Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO MAY 15, 2019

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

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

	For c	alen	dar year 2017 or tax year beginning	JUI	1, 2017	, and ending	JUN 30, 2018		
	Nan	ne of	foundation				A Employer identification	number	
						_			
	M	IC.	HAEL REESE HEALTH	TRUST			36-2170910		
			nd street (or P.O. box number if mail is not de			Room/suite	B Telephone number		
	1	50	N. WACKER DRIVE			2320	312-726-10	08	
			own, state or province, country, and Zi	P or foreign r	nostal code		C If exemption application is p		
	-		CAGO, IL 60606	. o. io.o.g., p	,00101 0000		a somption application is pr	anding, check hare	
			all that apply Initial retur	'n	Initial return of a f	ormer public charity	D 1. Foreign organizations	check here	
	•		Final return	ormor public charity	1. Toroign organizations	s, oncor note			
			Address ch		Amended return Name change		Foreign organizations me check here and attach co	eting the 85% test,	
	H C	heck			xempt private foundation		1		
	Ϊ_	_	ction 4947(a)(1) nonexempt charitable		Other taxable private found	U7 noute	E If private foundation sta		
	 1		rket value of all assets at end of year	1		X Accrual	under section 507(b)(1)		
			art II, col (c), line 16)		ther (specify)	Accidal	F If the foundation is in a		
		oiii r -\$			mn (d) must be on cash bas	is)	under section 507(b)(1)(B), check here		
			Analysis of Revenue and Expenses				4341 4 1	(d) Disbursements	
	812.4	<u> </u>	(The total of amounts in columns (b), (c) annecessarily equal the amounts in column (a	d (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)	
	\neg	•			383,628.		N/A	(cash basis only)	
			Contributions, gifts, grants, etc., rece		303,020.		14/15		
		2	Interest on savings and temporary	o anach och b					
		3	cash investments		1,432,541.	2,228,381.		STATEMENT 2	
			Dividends and interest *	*	1,432,341.	2,220,301.		STATEMENT Z	
/		5a Gross rents			2.7 (0.00) (4.72)	STYCE AS CONTROL SALES AND AND			
(i			Net rental income or (loss)		14,482,249.			STATEMENT 1	
7	Revenue		Net gain or (loss) from sale of assets not on I Gross sales price for all assets on line 6a 32,427	ine 10 	and the second second			STATEMENT	
			assets on line 6a Capital gain net income (from Part IV, line 2)	'' R E	CEIVED	4,669,816.			
					9	4,009,010.			
			Net short-term capital gain	₽	√ 2 0 2019 91				
			Income modifications Gross sales less returns	WW A34	7 n (ma 191				
			and allowances		- X				
			Cross profit or (loss)	00	DEN, UT				
			Gross profit or (loss) Other income		165,093.	25,897.		STATEMENT 3	
					16,463,511.	6,924,094.		STATEMENT 3	
	\dashv		Total. Add lines 1 through 11		299,307.	67,260.		204,421.	
		13	Compensation of officers, directors, trustees	, etc	347,015.	29,453.			
			Other employee salaries and wages		247,280.	37,719.		320,535.	
	v		Pension plans, employee benefits	nwm /	1,723.	685.		209,561.	
	Se			ГМТ 4 ГМТ 5	158,545.	77,120.		1,037. 78,575.	
	pen	0			1,221,614.	2,011,441.	· · · · · · · · · · · · · · · · · · ·		
	Exp	_ C	· · · · · · · · · · · · · · · · · · ·	rmt 6	66,697.	153,958.		55,623.	
	ative		Interest	niem 7				0.	
	tта			rmt 7	263,373.	98,164.		0.	
	.uis		Depreciation and depletion		4,329.	866.		100 103	
	Admin		Occupancy		125,241.	25,048.		100,193.	
S	ďΑ		Travel, conferences, and meetings		38,768.	0.		38,768.	
3	an		Printing and publications	nwm o	33,437.	0.		33,437.	
SCANNED JUN	ng		•	8 TM1	79,601.	14,789.		65,051.	
Æ	rat		Total operating and administrative		2 006 020	2 516 502		1 107 201	
Ö	odC		expenses Add lines 13 through 23		2,886,930.	2,516,503.		1,107,201.	
ي	٦		Contributions, gifts, grants paid		4,450,680.			4,794,588.	
\subseteq			Total expenses and disbursements		7 227 610	2 516 502		E 001 700	
_	\dashv		Add lines 24 and 25		7,337,610.	2,516,503.		5,901,789.	
-			Subtract line 26 from line 12;		0 125 001				
			Excess of revenue over expenses and disbur		9,125,901.	A A07 F01	75-75-30 Sept. 10-10-10-10-10-10-10-10-10-10-10-10-10-1		
2010			Net investment income (if negative, ent			4,407,591.	37/2		
0		C	Adjusted net income (if negative, enter -	0-)	Vacance / NOTE and Section 1		N/A		

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

723511 01-03-18

144,138,259. Form 990-PF (2017)

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

Fo	rm 990-PF (2017) MICH	AEL I	REESE HEALTI	H TRUSI	ŗ				3	6-217	0910	Page 3
Ţ			ses for Tax on In									
			of property sold (for examon stock, 200 shs		te,	(b) I	low ac - Purc - Don		Date (mo , d	acquired ay, yr)	(d) Dat (mo , da	
 1a	PASS-THROUGH K-	1s						P			06/30	7/18
	PUBLICLY TRADED		RITIES	"			_	P			06/30	
										_		
d												
e												
	(e) Gross sales price		preciation allowed or allowable)		st or other basis expense of sale			(ain or (loss s (f) minus		
a	15,006,066.			1	0,942,61	1.	4,063,455.					
b	10 101 501				6,815,23						606	361.
											-	
d			•					•				
<u>e</u>												
_	Complete only for assets showing	gain in co	lumn (h) and owned by t	the foundation	on 12/31/69					ol. (h) gair		
	(i) FMV as of 12/31/69		Adjusted basis s of 12/31/69		cess of col (i) col. (j), if any					ot less tha (from col.		
a											4,063	455.
b											4,063	361.
_ <u>c</u>	;											
_d												
<u>e</u>												
2	Capital gain net income or (net capital loss) \[\begin{align*} \text{ If gain, also enter in Part I, line 7} \\ \text{ If (loss), enter -0- in Part I, line 7} \end{align*} \]							4,669	816.			
3	Net short-term capital gain or (loss if gain, also enter in Part I, line 8, ci	•				ì						
	If (loss), enter -0- in Part I, line 8					}	3			N/A		
	art V Qualification Un	der Se	ction 4940(e) for	Reduced	Tax on Net I	nve	stm	ent Incon	ne		_	
(Fo	or optional use by domestic private f	oundation	s subject to the section 4	1940(a) tax on	net investment inc	come.)			-		
•	,		•				,					
lf s	section 4940(d)(2) applies, leave this	s part blan	k.									
Wa	as the foundation liable for the section	n 4942 ta	c on the distributable am	ount of any ye	ar in the base peri	od?					Yes	X No
lf "	Yes," the foundation doesn't qualify	under sect	ion 4940(e). Do not com	plete this part								
1	Enter the appropriate amount in ea	ch columr	for each year; see the in	structions bef	ore making any en	tries			-			
	(a) Base period years		(b)			(c)				Dietri	(d) bution ratio	
	Calendar year (or tax year beginning	ın)	Adjusted qualifying dis		Net value of no	nchar	ıtable-	use assets		(col (b) di	vided by col	(c))
	2016			6,932.				0,677.				0917
	2015			6,282.				2,856.				7505
_	2014			7,472.				9,281.	<u> </u>			1188
_	2013			2,280.				2,958.				6613
_	2012		6,67	7,871.	1	<u>25</u>	<u>,74</u>	<u>2,620.</u>	L,		.05	3107
2	Total of line 1, column (d)								2		. 26	59330
	Average distribution ratio for the 5-	year base	period - divide the total o	on line 2 by 5 (), or by the numbe	rofv	ears					
	the foundation has been in existence	•	•	,		•			_ 3		.05	3866
4	Enter the net value of noncharitable	-use asset	s for 2017 from Part X, I	ine 5					4	14	0,784	953.
5	Multiply line 4 by line 3								5		7,583,	522.
6	Enter 1% of net investment income	(1% of Pa	rt I, line 27b)						6		44,	076.
7	Add lines 5 and 6								7		7,627	598.
8	Enter qualifying distributions from F	Part XII, lır	ne 4						8		5,901,	789.
	If line 8 is equal to or greater than li See the Part VI instructions	ine 7, chec	k the box in Part VI, line	1b, and comp	lete that part using	g a 19	6 tax r	ate				

723521 01-03-18

	m 990-PF (2017) MICHAEL REESE HEALTH TRUST art VI Excise Tax Based on Investment Income (Section 4940)	(a) 4	940(b) 40	940(e) or 40		2170910		Page 4	
23343300				7)40 - [81	see msuu	Suons	*/ */*********************************	
18	a Exempt operating foundations described in section 4940(d)(2), check here and en			.					
	Date of ruling or determination letter:			, I		0	8,1		
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	•	and enter 1%	'	1	0	0,1:	3 Z .	
	of Part I, line 27b : All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4%	of Dart	L line 10 co	1.46					
,		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)							
3	Add lines 1 and 2		3	· 8	8,1	52			
A		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)							
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	1613, 61	1161 -0-)		5	8	8,1	52.	
6					j		0, 1		
	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	1 2	75,000.					
	Exempt foreign organizations - tax withheld at source	- 6b -							
	: Tax paid with application for extension of time to file (Form 8868)	6c		12,500.					
	Backup withholding erroneously withheld	6d		0.					
7	Total credits and payments. Add lines 6a through 6d				7	28	7,50	00.	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attac	ched			8			0.	
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	19	9,34	48.	
11	Enter the amount of line 10 to be. Credited to 2018 estimated tax		0.	Refunded >	11		9,34		
P	art VII-A Statements Regarding Activities					•			
18	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or	did it partici	oate or intervene	ın	. 1842	Yes	No	
	any political campaign?					1a		X	
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es? Se	the instruct	ons for the defin	ition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	f any m	aterials publi	shed or			A S		
	distributed by the foundation in connection with the activities.						i		
0	Did the foundation file Form 1120-POL for this year?					1c	10.00	X	
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	•		_		•		871	
	(1) On the foundation > \$ (2) On foundation managers			0.		- 0,		G.V	
€	Enter the reimbursement (if any) paid by the foundation during the year for political expendition	ure tax	imposed on t	oundation					
_	managers > \$ 0.								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	57				2	.201183.23	<u> X</u>	
	If "Yes," attach a detailed description of the activities					· 100			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in:	strume	nt, articles of	incorporation, o	ſ				
 	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	2	•			3	х	<u> </u>	٠
) If "Yes," has it filed a tax return on Form 990-T for this year?			_		48	X		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					4b 5		X	
•	If "Yes," attach the statement required by General Instruction T					3			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ner:							
J	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory	direction	ons that conf	ict with the state	law				
	remain in the governing instrument?	4., 441.				6	X	CLEROSSIC NO.	
7		ete Part	II. col. (c). a	nd Part XV		7	Х		
	,		(-//					363	
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ıs ►							
	IL			-					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney (General (or de	esignate)					
	of each state as required by General Instruction G? If "No," attach explanation							a.54	
9	Power 10 to						2.7 (m.). 2.7 (m.).	1	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," comp					9		X	0
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing t	heir names and	addresses		10		X	_
	· · · · · · · · · · · · · · · · · · ·					Form QQ(DE	00471	

	1990-PF (2017) MICHAEL REESE HEALTH TRUST 30-217	0310		Page :
P	art VII-A Statements Regarding Activities (continued)	1.288		r
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule See instructions	11	<u> </u>	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			v
	If "Yes," attach statement. See instructions	12	v	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	L
44	Website address ► HTTP://WWW.HEALTHTRUST.NET/ The books are in care of ► GAYLA BROCKMAN Telephone no ►312-7	126_1	000	
14	Located at \$\int 150 N. WACKER DRIVE, NO. 2320, CHICAGO, IL ZIP+4 \$\int 2000.			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	,0000		$\overline{}$
13	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	`Ш
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16	1.00	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	10	Alleria Tables	
	foreign country			
Pa	Statements Regarding Activities for Which Form 4720 May Be Required	1 887 4	88) Y 377	17.3720.000
سسسا	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year, did the foundation (either directly or indirectly):			11116
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No	07		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No		2.5	22
	(5) Transfer any income or assets to a disqualified person (or make any of either available		277	
	for the benefit or use of a disqualified person)?			
	(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)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	380	13335	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	A 1 30,000000	X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
_	before the first day of the tax year beginning in 2017?	1c	tos strents	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			2.7
	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		
	before 2017? Yes X No	34	33.00	
	If "Yes," list the years		2	
U	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.) N/A	25		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b	nt>	t'sac
·	The provisions of section 4542(a)(2) are being applied to any of the years fisted in 2a, list the years field.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
· ·	during the year?			
h	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
•	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C.		K9X	
	Form 4720, to determine if the foundation had excess business holdings in 2017) N/A	3b	335.6565.67	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2017?	4b	740000000000000000000000000000000000000	X
			DE	

Form 990-PF (2017) MICHAEL REESE HEALTH TRUS			36-2170910		
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Re	equired (contin	ued)		
 5a During the year, did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section) Influence the outcome of any specific public election (see section 4955); of any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes: Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance? See instru Organizations relying on a current notice regarding disaster assistance, check if the answer is "Yes" to question 5a(4), does the foundation claim exemption frexpenditure responsibility for the grant? "Yes," attach the statement required by Regulations section 53.4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a pif "Yes," to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax so if "Yes," did the foundation receive any proceeds or have any net income attributed. 	n 4945(e))? r to carry on, directly or indire r n described in section or educational purposes, or for der the exceptions described in actions here from the tax because it maintain N pay premiums on ersonal benefit contract? shelter transaction?	Ye Ye Ye Ye Ye Ye Ye Ye	es X No es X No es X No N/A N/A NO es X No	Yes No	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors	ees, Foundation Man	agers, Highly			
List all officers, directors, trustees, and foundation managers and the second se	neir compensation.				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	
SEE STATEMENT 13		207,064.	50,935.	0.	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."	I	 	
(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	
SUITE 2320, CHICAGO, IL 60606	SENIOR PROGRAM	118,530.	29,830.	0.	
2320, CHICAGO, IL 60606	MANAGER OF ADD	88,810.	ANCE 34,617.	0.	
SUITE 2320, CHICAGO, IL 60606	PROGRAM OFFIC	113,648.	0.	0.	
JILL A. BALDWIN - 150 N. WACKER, SUITE 2320, CHICAGO, IL 60606	CHIEF OPERATI	64,615.	0.	0.	
Total number of other employees paid over \$50,000			<u> </u>	0	

Form 990-PF (2017) MICHAEL REESE HEALTH TRUST		36-2170	<u>910</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Hi	ghly		
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type	of service	(c) Com	ensation
POOLED ENDOWMENT PORTFOLIO JUF INVESTMENTS	,,,,,		· · · · · ·	
30 S. WELLS ST, CHICAGO, IL 60606	INVESTMENT	ADVISORY	845	540.
DOWNEY R. VAREY - 417 E PARKVIEW COURT,				
ARLINGTON HEIGHTS, IL 60005	ACCOUNTING		108	032.
TREBUNCTON INDICATES, ID COOLS			100,	0021
		•		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities			L	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	stical information such as the	ne l		
number of organizations and other beneficiaries served, conferences convened, research papers proc			Expenses	
1 <u>N/A</u>				
				
2				
3				
4				<u></u> -
Part IX-B Summary of Program-Related Investments	······································			
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2		Amount	
1 N/A		-		
2			· · · ·	
All other program-related investments. See instructions.				
3		_		

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	3.00	
а	Average monthly fair market value of securities	1a	140,499,763.
b	Average of monthly cash balances	1b	140,499,763. 2,429,123.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	142,928,886.
е	Reduction claimed for blockage or other factors reported on lines 1a and	262	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	142,928,886.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,143,933.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	140,784,953.
6	Minimum investment return. Enter 5% of line 5	6	7,039,248.
P	art ■ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	7,039,248.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 88, 152.		
b	Tax on investment income for 2017 from Part VI, line 5 Income tax for 2017 (This does not include the tax from Part VI) 2a 88,152. 2b 22,396.]	
C	Add lines 2a and 2b	2c	110,548.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	6,928,700.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,928,700.
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	6,928,700.
P	art XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		· · · · · · · · · · · · · · · · · · ·
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	5,901,789.
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	5,901,789.
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	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	5,901,789.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies fo	or the section
	4940(e) reduction of tax in those years		

Page 9

Part XIII Undistributed Income (see instructions)											
	C	(a) orpus	(b) Years prior to 2016		(c) 2016	(d) 2017					
1 Distributable amount for 2017 from	n Part XI,					*					
line 7			(5/-5/11)	67.		6,928,700.					
2 Undistributed income, if any, as of the end	d of 2017		///								
a Enter amount for 2016 only				Andreas Belgete	0.						
b Total for prior years:			().							
a Excess distributions carryover, if a	nv. to 2017			7.							
a From 2012											
b From 2013											
c From 2014		3									
d From 2015		5 4									
e From 2016 63	0,364.					F B					
f Total of lines 3a through e	6	30,364.									
4 Qualifying distributions for 2017 from	000000000000000000000000000000000000000										
Part XII, line 4: ► \$ 5,90	1,789.										
a Applied to 2016, but not more than	line 2a				0.						
b Applied to undistributed income of	prior										
years (Election required - see instre	uctions)	5. 500 a 500 a 60	() () () () () () () () () ()).							
c Treated as distributions out of corp											
(Election required - see instruction		0.			2 -7 3 4 3 5 5	- 001 - 00					
d Applied to 2017 distributable amou						5,901,789.					
e Remaining amount distributed out		0.				C20 2C4					
5 Excess distributions carryover applied to: (If an amount appears in column (d), the sa	2017 C	30,364.				630,364.					
must be shown in column (a))											
6 Enter the net total of each column indicated below:	as										
	han 6	0.									
a Corpus Add lines 3f, 4c, and 4e Subtractb Prior years' undistributed income	3.04 0.05(8)PY0.00808.50	0.									
line 4b from line 2b	Juditaci		().							
c Enter the amount of prior years'				100000							
undistributed income for which a n											
deficiency has been issued, or on v	1				1,47						
the section 4942(a) tax has been po assessed	eviously		().							
d Subtract line 6c from line 6b Taxal	ole										
amount - see instructions			().							
e Undistributed income for 2016. Su	btract line										
4a from line 2a Taxable amount - s	see instr.			-	0.						
f Undistributed income for 2017 Su	btract										
lines 4d and 5 from line 1. This am	ount must										
be distributed in 2018						396,547.					
7 Amounts treated as distributions of											
corpus to satisfy requirements imp	* I	l.									
section 170(b)(1)(F) or 4942(g)(3)		ا م									
may be required - see instructions)		0.									
8 Excess distributions carryover from	1 20 12	0.									
not applied on line 5 or line 7 9 Excess distributions carryover to 2	0018	U • [3									
Subtract lines 7 and 8 from line 6a	.010	0.									
10 Analysis of line 9:	2.72.00	0.									
a Excess from 2013											
b Excess from 2014											
c Excess from 2015											
d Excess from 2016											

e Excess from 2017

723581 01-03-18

	REESE HEAL				70'910 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII-	A, question 9)	N/A	<u>/</u>
1 a If the foundation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2017, enter the date of t	the ruling	▶		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described in	n section	4942(J)(3) or / 49	942(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					
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			7	<u> </u>	
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)					İ
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		1			
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 Info	rmation (Comple	l te this nart only if	the foundation b	ad \$5 000 or mor	re in assets
at any time during t			the loundation i	184 \$5,000 01 11101	C III 055C(5
1 Information Regarding Foundation	_				
a List any managers of the foundation wh			butions received by the f	oundation before the clos	e of any tax
year (but only if they have contributed i	nore than \$5,000). (See s	ection 507(a)(2))			
NONE		· · · · · · · · · · · · · · · · · · ·			
b List any managers of the foundation wh			or an equally large portion	n of the ownership of a pa	rtnership or
other entity) of which the foundation ha	s a 10% of greater interes	il .			
NONE		<u> </u>		· -	
2 Information Regarding Contribut			-		
Check here - if the foundation					ests for funds. If
the foundation makes gifts, grants, etc.	to individuals or organiza	itions under other condition	ons, complete items 2a, t	o, c, and d	
a The name, address, and telephone num	ber or email address of th	e person to whom applica	itions should be addresse	ed:	
CEE CMAMENENM 14					
SEE STATEMENT 14		and and are to the second			
b The form in which applications should l	e submitted and informat	ion and materials they sh	ouia inciude:		
c Any submission deadlines:					
					
d Any restrictions or limitations on award	s, such as by geographica	ıı areas, charıtable fields, l	kinds of institutions, or o	ther factors:	
723601 01-03-18					Form 990-PF (2017)

36-2170910 MICHAEL REESE HEALTH TRUST Page 11 Form 990-PF (2017) 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 Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient a Paid during the year SEÉ ATTACHED STATEMENT 4,794,588. 4,794,588. ▶ 3a **b** Approved for future payment SEE ATTACHED STATEMENT 4,086,653.

Total

► <u>3b</u>

4,086,653.

Part XVI-A	Analysis	of Income	-Producing	Activities
	Allalysis	Of miconic	1 i oddonig	Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		0008		
8			 -		
b			<u> </u>		
c			<u> </u>		
d		<u> </u>			
e			<u> </u>		
f		<u></u>			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,432,541.	
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	<u> </u>				
	}				
property			14	-23,377.	
7 Other investment income			14	-23,311.	
8 Gain or (loss) from sales of assets other	1		1 10	14 400 040	
than inventory			18	14,482,249.	<u> </u>
9 Net income or (loss) from special events	<u> </u>		ļ		
10 Gross profit or (loss) from sales of inventory	·				
11 Other revenue:	}				
a SEE STATEMENT 15	Ĺ	85,790.		102,680.	
b		<u> </u>			
c	L				
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		85,790.		15,994,093.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	16,079,883.
(See worksheet in line 13 instructions to verify calculations)				_	
	the Asse	maliahment of Eve		Durnagan	
Part XVI-B Relationship of Activities to	tne Acco	implishment of Exe	mpı	Purposes	
Line No Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contrib	outed importantly to the accord	nolishment of
the foundation's exempt purposes (other than t					
	7 7				
					
	<u>_</u>			 	
				, <u>.</u>	
					·
					
					

723621 01-03-18

Form 99	0-PF (2017) MICHA	EL REESE	HEALTH	TRUST		36	5-2170910	P	age 13
Part		-	sfers to a	nd Transactions ar	nd Relationsh	nips With No	oncharitable		
1 Dic	the organization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in sec	tion 501(c)		Yes	No
(ot	her than section 501(c)(3) organ	nizations) or in sectio	n 527, relating	to political organizations?				22	
a Tra	insfers from the reporting found	ation to a noncharita	ble exempt org	janization of.					
(1)	Cash						1a(1)		X
	Other assets						1a(2)		X
	ner transactions.							DE.	
٠,	Sales of assets to a noncharita	, ,					16(1)		X
	Purchases of assets from a no	•	rganization				1b(2)	 	X
٠,	Rental of facilities, equipment,						1b(3) 1b(4)		X
	Reimbursement arrangements Loans or loan guarantees						1b(4) 1h(5)	 	X
	Performance of services or me	mhershin or fundrai	eina ealicitatia	ne			1b(6)	†	X
	aring of facilities, equipment, ma	•	•				10	t —	X
	he answer to any of the above is	· ·		· ·	ways show the fair	market value of t		ets.	
	services given by the reporting f		•	, , ,	=		- '	·	
col	umn (d) the value of the goods,	other assets, or serv	ices received						
(a) Line n	Line no (b) Amount involved (c) Name of noncharitable			exempt organization	(d) Description	in of transfers, transa	actions, and sharing arr	angeme	nts
			<u> N/A</u>						
					 _				
					 				
		 			+	·		_	
					 				
	- 				- 			-	
		 			 				
	 							_	
	 								
		†							-
							<u>-</u>		
2a Is	the foundation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organi	zations described				_
	section 501(c) (other than section		ection 527?				Yes	X	□ No
<u>b if "</u>	Yes," complete the following sch			(b) Time of average tree		(a) Danawatian	of colotic colors		
	(a) Name of or	ganization		(b) Type of organization		(c) Description (or relationship		
	N/A						 _		
					 -				
					 				
					 			_	
	Under penalties of perjury, I declare						May the IRS	discuse	this
Sign	and belief, it is true, correct, and con	nplete Declaration of pre	parer (other than	taxpayer) is based on all informa-	tion of which preparer I	has any knowledge	return with the	e prepar	er
Here	Saula 12	rochen	au_	05/15/2019	Presid	ent and (CEO X Yes		ii No
	Signature of officer or truster)		Date	Title				
	Print/Type preparer's na	ame	Preparer's si	ignature	Date	Check	If PTIN		

Phone no. (312) 207-1040Form **990-PF** (2017)

P01421663

Firm's EIN ► 38-1357951

Paid

Preparer

Use Only

MELANIE TOMCZYK

self- employed

05/14/19

MELANIE TOMCZYK

Firm's name > PLANTE & MORAN, PLLC

Firm's address ► 10 S. RIVERSIDE PLAZA, 9TH FLOOR

CHICAGO, IL 60606

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

To do to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

MICHAEL REESE HEALTH TRUST 36-217						
Organiz	zation type (check o	ne)				
Filers o	f:	Section:				
Form 99	90 or 990- E ∠	501(c)() (enter number) organization				
	-	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PF		X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See instructions			
Genera	l Rule					
X	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special	Rules					
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amoundine 1 Complete Parts I and II	or 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)				

Name of organization

Employer identification number

MICHAEL REESE HEALTH TRUST

36-2170910

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUM TRUST C/O SACHNOFF & WEAVER LTD 30 S. WACKER DR, 30TH FLOOR CHICAGO, IL 60606	s167,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FOREMAN TRUST C/O NORTHERN TRUST 50 S, LASALLE ST. CHICAGO, IL 60603	\$50,771.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARLES L. HUTCHINSON FUND C/O NORTHERN TRUST 50 S, LASALLE ST. CHICAGO, IL 60603	\$ 12,386.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RIRCHHEIMER TRUST C/O BANK OF AMERICA PRIVATE BANK P.O. BOX 830259 DALLAS, TX 75283	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LAZARUS CHARITABLE FUND C/O NORTHERN TRUST 50 S, LASALLE ST. CHICAGO, IL 60603	\$ 61,668.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash If for noncash contributions)

Employer identification number

MICHAEL REESE HEALTH TRUST

36-2170910

art II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u>_</u>	990, 990-EZ, or 990-PF) (

Name of or	ganization		Employer identification number					
	EL REESE HEALTH TRUST		36-2170910					
Part III	Exclusively religious, charitable, etc., contributer. Complete completing Part III, enter the total of exclusively religious.	olumns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enterthis into once)					
	Use duplicate copies of Part III if additional							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gil						
	Transferee's name, address, ar		Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gil	tt .					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of git						
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee					

	G	AIN OR	(LOSS)	FROM	SALE	OF	ASSE'	rs ———		STA	TEMEN	r 1 ——
(A) DESCRIPTION OF 1	PROPERTY		,				MANNI CQUII		DA' ACQU		DATE	SOLD
PASS-THROUGH K-	ls	_				PU	RCHAS	SED			06/3	0/18
(B) GROS SALES 1	SS	(C COST- OTHER	OR	EXP	(D) ENSE SALE	OF-		(E) EPREC			(F) _	 oss
15,0	06,066.	1,1	30,178.			0.			0.	1	.3,875	888.
(A) DESCRIPTION OF 1	PROPERTY						MANNI CQUII		DA' ACQU		DATE	SOLD
PUBLICLY TRADED	SECURIT	- IES				PU	RCHAS	SED			06/3	0/18
(B GROS SALES 1	SS	(C COST OTHER 1	OR	EXP	(D) ENSE SALE	OF	ום	(E) EPREC	c.	GAIN	(F)	SS
17,4	21,591.	16,8	15,230.	•		0.	- 		0.		606,	361.
	IVIDENDS											
TOTAL TO FORM 99 FORM 990-PF	90-PF, PA		LINE 62		T FRO	OM S	ECUR:	ITIES	- -		4,482,	=
TOTAL TO FORM 99	DI	ART I,	LINE 62	ITERES ITAL INS	RI	OM S (A) EVEN	UE	NET	(B) INVE	STA		249.
TOTAL TO FORM 99	DI'	VIDENDS	AND IN CAPI	ITERES ITAL INS	RI PEI	(A) EVEN R BO	UE	NET MENT	(B) INVE	STA ST- OME	TEMENT (C) ADJUS	249.

FORM 990-PF	OTHER	INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
RETURNED GRANTS	_	8,228.	0.	,
PASSTHROUGH K-1S- OTHER PORT	FOLIO		64 100	
INCOME DACCOUROUGH V1	G·	0. -31,605.	64,127.	
OTHER INCOME- PASSTHROUGH K1: CURRENCY GAINS- PASSTHROUGH I		-15,591.	-22,639. -15,591.	
NON-DEDUCTIBLE- PASSTHROUGH		123,029.	-15,391.	
UBIT- PASSTHROUGH K1S	KID	85,790.	0.	
59(E)2- PASSTHROUGH	-4,758.	0.		
		·		
TOTAL TO FORM 990-PF, PART I	, LINE II	165,093.	25,897.	· =
FORM 990-PF	LEGA	AL FEES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	
LEGAL FEES	1,723	685	•	1,037.
TO FM 990-PF, PG 1, LN 16A	1,723	685	•	1,037.
FORM 990-PF	ACCOUNT	TING FEES		STATEMENT 5
				_
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ANNUAL AUDIT	24,600	5,320	•	59,295.
TAX PREPERATION, MONTHLY BOOKKEEPING & PAYROLL	133,945	71,800	•	19,280.
TO FORM 990-PF, PG 1, LN 16B	158,545	77,120	•	78,575.
=				

FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
K1 INVESTMENT MANAGEMENT FEES	0.	845,450.		0.	
PROFESSIONAL FEES : MONEY MANAGERS PROFESSIONAL FEES :	1,163,228.	1,163,228.		0.	
CONSULTANTS/STRATEGIC	40 257	0		40 257	
PLANNING PROGRAM CONSULTANTS	40,257. 1,047.			40,257. 1,047.	
OTHER PROFESSIONAL FEES	17,082.			14,319.	
TO FORM 990-PF, PG 1, LN 16C	1,221,614.	2,011,441.		55,623.	
		: 			
FORM 990-PF	TAX	ES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES EXCISE TAX	47,857. 215,516.	98,164.		0.	
TO FORM 990-PF, PG 1, LN 18	263,373.	98,164.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 8	
	(2)	(D)	(0)	(D)	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
		·			
COMPUTER SUPPLIES	46,358.			37,087.	
INSURANCE	13,343.	•		10,674.	
OFFICE SUPPLIES	19,212.			16,364.	
POSTAGE & SHIPPING	688.	0.		688.	
CHARITABLE CONTRIBUTION FROM PASS-THROUGH K-1	0.	0.		238.	
TO FORM 990-PF, PG 1, LN 23	79,601.	14,789.		65,051.	
		·			

FORM 990-PF OTHER INCREASES IN NET	r ASSETS OR FU	ND BALANCES	STATEMENT 9
DESCRIPTION	·		AMOUNT
CHANGE IN BENEFICIAL INTERESTS PRIOR PERIOD ADJUSTMENT			71,227, 13,284.
TOTAL TO FORM 990-PF, PART III, LINE	3.3		84,511
FORM 990-PF CORE	PORATE STOCK		STATEMENT 10
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
PALO ALTO HEALTHCARE FUND		6,126,699.	6,126,699
TOTAL TO FORM 990-PF, PART II, LINE	6,126,699.	6,126,699	
FORM 990-PF OTHER	R INVESTMENTS		STATEMENT 11
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AG ENERGY CREDIT OPP FUND	FMV	472,129.	472,129
AG NET LEAST REALTY FUND III	FMV	2,232,929.	2,232,929
CLAYTON DUBILIER & RICE FUND IX	FMV	3,343,409.	3,343,409
CLAYTON DUBILIER & RICE FUND VIII	FMV	470,929.	470,929
CLAYTON DUBILIER & RICE FUND VIII	FMV	A17 71E	A17 715
WILSONART B INCLINE GLOBAL OFFSHORE	FMV	417,715. 3,489,181.	417,715 3,489,181
MHR INSTIUTIONAL PARTNERS II	FMV	1,231,309.	1,231,309
MHR INSTIUTIONAL PARTNERS III	FMV	604,265.	604,265
MHR INSTIUTIONAL PARTNERS IV	FMV	1,132,266.	1,132,266
MHR INV PARTNERSHIP III BLOCKER I	FMV	743,318.	743,318
OCH ZIFF CORPORATION	FMV	24,051.	24,051
PERRY PARTNERS CORPORATION	FMV	4,245.	4,245
RAINE PARTNERS II	FMV FMV	1,924,219. 3,661,344.	1,924,219
STEADFAST INTERNATIONAL TIFF CAP STOCK-TPEP 07	FMV FMV	1,107,868.	3,661,344 1,107,868
TIFF CAP STOCK-TPEP 07 TIFF PARTNERS V INTERNATIONAL	FMV	39,156.	39,156
TIFF PARTNERS V US	FMV	261,096.	261,096
JFMC POOLED ENDOWMENT PORTFOLIO	FMV	114,735,968.	114,735,968
TOTAL TO FORM 990-PF, PART II, LINE	13	135,895,397.	135,895,397

FORM 990-PF	OTHER ASSETS		STATEMENT 12
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
EXCISE & INCOME TAX DEPOSITS BENEFICIAL INTEREST IN TRUSTS LIQUIDATING DISTRIBUTIONS	18,952. 4,567,787.	3,173. 4,639,014.	3,173. 4,639,014.
RECEIVABLE	934,943.		
TO FORM 990-PF, PART II, LINE 15	5,521,682.	4,642,187.	4,642,187.

FORM 990~PF PART TR	VIII - LIS USTEES AND	r of officer foundation	S, DIRECTORS MANAGERS	STA	TEMENT 13
NAME AND ADDRESS		TITLE AN AVRG HRS/	ID COMPEN- WK SATION	EMPLOYE BEN PLA CONTRI	E N EXPENSE B ACCOUNT
HARVEY J. BARNETT 150 NORTH WACHER DRIVE, CHICAGO, IL 60606		CHAIRMAN.	TRUSTEE		
WALTER R. NATHAN 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232	VICE CHARI 0 2.00	MAN, TRUSTEE	0. 0	0.
GAYLA A. BROCKMAN M.S. 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232	PRESIDENT, 0 40.00	TRUSTEE 207,06	4. 50,935	0.
MICHAEL B. TARNOFF 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232	SECRETARY, 0 1.00	TRUSTEE	0. 0	. 0.
ELLARD PFAELZER, JR. 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232	TREASURER, 0 1.00	TRUSTEE	0. 0	. 0.
JOHN F. BENJAMIN 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232	TRUSTEE 0 1.00		0. 0	0.
ANDREW K. BLOCK 150 NORTH WACHER DRIVE, CHICAGO, IL 60606		TRUSTEE 0 1.00		0. 0	0.
DAVID T. BROWN 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232	TRUSTEE 0 0.50		0. 0	. 0.
LAURIE HOCHBERG, MD 150 NORTH WACHER DRIVE, CHICAGO, IL 60606				0. 0	0.
ANN-LOUISE KLEPER 150 NORTH WACHER DRIVE, CHICAGO, IL 60606	SUITE 232			0. 0	. 0.

MICHAEL REESE HEALTH TRUST		36-	2170910
GREGORY C. MAYER TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 0.50 CHICAGO, IL 60606	0.	0.	0.
SERGIO H. RODRIGUEZ, M.D. TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 0.50 CHICAGO, IL 60606	0.	0.	0.
MALLY Z. RUTKOFF TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 2.00 CHICAGO, IL 60606	0.	0.	0.
MICHELLE R B. SADDLER TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 1.00 CHICAGO, IL 60606	0.	0.	0.
MAX R. SCHRAYER II TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 0.50 CHICAGO, IL 60606	0.	0.	0.
HERBERT S. WANDER TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 0.50 CHICAGO, IL 60606	0.	0.	0.
JOSEPH F. WEST, SCD TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 0.50 CHICAGO, IL 60606	0.	0.	0.
ANDREA ROZRAN YABLON TRUSTEE 150 NORTH WACHER DRIVE, SUITE 2320 1.00 CHICAGO, IL 60606	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	207,064.	50,935.	0.
•			

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

GAYLA BROCKMAN 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606

TELEPHONE NUMBER

312-726-1008

FORM AND CONTENT OF APPLICATIONS

INTERESTED ORGANIZATIONS MAY REACH OUT TO MICHAEL REESE HEALTH TRUST'S STAFF TO DISCUSS APPLICATION OPPORTUNITIES FOR DESIRED PROGRAM AREA. ORGANIZATIONS ARE INVITED TO SUBMIT A PROPOSAL BASED ON THEIR ALIGNMENT WITH THE FOUNDATION'S FUNDING PRIORITIES. ORGANIZATIONS SELECTED FOR PROPOSAL SUBMISSION ARE EMAILED INSTRUCTIONS TO SUBMIT A PROPOSAL USING MICHAEL REESE'S WEB-BASED APPLICATION PROCESS. APPLICANTS ARE ASKED TO DESCRIBE THE HEALTH ISSUE/PROBLEM AND THE PROPOSED PROGRAM'S GOALS, OBJECTIVES AND BUDGET.

ANY SUBMISSION DEADLINES

MID-MAR, MID-SEPT AND MID-DEC, DEPENDING ON PROGRAM. DETAILS PROVIDED UPON PROPOSAL INVITATION.

RESTRICTIONS AND LIMITATIONS ON AWARDS

ORGANIZATIONS MUST BE QUALIFIED UNDER SECTION 501(C)(3) OF THE IRS AND HAVE A NON-PRIVATE FOUNDATION DETERMINATION LETTER FROM THE IRS OR BE A GOVERNMENT AGENCY TREATED AS SUCH UNDER TREASURY REGULATIONS. ORGANIZATIONS IN METROPOLITAN CHICAGO ARE CONSIDERED, WITH EMPHASIS ON THOSE FROM THE CITY OF CHICAGO AND COOK COUNTY. GRANTS AWARDED FROM RESTRICTED ENDOWMENTS FOLLOW THE INTENT ESTABLISHED BY THE DONOR.

FORM 990-PF 01		HER REVENUE		STATEMENT 15		
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME	
CURRENCY GAINS- PASSTHROUGH K1S			14	-15,591.		
NON-DEDUCTIBLE- PASSTHROUGH K1S			14	123,029.		
UBIT- PASSTHROUGH K1S 59(E)2- PASSTHROUGH	900099	85,790.	14	-4,758.		
TOTAL TO FORM 990-PF, PG	12, LN 11	85,790.	-	102,680.		

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	990-PF PAGE 1				ŀ	-		990-PF		ļ	- 					
Asset	Description	Date Acquired	Method	Lıfe	0 c >		Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	٠ ,
1	KONICA MINOLTA COPIER	05/23/07	SL		16	- 10	14,655.				14,655.	14,655.		0.	14,655.	•
2	SHREDDER	03/0	SL	.3200000	16		572.				572.	572.		Ö	572.	
3	VERTICAL FILES OFFICE FURNITURE	08/17/07 05/22/08	SL	5.00	16	150	352. 28,655.				352. 28,655.	352. 28,655.		0.	352. 28,655.	
5	TABLES & CHAIRS CONFERENCE PHONE	04/18/08	SL	5.00	16		1,021.				1,021.	1,021.		0 0	1,021.	
7	COMPUTER MONITORS 5-24" NETWORK PRINTER	06/25/08 05/20/10	SL SL	5.00	16	10 10	2,125.				2,125.	2,125.		0.	2,125.	
9	LAPTOP DRAWER	04/19/12	SL	5.00	16 16		741.				741.	741.		0.	741.	
11	BACKUP SERVER DELL FILE SERVER	08/01/15 10/05/16	75 75	5.00	16		2,240. 5,194.				2,240.	672.		448.	1,120.	
13	MERAKI MX64 KITCHEN DISHWASHER & CUBGARD	01/05/16	SL	5.00	16	12	1,225.				1,225.	184.		245.	429.	
	* TOTAL 990-PF PG 1 DEPR						76,210.				76,210.	58,171.		4,329.	62,500.	
728111 04-01-17	4-01-17					0	(D) - Asset disposed	pes		7	ITC, Salvage,	Bonus, Comm	ercial Revitali	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone	