	1	748,243.
2a	Tax on investment income for 2015 from Part VI, line 5 .....	2a	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	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	739,188.

**Part XII** **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	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 charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	4	1,105,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	9,055.
6	<b>Adjusted qualifying distributions.</b> 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 when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**GRANT HOSPITAL OF CHICAGO  
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**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				739,188.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for 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.			
d From 2013	362,804.			
e From 2014	476,094.			
f Total of lines 3a through e	2,023,751.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$	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 (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				739,188.
e Remaining amount distributed out of corpus	366,312.			
5 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.		
d Subtract line 6c from line 6b. Taxable 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 may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	315,449.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	2,074,614.			
10 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.			

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

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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

**1 Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

KATE GRUBBS O'CONNOR, GRANT HEALTHCARE FOUNDATION, 847-735-1590  
500 NORTH WESTERN AVENUE, SUITE 204, LAKE FOREST, IL 60045

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

GRANT FORM USED

**c** Any submission deadlines:

JULY

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

THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA

**GRANT HOSPITAL OF CHICAGO  
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**Part XV Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
A SAFE PLACE 2710 17TH ST. ZION, IL 60088	NONE	PUBLIC CHARITIES	GENERAL OPERATING SUPPORT	10,000.
BREAKTHROUGH URBAN MINISTRY 402 N ST. LOUIS ST. CHICAGO, IL 60624	NONE	PUBLIC CHARITIES	BREAKTHROUGH DENTAL VAN	5,000.
CANINE THERAPY CORPS 1700 W IRVING PARK RD. CHICAGO, IL 60651	NONE	PUBLIC CHARITIES	GENERAL OPERATING SUPPORT	10,000.
CENTER ON HALSTED 3858 N. HALSTED ST. CHICAGO, IL 60613	NONE	PUBLIC CHARITIES	BEHAVIORAL HEALTH SERVICES	25,000.
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVE CHICAGO, IL 60608	NONE	PUBLIC CHARITIES	FAMILY HOPE CENTER	25,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>1,105,500.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a CAMERON INTL CORP		07/07/15	08/27/15
b NABORS IND		09/11/14	01/21/15
c QEP RESOURCES		05/29/14	04/01/15
d CENTERPOINT ENERGY		06/24/14	07/09/15
e NABORS IND		03/08/13	01/21/15
f NEWFIELD EXPLORATION		11/23/12	04/08/15
g NEWFIELD EXPLORATION		11/23/12	04/30/15
h NEWFIELD EXPLORATION		11/23/12	11/19/15
i CAMERON INTL CORP		12/15/09	08/27/15
j HALLIBURTON		11/17/10	08/04/15
k NATIONAL OILWELL VARCO		12/29/09	04/30/15
l QEP RESOURCES		02/28/14	04/01/15
m WILLIAMS COS		11/02/09	06/22/15
n WILLIAMS COS		11/02/09	08/22/15
o DODGE & COX FUNDS		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.
h 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.
l 29,694.		41,931.	-12,237.
m 6,053.		1,561.	4,492.
n 42,657.		12,737.	29,920.
o 99,976.		110,788.	-10,812.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			2,106.
b			-4,023.
c			-4,284.
d			-8,415.
e			-8,456.
f			-3,197.
g			6,124.
h			3,058.
i			13,819.
j			3,340.
k			6,487.
l			-12,237.
m			4,492.
n			29,920.
o			-10,812.

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

**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a LEUTHOLD GLOBAL INST		02/25/11	12/09/15
b METROPOLITAN WEST		09/03/09	12/09/15
c TEMPLETON GLOBAL BOND		09/03/09	12/09/15
d ISHARES RUSSELL MID-CAP		06/12/12	12/09/15
e TOUCHSTONE SMALL CAP CORE		06/12/14	12/09/15
f BBH FDS BBH CORE SELECT		01/01/10	12/09/15
g VANGUARD 500 INDEX FUND		01/01/10	12/09/15
h ECKHARDT FUTURES LP		01/01/10	12/31/15
i CAPITAL GAINS DIVIDENDS			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 124,976.		130,626.	-5,650.
b 299,952.		269,312.	30,640.
c 224,952.		238,766.	-13,814.
d 124,932.		79,004.	45,928.
e 159,952.		126,905.	33,047.
f 785,000.		494,545.	290,455.
g 199,976.		115,898.	84,078.
h		73,889.	-73,889.
i 309,360.			309,360.
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-5,650.
b			30,640.
c			-13,814.
d			45,928.
e			33,047.
f			290,455.
g			84,078.
h			-73,889.
i			309,360.
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } .....	2	718,077.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

GRANT HOSPITAL OF CHICAGO  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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

GRANT HOSPITAL OF CHICAGO  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
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. CHICAGO, IL 60614	NONE	PC	BUILDING BRIDGES TO NORTH LAWDALE PROGRAM	25,000.
LAWDALE 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. CHICAGO, IL 60637	NONE	PC	HEALTH AND WELLNESS PROGRAM	10,000.
<b>Total from continuation sheets</b> .....				

GRANT HOSPITAL OF CHICAGO  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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

GRANT HOSPITAL OF CHICAGO  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

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

GRANT HOSPITAL OF CHICAGO  
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**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE HEKTOEN INSTITUTE OF MEDICINE 2240 W. OGDEN AVE. CHICAGO, IL 60612	NONE	PC	HEALING HURT PEOPLE - CHICAGO	10,000.
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVE. CHICAGO, IL 60640	NONE	PC	OUTREACH AND HEALTH MINISTRY PROGRAM	15,000.
THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637	NONE	PC	HEALTHCARE INNOVATION IN AN URBAN LANDSCAPE	50,000.
THE WOMEN'S TREATMENT CENTER 140 N. ASHLAND AVE. CHICAGO, IL 60607	NONE	PC	PEDIATRIC NURSE PROGRAM	10,000.
THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613	NONE	PC	THE "HEALTH CARE INTEGRATION" EVALUATION PROJECT	15,000.
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618	NONE	PC	NURSING STATION, THERAPEUTIC YOUTH HOME AND CAMPUS CONSTRUCTION	50,000.
UNIVERSITY OF ILLINOIS AT CHICAGO 809 S. MARSHFIELD AVE. CHICAGO, IL 60612	NONE	PC	GENERAL OPERATING SUPPORT	10,000.
<b>Total from continuation sheets</b> .....				

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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 that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 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).

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)

<b>Name of organization</b> GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	<b>Employer identification number</b> ** - ***7090
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM C. MADLENER TRUST <hr/> C/O US TRUST, 231 S. LASALLE ST. <hr/> CHICAGO, IL 60697	\$ 18,515.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INGRED HIBBELER <hr/> 500 N WESTERN AVE <hr/> LAKE FOREST, IL 60045	\$ 4,767.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>GRANT HOSPITAL OF CHICAGO</b> <b>D/B/A GRANT HEALTHCARE FOUNDATION</b>	Employer identification number  <b>** - ***7090</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>GRANT HOSPITAL OF CHICAGO</b> <b>D/B/A GRANT HEALTHCARE FOUNDATION</b>	Employer identification number  <b>** - ***7090</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2015**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name **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.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete 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 return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	10,354.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	9,055.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)	
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	9	05/15/15	06/15/15	09/15/15	12/15/15
10 <b>Required installments.</b> If the box on line 6 and/or line 7 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.	2,263.	2,264.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	11	1,342.		6,428.	2,590.
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	12				979.
13 Add lines 11 and 12 .....	13			6,428.	3,569.
14 Add amounts on lines 16 and 17 of the preceding column .....	14		922.	3,186.	
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	15	1,342.	0.	3,242.	3,569.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	16		922.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, 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 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	18			979.	

**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)
<b>19</b> 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). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2015 and before 7/1/2015 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$ .....	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2015 and before 10/1/2015 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$ .....	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2015 and before 1/1/2016 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$ .....	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2015 and before 4/1/2016 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$ .....	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2016 and before 7/1/2016 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2016 and before 10/01/2016 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2016 and before 2/16/2017 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns .....	<b>38</b>			\$ 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](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



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 FORM 990-PF                      DIVIDENDS AND INTEREST FROM SECURITIES                      STATEMENT    1
 

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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
CHICAGO TRUST - MITCHELL	17,949.	0.	17,949.	17,949.	
DRIEHAUS ACTIVE INCOME FUND	8,668.	0.	8,668.	8,668.	
ECKHARDT FUTURES LP	681.	0.	681.	681.	
LAZARD LTD	235.	0.	235.	235.	
TD AMERITRADE	527,360.	309,360.	218,000.	218,000.	
TO PART I, LINE 4	554,893.	309,360.	245,533.	245,533.	

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 FORM 990-PF                                      OTHER INCOME                                      STATEMENT    2
 

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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	40,161.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	40,161.	0.	

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 FORM 990-PF                                      LEGAL FEES                                      STATEMENT    3
 

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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	500.	0.		0.
TO FM 990-PF, PG 1, LN 16A	500.	0.		0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 4
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	OTHER PROFESSIONAL FEES			STATEMENT 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	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	12,271.	0.		0.
FEDERAL EXCISE TAX	9,018.	0.		0.
FOREIGN TAXES	5,275.	5,275.		0.
TO FORM 990-PF, PG 1, LN 18	26,564.	5,275.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 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	CORPORATE STOCK	STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES		801,860.	801,860.
TOTAL TO FORM 990-PF, PART II, LINE 10B		801,860.	801,860.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	11,865,771.	11,865,771.
PARTNERSHIPS	COST	853,668.	853,668.
EXCHANGE TRADED FUNDS	FMV	613,970.	613,970.
TOTAL TO FORM 990-PF, PART II, LINE 13		13,333,409.	13,333,409.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	9,643.	9,643.	0.
LAP TOP COMPUTER	653.	228.	425.
TOTAL TO FM 990-PF, PART II, LN 14	10,296.	9,871.	425.

FORM 990-PF	OTHER ASSETS	STATEMENT	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.
BENEFICAL INTEREST IN A PERPETUAL TRUST	370,234.	343,308.	343,308.
TO FORM 990-PF, PART II, LINE 15	593,332.	577,947.	577,947.

FORM 990-PF

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

STATEMENT 12

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



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

Department of the Treasury  
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

Enter the Return code for the return that this application is for (file a separate application for each return)

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

**KATE GRUBBS O'CONNOR**

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2015** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	10,360.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

PMT #	_____
AMT	_____
INIT	_____

**Attorney General LISA MADIGAN State of Illinois**  
**Charitable Trust Bureau, 100 West Randolph**  
**11th Floor, Chicago, Illinois 60601**

**CO # 01-003,6990**

**Report for the Fiscal Period:**

**Beginning** 01/01/2015

**& Ending** 12/31/2015  
MO DAY YR

**Make Checks Payable to the Illinois Charity Bureau Fund**

- Check all items attached:**
- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee

Federal ID # **\*\* - \*\*\* 7090**

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: **01/01/1883**  
MO DAY YR

LEGAL NAME MAIL ADDRESS CITY, STATE ZIP CODE	<b>GRANT HOSPITAL OF CHICAGO</b> <b>D/B/A GRANT HEALTHCARE FOUNDATION</b> <b>500 NORTH WESTERN AVENUE, NO. 204</b> <b>LAKE FOREST, IL</b> <b>60045</b>	Year-end amounts	
		A) ASSETS	A) \$ <b>14,802,252.</b>
		B) LIABILITIES	B) \$ <b>102,807.</b>
		C) NET ASSETS	C) \$ <b>14,699,445.</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>		PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)		<b>2.267%</b>	D) \$ <b>23,282.</b>
E) GOVERNMENT GRANTS & MEMBERSHIP DUES		%	E) \$
F) OTHER REVENUES		<b>97.733%</b>	F) \$ <b>1,003,771.</b>
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)		100 %	G) \$ <b>1,027,053.</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:</b>			
H) OPERATING CHARITABLE PROGRAM EXPENSE		<b>18.571%</b>	H) \$ <b>258,682.</b>
I) EDUCATION PROGRAM SERVICE EXPENSE		%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)		<b>18.571%</b>	J) \$ <b>258,682.</b>
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):	\$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS		<b>79.365%</b>	K) \$ <b>1,105,500.</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)		<b>97.937%</b>	L) \$ <b>1,364,182.</b>
M) MANAGEMENT AND GENERAL EXPENSE		<b>2.063%</b>	M) \$ <b>28,742.</b>
N) FUNDRAISING EXPENSE		%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)		100 %	O) \$ <b>1,392,924.</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:</b> (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
<b>PROFESSIONAL FUNDRAISERS:</b>			
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS		100 %	P) \$ <b>0.</b>
Q) TOTAL FUNDRAISERS FEES AND EXPENSES		%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)		%	R) \$
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>			
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS			S) \$ <b>0.</b>
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>			
T) NAME, TITLE: <b>KATE GRUBBS O'CONNOR</b>			T) \$ <b>135,000.</b>
U) NAME, TITLE:			U) \$
V) NAME, TITLE:			V) \$
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions CODE
W) DESCRIPTION: <b>GRANTS TO OTHER CHARITABLE ORGANIZATIONS</b>			W) # <b>150</b>
X) DESCRIPTION:			X) #
Y) DESCRIPTION:			Y) #

