

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

2023

Form 990-PF

Department of the Treasury Internal Revenue Service

For calendar year 2023 or tax year beginning , and ending

Name of foundation: GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION. A Employer identification number: ** - *** 7090. B Telephone number: 847-735-1590. C If exemption application is pending, check here ... D 1. Foreign organizations, check here ... D 2. Foreign organizations meeting the 85% test, check here and attach computation ... E If private foundation status was terminated under section 507(b)(1)(A), check here ... F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ... H Check type of organization: [X] Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 15,868,817. J Accounting method: [X] Accrual.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-27).

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Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	63,724.	79,197.	79,197.
	2 Savings and temporary cash investments	20,690.	22,461.	22,461.
	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			
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 8	13,997,388.	15,345,937.	15,345,937.
14 Land, buildings, and equipment: basis	9,715.			
Less: accumulated depreciation	STMT 9	437.	312.	312.
Less: accumulated depreciation	9,403.			
15 Other assets (describe	STATEMENT 10)	350,089.	420,910.	420,910.
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		14,432,328.	15,868,817.	15,868,817.
Liabilities	17 Accounts payable and accrued expenses		20,102.	
	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	STATEMENT 11)	0.	35,682.
23 Total liabilities (add lines 17 through 22)		0.	55,784.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here	<input checked="" type="checkbox"/>		
	and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions		14,082,239.	15,427,805.
	25 Net assets with donor restrictions		350,089.	385,228.
	Foundations that do not follow FASB ASC 958, check here	<input type="checkbox"/>		
	and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
28 Retained earnings, accumulated income, endowment, or other funds				
29 Total net assets or fund balances		14,432,328.	15,813,033.	
30 Total liabilities and net assets/fund balances		14,432,328.	15,868,817.	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	14,432,328.
2 Enter amount from Part I, line 27a	2	-69,222.
3 Other increases not included in line 2 (itemize)	3	1,449,927.
SEE STATEMENT 7		
4 Add lines 1, 2, and 3	4	15,813,033.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	15,813,033.

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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 (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 VANGUARD TOTAL INTL STOCK INDEX		06/15/18	04/06/23
b VANGUARD 500 INDEX		01/01/20	08/01/23
c VANGUARD 500 INDEX		01/01/20	12/04/23
d VANGUARD MID CAP INDEX		06/15/18	12/04/23
e VANGUARD SMALL CAP INDEX		07/11/17	12/04/23

(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 69,976.		69,544.	432.
b 69,976.		29,037.	40,939.
c 564,975.		234,250.	330,725.
d 129,975.		96,522.	33,453.
e 104,975.		74,134.	30,841.

(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			432.
b			40,939.
c			330,725.
d			33,453.
e			30,841.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			
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	436,390.
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). See instructions. If (loss), enter -0- in Part I, line 8		3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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)	1	11,041.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	11,041.
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	11,041.
6 Credits/Payments:		
a 2023 estimated tax payments and 2022 overpayment credited to 2023	6a	5,960.
b Exempt foreign organizations - tax withheld at source	6b	0.
c Tax paid with application for extension of time to file (Form 8868)	6c	4,500.
d Backup withholding erroneously withheld	6d	0.
7 Total credits and payments. Add lines 6a through 6d	7	10,460.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	9.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 12	9	590.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2024 estimated tax Refunded	11	

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Part VI-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?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
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.			
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • 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?	6	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 XIV	7	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? If "No," attach explanation	8b	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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
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?	13	X	
Website address <u>WWW.GRANTHEALTHCARE.ORG</u>			
14 The books are in care of <u>KATE GRUBBS O'CONNOR</u> Telephone no. <u>847-735-1590</u> Located at <u>500 N. WESTERN AVE., SUITE 210, LAKE FOREST, IL</u> ZIP+4 <u>60045</u>			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year	15		N/A
16 At any time during calendar year 2023, 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?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
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	1b	N/A
c Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
d 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 2023?	1d	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 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2023?	2a	X
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.)	2b	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?	3a	X
b If "Yes," did it have excess business holdings in 2023 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2023.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023?	4b	X

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

	Yes	No
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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? 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?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII 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 15		175,500.	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 VII 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 VIII-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 VIII-B Summary of Program-Related Investments

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

Part IX **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	14,671,662.
b	Average of monthly cash balances	1b	96,036.
c	Fair market value of all other assets (see instructions)	1c	367,659.
d	Total (add lines 1a, b, and c)	1d	15,135,357.
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	15,135,357.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	227,030.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	14,908,327.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	745,416.

Part X **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 IX, line 6	1	745,416.
2a	Tax on investment income for 2023 from Part V, line 5	2a	11,041.
b	Income tax for 2023. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	11,041.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	734,375.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	734,375.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	734,375.

Part XI **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	882,187.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	882,187.

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Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				734,375.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2023:				
a From 2018	184,224.			
b From 2019	174,990.			
c From 2020	116,369.			
d From 2021	69,171.			
e From 2022	125,255.			
f Total of lines 3a through e	670,009.			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 882,187.				
a Applied to 2022, 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 2023 distributable amount				734,375.
e Remaining amount distributed out of corpus	147,812.			
5 Excess distributions carryover applied to 2023 (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	817,821.			
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 2022. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				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 2018 not applied on line 5 or line 7	184,224.			
9 Excess distributions carryover to 2024. Subtract lines 7 and 8 from line 6a	633,597.			
10 Analysis of line 9:				
a Excess from 2019 ...	174,990.			
b Excess from 2020 ...	116,369.			
c Excess from 2021 ...	69,171.			
d Excess from 2022 ...	125,255.			
e Excess from 2023 ...	147,812.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2023, enter the date of the ruling _____

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

	Tax year				(e) Total
	(a) 2023	(b) 2022	(c) 2021	(d) 2020	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
b 85% (0.85) of line 2a _____					
c Qualifying distributions from Part XI, 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 IX, 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 XIV 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 16

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

c Any submission deadlines:

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

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Part XIV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ADVOCATES FOR COMMUNITY WELLNESS, INC. 8101 S. HONORE ST CHICAGO, IL 60620	NONE	PC	WELL-WOMAN WELLNESS PROGRAM	15,000.
ALLIANCE CHICAGO 215 W. OHIO ST. CHICAGO, IL 60654	NONE	PC	IMPROVING CONTRACEPTIVE CARE QUALITY AND ACCESS THROUGH PROVIDER TRAINING	30,000.
ALTERNATIVES, INC. 4730 N. SHERIDAN RD CHICAGO, IL 60640	NONE	PC	SCHOOL-BASED BEHAVIORAL HEALTH SUPPORT	20,000.
BREAKTHROUGH URBAN MINISTRIES 402 N. ST. LOUIS AVE. CHICAGO, IL 60624	NONE	PC	BREAKTHROUGH BEHAVIORAL HEALTH PROGRAM	25,000.
CHICAGO ABORTION FUND 333 W NORTH AVE, SUITE 267 CHICAGO, IL 60611	NONE	PC	GENRAL OPERATING SUPPORT	25,000.
Total	SEE CONTINUATION SHEET(S)			3a 690,600.
b Approved for future payment				
NONE				
Total				3b 0.

Form 990-PF (2023)

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

-*7090

Part XIV 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 CHILDREN'S ADVOCACY CENTER 1240 S DAMEN AVE CHICAGO, IL 60608	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
CHICAGO WORKERS COLLABORATIVE 1914 S. ASHLAND AVE CHICAGO, IL 60607	NONE	PC	WORKING FAMILIES PROTECTION AND CARE PROGRAM	20,000.
CHILDREN'S RESEARCH TRIANGLE 70 E LAKE ST SUITE 1300 CHICAGO, IL 60601	NONE	PC	TRAUMA TREATMENT PROGRAM	20,000.
COMMUNITY COUNSELING CENTERS OF CHICAGO (C4) 4740 N CLARK ST CHICAGO, IL 60640	NONE	PC	THE BEHAVIORAL HEALTH PRIMARY CARE INTEGRATION LEARNING COLLABORATIVE	40,000.
COMMUNITY HEALTH 2611 W CHICAGO AVE. CHICAGO, IL 60622	NONE	PC	HEALTH CARE ACCESS FOR THE UNINSURED	20,000.
ENLACE CHICAGO 2759 S. HARDING AVE CHICAGO, IL 60623	NONE	PC	SCHOOL BASED COUNSELORS PROGRAM	30,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST. CHICAGO, IL 60622	NONE	PC	THE ERIE TEEN CENTER	25,000.
ESPERANZA HEALTH CENTERS 2001 S CALIFORNIA AVE., STE 100 CHICAGO, IL 60608	NONE	PC	BEHAVIORAL HEALTH CARE COORDINATION AND CHICAGO SAFETY NET LEARNING COLLABORATIVE	50,000.
EVERTHRIVE 1006 S. MICHIGAN AVE. #200 CHICAGO, IL 60605	NONE	PC	GATHERING PROGRAM	100.
HEARTLAND ALLIANCE HEALTH 208 S LASALLE ST CHICAGO, IL 60604	NONE	PC	IMPROVING ACCESS TO COORDINATED CARE ON CHICAGO'S SOUTH SIDE	25,000.
Total from continuation sheets				575,600.

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

-*7090

Part XIV 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
LUSTER LEARNING INSTITUTE 1126 HILLCREST HIGHLAND PARK, IL 60035	NONE	PC	GENERAL OPERATING SUPPORT	15,000.
LUTHERN SOCIAL SERVICES OF ILLINOIS 1001 E. TOUCHY AVE, SUITE 50 DES PLAINES, IL 60018	NONE	PC	STEP UP SCHOOL-BASED COUNSELING PROGRAM	25,000.
MIDWEST ACCESS PROJECT 3130 N. ROCKWELL CHICAGO, IL 60618	NONE	PC	GENERAL SUPPORT	500.
NAMI CHICAGO 1801 W. WARNER AVE., #202 CHICAGO, IL 60613	NONE	PC	GENERAL OPERATING SUPPORT	20,000.
NEW MOMS INC 5317 W CHICAGO AVE CHICAGO, IL 60651	NONE	PC	THE FAMILY SUPPORT PROGRAM	25,000.
PEER HEALTH EXCHANGE 233 W JACKSON BLVD STE 630 CHICAGO, IL 60606	NONE	PC	GENERAL OPERATING SUPPORT	25,000.
PLANNED PARENTHOOD OF ILLINOIS 17 N. STATE ST., SUITE 500 CHICAGO, IL 60602	NONE	PC	GENERAL OPERATING SUPPORT	50,000.
PRIMECARE COMMUNITY HEALTH 2211 N. ELSTON, #301 CHICAGO, IL 60614	NONE	PC	CLINICAL CASE MANAGEMENT FOR PRENATAL AND HYPERTENSIVE PATIENTS	25,000.
PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO 180 N. MICHIGAN AVE, SUITE 1200 CHICAGO, IL 60601	NONE	PC	SCHOOL HEALTH ACCESS COLLABORATIVE	35,000.
RUSH UNIVERSITY MEDICAL CENTER 1201 W. HARRISON ST, SUITE 300 CHICAGO, IL 60607	NONE	PC	REPRODUCTIVE SERVICES ACROSS AFC/SBHC PROGRAM	25,000.
Total from continuation sheets				

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
CHARLES SCHWAB	221,886.	0.	221,886.	221,886.	
TD AMERITRADE	227,012.	0.	227,012.	227,012.	
TO PART I, LINE 4	448,898.	0.	448,898.	448,898.	

FORM 990-PF	OTHER INCOME			STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
OTHER INCOME	348.	348.		
TOTAL TO FORM 990-PF, PART I, LINE 11	348.	348.		

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	8,850.	4,425.		4,425.	
TO FORM 990-PF, PG 1, LN 16B	8,850.	4,425.		4,425.	

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT MANAGEMENT FEES	18,000.	18,000.		0.	
TO FORM 990-PF, PG 1, LN 16C	18,000.	18,000.		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	12,477.	3,119.		9,358.
FEDERAL EXCISE TAX	8,665.	8,665.		0.
FOREIGN TAXES	9,756.	9,756.		0.
TO FORM 990-PF, PG 1, LN 18	30,898.	21,540.		9,358.

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	13,714.	1,371.		12,343.
MEMBERSHIP DUES	6,940.	0.		6,940.
INSURANCE	3,720.	372.		3,348.
SOFTWARE	2,142.	214.		1,928.
SEMINARS	300.	0.		300.
CONSULTING	6,995.	0.		6,995.
TO FORM 990-PF, PG 1, LN 23	33,811.	1,957.		31,854.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAIN(LOSS) ON INVESTMENTS	1,414,788.
UNREALIZED GAIN(LOSS) ON INVESTMENTS	35,139.
TOTAL TO FORM 990-PF, PART III, LINE 3	1,449,927.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 8	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	FMV	15,345,937.	15,345,937.
TOTAL TO FORM 990-PF, PART II, LINE 13		15,345,937.	15,345,937.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 9		
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	
OFFICE EQUIPMENT	7,548.	7,548.	0.	
LENOVO IDEACENTER COMPUTER DESK AND CONFERENCE TABLE	917.	917.	0.	
	1,250.	938.	312.	
TOTAL TO FM 990-PF, PART II, LN 14	9,715.	9,403.	312.	

FORM 990-PF	OTHER ASSETS	STATEMENT 10		
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
BENEFICIAL INTEREST IN A PERPETUAL TRUST	350,089.	385,228.	385,228.	
OPERATING RIGHT-OF-USE ASSET, NET	0.	35,682.	35,682.	
TO FORM 990-PF, PART II, LINE 15	350,089.	420,910.	420,910.	

FORM 990-PF	OTHER LIABILITIES	STATEMENT 11	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
OPERATING LEASE LIABILITIES		0.	35,682.
TOTAL TO FORM 990-PF, PART II, LINE 22		0.	35,682.

FORM 990-PF

INTEREST AND PENALTIES

STATEMENT 12

TAX DUE FROM FORM 990-PF, PART V	581.
UNDERPAYMENT PENALTY	9.
LATE PAYMENT INTEREST	4.
LATE PAYMENT PENALTY	3.
TOTAL AMOUNT DUE	597.

FORM 990-PF

LATE PAYMENT INTEREST

STATEMENT 13

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	05/15/24	5,081.	5,081.	.0800		
EXTENSION PAYMENT	05/15/24	-4,500.	581.	.0800	31	4.
DATE FILED	06/15/24		585.			
TOTAL LATE PAYMENT INTEREST						4.

FORM 990-PF

LATE PAYMENT PENALTY

STATEMENT 14

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/24	5,081.	5,081.		
EXTENSION PAYMENT	05/15/24	-4,500.	581.	1	3.
DATE FILED	06/15/24		581.		
TOTAL LATE PAYMENT PENALTY					3.

FORM 990-PF

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

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MAUREEN L. BLAHA 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	SECRETARY/TREASURER 1.00	0.	0.	0.
GEORGE M. COVINGTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
ROBERT L. FRIEDLANDER 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
RICHARD M. NORTON 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
THOMAS C. VANDEN BERK 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	CHAIRMAN 1.00	0.	0.	0.
BRENDA B. ASARE 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	175,500.	0.	0.
CODY MCSELLERS-MCCRAY 500 NORTH WESTERN AVENUE LAKE FOREST, IL 60045	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		175,500.	0.	0.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XIV, LINES 2A THROUGH 2D

STATEMENT 16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

KATE GRUBBS O'CONNOR, GRANT HEALTHCARE FOUNDATION
500 NORTH WESTERN AVENUE, SUITE 210
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 Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

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

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	Taxpayer identification number (TIN) ** - ***7090
	Number, street, and room or suite no. If a P.O. box, see instructions. 500 N. WESTERN AVENUE, 210	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAKE FOREST, IL 60045	

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **KATE GRUBBS O'CONNOR**
500 N. WESTERN AVE., SUITE 210 - 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	10,460.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	5,960.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	4,500.

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

Form **8868** (Rev. 1-2024)

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # 01-003,6990

Report for the Fiscal Period:

Beginning 01/01/2023

& Ending 12/31/2023

Make Checks Payable to Illinois Charity Bureau Fund

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Federal ID # ** - ***7090

MO DAY YR

Date organization was created: 01/01/1883

Are contributions to the organization tax deductible? Yes No

MO DAY YR

Legal Name: GRANT HOSPITAL OF CHICAGO D/B/A GRANT HEALTHCARE FOUNDATION	YEAR-END AMOUNTS	
Mail Address: 500 N. WESTERN AVENUE, 210	A) ASSETS	A) \$ 15,868,817.
City, State: LAKE FOREST, IL	B) LIABILITIES	B) \$ 55,784.
Zip Code: 60045	C) NET ASSETS	C) \$ 15,813,033.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	2.079 %	D) \$ 18,800.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	97.921 %	F) \$ 885,636.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 904,436.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	19.027 %	H) \$ 185,260.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	19.027 %	J) \$ 185,260.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	70.928 %	K) \$ 690,600.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	89.956 %	L) \$ 875,860.
M) MANAGEMENT AND GENERAL EXPENSE	10.044 %	M) \$ 97,798.
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ 973,658.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: KATE GRUBBS O'CONNOR		T) \$ 175,500.
U) NAME, TITLE:		U) \$
V) NAME, TITLE:		V) \$
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIONS		W) # 150
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		<input checked="" type="checkbox"/>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		<input checked="" type="checkbox"/>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		<input checked="" type="checkbox"/>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		<input checked="" type="checkbox"/>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		<input checked="" type="checkbox"/>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		<input checked="" type="checkbox"/>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		<input checked="" type="checkbox"/>
7b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .			
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		<input checked="" type="checkbox"/>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		<input checked="" type="checkbox"/>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		<input checked="" type="checkbox"/>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: LAKE FOREST BANK & TRUST CO. LAKE FOREST, ILLINOIS 60045			
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: KATE GRUBBS O'CONNOR 847-735-1590			

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

KATE O'CONNOR

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

DENNIS P. O'BRIEN

PREPARER (PRINT NAME)

SIGNATURE

DATE