

**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**Note.** The foundation may be able to use a copy of this return to satisfy state reporting requirements.

**For calendar year 2012 or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

Name of foundation <b>GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION</b>		<b>A Employer identification number</b>  <b>36-2167090</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>500 NORTH WESTERN AVENUE</b>	Room/suite <b>204</b>	<b>B Telephone number</b>  <b>847-735-1590</b>
City or town, state, and ZIP code <b>LAKE FOREST, IL 60045</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 16,351,367.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received .....			<b>N/A</b>	
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....	39.	39.		<b>STATEMENT 1</b>
	<b>4</b> Dividends and interest from securities .....	357,959.	357,959.		<b>STATEMENT 2</b>
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....	128,473.			
	<b>b</b> Gross sales price for all assets on line 6a .....	3,151,595.			
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		128,473.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	90.	90.		<b>STATEMENT 3</b>	
<b>12 Total.</b> Add lines 1 through 11 .....	486,561.	486,561.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....	12,818.	0.		0.
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....	8,265.	0.		0.
	<b>b</b> Accounting fees .....	8,600.	0.		0.
	<b>c</b> Other professional fees .....	75,403.	75,403.		0.
	<b>17</b> Interest .....	15,384.	0.		0.
	<b>18</b> Taxes .....	11,101.	254.		0.
	<b>19</b> Depreciation and depletion .....	136.	0.		
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....				
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses .....	214,569.	0.		0.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	346,276.	75,657.		0.
	<b>25</b> Contributions, gifts, grants paid .....	1,228,063.			1,228,063.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	1,574,339.	75,657.		1,228,063.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	<1,087,778.>				
<b>b Net investment income</b> (if negative, enter -0-) .....		410,904.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			<b>N/A</b>		

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<b>Part II Balance Sheets</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing .....	262,295.	113,463.	113,463.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock <b>STMT 10</b> .....	5,490,361.	1,899,084.	1,899,084.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis .....			
Less: accumulated depreciation .....				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 11</b> .....	9,783,715.	13,889,228.	13,889,228.	
14 Land, buildings, and equipment: basis ▶ <b>10,296.</b> .....				
Less: accumulated depreciation .....	9,657.	122.	639.	
15 Other assets (describe ▶ <b>STATEMENT 12</b> ) .....	489,065.	448,953.	448,953.	
<b>16 Total assets</b> (to be completed by all filers) .....	<b>16,025,558.</b>	<b>16,351,367.</b>	<b>16,351,367.</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	526,929.	365,348.	
	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 ▶ .....			
	<b>23 Total liabilities</b> (add lines 17 through 22) .....	<b>526,929.</b>	<b>365,348.</b>	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted .....	15,391,433.	15,878,823.	
	25 Temporarily restricted .....	107,196.	107,196.	
	26 Permanently restricted .....			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds .....			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	29 Retained earnings, accumulated income, endowment, or other funds .....			
<b>30 Total net assets or fund balances</b> .....	<b>15,498,629.</b>	<b>15,986,019.</b>		
<b>31 Total liabilities and net assets/fund balances</b> .....	<b>16,025,558.</b>	<b>16,351,367.</b>		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	15,498,629.
2 Enter amount from Part I, line 27a .....	2	<1,087,778.>
3 Other increases not included in line 2 (itemize) ▶ <b>SEE STATEMENT 9</b> .....	3	1,575,168.
4 Add lines 1, 2, and 3 .....	4	15,986,019.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	15,986,019.

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

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

(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)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 3,151,595.		3,023,122.	128,473.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			128,473.

<b>2</b> 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 .....	<b>2</b>	128,473.
<b>3</b> 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 .....	<b>3</b>	N/A

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	1,269,710.	16,918,039.	.075051
2010	1,192,069.	17,849,638.	.066784
2009	1,189,877.	16,900,860.	.070403
2008	1,500,401.	22,792,902.	.065828
2007	2,224,321.	29,639,680.	.075045

<b>2</b> Total of line 1, column (d) .....	<b>2</b>	.353111
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....	<b>3</b>	.070622
<b>4</b> Enter the net value of noncharitable-use assets for 2012 from Part X, line 5 .....	<b>4</b>	15,945,636.
<b>5</b> Multiply line 4 by line 3 .....	<b>5</b>	1,126,113.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....	<b>6</b>	4,109.
<b>7</b> Add lines 5 and 6 .....	<b>7</b>	1,130,222.
<b>8</b> Enter qualifying distributions from Part XII, line 4 .....	<b>8</b>	1,228,063.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	4,109.
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	4,109.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	4,109.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a		8,967.
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		8,967.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		4,858.
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax	11		0.
			4,858. Refunded

**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
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c 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. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		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? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>IL</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

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

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		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)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <b>WWW.GRANTHEALTHCARE.ORG</b>	13	X	
14	The books are in care of ► <b>JOAN ELDRIDGE RIDELL</b> Telephone no. ► <b>847-735-1590</b> Located at ► <b>500 N. WESTERN AVE., SUITE 204, LAKE FOREST, IL</b> ZIP+4 ► <b>60045</b>			
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	15		N/A
16	At any time during calendar year 2012, 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 Form TD F 90-22.1. If "Yes," enter the name of the foreign country	16		Yes No 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?		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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		
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 2012 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 2012.)		
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 2012?		X

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

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

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

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

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

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

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

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

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

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		0.	0.	0.

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
JOAN E. RIDELL 500 N. WESTERN AVE., LAKE FOREST, IL 0045	ADMINISTRATION	126,915.
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>0</b>

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

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

	Expenses
1 N/A	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	<b>0.</b>

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	15,531,194.
b	Average of monthly cash balances .....	1b	187,879.
c	Fair market value of all other assets .....	1c	469,390.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	16,188,463.
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	16,188,463.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	242,827.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	15,945,636.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	797,282.

**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	797,282.
2a	Tax on investment income for 2012 from Part VI, line 5 .....	2a	4,109.
b	Income tax for 2012. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	4,109.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	793,173.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	793,173.
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	793,173.

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

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,228,063.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .....	4	1,228,063.
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	4,109.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	1,223,954.

**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**

Form 990-PF (2012)

36-2167090 Page 9

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

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				793,173.
2 Undistributed income, if any, as of the end of 2012:				
a Enter amount for 2011 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007	805,413.			
b From 2008	367,794.			
c From 2009	350,264.			
d From 2010	315,449.			
e From 2011	434,514.			
f Total of lines 3a through e	2,273,434.			
4 Qualifying distributions for 2012 from Part XII, line 4: ▶ \$	1,228,063.			
a Applied to 2011, 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 2012 distributable amount				793,173.
e Remaining amount distributed out of corpus	434,890.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,708,324.			
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 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	805,413.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	1,902,911.			
10 Analysis of line 9:				
a Excess from 2008	367,794.			
b Excess from 2009	350,264.			
c Excess from 2010	315,449.			
d Excess from 2011	434,514.			
e Excess from 2012	434,890.			

Form 990-PF (2012)

223581  
12-05-12

**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 2012, 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) 2012	(b) 2011	(c) 2010	(d) 2009	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

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

**NONE**  
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**  
2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:  
**JOAN E. RIDELL, GRANT HEALTHCARE FOUNDATION, 847-735-1590**  
**500 NORTH WESTERN AVENUE, SUITE 204, LAKE FOREST, IL 60045**

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

c Any submission deadlines:  
**AUGUST 1**

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**THE FIELD OF HEALTHCARE IN THE GREATER CHICAGOLAND AREA**

**Part XV** Supplementary Information (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>					
Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
<b>a Paid during the year</b>					
SEE ATTACHED		NONE	PUBLIC CHARITIES		1,228,063.
<b>Total</b> .....					<b>3a</b> 1,228,063.
<b>b Approved for future payment</b>					
NONE					
<b>Total</b> .....					<b>3b</b> 0.

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

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies .....					
2 Membership dues and assessments .....					
3 Interest on savings and temporary cash investments .....			14	39.	
4 Dividends and interest from securities .....			14	357,959.	
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	90.	
8 Gain or (loss) from sales of assets other than inventory .....			18	128,473.	
9 Net income or (loss) from special events .....					
10 Gross profit or (loss) from sales of inventory .....					
11 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e) .....		0.		486,561.	0.
13 Total. Add line 12, columns (b), (d), and (e) .....				486,561.	486,561.

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

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

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

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

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

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

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

**b** If "Yes," complete the following schedule.

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer or trustee	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	DENNIS P. O'BRIEN			P00008832
	Firm's name ▶ PASQUESI SHEPPARD LLC	Firm's EIN ▶ 36-4049282		
	Firm's address ▶ 585 BANK LANE LAKE FOREST, IL 60045	Phone no. 847 234-5000		

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**FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1**


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SOURCE	AMOUNT
LAKE FOREST BANK & TRUST	39.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	39.

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**FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2**


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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
CHICAGO TRUST - FMA	9,267.	0.	9,267.
CHICAGO TRUST - MITCHELL	14,918.	0.	14,918.
DRIEHAUS ACTIVE INCOME FUND	18,839.	0.	18,839.
DRIEHAUS SMALL CAP RECOVERY LP	1,810.	0.	1,810.
ECKHARDT FUTURES LP	595.	0.	595.
LAZARD LTD	116.	0.	116.
TD AMERITRADE	312,414.	0.	312,414.
TOTAL TO FM 990-PF, PART I, LN 4	357,959.	0.	357,959.

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**FORM 990-PF OTHER INCOME STATEMENT 3**


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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT ORDINARY INCOME	90.	90.	
TOTAL TO FORM 990-PF, PART I, LINE 11	90.	90.	

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FORM 990-PF	LEGAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	8,265.	0.			0.
TO FM 990-PF, PG 1, LN 16A	8,265.	0.			0.

FORM 990-PF	ACCOUNTING FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	8,600.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	8,600.	0.			0.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	75,403.	75,403.			0.
TO FORM 990-PF, PG 1, LN 16C	75,403.	75,403.			0.

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES	5,447.	0.			0.
FEDERAL EXCISE TAX	5,400.	0.			0.
FOREIGN TAXES	254.	254.			0.
TO FORM 990-PF, PG 1, LN 18	11,101.	254.			0.

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FORM 990-PF	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSE	214,569.	0.		0.
TO FORM 990-PF, PG 1, LN 23	214,569.	0.		0.

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FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES	STATEMENT	9
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DESCRIPTION	AMOUNT
UNREALIZED GAIN(LOSSES) ON INVESTMENTS	1,575,168.
TOTAL TO FORM 990-PF, PART III, LINE 3	1,575,168.

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FORM 990-PF	CORPORATE STOCK	STATEMENT	10
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DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	1,899,084.	1,899,084.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,899,084.	1,899,084.

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FORM 990-PF	OTHER INVESTMENTS	STATEMENT	11
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	13,087,693.	13,087,693.
PARTNERSHIPS	COST	801,535.	801,535.
TOTAL TO FORM 990-PF, PART II, LINE 13		13,889,228.	13,889,228.

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FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CASH SURRENDER VALUE - INSURANCE	489,065.	448,953.	448,953.
TO FORM 990-PF, PART II, LINE 15	489,065.	448,953.	448,953.

FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT 13
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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	CHAIRMAN 1.00	0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY-TREASURER 1.00	0.	0.	0.
LAWRENCE D. GLASS 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
RICHARD M. ROSS JR. 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

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

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return <b>GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION</b>	Business or activity to which this form relates <b>FORM 990-PF PAGE 1</b>	Identifying number <b>36-2167090</b>
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**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 .....	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

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

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012 .....	<b>17</b>	103.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property		653.	10 YRS	HY	MSL	33.
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. ....	<b>22</b>	136.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

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

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

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

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

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... **25**

**26** Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

**27** Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... **29**

**Section B - Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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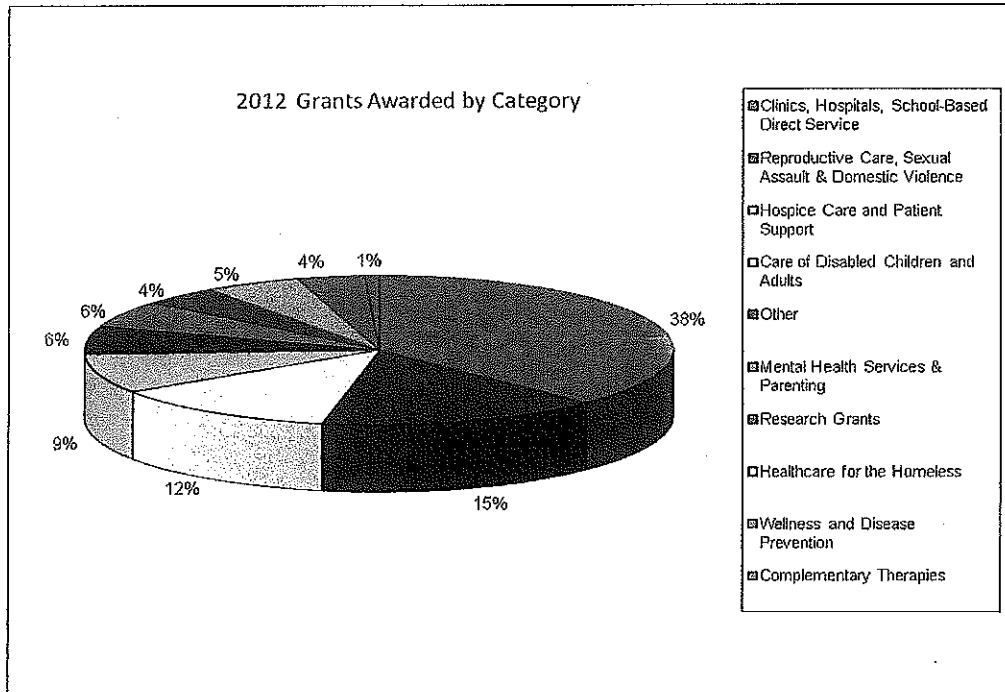
**42** Amortization of costs that begins during your 2012 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

**43** Amortization of costs that began before your 2012 tax year ..... **43**

**44 Total.** Add amounts in column (f). See the instructions for where to report ..... **44**

**GRANT HEALTHCARE FOUNDATION**  
**Grants Awarded in December 2012**



<b>Access Community Health Network</b> <b>1501 S. California Avenue</b> <b>Chicago, Illinois 60608</b> Support for care of uninsured patients at clinic in Englewood neighborhood of Chicago	<b>\$15,000</b>
<b>Advocate Charitable Foundation</b> <b>205 West Touhy Avenue, Suite 225</b> <b>Park Ridge, Illinois 60068</b> Support of Pediatric Palliative Care Program at Hope Children's Hospital in Oak Lawn, Illinois	<b>25,000</b>
<b>American Cancer Society, Illinois Division, Inc.</b> <b>225 North Michigan Avenue</b> <b>Chicago, Illinois 60601</b> Support of patient navigation services for cancer Patients at John H. Stroger, Jr. Hospital	<b>25,000</b>
<b>American Indian Health Service of Chicago</b> <b>4081 North Broadway</b> <b>Chicago, Illinois 60613</b> Support of primary care clinic for Native Americans	<b>30,000</b>
<b>Canine Therapy Corps, Inc.</b> <b>1700 West Irving Park Road, #311</b> <b>Chicago, Illinois 60613</b> General operating support for animal-assisted therapy organization	<b>10,000</b>

<b>Center on Halsted</b>	<b>15,000</b>
3656 North Halsted	
Chicago, Illinois 60613	
Support of mental health services for gay, lesbian, bisexual and transgendered clients	
<b>Centro de Salud Esperanza</b>	<b>10,000</b>
2001 South California Avenue, Suite 100	
Chicago, Illinois 60608	
Support of women's health program	
<b>Chicago Children's Advocacy Center</b>	<b>25,000</b>
1240 S. Damen Avenue	
Chicago, Illinois 60608	
Support of mental health services for abused children	
<b>Chicago Family Health Center</b>	<b>30,000</b>
9119 South Exchange Avenue	
Chicago, Illinois 60617	
General operating support of primary care clinic on Chicago's south side	
<b>Chicago Youth Programs</b>	<b>15,000</b>
5350 South Prairie Avenue	
Chicago, Illinois 60615	
Support of health clinics and health education	
<b>The Children's Clinic</b>	<b>10,000</b>
320 Lake Street	
Oak Park, Illinois 60302	
General operating support of primary care clinic	
<b>Children's Research Triangle</b>	<b>35,000</b>
180 North Michigan Avenue, Suite 700	
Chicago, Illinois 60601	
Support of assessment and treatment of children impacted by fetal alcohol syndrome	
<b>Christian Community Health Center</b>	<b>10,000</b>
9718 South Halsted Street	
Chicago, Illinois 60628-1007	
General operating support of primary care clinic on Chicago's south side	
<b>Christopher House</b>	<b>30,000</b>
2507 North Greenview Avenue	
Chicago, Illinois 60614	
Support of counseling and parent education programs	
<b>Erie Family Health Center</b>	<b>25,000</b>
1701 West Superior Street	
Chicago, Illinois 60622	
Support of oral health program at primary care clinics in Humboldt Park and Albany Park	
<b>Family Christian Health Center</b>	<b>20,000</b>
31 West 155 <sup>th</sup> Street	
Harvey, Illinois 60426	
General operating support of primary care clinic	

<b>Family Health Partnership Clinic</b>	<b>15,000</b>
13707 W. Jackson Woodstock, Illinois 60098	
Support of pharmaceutical assistance program at clinic in Woodstock, Illinois	
<b>Heartland International Health Center</b>	<b>10,000</b>
3048 North Wilton Chicago, Illinois 60640	
Support of oral health program	
<b>Hospice and Palliative Care of Northeastern Illinois</b>	<b>25,000</b>
410 South Hager Road Barrington, Illinois 60010	
Support of pediatric palliative care	
<b>Howard Area Community Center</b>	<b>10,000</b>
7648 North Paulina Chicago, Illinois 60626	
Support of Eleanor Wester Dental Clinic in Rogers Park	
<b>Illinois Caucus for Adolescent Health</b>	<b>10,000</b>
226 South Wabash Avenue, Suite 900 Chicago, Illinois 60604	
General operating support of organization supporting Youth-led health care access projects	
<b>Illinois College of Optometry</b>	<b>10,000</b>
3241 South Michigan Avenue Chicago, Illinois 60616	
Support of optometry care at primary care clinics and Chicago Public Schools in Chicago	
<b>IMAN Health Clinic</b>	<b>10,000</b>
2744 West 63 <sup>rd</sup> Street Chicago, Illinois 60629	
General operating support for clinic in Marquette Park neighborhood of Chicago	
<b>Interfaith House</b>	<b>5,000</b>
3456 West Franklin Boulevard Chicago, Illinois 60624	
General operating support of organization caring for Homeless individuals transitioning from hospital care	
<b>I-PLUS of Lake County</b>	<b>10,000</b>
3001 Green Bay Road, Building 9, #130 North Chicago, Illinois 60064	
Support of representative payee program for homeless residents of Lake County, particularly veterans	
<b>Juvenile Protective Association</b>	<b>25,000</b>
1707 N. Halsted Street Chicago, Illinois 60614	
Support of Building Bridges to North Lawndale project Providing mental health services in primary schools	

<b>Lake Geneva Fresh Air Association, Inc.</b>	<b>25,000</b>
361 N. Lake Shore Drive, P.O. Box 10 Williams Bay, Wisconsin 53191 Support of clinic at Holiday Home Camp serving children from inner-city Chicago	
<b>La Rabida Children's Hospital</b>	<b>25,000</b>
East 65 <sup>th</sup> Street at Lake Michigan Chicago, Illinois 60649 Support of case management program for chronically ill children	
<b>Lawndale Christian Health Center</b>	<b>20,000</b>
3860 West Ogden Avenue Chicago, Illinois 60623 Support of Centering prenatal program	
<b>Lincoln Park Zoo</b>	<b>45,000</b>
2001 North Clark Street Chicago, Illinois 60614 Support of Wildlife Disease Ecology internship	
<b>Lurie Children's Hospital (formerly Children's Memorial)</b>	<b>53,063</b>
225 East Chicago Avenue Chicago, Illinois 60611 Second year of two-year grant in support of Fellowship in Palliative Medicine	
<b>METROsquash NFP</b>	<b>20,000</b>
5655 South University Avenue Chicago, Illinois 60637 General operating support of organization using the sport of squash, education, mentoring, cultural experience and community service to aid Chicago public school students	
<b>Midwest Access Project</b>	<b>10,000</b>
2000 West Armitage Avenue, Floor 2 Chicago, Illinois 60647 Support of physician training in reproductive care, including abortion	
<b>Night Ministry</b>	<b>20,000</b>
4711 North Ravenswood Avenue Chicago, Illinois 60640 Support of healthcare for homeless individuals through Their outreach and health ministry program	
<b>Old Irving Park Community Clinic</b>	<b>30,000</b>
5425 West Addison Chicago, Illinois 60641 Support of primary care clinic on Chicago's northwest side	
<b>PCC Wellness Center</b>	<b>25,000</b>
14 West Lake Street Oak Park, Illinois 60302 General operating support for primary care clinic in Austin	
<b>Pacific Garden Mission</b>	<b>30,000</b>
1458 South Canal Street Chicago, Illinois 60607 Support of primary care clinic at homeless shelter	

<b>Planned Parenthood of Illinois</b>	<b>100,000</b>
<b>18 South Michigan Avenue, 6<sup>th</sup> Floor</b>	
<b>Chicago, Illinois 60602</b>	
General operating support of Chicago area activities of women's reproductive health organization	
<b>Rehabilitation Institute of Chicago</b>	<b>35,000</b>
<b>345 East Superior Street</b>	
<b>Chicago, Illinois 60611</b>	
Support of operations of the Life Center patient navigation center	
<b>Respond NOW</b>	<b>20,000</b>
<b>P.O. Box 215</b>	
<b>Chicago Heights, Illinois 60412</b>	
Support of prescription drug program in Chicago Heights	
<b>Rosalind Franklin University of Medicine and Science</b>	<b>15,000</b>
<b>3333 Green Bay Road</b>	
<b>North Chicago, Illinois 60064</b>	
Support of Community Care Connection health bus program in Lake County, Illinois	
<b>Rush University Medical Center</b>	<b>15,000</b>
<b>1700 West Van Buren, Suite 250</b>	
<b>Chicago, Illinois 60612</b>	
Support of adolescent pregnancy prevention program	
<b>St. Joseph Hospital</b>	<b>30,000</b>
<b>2900 North Lake Shore Drive</b>	
<b>Chicago, Illinois 60657</b>	
Support of care of uninsured patients at Labouré Clinic	
<b>Schwab Rehabilitation Hospital</b>	<b>25,000</b>
<b>1401 South California Avenue</b>	
<b>Chicago, Illinois 60608</b>	
Support of pediatric rehabilitation case management care	
<b>Sonia Shankman Orthogenic School</b>	<b>10,000</b>
<b>1365 East 60<sup>th</sup> Street</b>	
<b>Chicago, Illinois 60637</b>	
General operating support for residential treatment center for children with mental illness	
<b>Taproot Foundation</b>	<b>30,000</b>
<b>205 West Randolph Street, Suite 1220</b>	
<b>Chicago, Illinois 60606</b>	
Support of four service grants to strengthen the organizational Capabilities of Grant Healthcare Foundation grantees	
<b>Tri-City Health Partnership</b>	<b>15,000</b>
<b>318 Walnut Street</b>	
<b>St. Charles, Illinois 60174</b>	
Support of current programming and expansion at primary care clinic in DuPage County, Illinois	



<b>University of Chicago</b> <b>5801 South Ellis Avenue</b> <b>Chicago, Illinois 60637</b> One-year grant in support of research by Drs. Robert Daum and Susan Boyle-Vavra investigating new antibiotics to treat antibiotic-resistant staph infections (MRSA)	<b>50,000</b>
<b>University of Chicago</b> <b>5801 South Ellis Avenue</b> <b>Chicago, Illinois 60637</b> Second year of two-year award in support of Dr. Daniel Johnson's Project ECHO to improve access to specialty care in Chicago south side primary care clinics	<b>100,000</b>
<b>Women's Reproductive Rights Assistance Project</b> <b>2934-1/2 Beverly Glen Circle, #169</b> <b>Los Angeles, California 90077</b> Support of the Chicago Women's Assistance Fund to aid women in Chicago to gain access to abortion services	<b>20,000</b>
<b>TOTAL GRANTS AWARDED IN 2011</b>	<b><u>\$1,228,063</u></b>