

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

2006

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

For calendar year 2006, or tax year beginning _____, and ending _____

G Check all that apply: Initial return Final return Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation Illinois Children's Healthcare Foundation	A Employer identification number 03-0503425
	Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 15 Spinning Wheel Road 228	B Telephone number (630) 655-2873
	City or town, state, and ZIP code Hinsdale, IL 60521	C If exemption application is pending, check here <input type="checkbox"/>

H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 141,126,041.** (Part I, column (d) must be on cash basis.)

J Accounting method: Cash Accrual
 Other (specify) _____

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received	3,200.		N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	1,014.	1,014.		Statement 1
4 Dividends and interest from securities	3,887,058.	3,888,424.		Statement 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	5,044,372.			
b Gross sales price for all assets on line 6a	11,325,170.			
7 Capital gain net income (from Part IV, line 2)		5,044,372.		
8 Net short-term capital gain				
9 Income modifications			215,830.	
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 Total. Add lines 1 through 11	8,935,644.	8,933,810.	215,830.	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	150,000.	4,500.		145,500.
14 Other employee salaries and wages	180,304.	0.		180,304.
15 Pension plans, employee benefits	69,121.	854.		63,267.
16a Legal fees Stmt 3	21,143.	0.		21,143.
b Accounting fees Stmt 4	24,450.	16,200.		8,250.
c Other professional fees Stmt 5	280,374.	249,487.		30,887.
17 Interest				
18 Taxes Stmt 6	86,684.	0.		0.
19 Depreciation and depletion	14,308.	0.		
20 Occupancy	33,336.	189.		33,147.
21 Travel, conferences, and meetings	39,243.	0.		39,243.
22 Printing and publications	7,808.	0.		7,808.
23 Other expenses Stmt 7	33,913.	258.		33,655.
24 Total operating and administrative expenses. Add lines 13 through 23	940,684.	271,488.		563,204.
25 Contributions, gifts, grants paid	6,104,620.			6,124,009.
26 Total expenses and disbursements. Add lines 24 and 25	7,045,304.	271,488.		6,687,213.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	1,890,340.			
b Net investment income (if negative, enter -0-)		8,662,322.		
c Adjusted net income (if negative, enter -0-)			215,830.	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing					
	2	Savings and temporary cash investments			608,762.	672,635.	672,635.
	3	Accounts receivable	1,100.				
		Less: allowance for doubtful accounts			910.	1,100.	1,100.
	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			1,099.	2,063.	2,063.
	10a	Investments - U.S. and state government obligations	Stmt 9		11,322,379.	11,228,278.	11,228,278.
	b	Investments - corporate stock	Stmt 10		89,909,454.	100,142,587.	100,142,587.
	c	Investments - corporate bonds	Stmt 11		27,532,242.	28,764,173.	28,764,173.
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other						
14	Land, buildings, and equipment: basis	60,955.					
	Less: accumulated depreciation	Stmt 12	34,530.	39,163.	26,425.	26,425.	
15	Other assets (describe)	Statement 13)		270,623.	288,780.	288,780.	
16	Total assets (to be completed by all filers)			129,684,632.	141,126,041.	141,126,041.	
Liabilities	17	Accounts payable and accrued expenses		6,201.	10,100.		
	18	Grants payable		259,176.	239,787.		
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)	Statement 14)		36,217.	40,670.	
	23	Total liabilities (add lines 17 through 22)			301,594.	290,557.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted		129,383,038.	140,835,484.		
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
30	Total net assets or fund balances			129,383,038.	140,835,484.		
31	Total liabilities and net assets/fund balances			129,684,632.	141,126,041.		

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	129,383,038.
2	Enter amount from Part I, line 27a	2	1,890,340.
3	Other increases not included in line 2 (itemize) See Statement 8	3	9,562,106.
4	Add lines 1, 2, and 3	4	140,835,484.
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	140,835,484.

**Illinois Children's Healthcare
Foundation**

Form 990-PF (2006)

03-0503425 Page 3

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b See Attached Statement			
c			
d			
e			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e 11,325,170.		6,280,798.	5,044,372.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			5,044,372.
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		5,044,372.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3		N/A

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see 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))
2005	6,398,927.	123,556,158.	.051790
2004	5,512,389.	119,443,728.	.046151
2003	127,412.	112,880,977.	.001129
2002	0.	4,925.	.000000
2001			
2 Total of line 1, column (d)			.099070
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			.024768
4 Enter the net value of noncharitable-use assets for 2006 from Part X, line 5			129,744,459.
5 Multiply line 4 by line 3			3,213,511.
6 Enter 1% of net investment income (1% of Part I, line 27b)			86,623.
7 Add lines 5 and 6			3,300,134.
8 Enter qualifying distributions from Part XII, line 4			6,687,213.

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.

**Illinois Children's Healthcare
Foundation**

Form 990-PF (2006)

03-0503425 Page 4

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 letter: _____ (attach copy of ruling 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	86,623.
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	86,623.
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	86,623.
6 Credits/Payments:		
a 2006 estimated tax payments and 2005 overpayment credited to 2006	6a	76,600.
b Exempt foreign organizations - tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	33,000.
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	109,600.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	371.
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	22,606.
11 Enter the amount of line 10 to be: Credited to 2007 estimated tax <input checked="" type="checkbox"/> 22,606. Refunded <input type="checkbox"/>	11	0.

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input checked="" type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input checked="" type="checkbox"/> \$ <u>0.</u>		
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
4b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <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) <input checked="" type="checkbox"/> <u>IL</u>		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <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 2006 or the taxable year beginning in 2006 (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

Form **990-PF** (2006)

Part VII-A Statements Regarding Activities *Continued*

11a	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. (see instructions)			X
11b	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in the attachment for line 11a?			N/A
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Web site address ▶ <u>www.ilchf.org</u>		X	
14	The books are in care of ▶ <u>The Foundation</u> Telephone no. ▶ <u>(630) 655-2873</u> Located at ▶ <u>15 Spinning Wheel Road, Hinsdale, IL</u> ZIP+4 ▶ <u>60521</u>			
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

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 checked="" type="checkbox"/> Yes <input 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 page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	X
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 2006?	1c	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 2006, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2006? <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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2b	
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 2006 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2006.</i>) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2006?	4b	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 you answered "Yes" to 6b, also file Form 8870.

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

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

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

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

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 15		150,000.	31,492.	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
Robert J. Egan ICHF, 15 Spinning Wheel Road, Ste 228	Program Officer 40.00	62,937.	12,647.	0.
Anna C. Laubach ICHF, 15 Spinning Wheel Road, Ste 228	Sr. Program Officer 40.00	69,815.	8,962.	0.
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
Capital Guardian Trust Company 333 South Hope Street, Los Angeles, CA 90071-1	Investment Manager	147,349.
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1	
See Statement 16	6,687,213.
2	
3	
4	

Part IX-B Summary of Program-Related Investments

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

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

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	134,509,357.
b	Average of monthly cash balances	1b	1,922,315.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	136,431,672.
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	136,431,672.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) <u>stmt 17</u>	4	6,687,213.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	129,744,459.
6	Minimum investment return. Enter 5% of line 5	6	6,487,223.

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	6,487,223.
2a	Tax on investment income for 2006 from Part VI, line 5	2a	86,623.
b	Income tax for 2006. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	86,623.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,400,600.
4	Recoveries of amounts treated as qualifying distributions	4	215,830.
5	Add lines 3 and 4	5	6,616,430.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,616,430.

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	6,687,213.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,687,213.
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	86,623.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	6,600,590.

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2005	(c) 2005	(d) 2006
1 Distributable amount for 2006 from Part XI, line 7				6,616,430.
2 Undistributed income, if any, as of the end of 2005:				
a Enter amount for 2005 only			5,604,687.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2006:				
a From 2001				
b From 2002				
c From 2003				
d From 2004				
e From 2005				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2006 from Part XII, line 4: ▶ \$ 6,687,213.				
a Applied to 2005, but not more than line 2a			5,604,687.	
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 2006 distributable amount				1,082,526.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2006 (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	0.			
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 2005. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2006. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2007				5,533,904.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(E) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2001 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2007. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2002				
b Excess from 2003				
c Excess from 2004				
d Excess from 2005				
e Excess from 2006				

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 2006, 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) 2006	(b) 2005	(c) 2004	(d) 2003	
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 page 28 of the 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 of the person to whom applications should be addressed:

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:

Part XV **Supplementary Information** (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
See Statement 18				
Total				▶ 3a 6124009.
b Approved for future payment				
Advocate Charitable Foundation, 205 West Touhy Ave., Suite 125, Park Ridge,	None	501(c)3	Healthcare	139,787.
Community Health & Emergency Services, Inc., 13245 Kessler Road, Cairo, IL 6	None	501(c)3	Healthcare	100,000.
Total				▶ 3b 239,787.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	Capital Guardian - Short-Term Gains and Losses	P	Various	Various
b	Capital Guardian - Long-Term Gains and Losses	P	Various	Various
c	MFB NTGI Common Daily US Mkt Cap Equity - 13,393.	P	Various	11/01/06
d	MFO Cohen & Steers Instl Rlty - 9,005.760 shares	P	Various	09/29/06
e	MFO Cohen & Steers Instl Rlty - 5,089.060 shares	P	Various	10/31/06
f	MFO Cohen & Steers Instl Rlty - 8,091.920 shares	P	Various	11/30/06
g	MFO Templeton Growth Fd - 19,334.880 shares	P	Various	09/29/06
h	MFO Templeton Growth Fd - 36,570.500 shares	P	Various	10/31/06
i	Capital Gains Dividends			
j				
k				
l				
m				
n				
o				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	580,463.		560,509.	19,954.
b	4,402,629.		3,208,813.	1,193,816.
c	300,000.		248,956.	51,044.
d	500,000.		435,594.	64,406.
e	300,000.		246,449.	53,551.
f	500,000.		391,869.	108,131.
g	500,000.		407,767.	92,233.
h	900,000.		780,841.	119,159.
i	3,342,078.			3,342,078.
j				
k				
l				
m				
n				
o				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			19,954.
b			1,193,816.
c			51,044.
d			64,406.
e			53,551.
f			108,131.
g			92,233.
h			119,159.
i			3,342,078.
j			
k			
l			
m			
n			
o			

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	5,044,372.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8	3	N/A

2006 DEPRECIATION AND AMORTIZATION REPORT

Form 990-PF Page 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	AT&T Deskphones	032504	SL	5.00	16	596.			596.	219.		119.
2	Dell OptiPlex GX270	032904	SL	5.00	16	1,428.			1,428.	524.		285.
3	Dell OptiPlex GX270	032904	SL	5.00	16	1,428.			1,428.	524.		285.
4	Dell OptiPlex GX270	032904	SL	5.00	16	1,428.			1,428.	524.		286.
5	Dell Latitude D505 Laptop	032904	SL	5.00	16	1,938.			1,938.	710.		388.
6	Dell PowerEdge Server 1600 SC	032904	SL	5.00	16	4,252.			4,252.	1,559.		850.
7	HP LaserJet 2300N Printer	032904	SL	5.00	16	1,207.			1,207.	443.		241.
8	HP InkJet 1100DTN Printer	032904	SL	5.00	16	518.			518.	190.		104.
9	Office Furniture GIFTS Grants	032904	SL	7.00	16	12,226.			12,226.	3,202.		1,747.
10	Management Software Quickbooks for	042004	SL	3.00	16	17,249.			17,249.	10,062.		5,750.
11	Nonprofits Software Sophos Anti-Virus	033104	SL	3.00	16	497.			497.	304.		166.
12	Software Dell 2200 MP LCD	032904	SL	3.00	16	630.			630.	385.		210.
13	Projector Dell Latitude D505	010605	SL	5.00	16	1,293.			1,293.	258.		259.
14	Laptop Computer	030605	SL	5.00	16	1,275.			1,275.	191.		255.
15	Office Furniture Comdial Digital	083105	SL	7.00	16	4,924.			4,924.	293.		703.
16	Voicemail Unit GIFTS Grants	082905	SL	5.00	16	1,400.			1,400.	117.		280.
17	Application Module Sof	091505	SL	3.00	16	6,381.			6,381.	709.		2,127.
18	ICHF Wall Logo	122205	SL	7.00	16	715.			715.	8.		102.

Form 990-PF Interest on Savings and Temporary Cash Investments Statement 1

Source	Amount
Northern Trust - Checking	1,014.
Total to Form 990-PF, Part I, line 3, Column A	1,014.

Form 990-PF Dividends and Interest from Securities Statement 2

Source	Gross Amount	Capital Gains Dividends	Column (A) Amount
Capital Guardian - Capital Gain Dividends	384.	384.	0.
Capital Guardian - Dividends	270,820.	0.	270,820.
Capital Guardian - Interest	2.	0.	2.
Northern Trust - Capital Gain Dividends A/C 2219430	1,923,390.	1,923,390.	0.
Northern Trust - Capital Gain Dividends A/C 2616085	1,418,304.	1,418,304.	0.
Northern Trust - Dividends	3,136,832.	0.	3,136,832.
Northern Trust - Interest	479,404.	0.	479,404.
Total to Fm 990-PF, Part I, ln 4	7,229,136.	3,342,078.	3,887,058.

Form 990-PF Legal Fees Statement 3

Description	(a) Expenses Per Books	(b) Net Investment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Legal fees	21,143.	0.		21,143.
To Fm 990-PF, Pg 1, ln 16a	21,143.	0.		21,143.

Form 990-PF	Accounting Fees			Statement	4
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Accounting fees	13,450.	13,450.		0.	
Audit fees	11,000.	2,750.		8,250.	
To Form 990-PF, Pg 1, ln 16b	24,450.	16,200.		8,250.	

Form 990-PF	Other Professional Fees			Statement	5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Other professional fees	16,102.	0.		16,102.	
Payroll service fees	8,785.	0.		8,785.	
I/S Support	6,000.	0.		6,000.	
Investment consulting	50,000.	50,000.		0.	
Northern Trust custody fee	8,000.	8,000.		0.	
Northern Trust investment fee	44,025.	44,025.		0.	
Capital Guardian investment fee	147,462.	147,462.		0.	
To Form 990-PF, Pg 1, ln 16c	280,374.	249,487.		30,887.	

Form 990-PF	Taxes			Statement	6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Federal excise	86,684.	0.		0.	
To Form 990-PF, Pg 1, ln 18	86,684.	0.		0.	

Form 990-PF	Other Expenses			Statement	7
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Bank charges	196.	196.		0.	
Equipment rental and maintenance	3,930.	0.		3,930.	
Supplies	4,936.	0.		4,936.	
Postage, shipping and delivery	2,820.	0.		2,820.	
Insurance	6,202.	62.		6,140.	
Software maintenance	6,650.	0.		6,650.	
Staff development	970.	0.		970.	
Membership dues	1,873.	0.		1,873.	
Advertising and website	1,747.	0.		1,747.	
Miscellaneous	4,574.	0.		4,574.	
Licenses and fees	15.	0.		15.	
To Form 990-PF, Pg 1, ln 23	33,913.	258.		33,655.	

Form 990-PF	Other Increases in Net Assets or Fund Balances	Statement	8
Description		Amount	
Unrealized gain on investments carried at market value		9,346,276.	
Income Modification - Grants Returned		215,830.	
Total to Form 990-PF, Part III, line 3		9,562,106.	

Form 990-PF	U.S. and State/City Government Obligations		Statement	9
Description	U.S. Gov't	Other Gov't	Book Value	Fair Market Value
MFB NTGI Common Daily Aggr Bond Index Fund		X	11,228,278.	11,228,278.
Total U.S. Government Obligations				
Total State and Municipal Government Obligations			11,228,278.	11,228,278.
Total to Form 990-PF, Part II, line 10a			11,228,278.	11,228,278.

Form 990-PF	Corporate Stock		Statement 10
-------------	-----------------	--	--------------

Description	Book Value	Fair Market Value
MFB NTGI Com Daily US Mkt Cap Eqty Index Fd	66,718,032.	66,718,032.
MFO Cohen & Steers Instl Rlty Fd	7,231,985.	7,231,985.
MFO Templeton Growth Fd	13,322,706.	13,322,706.
Capital Guardian - International Equities	7,905,550.	7,905,550.
Capital Guardian - Common Stocks - US	4,964,314.	4,964,314.
Total to Form 990-PF, Part II, line 10b	100,142,587.	100,142,587.

Form 990-PF	Corporate Bonds		Statement 11
-------------	-----------------	--	--------------

Description	Book Value	Fair Market Value
MFO Frontegra Fds Inc Total Return Bd Fd	5,639,162.	5,639,162.
MFO PIMCO Fds PAC Invt Mgmt Ser Total Return Fd	23,125,011.	23,125,011.
Total to Form 990-PF, Part II, line 10c	28,764,173.	28,764,173.

Form 990-PF	Depreciation of Assets Not Held for Investment		Statement 12
-------------	--	--	--------------

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
AT&T Deskphones	596.	338.	258.
Dell OptiPlex GX270	1,428.	809.	619.
Dell OptiPlex GX270	1,428.	809.	619.
Dell OptiPlex GX270	1,428.	810.	618.
Dell Latitude D505 Laptop	1,938.	1,098.	840.
Dell PowerEdge Server 1600 SC	4,252.	2,409.	1,843.
HP LaserJet 2300N Printer	1,207.	684.	523.
HP InkJet 1100DTN Printer	518.	294.	224.
Office Furniture	12,226.	4,949.	7,277.
GIFTS Grants Management Software	17,249.	15,812.	1,437.
Quickbooks for Nonprofits Software	497.	470.	27.
Sophos Anti-Virus Software	630.	595.	35.
Dell 2200 MP LCD Projector	1,293.	517.	776.
Dell Latitude D505 Laptop Computer	1,275.	446.	829.
Office Furniture	4,924.	996.	3,928.

Comdial Digital Voicemail Unit	1,400.	397.	1,003.
GIFTS Grants Application			
Module Software	6,381.	2,836.	3,545.
ICHF Wall Logo	715.	110.	605.
Polycom Soundstation2 Speaker			
Phone	625.	125.	500.
Gifts Plus Pack Software	945.	26.	919.
Total To Fm 990-PF, Part II, ln 14	60,955.	34,530.	26,425.

Form 990-PF Other Assets Statement 13

Description	Book Value	Fair Market Value
Accrued Income	258,133.	258,133.
Investments - Non-Qualified Plans	30,647.	30,647.
Total to Form 990-PF, Part II, line 15	288,780.	288,780.

Form 990-PF Other Liabilities Statement 14

Description	Amount
Federal Excise Taxes Payable	10,023.
Deferred Compensation - Trust	30,647.
Total to Form 990-PF, Part II, line 22, Column B	40,670.

Form 990-PF Part VIII - List of Officers, Directors Statement 15
 Trustees and Foundation Managers

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Peter E. Doris, MD ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Chairman/Director 5.00	0.	0.	0.
Kathy L. Halloran ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Vice Chair/Director 5.00	0.	0.	0.
Charles E. Box ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Treasurer/Director 5.00	0.	0.	0.
J. Kevin Dorsey, MD PhD ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Secretary/Director 5.00	0.	0.	0.
Susan Kerr ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	President 40.00	150,000.	26,492.	0.
Susan Kerr - 457 Plan Contribution	0.00	0.	5,000.	0.
Louise Coleman, PhD ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
Rey B. Gonzalez ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
Bennett Leventhal, MD ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.

Mary F. McGrath, CPA, CFP ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
Margaret O'Flynn, MD ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
Floyd D. Perkins ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
C. William Pollard ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
James Ryan ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
Jerome Stermer ICHF, 15 Spinning Wheel Road, Ste. 228 Hinsdale, IL 60521	Director 2.00	0.	0.	0.
Totals included on 990-PF, Page 6, Part VIII		<u>150,000.</u>	<u>31,492.</u>	<u>0.</u>

Activity One

The Illinois Children's Healthcare Foundation works to ensure that every child in Illinois has access to affordable and quality health care by making grants to other not-for-profit organizations that conduct programs designed to address a variety of access issues. Grantmaking is focused in three specific areas: improving the oral health of underserved children; addressing the mental health needs of children; and, increasing the incidence of developmental screening in young children. In addition, the Foundation monitors other emerging health issues that the Board of Directors may select as focus areas in the future. During 2006, the majority of grants were made to organizations applying under an RFP developed to strengthen the "safety net" system throughout Illinois.

Expenses

To Form 990-PF, Part IX-A, line 1

6,687,213.

Children's Hospital of Illinois 530 NE Glen Oak Avenue, Peoria, IL 61637	None Healthcare	501(c)3	350,000.
Children's Memorial Hospital 2300 Children's Plaza #10, Chicago, IL 60614-3394	None Healthcare	501(c)3	237,750.
Christopher Greater Rural Health Planning Corp PO Box 155 4241 Highway 14 West, Christopher, IL 62822	None Healthcare	501(c)3	200,000.
Coles County Mental Health Association, Inc. 1300 Charleston Avenue, Mattoon, IL 61938	None Healthcare	501(c)3	326,516.
Community Health & Emergency Services, Inc. 13245 Kessler Road, Cairo, IL 62914	None Healthcare	501(c)3	115,000.
Community Health Care, Inc. 500 West River Drive, Davenport, IA 52801-1014	None Healthcare	501(c)3	126,380.
Community Health Improvement Council of Decatur III 2905 North Main, Decatur, IL 62526	None Healthcare	501(c)3	200,000.
Community Health Partnership of Illinois 203 N. Wabash, Suite 300, Chicago, IL 60601	None Healthcare	501(c)3	114,322.
Community Health Partnership of Illinois 203 N. Wabash, Suite 300, Chicago, IL 60601	None Healthcare	501(c)3	256,942.
Crusaders Central Clinic Association 1200 W. State Street, Rockford, IL 61102-2112	None Healthcare	501(c)3	300,050.

Donors Forum of Chicago 208 S. La Salle Street, Chicago, IL 60604	None General Operating	501(c)3	12,245.
Douglas County Health Department 1250 E US Highway 36, Tuscola, IL 61953	None Healthcare	501(c)3	35,000.
Douglas County Health Department 1250 E US Highway 36, Tuscola, IL 61953	None Healthcare	501(c)3	170,000.
Erie Family Health Center 1701 West Superior Street, Chicago, IL 60622	None Healthcare	501(c)3	261,876.
Gallatin County Community Unit School District Number 7 5175 Highway 13, Junction, IL 62954	None Healthcare	501(c)3	307,800.
Grantmakers In Health 1100 Connecticut Ave., Washington, D.C. 30036	None General Operating	501(c)3	7,000.
Grantmakers In Health 1100 Connecticut Ave., Washington, D.C. 30036	None General Operating	501(c)3	7,000.
Greater Elgin Family Care Center 370 Summit Street, Elgin, IL 60120	None Healthcare	501(c)3	120,000.
Heartland Alliance for Human Needs & Human Rights 208 S. La Salle Street, Suite 1818, Chicago, IL 60604	None Healthcare	501(c)3	40,000.
Hope School 50 Hazel Lane PO Box 5810, Springfield, IL 62705	None Healthcare	501(c)3	100,000.

Illinois Children's Mental Health Partnership 100 W Randolph, Room 6-600, Chicago, IL 60601	None Healthcare	501(c)3	75,000.
Illinois Department of Healthcare and Family Services 201 South Grand Avenue East, Springfield, IL 62763-0001	None Healthcare	501(c)3	125,000.
Illinois Maternal & Child Health Coalition 1256 W. Chicago Avenue, Chicago, IL 60622	None Healthcare	501(c)3	1,000.
Illinois Rural Health Association PO Box 7387, Springfield, IL 62791-7387	None Healthcare	501(c)3	5,000.
Illinois State University Foundation 401 Hovey Hall Campus Box 3200, Normal, IL 61790-3200	None Healthcare	501(c)3	51,920.
Illinois State University Foundation 401 Hovey Hall Campus Box 3200, Normal, IL 61790-3200	None Healthcare	501(c)3	44,854.
Illinois Violence Prevention Authority 100 W Randolph, Room 6-600, Chicago, IL 60601	None Healthcare	501(c)3	50,000.
J. Lessen Mem. Firefighter's Schol. Fund 127 S. Logan Street, Lincoln, IL 62656	None Memorial	501(c)3	500.
LaRabida Children's Hospital East 65th Street at Lake Michigan, Chicago, IL 60649	None Healthcare	501(c)3	70,000.

Lester and Roselie Anixter Center 2001 N. Clybourn Avenue, Chicago, IL 60614-4036	None Healthcare	501(c)3	25,000.
Loyola University Medical Center 2160 South First Avenue, Maywood, IL 60153	None Healthcare	501(c)3	138,765.
Macoupin County Public Health Department 805 N. Broad Street, Carlinville, IL 62626	None Healthcare	501(c)3	213,425.
Mobile Health Clinics Forum/Network 1058 Haight Street, San Francisco, CA 94117-3109	None Healthcare	501(c)3	10,000.
Ounce of Prevention Fund 33 West Monroe, Suite 2400, Chicago, IL 60603	None Healthcare	501(c)3	25,000.
Ounce of Prevention Fund 33 West Monroe, Suite 2400, Chicago, IL 60603	None Healthcare	501(c)3	75,000.
PCC Community Wellness Center 14 West Lake Street, Oak Park, 60302	None Healthcare	501(c)3	260,329.
Rush University Medical Center 1700 W. Van Buren, Suite 250, Chicago, IL 60612-3833	None Healthcare	501(c)3	50,390.
Sarah Bush Lincoln Health Center 1000 Health Center Drive, Mattoon, IL 61938	None Healthcare	501(c)3	50,000.
Sargent Shriver National Center on Poverty Law 50 E. Washington St., Ste. 500, Chicago, IL 60602	None Healthcare	501(c)3	75,000.

Shawnee Health Service 109 California Street, Carterville, IL 62918-1923	None Healthcare	501(c)3	204,863.
Southern Illinois Healthcare Foundation 8080 State Street, East St. Louis, IL 62203	None Healthcare	501(c)3	47,844.
Southern Illinois Healthcare Foundation 8080 State Street, East St. Louis, IL 62203	None Healthcare	501(c)3	65,656.
St. Bernard Hospital 326 West 64th Street, Chicago, IL 60621	None Healthcare	501(c)3	100,000.
Total to Form 990-PF, Part XV, line 3a			6,124,009.

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to the corporation's tax return.

Form **990-PF**

2006

Name Illinois Children's Healthcare Foundation	Employer identification number 03-0503425
---	---

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 34 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	86,623.
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or of section 167(g) for depreciation under the income forecast method	2b		
c Credit for Federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	86,623.
4 Enter the tax shown on the corporation's 2005 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	40,483.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	40,483.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/06	06/15/06	09/15/06	12/15/06
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each col. Special rules apply to corporations with assets of \$1 billion or more (see instr) ...	10	10,121.	13,383.	31,366.	17,809.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	12,600.	12,000.		52,000.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		2,479.	1,096.	
13 Add lines 11 and 12	13		14,479.	1,096.	52,000.
14 Add amounts on lines 16 and 17 of the preceding column	14				30,270.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	12,600.	14,479.	1,096.	21,730.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			30,270.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	2,479.	1,096.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)				
20 Number of days from due date of installment on line 9 to the date shown on line 19				
21 Number of days on line 20 after 4/15/2006 and before 7/1/2006				
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 7\%}{365}$	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2006 and before 4/1/2007				
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\%}{365}$	\$	\$	\$	\$
25 Number of days on line 20 after 3/31/2007 and before 7/1/2007				
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times \%}{365}$	\$	\$	\$	\$
27 Number of days on line 20 after 6/30/2007 and before 10/1/2007	See Attached Worksheet			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times \%}{365}$	\$	\$	\$	\$
29 Number of days on line 20 after 9/30/2007 and before 1/1/2008				
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	\$	\$	\$	\$
31 Number of days on line 20 after 12/31/2007 and before 2/16/2008				
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$	\$	\$	\$	\$
33 Add lines 22, 24, 26, 28, 30, and 32	\$	\$	\$	\$
34 Penalty. Add columns (a) through (d), of line 33. Enter the total here and on Form 1120; line 33, Form 1120-A, line 29; or the comparable line for other income tax returns				34 \$ 371.

* For underpayments paid after March 31, 2007: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method (see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I - Adjusted Seasonal Installment Method (Caution: Use this method only if the base period percentage for

any 6 consecutive months is at least 70%. See instructions.)

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1	Enter taxable income for the following periods:				
a	Tax year beginning in 2003				
b	Tax year beginning in 2004				
c	Tax year beginning in 2005				
2	Enter taxable income for each period for the tax year beginning in 2006.				
3	Enter taxable income for the following periods:	First 4 months	First 6 months	First 9 months	Entire year
a	Tax year beginning in 2003				
b	Tax year beginning in 2004				
c	Tax year beginning in 2005				
4	Divide the amount in each column on line 1a by the amount in column (d) on line 3a.				
5	Divide the amount in each column on line 1b by the amount in column (d) on line 3b.				
6	Divide the amount in each column on line 1c by the amount in column (d) on line 3c.				
7	Add lines 4 through 6.				
8	Divide line 7 by 3.				
9	Divide line 2 by line 8.				
10	Figure the tax on the amt on ln 9 using the instr for Form 1120, Sch J, ln 2 (or comparable ln of corp's return).				
11a	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a.				
11b	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b.				
11c	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c.				
12	Add lines 11a through 11c.				
13	Divide line 12 by 3.				
14	Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d).				
15	Enter any alternative minimum tax for each payment period (see instructions).				
16	Enter any other taxes for each payment period (see instr)				
17	Add lines 14 through 16.				
18	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions).				
19	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-.				

Part II - Annualized Income Installment Method **		(a)	(b)	(c)	(d)	
		First <u>2</u> months	First <u>3</u> months	First <u>6</u> months	First <u>9</u> months	
20	Annualization periods (see instructions).	20				
21	Enter taxable income for each annualization period (see instructions).	21	689,081.	1,175,200.	3,657,984.	5,450,903.
22	Annualization amounts (see instructions).	22	6.000000	4.000000	2.000000	1.333333
23	Annualized taxable income. Multiply line 21 by line 22.	23	4,134,486.	4,700,800.	7,315,968.	7,267,869.
24	Figure the tax on the amount on line 23 using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return).	24	41,345.	47,008.	73,160.	72,679.
25	Enter any alternative minimum tax for each payment period (see instructions).	25				
26	Enter any other taxes for each payment period (see instr)	26				
27	Total tax. Add lines 24 through 26.	27	41,345.	47,008.	73,160.	72,679.
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions).	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-.	29	41,345.	47,008.	73,160.	72,679.
30	Applicable percentage.	30	25%	50%	75%	100%
31	Multiply line 29 by line 30.	31	10,336.	23,504.	54,870.	72,679.

Part III - Required Installments

Note: Complete lines 32 through 38 of one column before completing the next column.		1st installment	2nd installment	3rd installment	4th installment	
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31.	32	10,336.	23,504.	54,870.	72,679.
33	Add the amounts in all preceding columns of line 38 (see instructions).	33		10,121.	23,504.	54,870.
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-.	34	10,336.	13,383.	31,366.	17,809.
35	Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: Corporations with assets of \$1 billion or more and "large corporations," see the instructions for line 10 for the amounts to enter.	35	10,121.	33,191.	21,656.	21,656.
36	Subtract line 38 of the preceding column from line 37 of the preceding column.	36			19,808.	10,098.
37	Add lines 35 and 36.	37	10,121.	33,191.	41,464.	31,754.
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. (see instructions).	38	10,121.	13,383.	31,366.	17,809.

JWA

Form 2220 (2006)

** Annualized Income Installment Method Using Standard Option

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Illinois Children's Healthcare Foundation	Employer identification number 03-0503425
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 15 Spinning Wheel Road, No. 228	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Hinsdale, IL 60521	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **The Foundation**
Telephone No. ▶ **(630) 655-2873** FAX No. ▶ **(630) 655-4725**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **August 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2006** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	109,600.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	76,600.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	33,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

Attorney General LISA MADIGAN State of Illinois
Charitable Trust Bureau, 100 West Randolph
11th Floor, Chicago, Illinois 60601

CO # 01-042,508

Report for the Fiscal Period:

Beginning 01/01/2006

& Ending 12/31/2006
MO DAY YR

Make Checks Payable to the Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Copy of Form IFC
 - \$15.00 Annual Report Filing Fee
 - \$100.00 Late Report Filing Fee

Federal ID # 03-0503425

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 12/11/2002
MO DAY YR

<p>LEGAL NAME Illinois Children's Healthcare Foundation</p> <p>MAIL ADDRESS 15 Spinning Wheel Road, No. 228</p> <p>CITY, STATE Hinsdale, IL</p> <p>ZIP CODE 60521</p>	Year-end amounts	
	A) ASSETS	A) \$ 141126041.
	B) LIABILITIES	B) \$ 290,557.
	C) NET ASSETS	C) \$ 140835484.
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	0.036%	D) \$ 3,200.
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$
F) OTHER REVENUES	99.964%	F) \$ 8,932,444.
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100%	G) \$ 8,935,644.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	7.994%	H) \$ 563,204.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	7.994%	J) \$ 563,204.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	86.648%	K) \$ 6,104,620.
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	94.642%	L) \$ 6,667,824.
M) MANAGEMENT AND GENERAL EXPENSE	5.358%	M) \$ 377,480.
N) FUNDRAISING EXPENSE	%	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 7,045,304.
III. SUMMARY OF ALL PAID FUNDRAISER AND 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) \$
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) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: Susan Kerr, President		T) \$ 150,000.
U) NAME, TITLE: Anna Laubach, Senior Program Officer		U) \$ 69,815.
V) NAME, TITLE: Robert Egan, Program Officer		V) \$ 62,937.
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) #

