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.

OMB No 1545-0052

ternal Revenue Service	.irs.gov/Form990PF for inst		ormation.	Open to Public Inspection
or, carendar year 2017 or tax year beginning Name of foundation		, and ending	A Employer identificati	on number
wante or foundation			A Employer identificati	on mannast
WESTLAKE HEALTH FOUNDATION	N		36-310407	1
Number and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
18 W. 140 BUTTERFIELD		1660	630-495-3	800
ity or town, state or province, country, and ZIP or foreign	postal code	<u> </u>	C if exemption application is	
OAKBROOK TERRACE, IL 601	81			
Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizatio	ns, check here 🕨 🔲
Final return	Amended return		2 Foreign organizations i	meeting the 85% test
Address change	Name change		Foreign organizations is check here and attach	computation
Check type of organization: X Section 501(c)(3) of Section 4947(a)(1) nonexempt charitable trust	exempt private foundation		E If private foundation s	
	Other taxable private foundating method: Cash	X Accrual	under section 507(b)(
´ 	Other (specify)	LA_I ACCIUAI	F If the foundation is in under section 507(b)(a 60-month termination
\$ 126,978,841. (Part I, colu		ıŝ.)		TANK CHECK HELE
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		*. *.	N/A	s (35°
2 Check X if the foundation is not required to attach Sch B	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	·	*	* * *
3 Interest on savings and temporary cash investments	2,383.	2,383.		STATEMENT 1
4 Dividends and interest from securities	1,196,670.	1,196,670.		STATEMENT 2
5a Gross rents	*	<u> </u>	· Å. ·	1 2 4
b Net rental income or (loss)	8,160,190.	***		
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 29,460,969 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain	6,160,190.			* ,
7 Capital gain net income (from Part IV, line 2)		8,160,190.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
8 Net short-term capital gain	***	÷ %	***	*
9 Income modifications ECEIVED	, ,	. 4 2		× *
I va and allowances	`	·	12.4	11.7
b Less Cost @goods sold	* * *,	*	* *.	*
c Gross profesor (loss) AY 1 5 2018		*		*
11 Other income	144,948.	144,948.		STATEMENT 3
12 Total Add lines Through T.N. UT	9,504,191.	9,504,191.		240 ====
13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	355,303. 122,500.	35,530.		319,773.
15 Pension plans, employee benefits	133,559.	12,250. 13,356.		110,250. 120,203.
16 Legal fees	100,000	10,000.		120,203.
b Accounting fees STMT 4	17,500.	14,000.		3,500.
b Accounting fees c Other professional fees STMT 5	446,462.	444,915.		1,547.
17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings	236,023.	3,062.		27,557.
19 Depreciation and depletion				
20 Occupancy	118,127.	11,813.		106,314.
21 Travel, conferences, and meetings	20,057.	2,006.		18,051.
22 Printing and publications 23 Other expenses STMT 7 24 Total operating and administrative expenses Add lines 13 through 23	580.	58.		522.
23 Other expenses STMT 7	20,023.	1,885.		18,138.
24 Total operating and administrative	1 470 124	בסט מקר		705 055
expenses Add lines 13 through 23	1,470,134.	538,875.		725,855.
25 Contributions, gifts, grants paid 26 Total expenses and disbursements	5,612,200.			5,264,030.
Add lines 24 and 25	7,082,334.	538,875.		5,989,885.
27 Subtract line 26 from line 12:	1,002,334.	330,013.	· · · · · · · · · · · · · · · · · · ·	3,303,003.
a Excess of revenue over expenses and disbursements	2,421,857.	· '		
b Net investment income (if negative, enter -0-)		8,965,316.	· · ·	
c Adjusted net income (if negative, enter -0-)		-,,-	N/A	
501 01-03-18 LHA For Paperwork Reduction Act Notice	e. see instructions	•	<u></u>	Form 990-PF (2017)

123,499,719.

499

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Ŀ	(a) List and describe the	e kind(s) of property sold (for exa house; or common stock, 200 sh	mple, real esta		(b) F	low acc - Purch - Dona	quired (c) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)
1a	SEETTACHED						P			
b										
_c										
<u>d</u>					ļ					
<u>e</u>					┸┯					Ļ———
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	st or other basis expense of sale			((h) Ga (e) plus	ain or (loss (f) minus	(g))
_a			2	1,300,77	79.					8,160,190.
<u>b</u>					}					
			 		+					
d			<u></u>		+					
<u>e</u>	Complete only for assets showing	gain in column (b) and owned by	the foundation	on 12/31/60	-+		/D (Coupe (C	ol (b) gain	minus
_	Complete only for assets showing	(j) Adjusted basis		cess of col. (1)			còl. (k), but n	ol. (h) gain not less tha	n -0-) or
•	(i) FMV as of 12/31/69	as_of_12/31/69		col. (j), if any				L <u>os</u> ses_	(from_coli	(h))
					+					8,160,190.
_ <u>a</u> b			<u> </u>		+					0,100,130.
_ <u>-</u>										
d					+					
_ <u>-</u>										
		∫ If gain, also ente	r in Part I line	7	7					
2	Capital gain net income or (net capit	(al loss) If (loss), enter -0)- ın Part I, line	, 7		2				8,160,190.
3	Net short-term capital gain or (loss)				1					
٠	If gain, also enter in Part I, line 8, co		10 (0).		71	j				
	If (loss), enter -0- in Part I, line 8	• •				3			N/A	<u>. </u>
P	Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	me		
Wa	ection 4940(d)(2) applies, leave this as the foundation liable for the section Yes," the foundation doesn't qualify t	n 4942 tax on the distributable an			rıod?					Yes X No
1	Enter the appropriate amount in each	ch column for each year; see the i	nstructions be	fore making any e	ntries.					
	(a) Base period years	(b)			(c)				Dieteil	(d) oution ratio
	Calendar year (or tax year beginning		stributions	Net value of no		ıtable-u	ise assets	(Diştrit col. (b) div)	nded by col. (c))
_	2016	5,30	0,981.	1	10	, 286	5,752.		·	.048065
	2015		6,283.	1	16	, 5 <u>6</u> 1	L,608.			.052816
	2014		6,234.				0,670.			.043153
	2013		3,134.				5,105.	<u> </u>		.046102
	2012	4,87	<u>0,736.</u>	1	<u>.00</u>	<u>, 581</u>	<u>1,603.</u>	ļ,		.048426
	Total of line 1, column (d)							2		.238562
	Average distribution ratio for the 5-y		on line 2 by 5.0), or by the numb	er of y	ears				
	the foundation has been in existence	e if less than 5 years						3		.047712
4	Enter the net value of noncharitable-	use assets for 2017 from Part X,	line 5					4	11	9,927,267.
5	Multiply line 4 by line 3							5		5,721,970.
6	Enter 1% of net investment income	(1% of Part I, line 27b)						6		89,653.
										. —
7	Add lines 5 and 6							7		5,811,623.
8	Enter qualifying distributions from P	art XII, line 4						8		5,989,885.
	If line 8 is equal to or greater than lin		th and comp	lete that part usin	n a 10/	6 tav ra	ite			, , , , , , , , , , , , , , , , , , , ,
	See the Part VI instructions.			.o.o triat part doll	.gu 1/	- 14714				

	n 990-PF (2017) WESTLAKE HEALTH FOUNDATION / 36-3	1040	71		Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	see in	stru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.	1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			*	, '\$
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		8	9,6	53.
	of Part I, line 27b		,		3,
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-)	٠	ŧ	٠	0.
3	Add lines 1 and 2		8	9,6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		R	9,6	53.
6	Credits/Payments:		16.5	, ,	55.
_	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 80,261.	* .	4	1	*
	Exempt foreign organizations - tax withheld at source	ĝ.		4	*,
	Tax paid with application for extension of time to file (Form 8868) 6c 6c	* ·		3	
				ξ.	
		ξ·^	~~ ^\	, ^ ^	`c 1
_	Total credits and payments. Add lines 6a through 6d		8	<u>0,2</u>	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached 8			<u> </u>	<u>67.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>9,5</u>	59.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be; Credited to 2018 estimated tax				
	art VII-A Statements Regarding Activities		<u> </u>		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	 		Yes	
	any political campaign?	L	1a_		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	L	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		×4	*	
	distributed by the foundation in connection with the activities.]		
C	Did the foundation file Form 1120-POL for this year?	L	1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		İ	**	
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .	}	- {		3
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		ĵ		8,
	managers. > \$0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X_
	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	į	Į	、 [*
	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
	If "Yes," has it filed a tax return on Form 990-T for this year?	_	4b		
	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.	}	ľ	1	
_	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	Ì	Ì)	
	remain in the governing instrument?	l		X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	-	6 7	X	
′	The the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, co. (c), and Part XV	 		<u> </u>	
٥.	Forter the obtains to which the foundation resemble as with which the resemble of O	-			
вa	Enter the states to which the foundation reports or with which it is registered. See instructions.		ļ	- 1	
	IL	_	1		
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_	、
	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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	L	9		<u>x</u> //
10_	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		<u>X</u> _
		Form	990	-PF (2017)

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T dit VII	A Contemente regarding retrotted community	Ţ	V	No
44 44	the state was did the foundation disable as reduced, as a contract of the state with a the second of		Yes	No
	time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			v
	n 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
	e foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	40		7
	," attach statement. See instructions e foundation comply with the public inspection requirements for its annual returns and exemption application?	12	X	X
	te address > N/A			ــــــــــــــــــــــــــــــــــــــ
	the address ► N/A Doks are in care of ► TONY RUZICKA Telephone no. ►847-58	20-1	100	
	ed at > 1101 LAKE COOK ROAD, SUITE C, DEERFIELD, IL ZIP+4 >60		100	
	n 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	7013	_	-
	iter the amount of tax-exempt interest received or accrued during the year	N	/A	
	time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	ties, or other financial account in a foreign country?	16		X
	e instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	* ,	
	n country	3300	, ¥.	, 7 ₈
	-B Statements Regarding Activities for Which Form 4720 May Be Required			
	orm 4720 if any item is checked in the "Yes" column, unless an exception applies.	7 , ,	Yes	No
	the year, did the foundation (either directly or indirectly);		K*	J
	ngage in the sale or exchange, or leasing of property with a disqualified person?		* ,	} ` '
٠,	orrow money from, lend money to, or otherwise extend credit to (or accept it from)		3	' ,
	disqualified person? Yes X No		¥	{
	urnish goods, services, or facilities to (or accept them from) a disqualified person?	-		, ,
(4) P	ay compensation to, or pay or reimburse the expenses of, a disqualified person?	, ,	,)
(5) T	ransfer any income or assets to a disqualified person (or make any of either available			,
fo	or the benefit or use of a disqualified person)?			* ^
(6) A	gree to pay money or property to a government official? (Exception. Check "No"	\	,	à
11	the foundation agreed to make a grant to or to employ the official for a period after	1	, ,	, `
te	rmination of government service, if terminating within 90 days.)	1 1	,	*
b If any	answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			ĺ
sectio	n 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
Organ	izations relying on a current notice regarding disaster assistance, check here		ı	-
	e foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected the first day of the tax year beginning in 2017?	1c		X
	on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation d in section 4942(j)(3) or 4942(j)(5)):		, ,	3
	end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		* * *	. ,
	2017? Yes X No	1		
	H Lat the constant		,	
	ere any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		^
	on of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	/		<u> </u> `
	nent - see instructions.) N/A	2b		1
c If the p	provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3a Did th	e foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	the year?			
-	"did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	6, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	lings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			1
	4720, to determine if the foundation had excess business holdings in 2017.) N/A	3ь		}
	e foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	e foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	ot been removed from jeopardy before the first day of the tax year beginning in 2017?	4b_		X
		rm 99 0	-PF	(2017)

Form \$90-PF (2017) WESTLAKE HEALTH FOUNDATI Part VII-B Statements Regarding Activities for Which I		Poquired (t-	36-3104	<u>071</u>		Page 6
5a During the year, did the foundation pay or incur any amount to:	Offit 4720 Way be I	nequired (contin	uea)		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1045/a\\2		es 🗓 No		3	110
(2) Influence the outcome of any specific public election (see section 4955); o	, ,,		:5 L2L NO	3.4	ì.,	,
any voter registration drive?		es X No	\$	1: 1	, ,	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		s X No	. · · · · ·	,	7
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠, ٠٠	.5 (,	. ,	,,
4945(d)(4)(A)? See instructions	. Godonidos III doctioni		s X No	* * /	3	
(5) Provide for any purpose other than religious, charitable, scientific, literary,		` 8 } {	\$,	΄,		
the prevention of cruelty to children or animals?	s X No		2, *	, ,		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	_		>	ζ.	8 .	
section 53.4945 or in a current notice regarding disaster assistance? See instri	•		N/A	5b		` ^
Organizations relying on a current notice regarding disaster assistance, check h			▶□		*	4 .
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		uned			,	į.
expenditure responsibility for the grant?		. —	s 🔲 No	,	;	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				344	2 1) 24 W.
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	oav premiums on			8	``	"
a personal benefit contract?	, , ,	Y€	s X No	,	, 1	
b Did the <u>foundation</u> , during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b		X
If "Yes" to 6b, file Form 8870.			!	¥		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	*	*	1
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part:VIII Information About Officers, Directors, Trusto	es, Foundation Ma	nagers, Highly				
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t			7.0			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	; a	(e) Exp	ense other
(a) numb and address	to position	enter -0-)	and deterred compensation		allowa	nces
			1	Ç.		
						_
SEE STATEMENT 13		355,302.	21,000	•		0.
				ł		
				-		
				- 		
				}		
			l .			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "				
	(b) Title, and average		(d) Contributions to	1	e) Exp	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	ač	count, allowai	
ROSA WESOLEK - ONE LINCOLN CENTER,	ASST TO PRES.	1	compensation	+-	uno wa	
18 W. 140 BUTTERRFIELD RD,, OAKBROOK	40.00	122,500.	0			0.
10 WV 110 BOTTEMM IBED MAY OMEDICOM	40.00	122,300.		' †—		<u> </u>
				+-		
		1		1		
		 		+		
				+-		
		1		1		
Total number of other employees paid over \$50,000						0
			Forn	n 99 0	-PF	(2017)

Total. Add lines 1 through 3

드	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations	s, 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	121,459,696.
b	Average of monthly cash balances	1b	276,000.
C	Fair market value of all other assets	1c	17,875.
d	Total (add lines 1a, b, and c)	1d	121,753,571.
е	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	<u> </u>
3	Subtract line 2 from line 1d	3	121,753,571.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,826,304.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	119,927,267.
6	Minimum investment return Enter 5% of line 5	6	5,996,363.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations ar	nd certain	1
	foreign organizations, check here 🕨 🔝 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5,996,363.
2a	Tax on investment income for 2017 from Part VI, line 5 2a		
þ	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	89,653.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,906,710.
4	Recoveries of amounts treated as qualifying distributions	4	55,007.
5	Add lines 3 and 4	5	5,961,717.
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	5,961,717.
P	art 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	5,989,885.
þ	Program-related investments - total from Part IX-B	1b	<u>0.</u>
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:		
а	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	5,989,885.
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	89,653.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,900,232.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies f	

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	* * * * * * * * * * * * * * * * * * * *	, , ,	* * * * *	
line 7	* ,	(*		5,961,717.
2 Undistributed income, if any, as of the end of 2017		* * ,	, , , ,	8. 1 2 3
a Enter amount for 2016 only	* '* '	* *	5,340,432.	** * *
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:	* * * * * * * * * * * * * * * * * * * *	*. , , , ,	, , , , , ,	, 3
a From 2012		, ,	* * * *	3
b From 2013], , , ,	* * * *		
c From 2014				
d From 2015	, , , , , , , , , , , , , , , , , , , ,	* .	* * * * * * * * * * * * * * * * * * * *	
e From 2016		* *		
f Total of lines 3a through e	0.	, , , , ,		
4 Qualifying distributions for 2017 from			*	*****
Part XII, line 4: ►\$ 5,989,885.	, , , , , ,	~ * * * *		* , * ,
a Applied to 2016, but not more than line 2a	* , * ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5,340,432.	
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 2017 distributable amount	, ; , , , , , , , , , , , , , , , , , ,	\ <u></u>		649,453.
e Remaining amount distributed out of corpus	0.	<u> </u>	<u> </u>	3 4 2 3 3 4
-	0.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	0.
Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	`		, * t ·	* * ,
6 Enter the net total of each column as	* ;		* * * * * * *	* * * , , , , ,
indicated below:	*	*		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	3 . ,	, , , , , , ,	* * * *
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	3	0.		· · · · · · · · · · · · · · · · · · ·
e Undistributed income for 2016. Subtract line	′ , *			* , *** *
4a from line 2a. Taxable amount - see instr.	* * * *	<u> </u>	0.	
f Undistributed income for 2017. Subtract		, ,	, , ,	
lines 4d and 5 from line 1. This amount must	, « "			
be distributed in 2018	<u></u>			5,312,264.
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 2012			`	
not applied on line 5 or line 7	0.			*
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.	 		·
10 Analysis of line 9:		\$		
a Excess from 2013				
b Excess from 2014				
c Excess from 2015	`		`	
d Excess from 2016				
e Excess from 2017	·	*		

	E HEALTH FO			36-310	04071 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of			,		
foundation, and the ruling is effective fo			▶		
b Check box to indicate whether the found	dation is a private operati	ng foundation described		4942(j)(3) or 494	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed			ļ		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			1		
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	\		ļ		
c "Support" alternative test - enter:			Į		
(1) Total support other than gross			Į.		
investment income (interest, dividends, rents, payments on	}	ď		}	
securities loans (section			1	}	
512(a)(5)), or royalties)		<u> </u>			
(2) Support from general public		1	ĺ		
and 5 or more exempt organizations as provided in		1	1		
section 4942(j)(3)(B)(iii)		<u> </u>			
(3) Largest amount of support from				{	
an exempt organization		<u> </u>			
(4) Gross investment income	1		<u> </u>		
Part XV Supplementary Info			if the foundat	ion had \$5,000 or mo	re in assets
at any time during t	ne year-see inst	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			ributions received by	the foundation before the close	e of any tax
year (but only if they have contributed n	nore man \$5,000). (See s	section 507(a)(2).)			
NONE					
b List any managers of the foundation wh			or an equally large p	ortion of the ownership of a pai	rtnership or
other entity) of which the foundation ha	s a 10% or greater intere	SL.			
NONE					
2 Information Regarding Contribut					
Check here if the foundation of					sts for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	ber or email address of the	he person to whom applic	ations should be add	dressed:	
CDD CDAMENDAM 14					
SEE STATEMENT 14 b The form in which applications should be	e submitted and informa	tion and materials they sh	oould include:		
···					
c Any submission deadlines:					
d Any restrictions or limitations on award	e cuch ac hy gangraphic	al areas, charitable fields	kinds of institutions	or other factors:	
a my restrictions of littledions on dwdla	s, such as by geographic	ui ui vao, viiai kabit iitius,	mino oi inotitutiolis,	, טו טוווטו ומטנטוס.	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation status of recipient Amount Name and address (home or business) a Paid duning the year SEE ATTACHED ALL ARE 501-C3 SEE ATTACHED, ORGANIZATIONS GENERALLY FOR 5,264,030. OPERATING SUPPORT Total **▶** 3a 5 264 030. b Approved for future payment SEE ATTACHED ALL ARE 501 C-3SEE ATTACHED, ORGANIZATIONS GENERALLY FOR OPERATING SUPPORT 2,874,709, 2,874,709, Total **▶**_3b

Analysis of Income-Producing Activities Part XVI-A

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	ided by section 512, 513, or 514	(e)
g	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business	Amount	sion	Amount	function income
				 	
a		 	 -	 	
D		 	├	 	
c		 	}		
d			├		
e			ļ		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			1		
3 Interest on savings and temporary cash			}		
investments			14	2,383.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:	, , ,	, , ,			``, ``, ``
a Debt-financed property					
- b -Not-debt-financed property			 		
6 Net rental income or (loss) from personal			 		
property	1		}		
7 Other investment income			14	144,948.	
· i			14	144,740.	
8 Gain or (loss) from sales of assets other			10	0 160 100	
than inventory			18	8,160,190.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			 		
c					
d			ļ		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		9,504,191.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	9,504,191.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
· · · · · · · · · · · · · · · · · · ·					
Line No Explain below how each activity for which incom	e is reported	ın column (e) of Part XVI-A	contrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than by	y providing fu	nds for such purposes).			
					<u>, </u>
					
		 , , , 			
					
					
					
					

WESTLAKE HEALTH FOUNDATION 36-3104071 Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) Х **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) (other than section 501(c)(3)) or in section 527? Yes **b** If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have exampled this return, including accompanying schedules and statements, and to the best of my knowledge on of preparer (other than taxpaver) is bas Sign eturn with the preparer Here X Yes Signature of officer or trustee Title Date Print/Type preparer's name Preparer's signature Date Check | PTIN self- employed ANTHONY J. RUZICKA, Paid JR. P00446466 Preparer Firm's name ► WIPFLI LLP Firm's EIN ► 39-0758449 **Use Only**

Firm's address ► 1101 LAKE COOK ROAD, SUITE C

IL 60015

DEERFIELD,

Form **990-PF** (2017)

Phone no. (847) 580-4100

FORM 990-PF INTER	EST ON SAVII	NGS AND T	'EMPORA	ARY CASH	//II	/ESTMENTS	STATEMENT	1
SOURCE			(A) VENUE BOOKS		יעו י	(B) /ESTMENT COME	(C) ADJUSTE NET INCO	
NORTHERN TRUST			2,38	33.		2,383.		
TOTAL TO PART I, LI	INE 3		2,38	33.		2,383.		
FORM 990-PF	DIVIDENDS	TMI DMA	EREST	FROM SE	CURI	TIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	REVENU PER BOO	ΙE	(B) NET INVES' MENT INCO	T- ADJUS	TED
BMO HARRIS	1,196,670		0.	1,196,6	70.	1,196,67	0.	
TO PART I, LINE 4	1,196,670	 = 	0.	1,196,6	70.	1,196,67	0.	
FORM 990-PF		OTHER	INCON	IE			STATEMENT	3
DESCRIPTION			REV	A) VENUE BOOKS		(B) ET INVEST- ENT INCOME		
MISCELLANEOUS				144,948		144,948	•	
TOTAL TO FORM 990-F	PF, PART I,	LINE 11		144,948	= =	144,948	· 	
FORM 990-PF		ACCOUN	TING F	EES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOK		(B) INVEST		(C) ADJUSTED NET INCOM	(D) CHARIT E PURPO	
ACCOUNTING		17,50	0.	14,00	0.		3,	500.
TO FORM 990-PF, PG	1, LN 16B	17,50	0.	14,00	0.		3,	500.

FORM 990-PF (THER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT COUNSELING CUSTODIAL FEES OTHER	403,162. 41,581. 1,719.	41,581.		0. 0. 1,547.
TO FORM 990-PF, PG 1, LN 16C	446,462.	444,915.		1,547.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL EXCISE DEFERRED EXCISE TAXES	30,619. 89,653. 115,751.	3,062.		27,557. 0. 0.
TO FORM 990-PF, PG 1, LN 18	236,023.	3,062.		27,557.
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
SUPPLIES DUES INSURANCE TELEPHONE MISCELLANEOUS	2,603. 3,902. 3,080. 9,081. 1,357.	260. 390. 308. 908.		2,343. 3,512. 2,772. 8,173. 1,338.
TO FORM 990-PF, PG 1, LN 23	20,023.	1,885.		18,138.

FORM 990-PF OTHER INCREASES I	IN NET ASSETS OR FU	JND BALANCES	STATEMENT 8
DESCRIPTION			AMOUNT
CHANGE IN UNREALIZED GAINS AND	LOSSES		11,575,297.
TOTAL TO FORM 990-PF, PART III,	LINE 3		11,575,297.
FORM 990-PF	CORPORATE STOCK		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK		75,999,478.	75,999,478.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	75,999,478.	75,999,478.
FORM 990-PF	CORPORATE BONDS		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BONDS		16,590,246.	16,590,246.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	16,590,246.	16,590,246.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CASH EQUIVALENTS ACCRUED INCOME PARTNERSHIPS AND OTHER	COST COST FMV	3,564,919. 40,526. 30,466,508.	3,564,919. 40,526. 30,466,508.
TOTAL TO FORM 990-PF, PART II,		34,071,953.	34,071,953.

FORM 990-PF O	THER LIABILITIES		STAT	EMENT	12
DESCRIPTION	BOY AMOUNT		T EOY	EOY AMOUNT	
CURRENT EXCISE TAX PAYABLE DEFERRED EXCISE TAX PAYABLE TOTAL TO FORM 990-PF, PART II, LINE 22			63.> 30.		
		68,3	67.	274,940.	
	ST OF OFFICERS, I D FOUNDATION MANA		STAT	EMENT	13
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPEN	
LEONARD J. MULLER ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	CHAIRMAN AND C		12,000.		0.
DAVID R. HEY ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	PRESIDENT AND 40.00	COO 112,899.	9,000.		0.
RICHARD MONTALBANO, SR. ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.		0.
J. MELVIN SMITH ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	SECRETARY 2.00	0.	0.		0.
SAUNDRA SPILOTRO ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.		0.
FRED M. TOMERA, M.D. ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.		0.
RAUL VILLASUSO, M.D. ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.		0.
LUCILLE CIBELLI ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.		0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	355,302.	21,000.		0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MR. LEN MULLER, 18 W. 140 BUTTERFIELD RD. #1660, OAKBROOK TERRACE, IL

TELEPHONE NUMBER

630-495-6800

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED

ANY SUBMISSION DEADLINES

SEE ATTACHED

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHED