

Return of Private Foundation

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

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2018

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or tax year beginning , and ending

Name of foundation <b>GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION</b>		A Employer identification number <b>** - ***7090</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>500 NORTH WESTERN AVENUE</b>	Room/suite <b>204</b>	B Telephone number <b>847-735-1590</b>
City or town, state or province, country, and ZIP or foreign postal code <b>LAKE FOREST, IL 60045</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address 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) <b>\$ 14,149,170.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d) must be on cash basis.)		

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)
1 Contributions, gifts, grants, etc., received	14,995.		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	441,596.	441,596.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	539,826.			
b Gross sales price for all assets on line 6a <b>7,965,085.</b>				
7 Capital gain net income (from Part IV, line 2)		539,826.		
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	214,145.	315.		STATEMENT 2
12 Total. Add lines 1 through 11	1,210,562.	981,737.		
13 Compensation of officers, directors, trustees, etc.	150,000.	37,500.		112,500.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees <b>STMT 3</b>	6,500.	3,250.		3,250.
c Other professional fees <b>STMT 4</b>	39,528.	39,528.		0.
17 Interest	4,106.	0.		0.
18 Taxes <b>STMT 5</b>	43,752.	34,499.		9,253.
19 Depreciation and depletion	373.	0.		
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses <b>STMT 6</b>	44,554.	4,455.		40,099.
24 Total operating and administrative expenses. Add lines 13 through 23	288,813.	119,232.		165,102.
25 Contributions, gifts, grants paid	750,000.			750,000.
26 Total expenses and disbursements. Add lines 24 and 25	1,038,813.	119,232.		915,102.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	171,749.			
b Net investment income (if negative, enter -0-)		862,505.		
c Adjusted net income (if negative, enter -0-)			N/A	

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Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only.	Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	845,645.	90,598.	90,598.
	2 Savings and temporary cash investments	52,874.	19,578.	19,578.
	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	884,712.	0.	0.
	c Investments - corporate bonds			
	Liabilities	11 Investments - land, buildings, and equipment: basis		
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other		STMT 8 14,071,789.	13,714,906.	13,714,906.
14 Land, buildings, and equipment: basis		10,368.		
Less: accumulated depreciation		STMT 9 8,744.	1,624.	1,624.
15 Other assets (describe <b>BENEFICIAL INTEREST</b> )		378,270.	322,464.	322,464.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		16,235,288.	14,149,170.	14,149,170.
17 Accounts payable and accrued expenses		76,322.	27,064.	
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)	76,322.	27,064.		
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	15,673,499.	13,799,642.	
	25 Temporarily restricted	107,197.	0.	
	26 Permanently restricted	378,270.	322,464.	
	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	16,158,966.	14,122,106.		
31 Total liabilities and net assets/fund balances	16,235,288.	14,149,170.		

**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)	16,158,966.
2 Enter amount from Part I, line 27a	171,749.
3 Other increases not included in line 2 (itemize)	0.
4 Add lines 1, 2, and 3	16,330,715.
5 Decreases not included in line 2 (itemize) <b>SEE STATEMENT 7</b>	2,208,609.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	14,122,106.

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

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
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	7,965,085.	7,425,259.	539,826.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e			539,826.	
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	539,826.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	}		3	N/A

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	927,619.	15,301,816.	.060621
2016	937,646.	14,596,045.	.064240
2015	1,285,938.	14,964,850.	.085931
2014	1,318,146.	17,255,208.	.076391
2013	1,165,829.	16,427,334.	.070969
2 Total of line 1, column (d)			2 .358152
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years			3 .071630
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5			4 14,962,563.
5 Multiply line 4 by line 3			5 1,071,768.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 8,625.
7 Add lines 5 and 6			7 1,080,393.
8 Enter qualifying distributions from Part XII, line 4			8 915,102.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	17,250.
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	17,250.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	17,250.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	24,400.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	24,400.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	59.	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	7,091.	
11 Enter the amount of line 10 to be: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>7,091.</b> <b>Refunded</b> <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>IL</u>		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.GRANTHEALTHCARE.ORG	X	
14 The books are in care of ► KATE GRUBBS O'CONNOR Telephone no. ► 847-735-1590 Located at ► 500 N. WESTERN AVE., SUITE 204, LAKE FOREST, IL ZIP+4 ► 60045		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

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

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 Organizations relying on a current notice regarding disaster assistance, check here		N/A
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 2018?		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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? If "Yes," list the years		X
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 2018 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 2018.)		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 2018?		X

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

<b>5a</b> During the year, did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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		
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		
<b>8</b> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		150,000.	1,050.	0.

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

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

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

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

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

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

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

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

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

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

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

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	14,335,704.
b	Average of monthly cash balances	1b	504,348.
c	Fair market value of all other assets	1c	350,367.
d	<b>Total</b> (add lines 1a, b, and c)	1d	15,190,419.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,190,419.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	227,856.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,962,563.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	748,128.

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

1	Minimum investment return from Part X, line 6	1	748,128.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	17,250.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	17,250.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	730,878.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	730,878.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	730,878.

**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	915,102.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	915,102.
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	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	915,102.

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



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

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				730,878.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013	362,804.			
b From 2014	476,094.			
c From 2015	555,593.			
d From 2016	210,995.			
e From 2017	186,891.			
f Total of lines 3a through e	1,792,377.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$	915,102.			
a Applied to 2017, 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 2018 distributable amount				730,878.
e Remaining amount distributed out of corpus	184,224.			
5 Excess distributions carryover applied to 2018 (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:	1,976,601.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	362,804.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,613,797.			
10 Analysis of line 9:				
a Excess from 2014	476,094.			
b Excess from 2015	555,593.			
c Excess from 2016	210,995.			
d Excess from 2017	186,891.			
e Excess from 2018	184,224.			

**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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed _____					
b 85% of line 2a _____					
c Qualifying distributions from Part XII, line 4 for each year listed _____					
d Amounts included in line 2c not used directly for active conduct of exempt activities _____					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets _____					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed _____					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
(3) Largest amount of support from an exempt organization _____					
(4) Gross investment income _____					

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

1 Information Regarding Foundation Managers:

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

NONE

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

NONE

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

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

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

**SEE STATEMENT 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:

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

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**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
ALLIANCE CHICAGO - JUNO4ME 215 W OHIO ST CHICAGO, IL 60654	NONE	PC	GENERAL OPERATING SUPPORT	35,000.
ALTERNATIVE INC 4730 N SHERIDAN RD CHICAGO, IL 60640	NONE	PC	SCHOOL BASED COUNSELING FOR STUDENTS AT TILDEN AND BURKE	20,000.
ANN & ROBERT H. LURIE CHILDRENS HOSPITAL 225 E CHICAGO AVE CHICAGO, IL 60611	NONE	PC	THE CPS BELMONT-CRAGIN BEHAVIORAL HEALTH COUNSELING PILOT	35,000.
BRIGHTEN PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVE CHICAGO, IL 60632	NONE	PC	BPNC'S SCHOOL BASED MENTAL HEALTH PROGRAM	25,000.
CANINE THERAPY CORPS 1700 W IRVING PARK RD. CHICAGO, IL 60651	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> ..... ▶ <b>3a</b>				<b>750,000.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> ..... ▶ <b>3b</b>				<b>0.</b>

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**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	441,596.	
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	315.	
8 Gain or (loss) from sales of assets other than inventory .....			18	539,826.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a <b>OTHER INCOME</b> .....					213,830.
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		981,737.	213,830.
13 Total. Add line 12, columns (b), (d), and (e) .....					1,195,567.

(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).
11A	GRANT HOSPITAL UNCLAIMED PROPERTY PROVIDES ADDITIONAL FUNDS FOR GRANTS



**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 250 SHS DIAMONDBACK ENERGY		04/18/18	08/16/18
b 1330 SHS FORUN ENERGY		01/01/18	08/16/18
c 560 SHS NABORS INDUSTRIES		11/27/17	08/16/18
d 650 SHS PARSLEY ENERGY		01/01/18	08/16/18
e 1150 SHS PATTERSON UTI ENERGY		01/01/18	08/16/18
f 1100 SHS PLAINS GP HOLDINGS		01/01/18	08/16/18
g 350 SHS PROPETRO HOLDINGS		09/14/17	08/16/18
h 840 SHS RSP PERMIAN		01/01/18	04/18/18
i 8710 SHS TECHNIPFMC LTD		01/01/18	08/16/18
j 1370 SHS TRANSOCEAN LTD		05/17/18	08/16/18
k 100 SHS ANADARKO		10/20/14	05/17/18
l 830 SHS ANADARKO		01/01/17	08/16/18
m 240 SHS APACHE		01/01/17	03/15/18
n 420 SHS APACHE		01/01/17	04/10/18
o 1340 SHS CABOT OIL & GAS		01/01/17	08/16/18

(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 30,015.		32,037.	-2,022.
b 15,268.		15,958.	-690.
c 3,248.		3,170.	78.
d 18,128.		17,447.	681.
e 19,124.		21,931.	-2,807.
f 28,722.		26,541.	2,181.
g 5,590.		4,221.	1,369.
h 40,999.		28,494.	12,505.
i 19,759.		23,194.	-3,435.
j 14,428.		18,917.	-4,489.
k 7,138.		8,985.	-1,847.
l 52,263.		58,131.	-5,868.
m 8,671.		19,634.	-10,963.
n 16,476.		21,967.	-5,491.
o 31,357.		33,261.	-1,904.

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

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-2,022.
b			-690.
c			78.
d			681.
e			-2,807.
f			2,181.
g			1,369.
h			12,505.
i			-3,435.
j			-4,489.
k			-1,847.
l			-5,868.
m			-10,963.
n			-5,491.
o			-1,904.

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 370 SHS CIMAREX ENERGY		01/01/17	08/16/18
b 700 SHS DEVON ENERGY		01/01/17	08/16/18
c 110 SHS ENERGEN		11/04/13	04/26/18
d 100 SHS ENERGEN		11/04/13	06/13/18
e 290 SHS ENERGEN		01/01/17	08/16/18
f 660 SHS EQT		01/01/17	08/16/18
g 920 SHS HALLIBURTON		01/01/17	08/16/18
h 100 SHS HESS		07/09/15	08/16/18
i 1530 SHS KINDER MORGAN		01/01/17	08/16/18
j 900 SHS MARATHON OIL		01/01/17	02/22/18
k 1010 SHS MARATHON OIL		01/01/17	08/16/18
l 620 SHS NABORS INDUSTRIES		01/27/17	02/28/18
m 3140 SHS NABORS INDUSTRIES		01/01/17	08/16/18
n 1200 SHS NEWFIELD EXPLORATION		01/01/17	08/16/18
o 660 SHS ROYAL DUTCH SHELL PLC		01/01/17	08/16/18

(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 30,810.		41,509.	-10,699.
b 28,504.		33,440.	-4,936.
c 7,352.		8,472.	-1,120.
d 6,440.		7,702.	-1,262.
e 22,193.		19,399.	2,794.
f 33,019.		42,340.	-9,321.
g 36,744.		46,701.	-9,957.
h 6,284.		6,497.	-213.
i 27,280.		31,166.	-3,886.
j 13,671.		12,007.	1,664.
k 19,584.		7,736.	11,848.
l 3,999.		10,334.	-6,335.
m 18,212.		44,361.	-26,149.
n 31,225.		34,357.	-3,132.
o 41,635.		43,455.	-1,820.

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			-10,699.
b			-4,936.
c			-1,120.
d			-1,262.
e			2,794.
f			-9,321.
g			-9,957.
h			-213.
i			-3,886.
j			1,664.
k			11,848.
l			-6,335.
m			-26,149.
n			-3,132.
o			-1,820.

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 200 SHS NOBLE ENERGY		01/01/17	08/16/18
b 300 SHS OCCIDENTAL PETRO		05/13/14	08/16/18
c 660 SHS PARSLEY ENERGY		01/01/17	08/16/18
d 170 SHS PIONEER NATURAL RESOURCES		01/01/17	08/16/18
e 980 SHS PROPETERO HOLDINGS		03/17/17	08/16/18
f 1350 SHS RANGE RESOURCES		01/01/17	08/16/18
g 240 SHS ROYAL DUTCH SHELL PLC		11/26/12	03/12/18
h 870 SHS RPC		02/27/17	06/07/18
i 100 SHS SCHLUMBERGER LTD		08/26/15	08/16/18
j 3520 SHS SUPERIOR ENERGY		01/01/17	08/16/18
k 7420 SHS WEATHERFORD INTERNATIONAL		01/01/17	08/16/18
l 2520 SHS WPX ENERGY		01/01/17	08/16/18
m 470 SHS DEVON ENERGY		01/01/17	08/16/18
n 150 SHS HESS		11/02/09	05/17/18
o 310 SHS HESS		01/01/17	08/16/18

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 5,884.		8,902.	-3,018.
b 23,418.		28,179.	-4,761.
c 18,407.		16,529.	1,878.
d 29,580.		19,804.	9,776.
e 15,652.		14,788.	864.
f 19,905.		60,834.	-40,929.
g 15,108.		15,998.	-890.
h 13,302.		16,930.	-3,628.
i 6,292.		6,998.	-706.
j 31,187.		54,071.	-22,884.
k 19,515.		51,574.	-32,059.
l 43,848.		23,438.	20,410.
m 19,138.		31,450.	-12,312.
n 9,820.		8,419.	1,401.
o 19,480.		17,475.	2,005.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			-3,018.
b			-4,761.
c			1,878.
d			9,776.
e			864.
f			-40,929.
g			-890.
h			-3,628.
i			-706.
j			-22,884.
k			-32,059.
l			20,410.
m			-12,312.
n			1,401.
o			2,005.

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 1000 SHS NOBLE ENERGY		01/01/17	08/16/18
b 110 SHS OCCIDENTAL PETRO		12/15/09	02/12/18
c 50 SHS OCCIDENTAL PETRO		12/15/09	08/16/18
d 280 SHS SCHLUMBERGER LTD		02/22/10	08/16/18
e 5172 SHS BBH FDS BBH CORE SELECT		12/18/17	06/14/18
f 11583 SHS LEUTHOLD GLOBAL INST		01/01/18	06/14/18
g 78239 SHS DOUBLELINE SCHILLER ENHANCED		01/01/18	06/14/18
h 9296 SHS PEAR TREE POLARIS		01/01/18	06/26/18
i 22706 SHS T ROWE PRICE GLOBAL MULTI-SECTOR		06/15/18	12/04/18
j 1518 SHS TEMPLETON GLOBAL BOND		01/01/18	06/14/18
k 22615 SHS BBH FDS BBH CORE SELECT		01/01/17	06/14/18
l 3833 SHS ISHARES TRUST RUS MID		06/12/12	06/14/18
m 107896 SHS LEUTHOLD GLOBAL INST		01/01/17	06/14/18
n 57715 SHS PEAR TREE POLARIS		01/01/17	06/26/18
o 14816 SHS TEMPLETON GLOBAL BOND		01/01/17	06/14/18

(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 29,420.		34,910.	-5,490.
b 7,694.		8,338.	-644.
c 3,903.		3,790.	113.
d 17,533.		16,738.	795.
e 106,647.		105,898.	749.
f 109,576.		127,543.	-17,967.
g 1,258,855.		1,206,225.	52,630.
h 202,764.		165,694.	37,070.
i 249,976.		252,360.	-2,384.
j 17,535.		18,834.	-1,299.
k 466,331.		463,057.	3,274.
l 832,355.		393,263.	439,092.
m 1,020,682.		1,188,039.	-167,357.
n 1,258,751.		1,028,625.	230,126.
o 171,127.		183,796.	-12,669.

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			-5,490.
b			-644.
c			113.
d			795.
e			749.
f			-17,967.
g			52,630.
h			37,070.
i			-2,384.
j			-1,299.
k			3,274.
l			439,092.
m			-167,357.
n			230,126.
o			-12,669.

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

<b>Part IV Capital Gains and Losses for Tax on Investment Income</b>			
(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 253 SHS VANGUARD SMALL-CAP INDEX		07/11/17	08/24/18
b 14533 SHS LEUTHOLD GLOBAL		01/01/17	06/14/18
c 38229 SHS METROPOLITAN WEST TOT		09/03/09	12/04/18
d 24012 SHS TEMPLETON GLOBAL BOND		01/01/17	06/14/18
e 673 SHS VANGUARD SHORT TERM INVT GRADE		01/01/17	12/04/18
f 8017 SHS BBH FDS BBH CORE SELECT		01/01/17	06/14/18
g 1 SHS DRIEHAUS ACTIVE INCOME		12/21/17	01/31/18
h 554 SHS DRIEHAUS ACTIVE INCOME		01/01/18	01/31/18
i 5408 SHS DRIEHAUS ACTIVE INCOME		01/01/17	01/31/18
j 9009 SHS DRIEHAUS ACTIVE INCOME		01/01/17	01/31/18
k ECKHARDT FUTURES		01/01/18	12/31/18
l ECKHARDT FUTURES		01/01/17	12/31/18
m CAPITAL GAINS DIVIDENDS			
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 19,976.		16,487.	3,489.
b 137,480.		154,868.	-17,388.
c 392,976.		371,140.	21,836.
d 277,336.		287,462.	-10,126.
e 6,976.		7,086.	-110.
f 165,326.		113,506.	51,820.
g 15.		15.	0.
h 5,548.		5,782.	-234.
i 54,136.		56,415.	-2,279.
j 90,187.		105,984.	-15,797.
k		10,651.	-10,651.
l 30,215.			30,215.
m 103,091.			103,091.
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			3,489.
b			-17,388.
c			21,836.
d			-10,126.
e			-110.
f			51,820.
g			0.
h			-234.
i			-2,279.
j			-15,797.
k			-10,651.
l			30,215.
m			103,091.
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	539,826.
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

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**Part XV** Supplementary Information

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHICAGO 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.
COMMUNITY IN SCHOOLS OF CHICAGO 815 W VAN BUREN ST CHICAGO, IL 60607	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST. CHICAGO, IL 60622	NONE	PC	THE ERIE TEEN CENTER	20,000.
FAMILY FOCUS 310 S. PEORIA CHICAGO, IL 60607	NONE	PC	TRAUMA-INFORMED THERAPEUTIC SERVICES	20,000.
HEARTLAND ALLIANCE HEALTH 208 S LASALLE ST CHICAGO, IL 60604	NONE	PC	IMPROVING ACCESS TO HEALTHCARE ON CHICAGO'S SOUTH SIDE	20,000.
HOWARD AREA COMMUNITY CENTER 7648 N PAULINA ST CHICAGO, IL 60626	NONE	PC	ELEANOR WESTER DENTAL CLINIC	10,000.
HOWARD BROWN HEALTH CENTER 4025 N SHERIDAN RD CHICAGO, IL 60613	NONE	PC	THE 63RD STREET HEALTH CLINIC	20,000.
ILLINOIS COLLABORATION ON YOUTH 333 S WABASH AVE CHICAGO, IL 60604	NONE	PC	THE MEDICAID TECHNICAL ASSISTANCE CENTER	25,000.
INNER CITY MUSLIM ACTION NETWORK 2744 W 63RD ST. CHICAGO, IL 60629	NONE	PC	IMAN HEALTH CLINIC - GENERAL OPERATING SUPPORT	20,000.
<b>Total from continuation sheets</b>				<b>615,000.</b>

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

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LAWDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVE. CHICAGO, IL 60623	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
LINCOLN PARK ZOOLOGICAL SOCIETY 2001 N. CLARK ST. CHICAGO, IL 60614	NONE	PC	EVALUATING THE RISK OF RAT-ASSOCIATED ZONOSSES ACROSS CHICAGO	45,000.
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
MIDWEST ACCESS PROJECT PO BOX 13173 CHICAGO, IL 60613	NONE	PC	GENERAL OPERATING SUPPORT	15,000.
MOBILE C.A.R.E. FOUNDATION 321 N LOOMIS CHICAGO, IL 60607	NONE	PC	EXPANDING ASTHMA VAN ACCESS THROUGH TELEHEALTH	10,000.
NEW MOMS INC 5317 W CHICAGO AVE ROUND LAKE, IL 60651	NONE	PC	THE FAMILY SUPPORT PROGRAM	20,000.
OLD IRVING PARK COMMUNITY CLINIC 5425 W ADDISON ST CHICAGO, IL 60641	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
PARTNERSHIP FOR RESILIENCE 530 E 22ND ST LOMBARD, IL 60148	NONE	PC	THE SOUTHLAND TRAUMA-SENSITIVE BEHAVIOROL HEALTH COLLABORATION	35,000.
PLANNED PARENTHOOD OF ILLINOIS 18 S. MICHIGAN AVE. CHICAGO, IL 60603	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO 180 N MICHIGAN AVE CHICAGO, IL 60601	NONE	PC	THE SCHOOL HEALTH ACCESS COLLABORATION	25,000.
<b>Total from continuation sheets</b>				

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

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**Part XV** Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RUSH UNIVERSITY MEDICAL CENTER 1201 W HARRISON ST CHICAGO, IL 60607	NONE	PC	REPRODUCTIVE SERVICES ACROSS ADOLESCENT FAMILY CENTER	20,000.
SECOND SENSE 65 E WACKER PLACE CHICAGO, IL 60601	NONE	PC	VISION REHABILITATION	10,000.
SINAI HEALTH SYSTEM 1500 S CALIFORNIA AVE CHICAGO, IL 60608	NONE	PC	THE TRANSITION OF CARE PROGRAM	30,000.
ST. BERNARD HOSPITAL 326 W 64TH ST CHICAGO, IL 60621	NONE	PC	DENTAL CENTER	20,000.
THE BOULEVARD OF CHICAGO 3456 W FRANKLIN BLVD CHICAGO, IL 60624	NONE	PC	GENERAL OPERATING SUPPORT	10,000.
THE NIGHT MINISTRY 4711 N RAVENSWOOD AVE. CHICAGO, IL 60640	NONE	PC	THE OUTREACH AND HEALTH MINISTRY PROGRAM	15,000.
THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613	NONE	PC	AUSTIN SUBSTANCE USE TREATMENT PROGRAM	25,000.
UCAN (UHLICH CHILDREN'S ADVANTAGE NETWORK) 3737 N. MOZART ST. CHICAGO, IL 60618	NONE	PC	UCAN TRAUMA-INFORMED YOUTH CLINICAL SERVICES	25,000.
<b>Total from continuation sheets</b>				

## 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	7,440.	0.	7,440.	7,440.	
DRIEHAUS ACTIVE INCOME FUND	0.	0.	0.	0.	
ECKHARDT FUTURES LP	6,814.	0.	6,814.	6,814.	
LAZARD LTD	217.	0.	217.	217.	
TD AMERITRADE	530,216.	103,091.	427,125.	427,125.	
TO PART I, LINE 4	544,687.	103,091.	441,596.	441,596.	

## FORM 990-PF

## OTHER INCOME

## STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	315.	315.	
OTHER INCOME	213,830.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	214,145.	315.	

## 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	6,500.	3,250.		3,250.
TO FORM 990-PF, PG 1, LN 16B	6,500.	3,250.		3,250.

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	39,528.	39,528.		0.
TO FORM 990-PF, PG 1, LN 16C	39,528.	39,528.		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	12,338.	3,085.		9,253.
FEDERAL EXCISE TAX	19,522.	19,522.		0.
FOREIGN TAXES	11,892.	11,892.		0.
TO FORM 990-PF, PG 1, LN 18	43,752.	34,499.		9,253.

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	44,554.	4,455.		40,099.
TO FORM 990-PF, PG 1, LN 23	44,554.	4,455.		40,099.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES		STATEMENT 7
DESCRIPTION			AMOUNT
UNREALIZED GAIN(LOSS) ON INVESTMENTS			2,152,803.
UNREALIZED GAIN(LOSS) ON INVESTMENTS			55,806.
TOTAL TO FORM 990-PF, PART III, LINE 5			2,208,609.

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FORM 990-PF	OTHER INVESTMENTS	STATEMENT 8
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	13,711,439.	13,711,439.
PARTNERSHIPS	COST	3,467.	3,467.
TOTAL TO FORM 990-PF, PART II, LINE 13		13,714,906.	13,714,906.

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FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 9
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE EQUIPMENT	7,548.	7,548.	0.
LAP TOP COMPUTER	653.	423.	230.
LENOVO IDEACENTER COMPUTER	917.	458.	459.
DESK AND CONFERENCE TABLE	1,250.	313.	937.
TOTAL TO FM 990-PF, PART II, LN 14		8,742.	1,626.

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FORM 990-PF	OTHER ASSETS	STATEMENT 10
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DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
BENEFICIAL INTEREST IN A PERPETUAL TRUST	378,270.	322,464.	322,464.
TO FORM 990-PF, PART II, LINE 15	378,270.	322,464.	322,464.



FORM 990-PF

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

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOSEPH S. CARR 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY/TREASURER 1.00	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 DIRECTOR 40.00	150,000.	1,050.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		150,000.	1,050.	0.

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



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

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 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, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2018** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	24,400.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	24,400.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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