

For calendar year 2016 or tax year beginning

, and ending

Name of foundation GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION		A Employer identification number ** - *** 7090
Number and street (or P.O. box number if mail is not delivered to street address) 500 NORTH WESTERN AVENUE	Room/suite 204	B Telephone number 847-735-1590
City or town, state or province, country, and ZIP or foreign postal code LAKE FOREST, IL 60045		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 14,834,388. (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	20,991.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	218,397.	218,397.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-19,816.			
	b Gross sales price for all assets on line 6a	2,755,591.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	16,147.	14,825.		STATEMENT 2	
12 Total. Add lines 1 through 11	235,719.	233,222.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	135,000.	6,750.		121,500.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees	6,600.	330.		5,940.
	c Other professional fees	57,684.	57,684.		0.
	17 Interest	7,640.	0.		0.
	18 Taxes	26,085.	7,579.		10,355.
	19 Depreciation and depletion	220.	0.		
	20 Occupancy	12,150.	608.		10,935.
	21 Travel, conferences, and meetings	6,623.	331.		5,961.
	22 Printing and publications	343.	17.		309.
	23 Other expenses	47,384.	2,369.		42,646.
	24 Total operating and administrative expenses. Add lines 13 through 23	299,729.	75,668.		197,646.
	25 Contributions, gifts, grants paid	740,000.			740,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,039,729.	75,668.		937,646.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-804,010.				
b Net investment income (if negative, enter -0-)		157,554.			
c Adjusted net income (if negative, enter -0-)			N/A		

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

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year		End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	88,611.	29,555.	29,555.	
	2 Savings and temporary cash investments		120,697.	120,697.	
	3 Accounts receivable				
	Less: allowance for doubtful accounts				
	4 Pledges receivable				
	Less: allowance for doubtful accounts				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons				
	7 Other notes and loans receivable				
	Less: allowance for doubtful accounts				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock STMT 8	801,860.	996,082.	996,082.	
	c Investments - corporate bonds				
	11 Investments - land, buildings, and equipment: basis				
Less: accumulated depreciation					
12 Investments - mortgage loans					
13 Investments - other STMT 9	13,333,409.	13,098,579.	13,098,579.		
14 Land, buildings, and equipment: basis 10,368.					
Less: accumulated depreciation STMT 10 7,996.	425.	2,372.	2,372.		
15 Other assets (describe STATEMENT 11)	577,947.	587,103.	587,103.		
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	14,802,252.	14,834,388.	14,834,388.		
Liabilities	17 Accounts payable and accrued expenses	102,807.	79,801.		
	18 Grants payable				
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe)				
23 Total liabilities (add lines 17 through 22)	102,807.	79,801.			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted	14,248,940.	14,303,500.		
	25 Temporarily restricted	107,197.	107,197.		
	26 Permanently restricted	343,308.	343,890.		
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds				
	28 Paid-in or capital surplus, or land, bldg., and equipment fund				
	29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances	14,699,445.	14,754,587.			
31 Total liabilities and net assets/fund balances	14,802,252.	14,834,388.			

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	14,699,445.
2 Enter amount from Part I, line 27a	2	-804,010.
3 Other increases not included in line 2 (itemize) SEE STATEMENT 7	3	859,152.
4 Add lines 1, 2, and 3	4	14,754,587.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	14,754,587.

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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 SEE ATTACHED STATEMENTS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 2,755,591.		2,775,407.	-19,816.

(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) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			
b			
c			
d			
e			-19,816.

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	-19,816.
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))
2015	1,285,938.	14,964,850.	.085931
2014	1,318,146.	17,255,208.	.076391
2013	1,165,829.	16,427,334.	.070969
2012	1,223,954.	15,945,636.	.076758
2011	1,269,710.	16,918,039.	.075051

2 Total of line 1, column (d)	2	.385100
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	.077020
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	14,596,045.
5 Multiply line 4 by line 3	5	1,124,187.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,576.
7 Add lines 5 and 6	7	1,125,763.
8 Enter qualifying distributions from Part XII, line 4 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.	8	937,646.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	3,151.
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	3,151.
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	3,151.
6	Credits/Payments:		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	8,960.
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	8,960.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
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	5,809.
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax <input type="checkbox"/> 5,809. Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		N/A
5		X
6	X	
7	X	
8a		
8b	X	
9		X
10		X

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		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2016, 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		<input type="checkbox"/>
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?		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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?	<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 2016 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 2016.)		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 2016?		X

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

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

- (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
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
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

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	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	14,114,964.
b	Average of monthly cash balances	1b	119,432.
c	Fair market value of all other assets	1c	583,924.
d	Total (add lines 1a, b, and c)	1d	14,818,320.
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	14,818,320.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	222,275.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,596,045.
6	Minimum investment return. Enter 5% of line 5	6	729,802.

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	729,802.
2a	Tax on investment income for 2016 from Part VI, line 5	2a	3,151.
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	3,151.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	726,651.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	726,651.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	726,651.

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	937,646.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	937,646.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	937,646.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				726,651.
2 Undistributed income, if any, as of the end of 2016:				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011	434,514.			
b From 2012	434,890.			
c From 2013	362,804.			
d From 2014	476,094.			
e From 2015	555,593.			
f Total of lines 3a through e	2,263,895.			
4 Qualifying distributions for 2016 from Part XII, line 4: ▶ \$	937,646.			
a Applied to 2015, 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 2016 distributable amount				726,651.
e Remaining amount distributed out of corpus	210,995.			
5 Excess distributions carryover applied to 2016 (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	2,474,890.			
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 2015. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7	434,514.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,040,376.			
10 Analysis of line 9:				
a Excess from 2012	434,890.			
b Excess from 2013	362,804.			
c Excess from 2014	476,094.			
d Excess from 2015	555,593.			
e Excess from 2016	210,995.			

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 2016, 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	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN CANCER SOCIETY, INC. 100 TRI-STATE INTERNATIONAL SUITE 125 LINCOLNSHIRE, IL 60069	NONE	PC	PATIENT NAVIGATION AT COOK COUNTY HEALTH SYSTEM AND HOSPITAL	10,000.
BREAKTHROUGH URBAN MINISTRY 402 N ST. LOUIS ST. CHICAGO, IL 60624	NONE	PC	BEHAVIORAL HEALTH FOR HOMELESS ADULTS	15,000.
CANINE THERAPY CORPS 1700 W IRVING PARK RD. CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	12,000.
CARE FOR FRIENDS ORG 530 W FULLERTON CHICAGO, IL 60614	NONE	PC	GENERAL OPERATING SUPPORT - FOOT AND HEALTH CLINIC	10,000.
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO 721 N LASALLE CHICAGO, IL 60654	NONE	PC	HOSPITAL TRANSITION PROGRAM	25,000.
Total	SEE CONTINUATION SHEET(S)			740,000.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	218,397.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	16,147.	
8 Gain or (loss) from sales of assets other than inventory			18	-19,816.	
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.		214,728.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	214,728.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B 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).

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

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- | | Yes | No |
|--|-----|----|
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| (1) Cash | | X |
| (2) Other assets | | X |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | | X |
| (2) Purchases of assets from a noncharitable exempt organization | | X |
| (3) Rental of facilities, equipment, or other assets | | X |
| (4) Reimbursement arrangements | | X |
| (5) Loans or loan guarantees | | X |
| (6) Performance of services or membership or fundraising solicitations | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | X |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. | | |

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee	Date	Title
			EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instr.)?
 Yes No

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

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a DODGE & COX FUNDS INTLSTK FD	P	12/22/15	04/15/16
b DODGE & COX FUNDS INTLSTK FD	P	01/01/15	04/15/16
c DODGE & COX FUNDS INTLSTK FD	P	01/01/15	04/15/16
d HARBOR FD INTL FD	P	02/21/07	12/09/16
e LEUTHOLD GLOBAL INST	P	02/25/11	12/09/16
f ECKHARDT	P	01/01/15	12/31/16
g DRIEHAUS	P	01/01/15	12/31/16
h BAKER HUGHES	P	06/01/16	11/15/16
i EXXON MOBIL	P	08/27/15	06/30/16
j LOREDO PETROLEUM HLDGS	P	09/28/15	04/29/16
k PRAIRIESKY ROYALTY	P	06/03/16	09/09/16
l SOUTHWESTERN ENERGY	P	11/24/15	04/05/16
m APACHE	P	06/14/12	09/29/16
n BAKER HUGHES	P	07/01/13	04/07/16
o BAKER HUGHES	P	07/01/13	11/08/16

(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 27,850.		34,492.	-6,642.
b 420,325.		520,572.	-100,247.
c 776,540.		914,275.	-137,735.
d 384,976.		408,644.	-23,668.
e 504,952.		554,737.	-49,785.
f 53,122.			53,122.
g		21,649.	-21,649.
h 12,172.		9,338.	2,834.
i 16,779.		15,891.	888.
j 16,875.		12,874.	4,001.
k 456.		426.	30.
l 5,775.		6,496.	-721.
m 1,976.		2,575.	-599.
n 8,318.		9,398.	-1,080.
o 16,399.		14,908.	1,491.

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			-6,642.
b			-100,247.
c			-137,735.
d			-23,668.
e			-49,785.
f			53,122.
g			-21,649.
h			2,834.
i			888.
j			4,001.
k			30.
l			-721.
m			-599.
n			-1,080.
o			1,491.

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 BAKER HUGHES	P	07/01/13	11/15/16
b CALIFORNIA RESOURCES	P	05/13/14	04/04/16
c CHEVRON	P	04/30/15	11/04/16
d CIMAREX ENERGY	P	10/17/14	06/09/16
e CIMAREX ENERGY	P	10/17/14	07/13/16
f ENERGEN	P	11/04/13	12/01/16
g ENERGEN	P	11/04/13	06/20/16
h EXXON MOBIL	P	06/17/15	06/30/16
i SOUTHWESTERN ENERGY	P	06/27/14	04/04/16
j SOUTHWESTERN ENERGY	P	10/17/14	04/05/16
k APACHE	P	01/01/15	09/29/16
l CALIFORNIA RESOURCES	P	11/02/09	04/04/16
m CHEVRON	P	10/20/09	03/08/16
n CHEVRON	P	10/20/09	06/14/16
o CHEVRON	P	12/15/09	11/04/16

(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 13,389.		13,931.	-542.
b 31.		45.	-14.
c 21,024.		22,254.	-1,230.
d 10,931.		9,825.	1,106.
e 9,572.		8,734.	838.
f 6,315.		7,702.	-1,387.
g 4,811.		7,702.	-2,891.
h 27,965.		25,449.	2,516.
i 8,435.		45,060.	-36,625.
j 3,300.		12,888.	-9,588.
k 19,758.		29,604.	-9,846.
l 31.		36.	-5.
m 11,523.		9,992.	1,531.
n 8,097.		6,155.	1,942.
o 9,461.		6,971.	2,490.

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			-542.
b			-14.
c			-1,230.
d			1,106.
e			838.
f			-1,387.
g			-2,891.
h			2,516.
i			-36,625.
j			-9,588.
k			-9,846.
l			-5.
m			1,531.
n			1,942.
o			2,490.

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 EOG RESOURCES	P	12/27/10	05/25/16
b EOG RESOURCES	P	12/27/10	06/09/16
c EOG RESOURCES	P	12/27/10	08/31/16
d OCCIDENTAL PETROLEUM	P	01/01/15	07/06/16
e PIONEER NATURAL RESOURCES	P	03/18/10	07/13/16
f PIONEER NATURAL RESOURCES	P	03/18/10	09/08/16
g PIONEER NATURAL RESOURCES	P	03/18/10	12/01/16
h CAPITAL GAINS DIVIDENDS			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 16,580.		8,988.	7,592.
b 3,392.		1,798.	1,594.
c 32,115.		16,178.	15,937.
d 10,549.		10,553.	-4.
e 6,225.		2,107.	4,118.
f 7,491.		2,107.	5,384.
g 3,859.		1,053.	2,806.
h 274,222.			274,222.
i			
j			
k			
l			
m			
n			
o			

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

(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			7,592.
b			1,594.
c			15,937.
d			-4.
e			4,118.
f			5,384.
g			2,806.
h			274,222.
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	-19,816.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

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

-*7090

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient 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
CENTER ON HALSTED 3858 N. HALSTED ST. CHICAGO, IL 60613	NONE	PC	BEHAVIORAL HEALTH SERVICES	20,000.
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 SOUTH DAMEN AVE CHICAGO, IL 60608	NONE	PC	FAMILY HOPE CENTER	20,000.
CHICAGO FAMILY HEALTH CENTER 9119 SOUTH EXCHANGE AVE CHICAGO, IL 60617	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
COMMUNITY HEALTH 2811 W CHICAGO AVE. CHICAGO, IL 60622	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
DENTAL LIFELINE NETWORK ILLINOIS PO BOX 211 NORTHBROOK, IL 60085	NONE	PC	CHICAGO DONATED DENTAL SERVICES (DDS) PROGRAM	15,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST. CHICAGO, IL 60622	NONE	PC	PATIENT-CENTERED CARE INTEGRATION (PCCI) INITIATIVE	20,000.
ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVE. CHICAGO, IL 60608	NONE	PC	CARE COORDINATION PROGRAM	10,000.
FAMILY FOCUS 310 S. PEORIA CHICAGO, IL 60607	NONE	PC	TRAUMA-INFORMED THERAPEUTIC SERVICES	20,000.
GADS HILL CENTER 1919 W. CULLERTON CHICAGO, IL 60608	NONE	PC	HEALTHY MINDS, HEALTHY SCHOOLS	16,000.
GOLDIE'S PLACE 5705 N. LINCOLN AVE. CHICAGO, IL 60659	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
Total from continuation sheets				668,000.

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
HOLIDAY HOME CAMP PO BOX 10 WILLIAMS BAY, WI 53191	NONE	PC	HEALTHCARE OPERATIONS, SALARIES AND PROGRAMS	12,000.
HOWARD AREA COMMUNITY CENTER 7648 N PAULINA ST CHICAGO, IL 60626	NONE	PC	ELEANOR WESTER DENTAL CLINIC	10,000.
ILLINOIS COLLEGE OF OPTOMETRY 3241 S. MICHIGAN AVE. CHICAGO, IL 60616	NONE	PC	CHICAGO VISION OUTREACH	20,000.
INNER CITY MUSLIM ACTION NETWORK 2744 W 63RD ST. CHICAGO, IL 60629	NONE	PC	IMAN HEALTH CLINIC - GENERAL OPERATING SUPPORT	20,000.
LAWDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVE. CHICAGO, IL 60623	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N. CLARK ST. CHICAGO, IL 60614	NONE	PC	WILDLIFE AND HUMAN HEALTH INITIATIVE	40,000.
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
METROSQUASH 6100 S. COTTAGE GROVE AVE. CHICAGO, IL 60637	NONE	PC	HEALTH AND WELLNESS PROGRAM	5,000.
MIDWEST ACCESS PROJECT PO BOX 13173 CHICAGO, IL 60613	NONE	PC	GENERAL OPERATING SUPPORT	15,000.
OLD IRVING PARK COMMUNITY CLINIC 5425 W. ADDISON ST. CHICAGO, IL 60641	NONE	PC	GENERAL OPERATING SUPPORT	10,000.
Total from continuation sheets				

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
PCC COMMUNITY WELLNESS CENTER 14 LAKE ST. OAK PARK, IL 60302	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
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	50,000.
PRESENCE SAINT JOSEPH HOSPITAL 2900 N. LAKE SHORE DR. CHICAGO, IL 60657	NONE	PC	LABOURE CLINIC	10,000.
PRIMO CENTER FOR WOMEN AND CHILDREN 4241 W WASHINGTON BLVD CHICAGO, IL 60624	NONE	PC	TRAUMA-INFORMED MENTAL HEALTH SERVICES IN CONGREGATE CARE	25,000.
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	20,000.
SECOND SENSE 65 E. WACKER DR. CHICAGO, IL 60601	NONE	PC	SUPPORT FOR VISION REHABILITATION TO MOVE BEYOND VISION LOSS	10,000.
SISTERHOUSE 851 N. LEAMINGTON AVE. CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	15,000.
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVE. CHICAGO, IL 60640	NONE	PC	OUTREACH AND HEALTH MINISTRY	15,000.
Total from continuation sheets				15,000.

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 UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637	NONE	PC	URBAN HEALTHCARE INNOVATION BUILDING BEHAVIORAL HEALTH CAPACITY FOR VUNERABLE COMMUNITIES	30,000.
THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613	NONE	PC	SUBSTANCE USE TREATMENT AND DIVERSION PROGRAM	25,000.
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618	NONE	PC	UCAN NORTH LAWDALE CAMPUS - CAPITAL REQUEST	25,000.
WOMEN'S REPRODUCTIVE RIGHTS ASSISTANCE PROJECT 2934 1/2 BEVERLY GLEN CIRCLE #169 LOS ANGELES, CA 90077	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
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

2016

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Name of organization GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	Employer identification number ** - ***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 C/O US TRUST, 231 S. LASALLE ST. CHICAGO, IL 60697	\$ 17,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INGRED HIBBELER 500 N WESTERN AVE LAKE FOREST, IL 60045	\$ 3,489.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
---	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 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 **GRANT HOSPITAL OF CHICAGO**
D/B/A GRANT HEALTHCARE FOUNDATION

Employer identification number
**** - ***7090**

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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 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 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

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHICAGO TRUST - MITCHELL	14,018.	0.	14,018.	14,018.	
DRIEHAUS ACTIVE INCOME FUND	4,480.	0.	4,480.	4,480.	
ECKHARDT FUTURES LP	2,776.	0.	2,776.	2,776.	
LAZARD LTD	269.	0.	269.	269.	
TD AMERITRADE	471,076.	274,222.	196,854.	196,854.	
TO PART I, LINE 4	492,619.	274,222.	218,397.	218,397.	

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	16,147.	14,825.	
TOTAL TO FORM 990-PF, PART I, LINE 11	16,147.	14,825.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	6,600.	330.		5,940.
TO FORM 990-PF, PG 1, LN 16B	6,600.	330.		5,940.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	57,684.	57,684.		0.
TO FORM 990-PF, PG 1, LN 16C	57,684.	57,684.		0.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	11,506.	575.		10,355.
FEDERAL EXCISE TAX	7,575.	0.		0.
FOREIGN TAXES	7,004.	7,004.		0.
TO FORM 990-PF, PG 1, LN 18	26,085.	7,579.		10,355.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	47,384.	2,369.		42,646.
TO FORM 990-PF, PG 1, LN 23	47,384.	2,369.		42,646.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAIN(LOSS) ON INVESTMENTS	858,570.
UNREALIZED GAIN(LOSS) ON INVESTMENTS	582.
TOTAL TO FORM 990-PF, PART III, LINE 3	859,152.

FORM 990-PF	CORPORATE STOCK	STATEMENT	8
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
EQUITIES	996,082.	996,082.
TOTAL TO FORM 990-PF, PART II, LINE 10B	996,082.	996,082.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	11,510,526.	11,510,526.
PARTNERSHIPS	COST	902,483.	902,483.
EXCHANGE TRADED FUNDS	FMV	685,570.	685,570.
TOTAL TO FORM 990-PF, PART II, LINE 13		13,098,579.	13,098,579.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	7,548.	7,548.	0.
LAP TOP COMPUTER	653.	293.	360.
LENOVO IDEACENTER COMPUTER	917.	92.	825.
DESK AND CONFERENCE TABLE	1,250.	63.	1,187.
TOTAL TO FM 990-PF, PART II, LN 14	10,368.	7,996.	2,372.

FORM 990-PF	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CASH SURRENDER VALUE - INSURANCE	234,639.	243,213.	243,213.
BENEFICAL INTEREST IN A PERPETUAL TRUST	343,308.	343,890.	343,890.
TO FORM 990-PF, PART II, LINE 15	577,947.	587,103.	587,103.

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 EXPENSE CONTRIB 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.

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
1	OFFICE EQUIPMENT	09/01/06	SL	7.00		HY17	7,548.				7,548.	7,548.	0.	0.	7,548.	
2	LAP TOP COMPUTER	05/16/12	SL	10.00		HY17	653.				653.	228.		65.	293.	
3	LENOVO IDEACENTER COMPUTER	04/11/16	SL	5.00		HY19B	917.				917.			92.	92.	
4	DESK AND CONFERENCE TABLE	06/14/16	SL	10.00		HY19D	1,250.				1,250.			63.	63.	
	* TOTAL 990-PF PG 1 DEPR						10,368.				10,368.	7,776.		220.	7,996.	
	CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						8,201.			0.	8,201.	7,776.			7,841.	
	ACQUISITIONS						2,167.			0.	2,167.	0.			155.	
	DISPOSITIONS						0.			0.	0.	0.			0.	
	ENDING BALANCE						10,368.			0.	10,368.	7,776.			7,996.	
	ENDING ACCUM DEPR										7,996.					
	ENDING BOOK VALUE										2,372.					

628111 04-01-16

(D) - Asset disposed

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

Depreciation and Amortization
(Including Information on Listed Property) **990-PF**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GRANT HOSPITAL OF CHICAGO

D/B/A GRANT HEALTHCARE FOUNDATION

FORM 990-PF PAGE 1

**** - *** 7090**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,010,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	65.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		917.	5 YRS.	HY	SL	92.
c 7-year property						
d 10-year property		1,250.	10 YRS.	HY	SL	63.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	220.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction			(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%				S/L -					
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

KATE GRUBBS O'CONNOR

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

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2016** or
▶ tax year beginning _____, and ending _____

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

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

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

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

Form **8868** (Rev. 1-2017)

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 01/01/2016

& Ending 12/31/2016

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? [X] Yes [] No

Date Organization was created: 01/01/1883

Table with columns: LEGAL NAME, MAIL, ADDRESS, CITY, STATE, ZIP CODE, Year-end amounts (A) ASSETS, (B) LIABILITIES, (C) NET ASSETS.

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: Table with columns: PERCENTAGE, AMOUNT. Rows D, E, F, G.

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR: Table with columns: PERCENTAGE, AMOUNT. Rows H, I, J, K, L, M, N, O.

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: Table with columns: PERCENTAGE, AMOUNT. Rows P, Q, R.

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: Table with columns: NAME, TITLE, AMOUNT. Rows T, U, V.

V. CHARITABLE PROGRAM DESCRIPTION: Table with columns: DESCRIPTION, CHARITABLE PROGRAM CODE CATEGORIES, List on back side of instructions CODE. Rows W, X, Y.

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>LAKE FOREST BANK & TRUST CO.</u> <u>LAKE FOREST, ILLINOIS 60045</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>KATE GRUBBS O'CONNOR 847-735-1590</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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.

KATE O'CONNOR

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

DENNIS P. O'BRIEN

PREPARER (PRINT NAME)

SIGNATURE

DATE