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

EXTENDED TO NOVEMBER 15, 2021 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990PF for instructions and the latest information.



For cal	r calendar year 2020 or tax year beginning , and ending							
Name	of foundation			A Employer identification	number			
GR	ANT HOSPITAL OF CHICAGO							
	<u>3/A GRANT HEALTHCARE FOUR</u>			**-***7090				
Numbe	and street (or P.O. box number if mail is not delivered to street a	Room/suite	B Telephone number					
50) NORTH WESTERN AVENUE	204	847-735-15	90				
	town, state or province, country, and ZIP or foreign po KE FOREST, IL 60045		C If exemption application is pe	ending, check here				
	ck all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	. check here			
	Final return	Amended return	······					
	Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, mputation			
H Che	ck type of organization: X Section 501(c)(3) ex			E If private foundation stat				
		Other taxable private founda		under section 507(b)(1)				
	narket value of all assets at end of year J Accounting			F If the foundation is in a				
(from	Part II, col. (c), line 16)	her (specify)		under section 507(b)(1)				
▶\$	16,915,233. (Part I, colum	nn (d), must be on cash basi	s.)					
Part	I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
<u> </u>		16,123.		N/A	(111111110100111))			
		,,						
	Interest on savings and temporary							
		420,466.	420,466.		STATEMENT 1			
	a Gross rents							
	b Net rental income or (loss)							
6		294,715.						
ine	a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 1 , 231, 156.							
Revenue			294,715.					
Å								
10	Gross sales less returns and allowances							
	b Less: Cost of goods sold							
	c Gross profit or (loss)							
1		112.	112.		STATEMENT 2			
12		731,416.	715,293.					
13	Compensation of officers, directors, trustees, etc.	155,000.	38,750.		116,250.			
14	Other employee salaries and wages							
15	Pension plans, employee benefits							
8 IS	a Legal fees							
ens	b Accounting fees STMT 3	7,700.	3,850.		3,850.			
Administrative Expenses	c Other professional fees STMT 4	18,000.	18,000.		0.			
. <u></u> ∎ 17	Interest STMT 5		15.064					
31 <u>I</u> T	Taxes STMT 5	23,953.	15,864.		8,089.			
	Depreciation and depletion	341.	0.					
	, , , , , , , , , , , , , , , , , , , ,							
and	J	15 200	1 520		10 770			
Operating and	• • • • • • • • • • • • • • • • • • • •	45,300.	4,530.		40,770.			
<u>srat</u>	Total operating and administrative	250,294.	80,994.		168,959.			
ŏ O o	expenses. Add lines 13 through 23	752,000.	00,994.		752,000.			
2	Contributions, gifts, grants paid Total expenses and disbursements.	152,000.			154,000.			
26	-	1,002,294.	80,994.		920,959.			
-	Add lines 24 and 25 Subtract line 26 from line 12:	±,002,29±•	00,994.		520,353.			
2	a Excess of revenue over expenses and disbursements	-270,878.						
	b Net investment income (if negative, enter -0-)	1,0,070.	634,299.					
	c Adjusted net income (if negative, enter -0-)			N/A				

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

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GRANT HOSPITAL OF CHICAGO

II Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
Cash - non-interest-bearing	35,221.	89,470.	89,470
Savings and temporary cash investments	19,429.	15,573.	15,573
Accounts receivable			
Less: allowance for doubtful accounts			
Pledges receivable			
Less: allowance for doubtful accounts			
Grants receivable			
Receivables due from officers, directors, trustees, and other			
disqualified persons			
Other notes and loans receivable			
Less: allowance for doubtful accounts			
Inventories for sale or use			
Prepaid expenses and deferred charges			
Investments - U.S. and state government obligations			
Investments - corporate stock			
Investments - corporate bonds			
Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation			
Investments - mortgage loans			
Investments - mortgage loans Investments - other STMT 8	15,685,524.	16,385,999.	16,385,999
Land, buildings, and equipment: basis 9,715.	<i>· ·</i>		
Less: accumulated depreciation STMT 9 8,936.	1,251.	779.	779
Other assets (describe BENEFICAL INTEREST)	377,112.	423,412.	423,412
Total assets (to be completed by all filers - see the		,	
instructions. Also, see page 1, item I)	16,118,537.	16,915,233.	16,915,233
Accounts payable and accrued expenses	, ,		
Grants payable			
Deferred revenue			
Loans from officers, directors, trustees, and other disqualified persons			
Mortgages and other notes payable			
Other liabilities (describe)			
/			
Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow FASB ASC 958, check here			
and complete lines 24, 25, 29, and 30.			
Net assets without donor restrictions	15,729,721.	16,491,821.	
Net assets with donor restrictions	388,816.	423,412.	
Foundations that do not follow FASB ASC 958, check here			
and complete lines 26 through 30.			
Capital stock, trust principal, or current funds			
Paid-in or capital surplus, or land, bldg., and equipment fund			
Retained earnings, accumulated income, endowment, or other funds			
	16,118,537.	16,915,233.	
	.,	, ,	
	16 118 537	16 915 233	
Total net	assets or fund balances	assets or fund balances 16,118,537.	

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	16,118,537.
2	Enter amount from Part I, line 27a	2	-270,878.
3	Other increases not included in line 2 (itemize)	3	1,067,574.
4	Add lines 1, 2, and 3	4	16,915,233.
5	Decreases not included in line 2 (itemize) 🕨	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	16,915,233.
			Form 990-PF (2020)

2 2020.04020 grant hospital of chicago 050709.1

	OSPITAL OF CH RANT HEALTHCA			**_***'	7000 Daga 9		
Part IV Capital Gains and Lo					7090 Page 3		
(a) List and describe the kind 2-story brick warehouse	(s) of property sold (for exam ; or common stock, 200 shs.	ple, real estate, MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a PUBLICLY TRADED SE		AMERITRADE					
b CAPITAL GAINS DIVI	DENDS						
<u> </u>							
 e							
) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) ((e) plus (f) minus (g))			
a 1,196,246.		936,44	1.		259,805.		
b 34,910.					34,910.		
<u> </u>							
<u>d</u>							
e Complete only for assets showing gain ir	n column (h) and owned by th	e foundation on 12/31/69.		(I) Gains (Col. (h) gain	minus		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		col. (k), but not less than Losses (from col. (l	-0-) or		
a					259,805.		
b					259,805. 34,910.		
c							
d							
е							
2 Capital gain net income or (net capital los	s) { If gain, also enter i If (loss), enter -0-	n Part I, line 7			294,715.		
	•		.) 2		294,719.		
3 Net short-term capital gain or (loss) as de If gain, also enter in Part I, line 8, column			λ				
Part L line 8	.,		<u>} 3</u>	N/A			
Part V Qualification Under	Section 4940(e) for F	Reduced Tax on Net	Investment Ind				
1 Reserved	40(e) REPEALED OF	DECEMBER 20, 20	19 - DO NOT (JOIMIPLETE.			
(a)	(b)		(C)		(d)		
Reserved	Reserved	1	Reserved	Re	served		
Reserved							
Reserved							
Reserved							
Reserved							
Reserved							
2 Reserved				2			
3 Reserved				3			
4 Reserved							
5 Reserved							
6 Reserved							
7 Reserved				7			
8 Reserved				8			
					orm 990-PF (2020)		

GRANT HOSPITAL OF CHICAGO

_	m 990-PF (2020) D/B/A GRANT HEALTHCARE FOUNDATION art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or		* * _ * * * '			Page 4
	a Exempt operating foundations described in section 4940(d)(2), check here \square and enter "N/A" on line 1.	4940 - 566		5115)		
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	ns)				
b	b Reserved		1		8,8	17.
	${f c}$ All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4%					
2	of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	J	2			0.
3			3		8.8	17.
4			4		<u>.,.</u>	0.
5			5		8,8	17.
6						
a	a 2020 estimated tax payments and 2019 overpayment credited to 2020	10,320.				
b	b Exempt foreign organizations - tax withheld at source 6b	0.				
C	c Tax paid with application for extension of time to file (Form 8868) 6c	0.				
d	d Backup withholding erroneously withheld6d	0.				
7	Total credits and payments. Add lines 6a through 6d		7	1	0,3	<u>20.</u>
			8			0.
9	,		9			
10		►	10		1,5	03.
11 Do	Enter the amount of line 10 to be: Credited to 2021 estimated tax 1,503. art VII-A Statements Regarding Activities	Refunded 🕨	11			0.
		ata ar intariana			Yes	No
Ia	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it particip			1a	100	X
ь	any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction	ne for the defini	 tion	1b		X
U	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials publis					
	distributed by the foundation in connection with the activities.					
c	c Did the foundation file Form 1120-POL for this year?			1c		x
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			10		
-	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$	0.				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on fo					
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of i	incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?			4b		L
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
-	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	 By language in the governing instrument, or Durates logislation that effectively encode the governing instrument on that no mondatory divertions that conflict 	at with the state	low			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict remain in the governing instrument? 			6	Х	
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), an	d Dart XV		6	X	<u> </u>
'				-		
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions.					
	IL	-:				
D	b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or des	- ,		01	х	
^	of each state as required by <i>General Instruction G</i> ? If "No," attach explanation			8b	Λ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV			9		x
10				10		X
10	end any persone become ouborantial contributoro during the tax your: in res, attach a schedule listing their hames and a	CJCCJ	F	orm 99()-PF	

GRANT HOSPITAL OF CHICAGO	GRANT	HOSPITAL	OF	CHICAGO
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Part VII-A Statements Regarding Activities (continued) 11 A section 512(b) (13)? If YPs; attach schedule. See inductions exceed the state of the state state of the state of the state of the state		m 990-PF (2020) D/B/A G	RANT HEALTHCARE FOUNDATION	**-***709()	Page 5
11 Mary line during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 572(b) (13)? If Yes', attach schedule. See instructions 11 X 12 Did the foundation make a distribution to a doma at size of md over which the foundation or a disquaffied person had advisory privileges? 12 X 13 Did the foundation make a distribution to a doma at size of the during the year. 12 X 14 The books are public ingection requirements for the annual returns and exemption application? 12 X 14 The books are notare of the XATE GRUBBS O' CONNOR Telephone no. ►847-735-1590 12 X 15 Section 4347(b) (nonexeque charing most period in equirements for frequirements for frequirem	Pa	art VII-A Statements Regar	ding Activities (continued)			
 section 517(b) (13) P 1 "Ves, "attach schedule, See instructions 11 X 12 D Did He foundation case during that on the which the foundation or a disgualified person problems? 13 Did He foundation canage and schedule and over which the foundation or a disgualified person problem case during calculation or a disguality of the foundation canage and the schedule account in a foreign country? 14 A and the during calcular yea: 2020, did the foundation fave an interest in or a signature or other authority over a back, secretice, or other famical account in a foreign country? 15 Section 4847(a)(1) noncempt chartish trusts filling requirements for FinEN Form 114. If Yes, enter the name of the schedule and the schedule and the "Yes" column, unless an exception applies. 16 Jumit the super during calcular yea: 2020, did the foundation fave an interest in or a signature or other authority over a back, secretice, or facilities to (or accept them from) 2 disqualified person? 17 Borron the super or schedule agent or or or methy the official foreign and the schedule agent or or or methy the folial foreign? 18 Jumit the super and the schedule in the "Yes" column, unless an exception applies. 19 Congression tor, or porticities to (ar accept them from) 2 disqualified person? 19 Kes King (d) the foundation they are indical filter person? 19 Kes King (d) Participa agent or to remethy the folial foreign (d) and the asschedule agent or or or methy the folial forei					Yes	No
12 Die the boundation make allerthuben to a doner advised fund over which the foundation or a disqualified person had advisory privilege? 12 X 13 Die the foundation comply with the public inspection requirements for its annual retures and exemption application? 13 X 14 The books are in care of b KATE GRUTHELALTHCARE. CORD Telephone mo. b 847-735-1590 15 Stochn 487(14) moneared charable trists filling form 390-PF in like of Form 1041 - check here 14 15 Stochn 487(14) moneared charable trists filling form 390-PF in like of Form 1041 - check here 16 16 At any time during clandral yar2 (20), dit the foundation bave an itherest in a signature or after attributy over a bank, securities, or other financial account in a foreign country? 16 X 12 Derive the financial account in a foreign country? 16 X NA 16 Trinsfe any , dot the foundation (retile directly or indirectly): 16 X NA 13 Derive the sale or exchange or indirectly or indirectly: 16 X NO 16 14 Derive the sale or exchange or indirectly or indirectly: 17 Ves X NO 16 X NO 15 Derive the sale or exchange or indirectly or indirectly: 16	11	At any time during the year, did the foun	dation, directly or indirectly, own a controlled entity within the meanin	g of		
12 Die the boundation make allerthuben to a doner advised fund over which the foundation or a disqualified person had advisory privilege? 12 X 13 Die the foundation comply with the public inspection requirements for its annual retures and exemption application? 13 X 14 The books are in care of b KATE GRUTHELALTHCARE. CORD Telephone mo. b 847-735-1590 15 Stochn 487(14) moneared charable trists filling form 390-PF in like of Form 1041 - check here 14 15 Stochn 487(14) moneared charable trists filling form 390-PF in like of Form 1041 - check here 16 16 At any time during clandral yar2 (20), dit the foundation bave an itherest in a signature or after attributy over a bank, securities, or other financial account in a foreign country? 16 X 12 Derive the financial account in a foreign country? 16 X NA 16 Trinsfe any , dot the foundation (retile directly or indirectly): 16 X NA 13 Derive the sale or exchange or indirectly or indirectly: 16 X NO 16 14 Derive the sale or exchange or indirectly or indirectly: 17 Ves X NO 16 X NO 15 Derive the sale or exchange or indirectly or indirectly: 16		section 512(b)(13)? If "Yes," attach sche	dule. See instructions			X
13 Did the foundation complex with the public inspection requirements for its annual rouns and exemption application? 13 X 14 The books are in care of ▶ KATE GRUDBES O'CONNOR Telephone no.▶ 847–735–1590 15 Section 847(4)(1) nonexempt charable trusts tilling for m390-F in law of <i>Form</i> 104. LAKE FORESY, 11 ZIP+4 ▶ 500 445 15 Section 847(4)(1) nonexempt charable trusts tilling for m390-F in law of <i>Form</i> 104. LAKE FORESY, 11 SINA 16 A raw yind exclusion base an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 the instructions for exceptions and fling requirements for InSUPF in law of the signature or other authority over a bank, securities, or other financial account in a foreign country? 18 born the sign or exclusions and fling requirements for InSUPF in law long securities, or other financial account in a foreign country? 19 Uring the yar, did the foundation (either directly or indirectly): 10 Uring the yar, did the foundation (either directly or indirectly): 11 During the yar, did the foundation (either directly or indirectly): 10 Uring the yar, did the foundation (either directly or indirectly): 10 Uring the yar, did the foundation (either directly or indirectly): 11 During the yar, did the foundation (either directly or indirectly): 12 During the yar, did the foundation (either directly or indirectly): 13 Uring the yar, did the foundation is a disqualified person? <	12					
Website address WWW - GRANTHERLUTICARE.ORG 14 The books are in care of WARTE GRUBBS O'CONNOR Telephone no. 847-735-1590 14 The books are in care of WARTE GRUBBS O'CONNOR Telephone no. 847-735-1590 15 Section 4847(a)(1) noncempt charlable trusts filing form 590-PF in like of Form 1401 - check here NA 16 Atary time during calendary year 2020, 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? NA 16 Atary time during calendary year 2020, 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? Yes NA 16 Atary time during calendary year 2020, 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? Yes No 16 During the year, did the foundation (cherr directly): 10 Its Yes No 18 During the year, did the foundation (cherr directly): 11 Statement Second the form 4720 May Be Required Yes No 19 During the year, did the foundation (cherr directly): 11 Statement Second the form 4720 May Be Required Yes No 10 During theyear, did the		If "Yes," attach statement. See instruction	าร			X
14 The books are in care or ▶ KATE GRUBBS O'CONNOR Telephone mo. 8: 847-735-1590 15 Section 44V(a)(1) nonexempt chartable trusts liming form 990-PF in lie of Form 141- check here ziP+4 €60045 16 A any fine during clearing are 2020, did the foundation have an inters in or a signalizer or other authority over a bank, securities, or other financial account in a foreign country? Is N/A 16 A any fine during clearing are 2020, did the foundation have an inters in or a signalizer or other authority over a bank, securities, or other financial account in a foreign country? Is N/A 16 A any fine during clearing are 2020, did the foundation have an interset in or a signalizer or other authority over a bank, securities, or other financial account in a foreign country? Yees I No Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yee" column, unless an exception applies. Yees INo 18 Dorrow morely form, lend morely to, or otherwise extend credit to (ar accept it from) a disqualified person? Yes INo (3) Furnish goods, services, or facilities to (ar accept the final of a perioda dater Yes INo Yes INo (4) Agree to pay money or proper period or make any of the disabilited person? Yes INo Yes INo (5) Transfer any income or asset as disagualified person? Yes INo Yes INo (6) Agree to pay money or proprepore peroperop or properoy or properoy or	13	B Did the foundation comply with the publ	ic inspection requirements for its annual returns and exemption applic	ation? 13	Х	
Located at ▶ 500 N. WESTERN AVE., SUTTE 204, LAKE FOREST, IL ZP+4 ▶ 60045 15 Section 4947(a)(1) nonexempt charitable trusts ling form 990-PF in lieu of Form 1041 - check here ▶ 15 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other mancial account in a loreign country? ▶ 15 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other mancial account in a loreign country? ▶ 16 N/A 17 Section 4947(a)(1) nonexemptions and liling requirements for FinCEN Form 114. If Yes," enter the name of the foreign country ▶ ▶ 16 X Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required ▶ 16 X File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. 18 No 16 X 18 During the year, did the foundation relater directly on indirectly: (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money fore, lead money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Farnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (3) Farnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay comparishon, to pay or yor remotr		Website address 🕨				
15 Section 4947 (a) (1) nonexempt chartable trusts filing form 990-PF in lieu of Form 1941 - check here and enter the anount of tax-exempt interest received our accrued during the year 16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, section 502, did the foundation have an interest in or a signature or other authority over a bank, sections for exceptions and filing requirements for FinCEN rorm 114. If Yes," enter the name of the forming country. Part VILE Statement Statements Regarcling Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 Uming the yaar, did the foundation (either directly or indirectly): (1) Engle in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Fursh boods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reinburse the expenses ot, a disqualified person? (5) Transfer any income or assets to adisqualied person? (6) Agrees to pay money or property to a government official? (Exception. Check No' (7) The foundation agreed to nearbili to quidity under the exception disorder disor	14	The books are in care of 🕨 KATE	GRUBBS O'CONNOR	_ Telephone no.▶ <u>847-735-</u> 1	.590	
and enter the amount of tax-exempt interst techelor dar accound during the yar		Located at ► 500 N. WEST	ERN AVE., SUITE 204, LAKE FORES	<u>r, il</u> zip+4 ⊳ 60045	5	
16 At any time during calendar year 2020, duit the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a toreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes, "enter the name of the the regin country. 16 X Pert VII-B Statements Regarding Activities for Which Form 4720 May Be Required 16 X File Form 4720 f 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); 11 Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (3) Furnish poots, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reinburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person? Yes No (6) Agree to pay money or properly the adsqualified person? Yes No (7) Agree to pay money or properly to a powerneent official? (Exception. Check Nrc' if the foundation argued to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No (5) Aransfer boy and current notice regarding disaster assistance? See instructions N/A. Ib (6) Arge to pay money or properly to a powerneent official? (Exception. Check Nrc' if the foundation seque at any of the east sets at all to qualify under the excepted acts, that were not corrected before the first day of the ta	15	Section 4947(a)(1) nonexempt charitabl	e trusts filing Form 990-PF in lieu of Form 1041 - check here		🕨	
securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If Yes," enter the name of the foreign country ▶ Part UIL-B Statements Regarding Activities for Which Form A720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 a During the year, id due foundation (either directly or indirectly): (1) Engage in the sale or exchange, or tassing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furrish goods, services, or facilities to (or accept them form) a disqualified person? (4) Pay compensation to, or yay or reinburste the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person? (6) Agree to pay noney 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). (6) 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(0) 30 r in a current notice regarding disaster assistance? See instructions (5) Transfer the first day of the tax year 2000, did the foundation have any undistributed income (Part XIII, lines 6 dand fe) for tax year 2000, differ described in 1a, other than excepted acts, that were not corrected before the first day and the current notice regarding disaster assistance? See instructions (7) Fas [K] No (7) Transfer the first day of the tax year 2000, differ described in 1a, other than excepted acts, that were not corrected before the first day of the tax year 2000, differ described in 1a, other than excepted acts, that were not corrected before the first day and the 2000 (does not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistri		and enter the amount of tax-exempt inte	rest received or accrued during the year	Þ 15 l		
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of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2020? 4b X	Ľ					
Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2020? 4b X						
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a 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 2020? 4b 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 2020? 4b X		a Did the foundation invest during the year	r any amount in a manner that would isonardize its charitable purpose			x
had not been removed from jeopardy before the first day of the tax year beginning in 2020? 4b X						
		-				x
Form 990-PF (2020)				Form 9 9	0-PF	

GRANT HOSPITAL OF CHICAGO

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Form 990-PF (2020) D/B/A GRANT HEALTHCARE FOUNDATION	*	*-**7	090	F	Page 6
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required	continue	ed)			
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	Yes	X 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	X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	Yes	X No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section					
4945(d)(4)(A)? See instructions	Yes	X 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	X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations					
section 53.4945 or in a current notice regarding disaster assistance? See instructions		N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here					
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? ${f N/A}$ [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	X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b		Х
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	X No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?		N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
excess parachute payment(s) during the year?		X No			
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Hi	ghly				

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

1	List all officers	directors	trustees.	and foundation	managers and	d their com	pensation
	LIOU UN OTHOUR		,		managero and		penou

	-	(-) Common and the m	(d) and the first of	() F
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		155,000.	0.	0.
	-			
	-			
	-			
<u> </u>	-			
	{			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, o	enter "NONE."		
	(b) Title, and average		(d) Contributions to	(e) Expense

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE				
Total number of other employees paid over \$50,000			····· •	0

Form 990-PF (2020)

GRANT HOSPITAL OF CHICAGO Form 990-PF (2020) D/B/A GRANT HEALTHCARE FOUNDATION Part VIII Information About Officers, Directors, Trustees, Foundati		7090 Page 7
Paid Employees, and Contractors (continued)	on Managers, highly	
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 statistic		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produces 1 N/A	ced, etc.	
1N/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.
	Form 990-PF (2020)

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

Form 990-PF (2020)

P	art X Minimum Investment Return (All domestic foundations mus	t complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, e	tc., purposes:		
a	Average monthly fair market value of securities		1a	16,035,762.
	Average of monthly cash balances		1b	79,846.
C	Fair market value of all other assets		1c	400,262.
d	Total (add lines 1a, b, and c)		1d	16,515,870.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	e 0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	16,515,870.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	e instructions)	4	247,738.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Pa	art V, line 4	5	16,268,132.
6	Minimum investment return. Enter 5% of line 5		6	813,407.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and ((j)(5) private operating foundations a	nd certain	
	foreign organizations, check here 🕨 📃 and do not complete this part.)			
1	Minimum investment return from Part X, line 6		1	813,407.
2 a	Tax on investment income for 2020 from Part VI, line 5	a 8,817.	-	
b	Income tax for 2020. (This does not include the tax from Part VI.)	b		
C	Add lines 2a and 2b		2c	8,817.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	804,590.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	804,590.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII	I, line 1	7	804,590.
Ρ	art XII Qualifying Distributions (see instructions)			
-				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose			020 050
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>920,959.</u> 0.	
	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:		0.	
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	920,959.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and F Foundations that qualify under section 4940(e) for the reduced rate of tax on net investm		4	940,959.
5				0.
6	income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4		5 6	920,959.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years wher		· · · · ·	
	4940(e) reduction of tax in those years.	า งลางนาสนากฎ พกเรนาชา นาช เบนกนสนบก	yuannes 101	110 35611011
				5 990 DE (0000)

Form **990-PF** (2020)

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI,	oorpus		2010	2020
line 7				804,590.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			Ο.	
b Total for prior years:				
,,,		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015 555, 593.				
b From 2016 210,995. c From 2017 186,891.				
104 004				
1 1 1 0 0 0				
e From 2019 174,990. f Total of lines 3a through e	1,312,693.			
4 Qualifying distributions for 2020 from	1,512,055.			
Part XII, line 4: ► \$ 920, 959.				
a Applied to 2019, 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)	Ο.			
d Applied to 2020 distributable amount				804,590.
e Remaining amount distributed out of corpus	116,369.			
5 Excess distributions carryover applied to 2020				
(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	1,429,062.			
b Prior years' undistributed income. Subtract		0		
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 2019. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2020. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2021				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2015	555 502			
not applied on line 5 or line 7	555,593.			
9 Excess distributions carryover to 2021.	873,469.			
Subtract lines 7 and 8 from line 6a	0/5,409.			
a Excess from 2016 210,995.				
b Excess from 2017 186,891.				
c Excess from 2018 184,224.				
d Excess from 2019 174,990.				
e Excess from 2020 116,369.				
				Earm 990-PF (2020)

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Form 990-PF (2020)

	ANT HEALTHC	ARE FOUNDAT	NOI	**_**	* 7090 Page 10
Part XIV Private Operating Fou	ndations (see ins	tructions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling or de	etermination letter that i	t is a private operating			
foundation, and the ruling is effective for 20					
b Check box to indicate whether the foundation] 4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2020	(b) 2019	(c) 2018	(d) 2017	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets gualifying					
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 Inform			the foundation	had \$5,000 or more	e in assets
at any time during the	vear-see instru	ctions.)			

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:

 $\nabla \mathbf{E}$

att a a a

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

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

SEE STATEMENT 12

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

c Any submission deadlines:

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

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Form 990-PF (2020)

GRANT HOS	SPITAL	OF	CHICAGO
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Form 990-PF (2020) D/B/A GRANT HEALT Part XV Supplementary Information (continu D/B/A GRANT HEALTHCARE FOUNDATION

Part XV Supplementary Informatio	n (continued)			
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution * *	Amount
a Paid during the year				
ALLIANCE CHICAGO -JUNO4ME	NONE	PC	BUILDING CONTRACEPTIVE	
215 W. OHIO ST.			CARE QUALITY HUBS	
CHICAGO, IL 60654				25,000
ANN & ROBERT H. LURIE HOSPITAL	NONE	PC	CENTER FOR CHILDREN	
225 E CHICAGO AVE			RESILIENCE	
CHICAGO, IL 60611				35,000.
ARTHRITUS FOUNDATION	NONE	PC	GENERAL OPERATING	
P. O. BOX 96280			SUPPORT - CHICAGO	
WASHINGTON, DC 20077			CHAPTER	12,000
BREAKTHROUGH URBAN MINISTRIES	NONE	PC	BREAKTHROUGH	
402 N. ST. LOUIS AVE.			BEHAVIORAL HEALTH	
CHICAGO, IL 60624			PROGRAM	15,000.
CHICAGO CHILDREN'S ADVOCACY CENTER	NONE	PC	GENERAL OPERATING	
1240 S DAMEN AVE			SUPPORT	
CHICAGO, IL 60608				20,000.
Total SEE CC b Approved for future payment	NTINUATION SHEE	<u>[] [] [] [] [] [] [] [] [] [] [] [] [] [</u>	► 3a	752,000
NONE				
			> 3b	0 .
				m 990-PF (2020

023611 12-02-20 ** SEE PURPOSE OF GRANT CONTINUATIONS 11

19150825 797907 050709.0

2020.04020 GRANT HOSPITAL OF CHICAGO 050709.1

Form 990-PF (2020)

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

Part XVI-A Analysis of Income-Producing Activities

	L lavalata d	h	1	· · · · · · · · ·	
Enter gross amounts unless otherwise indicated.	(a) Business	business income (b)	Exclu- Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
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				100.100	
4 Dividends and interest from securities			14	420,466.	
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	112.	
8 Gain or (loss) from sales of assets other					
than inventory			18	294,715.	
9 Net income or (loss) from special events					
0 Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)				715,293.	0.
3 Total. Add line 12, columns (b), (d), and (e)					715,293.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Accon	nplishment of Ex	empt	Purposes	
Line No. Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-/	A contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than h					

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Form **990-PF** (2020)

GRANT	HOSPITAL	OF	CHICAGO
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Form 990	D-PF (2		GRANT HE		RE FOUNDATIO	N	**_*	**7090	Pa	age 13
Part	, ·				nd Transactions a				10	
		Exempt Organ	izations				-			
1 Did	the or	ganization directly or indi	rectly engage in any	of the followin	ig with any other organizati	on described in secti	on 501(c)		Yes	No
(ot	her thai	n section 501(c)(3) orgar	nizations) or in sectio	n 527, relating	g to political organizations?					
a Tra	nsfers	from the reporting found	ation to a noncharitat	ble exempt org	ganization of:					
(1) Cash								1a(1)		X
(2)	Other	assets						1a(2)		X
		sactions:								
(1)	Sales	of assets to a noncharita	ble exempt organizat	ion				<u>1b(1)</u>		X
(2)	Purch	ases of assets from a no	ncharitable exempt o	rganization				<u>1b(2)</u>		X
(3)	Renta	l of facilities, equipment,	or other assets					<u>1b(3)</u>		X X
(4)	Reimi	oursement arrangements						<u>1b(4)</u>		A X
(5)	Loans	s of loan guarantees	mbarahin ar fundrais	ing opligitatio				1b(5)		X
					ns					X
					ployees dule. Column (b) should al				L	_ 23
				-	ed less than fair market valu	-	-		5013,	
) the value of the goods,					or onaring arrangem	ing onon in		
(a) Line n	`	(b) Amount involved			e exempt organization	(d) Description	of transfers, transactions	, and sharing arr	angemer	nts
		. ,		N/A						
				· · · ·						
	_									
	_									
	_									
	_									
2a lst	he four	dation directly or indirec	tly affiliated with, or r	related to, one	or more tax-exempt organ	izations described				
in s	section	501(c) (other than sectio	on 501(c)(3)) or in se	ction 527?				🗌 Yes	X	No
b If "`	Yes," co	mplete the following sch			I	1				
		(a) Name of org	ganization		(b) Type of organization		(c) Description of rela	tionship		
		N/A								
	Under	penalties of perjury, I declare	that I have examined this	return, including	accompanying schedules and s	I tatements, and to the be	st of my knowledge	May the IPS	diaguaget	hio
Sign	and be	lief, it is true, correct, and con	nplete. Declaration of pre	parer (other than	taxpayer) is based on all informa	tion of which preparer has EXECUT	as any knowledge. IVE	May the IRS return with th shown below	e prepare	er
Here						DIRECT		X Yes		No
	Sign	ature of officer or trustee)		Date	Title				_
		Print/Type preparer's na	ame	Preparer's s	ignature	Date		PTIN		
Self- employed										
Paid	arer	DENNIS P.			P. O'BRIEN			P00008		
Prepa Use (Firm's name 🕨 PAS	QUESI SHE	PPARD 1	ГГС		Firm's EIN ► * *	-***92	82	
	<i></i>	Firm's address ▶ 58		NE						
					0045		Phone no. 847	-234-5	000	
	LAKE FOREST, IL 60045 Phone no. 847-23						0			

847-234-5000
Form 990-PF (2020)

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GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION 1....

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Part XV Supplementary Informati				
3 Grants and Contributions Paid During the		1		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHILDREN'S RESEARCH TRIANGLE	NONE	PC	TRAUMA TREATMENT	
70 E LAKE ST SUITE 1300			CENTER	
CHICAGO, IL 60601				20,000.
COMMUNITY COUNSELING CENTERS OF	NONE	PC	THE BEHAVIORAL HEALTH	
CHICAGO (C4)			PRIMARY CARE LEARNING	
4740 N CLARK ST			COLLABORATIVE	20 000
CHICAGO, IL 60640				30,000.
COMMUNITY HEALTH	NONE	PC	GENERAL OPERATING	
2611 W CHICAGO AVE.			SUPPORT	
CHICAGO, IL 60622				20,000.
ERIE FAMILY HEALTH CENTER	NONE	PC	THE ERIE TEEN CENTER	
1701 W. SUPERIOR ST.				20.000
CHICAGO, IL 60622				20,000.
ESPERANZA HEALTH CENTERS	NONE	PC	GENERAL OPERATING	
2001 S CALIFORNIA AVE., STE 100			SUPPORT	
CHICAGO, IL 60608				20,000.
GADS HILL CENTER	NONE	PC	HEALTHY MINDS, HEALTHY	
1919 W CULLERTON			SCHOOLS	20.000
CHICAGO, IL 60608				20,000.
HEARTLAND ALLIANCE HEALTH	NONE	PC	IMPROVING ACCESS TO	
208 S LASALLE ST			HEALTHCARE ON	
CHICAGO, IL 60604			CHICAGO'S SOUTH SIDE	20,000.
HOWARD AREA COMMUNITY CENTER	NONE	PC	ELEANOR WESTER DENTAL	
7648 N PAULINA ST			CLINIC	10 000
CHICAGO, IL 60626				10,000.
HOWARD BROWN HEALTH CENTER	NONE	PC	GENERAL OPERATING	
4025 N SHERIDAN RD			SUPPORT FOR THE 63RD	
CHICAGO, IL 60613			STREET CLINIC	20,000.
HUMAN RESOURCES DEVELOPMENT	NONE	PC	HRDI INTEGRATED	
INSTITUTE, INC.			HEALTHCARE	
222 S JEFFERSON ST				AE 000
CHICAGO, IL 60661 Total from continuation sheets				45,000. 645,000.

023631 04-01-20

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

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3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
INNER CITY MUSLIM ACTION NETWORK	NONE	PC	GENERAL OPERATING	
2744 W 63RD ST. CHICAGO, IL 60629			SUPPORT	20 0
LINCOLN PARK ZOOLOGICAL SOCIETY	NONE	PC	RESEARCH PROGRAM:	20,0
2001 N. CLARK ST.			TICK-BORNE PATHOGEN	
CHICAGO, IL 60614			RISK IN CHICAGO	
			RECREATIONAL GREEN SPACES	45 00
			STACES	45,00
LUSTER LEARNING INSTITUTE	NONE	PC	GENERAL OPERATING	
L126 HILLCREST			SUPPORT	
HIGHLAND PARK, IL 60035				20,00
MIDWEST ACCESS COALITION	NONE	PC	GENERAL OPERATING	
P. O. BOX 408363			SUPPORT	
CHICAGO, IL 60640				15,00
MIDWEST ACCESS PROJECT	NONE	PC	GENERAL OPERATING	
PO BOX 13173 CHICAGO, IL 60613			SUPPORT	15,00
				/
NEW MOMS INC	NONE	PC	THE FAMILY SUPPORT	
5317 W CHICAGO AVE			PROGRAM	
CHICAGO, IL 60651				20,00
OLD IRVING PARK COMMUNITY CENTER	NONE	PC	GENERAL OPERATING	
5425 W ADDISON ST CHICAGO, IL 60641			SUPPORT	20,00
				20,00
PCC COMMUNITY WELLNESS CENTER	NONE	PC	GENERAL OPERATING	
14 LAKE ST		Ĩ	SUPPORT	
DAK PARK, IL 60302				20,00
PEER HEALTH EXCHANGE	NONE	PC	GENERAL OPERATING	
233 W JACKSON BLVD STE 630			SUPPORT	
CHICAGO, IL 60606				20,00
PLANNED PARENTHOOD OF ILLINOIS	NONE	PC	GENERAL OPERATING	
18 S. MICHIGAN AVE. CHICAGO, IL 60603			SUPPORT	50,00
Total from continuation sheets	1	1		

023631 04-01-20

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

-*7090

Part XVSupplementary Information3Grants and Contributions Paid During the			1	
	If recipient is an individual,			
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO	NONE	PC	SCHOOL HEALTH ACCESS	
180 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601				25,000
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST CHICAGO, IL 60607	NONE	PC	REPRODUCTIVE SERVICES ACROSS AFC/SBHC PROGRAM	20,000
ST. BERNARD HOSPITAL 326 W 64TH ST	NONE	PC	DENTAL CENTER	
CHICAGO, IL 60621				20,000.
THE BOULEVARD OF CHICAGO 3456 W FRANKLIN BLVD	NONE	PC	GENERAL OPERATING SUPPORT	
CHICAGO, IL 60624				10,000.
THE NIGHT MINISTRY	NONE	PC	THE OUTREACH AND	
4711 N RAVENSWOOD AVE.			HEALTH MINISTRY	
CHICAGO, IL 60640 THE UNIVERSITY OF CHICAGO	NONE	PC	PROGRAM ECHO-CHICAGO:	15,000.
5801 S ELLIS AVE			EXPANDING PRIMARY CARE	
CHICAGO, IL 60637			CAPACITY TO SUPPORT	
			CARE FOR SERIOUS	20.000
			MENTAL ILLNESS IN	20,000.
THRESHOLDS 4101 N. RAVENSWOOD AVE.	NONE	PC	SUBSTANCE USE	
CHICAGO, IL 60613			TREATMENT PROGRAM	25,000.
	TONE	D.C.		
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK)	NONE	PC	GENERAL OPERATING SUPPORT	
3605 W FILMORE ST				
CHICAGO, IL 60624				30,000.
WOMEN'S REPRODUCTIVE RIGHTS	NONE	PC	GENERAL OPERATING	
ASSISTANCE PROJECT 2934 1/2 BEVERLY GLEN CIRCLE #169			SUPPORT	
LOS ANGELES, CA 90077				10,000.
Total from continuation sheets		1		

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Part XV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - THE UNIVERSITY OF CHICAGO

ECHO-CHICAGO: EXPANDING PRIMARY CARE CAPACITY TO SUPPORT CARE FOR

SERIOUS MENTAL ILLNESS IN VULNERABLE COMMUNITIES

023655 04-01-20

	DIVIDENDS	AND INTE	REST	FROM SECU	RITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
TD AMERITRADE	455,376.	34,9	10.	420,466	420,466	,
TO PART I, LINE 4	455,376.	34,9	10.	420,466	420,466.	
FORM 990-PF		OTHER	INCO	ME	5	STATEMENT 2
DESCRIPTION		_	RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME				112.	112.	
TOTAL TO FORM 990-PF,	PART I,	LINE 11		112.	112.	
FORM 990-PF		200011110				
		ACCOUNT	ING 1	FEES	ç.	STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NE	FEES (B) F INVEST- NT INCOME	(C)	(D)
DESCRIPTION ACCOUNTING FEES		(A) EXPENSES	NE' MEI	(B) I INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	LN 16B	(A) EXPENSES PER BOOKS	NE' MEI	(B) F INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE
ACCOUNTING FEES		(A) EXPENSES PER BOOKS 7,700	NE' MEI • •	(B) F INVEST- NT INCOME 3,850. 3,850.	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 3,850.
ACCOUNTING FEES TO FORM 990-PF, PG 1,		(A) EXPENSES PER BOOKS 7,700 7,700	NE' MEI	(B) F INVEST- NT INCOME 3,850. 3,850. NAL FEES (B)	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 3,850. 3,850.
ACCOUNTING FEES TO FORM 990-PF, PG 1, FORM 990-PF	ro	(A) EXPENSES PER BOOKS 7,700 7,700 THER PROFE (A) EXPENSES	NE' MEI	(B) F INVEST- NT INCOME 3,850. 3,850. NAL FEES (B) F INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES 3,850. 3,850. STATEMENT 4 (D) CHARITABLE

FORM 990-PF	TAX	ES	S'	TATEMENT 5
DESCRIPTION	(A)	(B)	(C)	(D)
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES
PAYROLL TAXES	10,785.	2,696.		8,089.
FEDERAL EXCISE TAX	3,331.	3,331.		0.
FOREIGN TAXES	9,837.	9,837.		0.
TO FORM 990-PF, PG 1, LN 18	23,953.	15,864.		8,089.

FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	45,300.	4,530.		40,770.
TO FORM 990-PF, PG 1, LN 23	45,300.	4,530.		40,770.

FORM 990-PF	OTHER	INCREASES	IN NET	ASSETS C	R FUND	BALAN	ICES	STATEMENT 7
DESCRIPTION								AMOUNT
UNREALIZED GA UNREALIZED GA	-	-						1,021,274 46,300
TOTAL TO FORM	990-PI	F, PART II	[, LINE	3				1,067,574
FORM 990-PF			OTHER	INVESTME	INTS			STATEMENT 8
DESCRIPTION				VALUATI METHOD		BOOK V	ALUE	FAIR MARKET VALUE

FMV

16,385,999.

16,385,999.

16,385,999.

16,385,999.

MUTUAL FUNDS

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STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT LENOVO IDEACENTER COMPUTER DESK AND CONFERENCE TABLE	7,548. 917. 1,250.	7,548. 824. 563.	0. 93. 687.
TOTAL TO FM 990-PF, PART II, LN 14	9,715.	8,935.	780.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

FORM 990-PF	OTHER ASSETS	STATEMENT 10	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICAL INTEREST IN A PERPETUAL TRUST	377,112.	423,412.	423,412.
TO FORM 990-PF, PART II, LINE 15	377,112.	423,412.	423,412.

GRANT HOSPITAL OF CHICAGO D/B/A GRANT HE

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FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 11 TRUSTEES AND FOUNDATION MANAGERS EMPLOYEE TITLE AND COMPEN-BEN PLAN EXPENSE NAME AND ADDRESS CONTRIB ACCOUNT AVRG HRS/WK SATION MAUREEN L. BLAHA DIRECTOR 500 NORTH WESTERN AVENUE 1.00 0. 0. Ο. LAKE FOREST, IL 60045

GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY/TREASUF 1.00	RER 0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIRMAN 1.00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
THOMAS C. VANDEN BERK 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
KATE GRUBBS O'CONNOR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	EXECUTIVE DIRECTO 40.00	DR 155,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	155,000.	0.	0.

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FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

847-735-1590

EMAIL ADDRESS

KOCONNOR@GRANTHEALTHCARE.ORG

FORM AND CONTENT OF APPLICATIONS

GRANT FORM USED

ANY SUBMISSION DEADLINES

JULY

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA