Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning _ , 2017, and ending 2017

Department of the Trees.		► Go to www irs.gov/Form990	T for i	netructions and t	ha latast	information				
Department of the Treasury Internal Revenue Service	▶ Do	not enter SSN numbers on this form a					1(c)(3).	Open 501/c	to Public Inspection for (3) Organizations Only	
A Check box if				me changed and see			D Emp	loyer ider	ntification number	
address changed		THE BILL BASS FOUND		•		,	(Emp	(Employees' trust, see instructions)		
B Exempt under section	1	C/O MARC SCHWARTZ, HARRISON & HELD LLP								
X 501(C Q3)								31481	.6	
408(e) 220(e)	_ or						E Unre	elated bus	Iness activity codes	
408A 220(e)	1,700	333 W. WACKER DR, S'	re 1	700		3550	(See	(See instructions)		
529(a)		City or town, state or province, countr			ode		_			
C Book value of all assets	1	CHICAGO, IL 60606-1					9000	99		
at end of year	F Gro			<u> </u>						
12.812.129.		Group exemption number (See instructions) ► Check organization type ► X 501(c) corporation 501(c) trust 4							Other trust	
	12,129. G Check organization type ► X 501(c) corporation 501(c) trust e the organization's primary unrelated business activity ► ATTACHMENT 1							,		
<u> </u>		corporation a subsidiary in an affil					?		Yes X No	
•		identifying number of the parent co	_		ibololal y	sont once greep				
The books are in car			porati		Telephor	ne number 🕨 (708)71	7-137	3	
		or Business Income		(A) Incom		(B) Exp			(C) Net	
1a Gross receipts or				(.,,		_,_,_	Ţ	1 /		
b Less returns and allows		c Balance ▶	1c				4	. 1	, , , , , , , , , , , , , , , , , , , ,	
		lule A, line 7)	2					, . ,	ا به دري و او	
•	•	2 from line 1c	3			r ~		1		
•		attach Schedule D)	4a			,	· · · ·		·	
		Part II, line 17) (attach Form 4797)	4b				_	•		
• , , ,		trusts	4c	<u> </u>				-		
		ps and S corporations (attach statement)	5	37,	565.	ATCH	2	-,,	37,565.	
	•		6			111 011				
		ncome (Schedule E)	7							
		nts from controlled organizations (Schedule F)	8			i				
		on(c)(7), (9), or (17) organization (Schedule G)	9							
		ncome (Schedule I)	10			·		··-		
•	•	dule J)	11					-		
		ctions, attach schedule)	12			·				
,		ough 12	13	37	565.				37,565.	
Part II Deduction	ns Not	Taken Elsewhere (See inst				deductions)	(Except	for cor	ntributions.	
		t be directly connected with t					(<u></u>			
		directors, and trustees (Schedule K)				FIVED	14			
•	-				NL:U		10. 1			
· ·							10 1			
					NOA.	1 9 2018	0.1			
							12 11			
					760	EN, UT	19	,		
20 Charitable contri	butions (See instructions for limitation rules)	ATI	ACHMENT	טטע	LIV, OI	20		7.	
		14562)			1					
		on Schedule A and elsewhere on re					22	1		
· ·										
		compensation plans								
		s								
		Schedule I)								
		Schedule J)					· · · —	- 1		
28 Other deductions	(attach	schedule)		ATT	'ACHM	ENT 4			2,248.	
		es 14 through 28							2,255.	
		ole income before net operating							35,310.	
		ion (limited to the amount on line 3							35,310.	
		le income before specific deduction					· · ·			

For Paperwork Reduction Act Notice, see instructions.

enter the smaller of zero or line 32.

1,000.

BA77001

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

Par	t III:	Tax Computation		·			•	•	
35		zations Taxable as Corporations. See	instructions for tax computa	ation Controlled an	gue				
00		s (sections 1561 and 1563) check here	 -	J		ĺ			
2		our share of the \$50,000, \$25,000, and \$9		ets (in that order)					
ű	(1) \$	(2)	(3) \$						
h		ganization's share of (1) Additional 5% tax (not		\$					
	(2) Addi	tional 3% tax (not more than \$100,000)		\$					
c	Income	tax on the amount on line 34			. ▶	35c			
36	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on								
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)								
37	Proxy tax. See instructions								
38		ive minimum tax				38			
39		Non-Compliant Facility Income. See instructions			Г	39			
40	Total. A	dd lines 37, 38 and 39 to line 35c or 36, which	ever applies		[40			
Par	t IV	Tax and Payments							
		tax credit (corporations attach Form 1118, trus	ts attach Form 1116) 41	a					
		redits (see instructions)							
		business credit Attach Form 3800 (see instruct							
d	Credit f	or prior year minimum tax (attach Form 8801 or	8827),	d					
		edits. Add lines 41a through 41d			[41e			
42	Subtrac	t line 41e from line 40	<u></u>	<u></u>		42			
43	Other tax	kes Check if from Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedu	ıle).	43			
44	Total ta	x. Add lines 42 and 43			[44			0.
45 a	Paymer	its A 2016 overpayment credited to 2017	45	ia					
b	2017 es	stimated tax payments	<u>45</u>	ib					
		osited with Form 8868							
		organizations Tax paid or withheld at source (se							
		withholding (see instructions)							
f	Credit f	or small employer health insuranc <u>e pr</u> emiums (A	Attach Form 8941) 45	5f					
g	Other c	redits and payments Form 24	39			1			
	F	orm 4136 Other	Total ▶ 45	ig					
46		ayments. Add lines 45a through 45g				46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached								
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed								
49	-	yment. If line 46 is larger than the total of lines			- L	49			
50		e amount of line 49 you want		Refunde		50			
Par		Statements Regarding Certain Ac						Yes	l No
51		time during the 2017 calendar year, did						162	140
		financial account (bank, securities, or oth							
		Form 114, Report of Foreign Bank and	Financial Accounts If YES, 6	enter the name of	tne	roreign	country		x
	here 🕨			· · · · · ·					X
52	_	the tax year, did the organization receive a distr		r of, or transferor to, a	foreig	gn trust?	'· · · · ·		T .
		see instructions for other forms the organization	•						
<u>53</u>	Enter th	ne amount of tax-exempt interest received or accorder penalties of perjury, I declare that I have examined t	bis return including accompanying schedu	iles and statements and to	the be	est of my	knowledge	and bel	lief. it is
C:	l to	ue, correct, and/complete. Declaration of preparer (other than) ta	xpayer) is based on all information of which p	reparer has any knowledge					
Sig		MILINDA JACOBSON	11/14/2018 PRESI	DENT			RS discuss		
Her		egnature of officer	Date Title	TOTAT			oreparer sh ns)? X Ye		No
		Print/Type preparer's name	Preparer's signature	Date			PTIN		1 110
Paid	i	ELLIOTT FRIEDMAN	True-	9/4/18	Check	if LLLI if	P000	8276	54
	oarer	DOTEDMAN C HIEV AC	//	1 -11 110			6-3382		
	Only	The state of the s		0430			08-799		0
	Firm's address > 1313 WEST 175TH STREET, HOMEWOOD, IL 60430 Phone no 708-799-6800								

Form **990-T** (2017)

raye J

Schedule A - Cost of Go	ods Sold. En	ter method	of invent	tory valua	tion	>		
1 Inventory at beginning of ye							ar	6
2 Purchases				1			ld. Subtract line	
3 Cost of labor			·	6 f	rom I	ine 5 En	ter here and in	\ '
4a Additional section 263A co				Part	I, line	2		7
(attach schedule)							section 263A (w	with respect to Yes No
b Other costs (attach schedul				prop	erty	produced	or acquired for	resale) apply
5 Total. Add lines 1 through 4b . 5						<u></u>		
Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Perso	nal Pro	perty	Leased V	Vith Real Proper	rty)
1 Description of property							<u>-</u>	
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accrue	ed					
for personal property is more than 10% but not perce			age of rent f	or personal p	sonal property (if the sersonal property exceeds seed on profit or income) 3(a) Deductions directly connected with the incomersonal property exceeds in columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)			<u>_</u>		_			
(4)								
Total	· 	Total					(b) Total deduction	ne
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,		•					Enter here and or Part I, line 6, colum	page 1,
Schedule E - Unrelated De			e instruct	tions)				
	<u> </u>		2. Gross	income from	m or	3. [Deductions directly con debt-finance	nnected with or allocable to
			allocable	to debt-fina property			ht line depreciation ich schedule)	(b) Other deductions (attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average 5. Average adjusted basis acquisition debt on or of or allocable to debt-financed property			4	. Column divided column 5		7 Gross income reportable		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Totals							re and on page 1, ne 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deducti	ions included in c	olumn 8						

Schedule F - Interest, Annu	o, royanics			ntrolled Org						
Name of controlled organization	2. Employer identification number	CI	3 Net unrelated income (loss) (see instructions) 4. Total of payment			ied included	5. Part of column 4 that is included in the controlling organization's gross incom		connected with income	
(1)										
(2)								<u>-</u>		
(3)							_			
(4)					<u> </u>					
Nonexempt Controlled Organia	zations	·				40	D			Dada-da-da-da-da-da-da-da-da-da-da-da-da-
7. Taxable Income		Net unrelated income oss) (see instructions)			ed	incl	Part of columing uded in the constant nization's gros	ontrolling		. Deductions directly nected with income in column 10
(1)										
(2)									ļ	
(3)										
(4)							d columns 5			d columns 6 and 11
Totals		tion 501(c	;)(7), ((9), or (17		Pa		tructions)		er here and on page 1, rt I, line 8, column (B) 5. Total deductions
1. Description of income	2. Amount of income			directly con (attach sch	nected			et-asides schedule)		and set-asides (col. 3 plus col. 4)
(1)			-						\dashv	
(2)			-							
(4)										
Totals ► Schedule I - Exploited Exe	Enter here and o Part I, line 9, co	olumn (A)	er Tha	ın Adverti	sing In	come	(see instru	uctions)		Enter here and on page 1 Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expenses directly connected with		4. Net incomfrom unrelation business 2 minus coll if a gain, coll 5 through	ed trade (column umn 3) empute	5 Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
 (1)			-							
(2)	-	· _								
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1, Pa	er here and on age 1, Part I, e 10, col (B)			,	Enter here and on page 1, Part II, line 26			
Schedule J - Advertising In Part I Income From Per			neoli	dated Bas	ic	-				
income From Per	Culcais Reporte	eu on a CC	ווטפווע	uateu Das	13			T		
1. Name of periodical	2 Gross advertising income	3. Direct advertising of		4. Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute	5. Circulation income		6. Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 					_				
(2)								T		1 .
(3)										7
(4)										
Totals (carry to Part II, line (5))										Form 990-T (2017

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3) (4)						
Totals from Part I	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		·		Enter here and on page 1, Part II, line 27

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business			
(1)		%				
(2)		%				
(3)		%				
(4)		%				
Total. Enter here and on page 1, Part II, line 14						

Form 990-T (2017)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

UNRELATED BUSINESS INCOME RECEIVED AS FLOW THROUGH ITEMS FROM AN UNDERLYING INVESTMENT PARTNERSHIP

	ATTACHMENT 2
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
WHITEHALL PARALLEL GLOBAL REAL ESTATE LP OZRE III ACCESS LP	1,869. 35,696.
INCOME (LOSS) FROM PARTNERSHIPS	37,565.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

WHITEHALL PARALLEL GLOBAL REAL ESTATE LP OZRE III ACCESS LP

-188.

2,436.

PART II - LINE 28 - OTHER DEDUCTIONS

2,248.

Thè Bill Bass Foundation Form 990T - NOL CARRY FORWARD

YEAR	UBTI	
2008	(167,508.00)	
2009	(88,771.00)	
2010	(255,201.00)	
2011	(95,735.00)	
2012	(31,910.00)	
2013	(1,918 00)	
2014	63,599.00	
2015	150,483.00	
2016	73,977.00	
2017	35,310.00	
	·	
	(317,674.00)	TOTAL NOL CARRYOVER TO 2018