














Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	403,914	223,882	223,882		
	2	Savings and temporary cash investments	2,269,564	4,124,813	4,124,813		
	3	Accounts receivable ▶ <u>15,103</u>					
		Less allowance for doubtful accounts ▶ _____	8,871	15,103	15,103		
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____	0	0	0		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0		
	7	Other notes and loans receivable (attach schedule) ▶ _____ 0					
		Less allowance for doubtful accounts ▶ _____ 0	0	0	0		
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges	53,743	35,594	35,594		
	10a	Investments—U S and state government obligations (attach schedule)	0	0	0		
	b	Investments—corporate stock (attach schedule)	16,680,233 	14,691,446	14,691,446		
	c	Investments—corporate bonds (attach schedule)	0 	280,509	280,509		
	11	Investments—land, buildings, and equipment basis ▶ _____ 0					
	Less accumulated depreciation (attach schedule) ▶ _____ 0	0		0			
12	Investments—mortgage loans						
13	Investments—other (attach schedule)	17,016 	20,174	20,174			
14	Land, buildings, and equipment basis ▶ <u>54,619</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>36,962</u>	22,391 	17,657	17,657			
15	Other assets (describe ▶ _____)	 410,135 	 359,346 	 359,346			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	19,865,867	19,768,524	19,768,524			
Liabilities	17	Accounts payable and accrued expenses	52,059	45,367			
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0			
	21	Mortgages and other notes payable (attach schedule)	0	0			
	22	Other liabilities (describe ▶ _____)	 391,708 	 423,945			
	23	Total liabilities (add lines 17 through 22)	443,767	469,312			
	Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
24		Unrestricted	19,422,100	19,299,212			
25		Temporarily restricted					
26		Permanently restricted					
Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.							
27		Capital stock, trust principal, or current funds					
28		Paid-in or capital surplus, or land, bldg , and equipment fund					
29		Retained earnings, accumulated income, endowment, or other funds					
30		Total net assets or fund balances (see instructions)	19,422,100	19,299,212			
31		Total liabilities and net assets/fund balances (see instructions) .	19,865,867	19,768,524			

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	19,422,100
2	Enter amount from Part I, line 27a	2	-833,074
3	Other increases not included in line 2 (itemize) ▶ 	3	710,186
4	Add lines 1, 2, and 3	4	19,299,212
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	19,299,212

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a SECURITIES			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 4,711,174		4,510,146	201,028
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a		0	201,028
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	201,028
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 { }	3	0

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2016	1,480,074	19,161,568	0 077242
2015	1,165,437	17,510,913	0 066555
2014	1,180,159	19,648,925	0 060062
2013	1,228,244	20,739,957	0 059221
2012	1,437,298	18,914,653	0 075989
2 Total of line 1, column (d)			2 0 339069
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0 067814
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 19,942,992
5 Multiply line 4 by line 3			5 1,352,414
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 5,041
7 Add lines 5 and 6			7 1,357,455
8 Enter qualifying distributions from Part XII, line 4			8 1,332,017

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling 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 <input type="checkbox"/> and enter 1% of Part I, line 27b	1	10,081
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	10,081
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	10,081
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	17,038
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	17,038
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
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	6,957
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 6,957 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

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		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW WSHF ORG	13	Yes	
14	The books are in care of HOWARD NOCHUMSON Telephone no (312) 664-6488			

Located at **875 NORTH MICHIGAN AVE STE 3516 CHICAGO IL** ZIP+4 **60611**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/>	1b		No
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? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 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, Form 4720, to determine if the foundation had excess business holdings in 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	7b		

Part VIII

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

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances

Total number of other employees paid over \$50,000.

0

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

Total number of others receiving over \$50,000 for professional services.

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3

0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	19,505,129
b	Average of monthly cash balances.	1b	655,028
c	Fair market value of all other assets (see instructions).	1c	86,535
d	Total (add lines 1a, b, and c).	1d	20,246,692
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	20,246,692
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	303,700
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	19,942,992
6	Minimum investment return. Enter 5% of line 5.	6	997,150

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	997,150
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	10,081
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	10,081
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	987,069
4	Recoveries of amounts treated as qualifying distributions.	4	25,694
5	Add lines 3 and 4.	5	1,012,763
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	1,012,763

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,332,017
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	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,332,017
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 (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,332,017

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				1,012,763
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 2014, 2013		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	502,552			
b From 2013.	39,421			
c From 2014.	87,150			
d From 2015.	101,432			
e From 2016.	522,795			
f Total of lines 3a through e.	1,253,350			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 1,332,017				
a Applied to 2016, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				1,012,763
e Remaining amount distributed out of corpus	319,254			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,572,604			
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions).	502,552			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	1,070,052			
10 Analysis of line 9				
a Excess from 2013.	541,973			
b Excess from 2014.	87,150			
c Excess from 2015.	101,432			
d Excess from 2016.	522,795			
e Excess from 2017.	319,254			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ☐ 4942(j)(3) or ☐ 4942(j)(5)

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

	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0		0
b 85% of line 2a	0	0	0		0
c Qualifying distributions from Part XII, line 4 for each year listed	1,332,017	1,486,036	0		2,818,053
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,332,017	1,486,036	0		2,818,053
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

HOWARD NOCHUMSON
875 NORTH MICHIGAN AVE SUITE 3516
CHICAGO, IL 60611
(312) 664-6488

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

Visit the website for the organization's grant guidelines & application <http://wshf.org/general-guidelines/>

c Any submission deadlines

GRANT SUBMISSIONS WERE ACCEPTED ON A CONTINUOUS ROLLING BASIS FOR EITHER THE 12/1 OR 6/1 DEADLINES

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

NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	654,685
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2017)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d 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.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2019-02-12	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Danielle Tewes				P01327423
	Firm's name ▶ CROWE LLP				Firm's EIN ▶ 35-0921680
	Firm's address ▶ 225 West Wacker Drive Suite 2600 Chicago, IL 606061224				Phone no (312) 899-7000

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Barbara Berendt	Director 2 000	7,500	0	0
875 North Michigan Ave Chicago, IL 60611				
Catherine M Creticos MD	Director 2 000	7,750	0	0
875 North Michigan Ave Chicago, IL 60611				
Sandy Goldberg PhD	Director 2 000	8,500	0	0
875 North Michigan Ave Chicago, IL 60611				
William N Werner MD MPH	Board Chair / Director 2 000	21,250	0	0
875 North Michigan Ave Chicago, IL 60611				
William B Friedeman	Secretary / Director 2 000	10,000	0	0
875 North Michigan Ave Chicago, IL 60611				
James M Snyder	Treasurer / Director 2 000	6,750	0	0
875 North Michigan Ave Chicago, IL 60611				
Howard Nochumson	Executive Director & President 40 000	208,684	73,933	0
875 North Michigan Ave Chicago, IL 60611				
Catherine Kapella MPH	Associate Director & Vice President 40 000	128,751	47,067	0
875 North Michigan Ave Chicago, IL 60611				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	Special Designated Grant to A Silver Lining Foundation	5,000
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	Dr Sandy Goldberg's Board of Director Grant to A Silver Lining Foundation	7,500
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	James M Snyder's Board of Director Grant to A Silver Lining Foundation	2,000
Total 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	Barbara Berendt's Board of Director Grant to A Silver Lining Foundation	5,000
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	Dr Catherine M Creticos' Board of Director Grant to A Silver Lining Foundation	1,250
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	Special Designated Grant to A Silver Lining Foundation	3,500
Total ► 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A Silver Lining Foundation 134 N LA SALLE ST Ste 1218 Chicago, IL 60602		PC	Special Designated Grant to A Silver Lining Foundation for Board Retreat	7,000
Access Community Health Network 222 North Canal Street Chicago, IL 60606		PC	Medical Legal Partnership	10,000
Addison Township Food Pantry 50 East Oak Street Addison, IL 60101		PC	Barbara Berendt's Board of Director Grant to Addison Township Food Pantry	500
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068		PC	Construction of the New Creticos Cancer Center	50,000
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068		PC	Dr William N Werner's Board of Director Grant to the Angelo P Creticos, MD Cancer Center at Advocate Illinois Masonic Medical Center	1,000
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068		PC	Dr Catherine M Creticos' Board of Director Grant to the Angelo P Creticos, MD Lectureship Fund at Advocate Illinois Masonic Medical Center	1,000
Total ► 3a				654,685


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068		PC	Dr Catherine M Creticos' Board of Director Grant to the Anastasia and Angelo P Creticos, MD Medical Innovation Endowment at Advocate Illinois Masonic Medical Center	1,000
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068		PC	Dr Catherine M Creticos' Board of Director Grant to the Anastasia Creticos Music Fund at Advocate Illinois Masonic Medical Center	500
Advocate Charitable Foundation 205 W Touhy Ave Ste 225 Park Ridge, IL 60068		PC	Dr Catherine M Creticos' Board of Director Grant to the Medication Assistance Fund at Advocate Illinois Masonic Medical Center	500
Total ▶ 3a				654,685


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Alexian Brothers Bonaventure House 825 WEST WELLINGTON AVENUE Chicago, IL 60657		PC	Quality Assurance Manager	12,500
Alexian Brothers Bonaventure House 826 WEST WELLINGTON AVENUE Chicago, IL 60657		PC	Quality Assurance Manager	12,500
Alexian Brothers Bonaventure House 827 WEST WELLINGTON AVENUE Chicago, IL 60657		PC	Dr Catherine M Creticos' Board of Director Grant to Alexian Brothers Bonaventure House	1,000
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Ann and Robert H Lurie Children's Hospital of Chicago 225 E CHICAGO AVE PR DPT Chicago, IL 60611		PC	Hematology, Oncology and Stem Cell Transplant Research Fellowship Program	30,000
Ann and Robert H Lurie Children's Hospital of Chicago 225 E CHICAGO AVE PR DPT Chicago, IL 60611		PC	Hematology, Oncology and Stem Cell Transplant Research Fellowship Program	30,000
Breakthrough Urban Ministries PO Box 47200 Chicago, IL 60647		PC	Behavioral Health for Homeless Adults	10,000
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Chicago Chesed Fund 7045 N Ridgeway Ave Lincolnwood, IL 60712		PC	Howard Nochumson's Board of Director Grant to the Chicago Chesed Fund	1,000
Chicago Chesed Fund 7045 N Ridgeway Ave Lincolnwood, IL 60712		PC	Mental and Habilitative Health website	10,000
Chicago Chesed Fund 7045 N Ridgeway Ave Lincolnwood, IL 60712		PC	Howard Nochumson's Board of Director Grant to Chicago Chesed Fund for Program Support	1,000
Total ▶ 3a				654,685


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Chicago Chesed Fund 7045 N Ridgeway Ave Lincolnwood, IL 60712		PC	Howard Nochumson's Board of Director Grant to the Chicago Chesed Fund	1,000
Chicago Hearing Society 1444 W Willow St Chicago, IL 60642		PC	Expanding Chicago Hearing Society's Services through New Technology	11,580
Chicago Women's Health Center 1025 W Sunnyside Ave Ste 201 Chicago, IL 60640		PC	Clinical Services Program	10,000
Total 				654,685
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
City Of Hope1500 Duarte Rd Duarte, CA 91010		PC	Howard Nochumson's Board of Director Grant in Memory of Naomi Miller to be used for Dr Steven Rosen's Research	500
CJE SeniorLife3003 W Touhy Ave Chicago, IL 60645		PC	The Emergency Department Elder-care Navigator (EDEN) Program	8,122
CJE SeniorLife3003 W Touhy Ave Chicago, IL 60645		PC	The Emergency Department Elder-care Navigator (EDEN) Program	6,062
Total ► 3a				654,685


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CommunityHealth NFP 2611 W Chicago Ave Chicago, IL 60622		PC	Hypertension Care Group	17,500
Council on Foundations 2121 Crystal Drive Ste 700 Arlington, VA 22202		PC	Foundation Designated Grant	3,100
Covenant World Relief 8303 W Higgins Rd Chicago, IL 60631		PC	Dr William N Werner's Board of Director Grant to support health initiatives for immunizations, maternal and child health and disease prevention	1,000
Total 				654,685
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Forefront208 S LaSalle St Ste 1540 Chicago, IL 60604		PC	Foundation Designated Grant	721
Gilda's Club Chicago537 N Wells St Chicago, IL 60654		PC	20th Anniversary Awards Dinner	50,000
Gilda's Club Chicago537 N Wells St Chicago, IL 60654		PC	Special Designated Grant to Gilda's Club	2,000
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Goldie's Place5705 North Lincoln Avenue Chicago, IL 60659		PC	James M Snyder's Board of Director Grant to Goldie's Place	1,000
Grantmakers In Health 140 S Dearborn Street Suite 400 Chicago, IL 60603		PC	Sponsorship of Annual Conference - WiFi Sponsorship	10,000
Grantmakers In Health 140 S Dearborn Street Suite 400 Chicago, IL 60603		PC	Foundation Designated Grant	2,875
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Health and Medicine Policy Research Group 29 E MADISON ST STE 602 Chicago, IL 60602		PC	Strengthening the Safety Net in Illinois Helping Providers Stay Ahead of the Shifting Landscape	15,000
Heartland Alliance 208 S LaSalle St Ste 1300 Chicago, IL 60604		PC	James M Snyder's Board of Director Grant to Heartland Alliance	1,500
Howard Brown Health Center 4025 N Sheridan Rd Chicago, IL 60613		PC	Dr Catherine M Creticos' Board of Director Grant to Howard Brown Health Center	1,250
Total 				654,685
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Illinois Association of Free & Charitable Clinics Inc 42 STEPHEN ST UNIT 416 LEMONT, IL 60439		PC	The 8th Annual Conference of the Illinois Association of Free and Charitable Clinics- Innovate Collaborate Advocate	7,500
Jackson Hole Children's Museum PO BOX 995 JACKSON, WY 83001		PC	William B Friedeman's Board of Director Grant to the Jackson Hole Children's Museum in support of the human body themed exhibit, "Inside Out Discovering the Human Body "	1,000
JourneyCare2050 CLAIRE CT GLENVIEW, IL 60025		PC	Hospice Volunteer Expansion in Chicago	16,000
Total ► 3a				654,685


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JourneyCare2050 CLAIRE CT GLENVIEW, IL 60025		PC	Hospice Volunteer Expansion in Chicago	16,000
Keshet600 Academy Dr Ste 130 Northbrook, IL 60062		PC	Howard Nochumson's Board of Director Grant for the David Nochumson, Charles Nochumson and Sara Wolf Torah Memorial Scholarship Fund	1,000
La Rabida Children's Hospital 6501 S PROMONTORY DR Chicago, IL 60649		PC	James M Snyder's Board of Director Grant to La Rabida Children's Hospital	1,000
Total 				654,685
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Libenu Foundation 8052 N Monticello Ste 210 Skokie, IL 60076		PC	Howard Nochumson's Board of Director Grant to the Libenu Foundation	500
Meals on Wheels 314 W Superior St Suite 300 Chicago, IL 60654		PC	Home Delivered Meals for Individuals with Disabilities Program (HDMID)	25,000
Mercy Housing Lakefront 120 S LaSalle St Suite 1850 Chicago, IL 60603		PC	Mercy Housing Lakefront's Community Health Worker Program	12,500
Total ► 3a				654,685


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Mount Sinai Hospital and Medical Center CALIFORNIA AVENUE AT 15TH STREET Chicago, IL 60608		PC	Providing Free Mammography Services for Low- Income Women on Chicago's West Side	17,500
North Park Friendship Center 3448 W Foster Ave Chicago, IL 60625		PC	Dr William N Werner's Board of Director Grant toward "the Plate Project"	2,500
North Park University 3225 W FOSTER AVE Chicago, IL 60625		PC	Dr William N Werner's Board of Director Grant to the Summer NPRESS Program at North Park University	2,500
Total ► 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Northwestern University633 Clark St Evanston, IL 60208		PC	High-Utilizing Emergency Room Patients A Strategic Approach to Comprehensive Care	22,500
Northwestern University633 Clark St Evanston, IL 60208		PC	Catherine Kapella, MPH's Board Officer Grant to Northwestern University for Dr Fawzi's Research	5,000
Project Seed of Suburban Chicago Inc 6045 N Monticello Ave Chicago, IL 60659		PC	Howard Nochumson's Board of Director Grant to Project Seed of Suburban Chicago	1,000
Total ► 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Ray Graham Association for People with Disabilities 901 Warrenville Road Ste 500 Lisle, IL 60532		PC	Dr Catherine M Creticos' Board of Director Grant to the Hanson Center Therapeutic Riding Program at Ray Graham Association for People with Disabilities	1,000
Rush University Medical Center 1700 WEST VAN BUREN STREET Room 250 Chicago, IL 60612		PC	James M Snyder's Board of Director Grant to the Road Home Project at Rush University Medical Center	2,000
Second Sense65 E Wacker Pl Ste 1010 Chicago, IL 60601		PC	Orientation and Mobility Training	17,500
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Shirley Ryan AbilityLab355East Erie Chicago, IL 60611		PC	Advance Human Ability Campaign	50,000
Sisters Place Inc418 Mitchell Avenue Clairton, PA 15025		PC	Barbara Brenholts Berendt's Board of Director Grant to Sisters Place in Memory of Mary Jean Donley, Mother of Debra Donley	1,000
Sonoma Ecology Center15000 Arnold Dr Eldridge, CA 95431		PC	William B Friedeman's Board of Director Grant to the Sonoma Ecology Center for the Park Prescription Program	1,000
Total 				654,685
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
St Johns Episcopal Church 3857 N Kostner Ave Chicago, IL 60641		PC	William B Friedeman's Board of Director Grant to St John's Episcopal Church	500
St Johns Episcopal Church 3857 N Kostner Ave Chicago, IL 60641		PC	Mr William B Friedeman's Board of Director Grant for the low income utility payment program	2,200
St Johns Hospital800 E Carpenter St Springfield, IL 62769		PC	William B Friedeman's Board of Director Grant to St John's Hospital Foundation	1,000
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
St Leonard's House2100 W Warren Blvd Chicago, IL 60612		PC	Integrated Behavioral and Physical Health Services Initiative for Formerly Incarcerated Men and Women	7,500
Swedish Covenant Hospital 5145 N California Ave Chicago, IL 60625		PC	A Silver Lining Foundation Buy A Mom A Mammogram Program at Swedish Covenant Hospital	17,500
Team Spirit Institute 7336 N KEDVALE AVE Lincolnwood, IL 60712		PC	Howard Nochumson's Board of Director Grant to Team Spirit Institute In Memory of Rabbi Nathan H Gordon	500
Total 				654,685
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Children's Clinic320 Lake Street Oak Park, IL 60302		PC	Expansion of Oral Health Care for Special Need Patients	12,862
The Children's Clinic320 Lake Street Oak Park, IL 60302		PC	Expansion of Oral Health Care for Special Need Patients	12,862
The Kedzie Center 4141 N Kedzie Ave Ste 2 Chicago, IL 60618		PC	Dr William N Werner's Board of Director Grant to The Kedzie Center	500
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Kedzie Center Expanded Mental Health Services Of Chicago Nfp 4141 N Kedzie Ave Ste 2 Chicago, IL 60618		PC	Little Explorers Community Expansion Program	9,000
The Night Ministry 4711 N Ravenswood Ave Chicago, IL 60640		PC	Catherine Kapella, MPH's Foundation Officer Grant to The Night Ministry	2,500
Torah Academy of Buffalo Grove 720 Armstrong Dr Buffalo Grove, IL 60089		PC	Howard Nochumson's Board of Director Grant to Torah Academy of Buffalo Grove for a Lecture on the Commandment to Guard Your Health	1,000
Total ► 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Trinity Episcopal Church125 E 26th St Chicago, IL 60616		PC	William B Friedeman's Board of Director Grant to Trinity Episcopal Church for the Food Support Program	1,000
Trinity Episcopal Church126 E 26th St Chicago, IL 60616		PC	William B Friedeman's Board of Director Grant to Trinity Episcopal Church for the Food Support Program	500
Trinity Episcopal Church127 E 26th St Chicago, IL 60616		PC	Mr William B Friedeman's Board of Director Grant to Trinity Episcopal Church	300
Total ▶ 3a				654,685

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Wood Dale Community United Methodist Church 206 N Wood Dale Rd Wood Dale, IL 60191		PC	Barbara Berendt's Board of Director Grant to Wood Dale Commnity United Methodist Church for the Wood Dale Food Pantry	1,000
Clearbook1835 W Central Rd Arlington Heights, IL 60005		PC	PRI Forgiveness	8,183
Mobile CARE Foundation 321 N Loomis Ste 202 Chicago, IL 60607		PC	PRI Forgiveness	24,818
Total ► 3a				654,685

TY 2017 Accounting Fees Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting Fees	40,246	4,025		36,221

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2017 Depreciation Schedule

Name: Washington Square Health Foundation

EIN: 36-1210140

Software ID: 17005876

Software Version: 2017v2.2

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Equipment						6,405	640		

TY 2017 Investments Corporate Bonds Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	280,509	280,509

TY 2017 Investments Corporate Stock Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DOM. SMALL CAP MUTUAL FUNDS	2,076,605	2,076,605
DOM. LARGE CAP MUTUAL FUNDS	4,951,567	4,951,567
DOMESTIC EQUITY FUNDS	41,027	41,027
FIXED INCOME	0	0
INTERNATIONAL EQUITY FUNDS	5,501,158	5,501,158
DOM. MIDDLE CAP MUTUAL FUNDS	2,023,368	2,023,368
COMMINGLED EQUITY FUNDS	97,721	97,721

TY 2017 Investments - Other Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
LONG-TERM GROWTH EQUITY FUND	FMV	20,174	20,174

**TY 2017 Land, Etc.
Schedule****Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	54,619	36,962	17,657	17,657

TY 2017 Legal Fees Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	2,339	234		2,105

TY 2017 Other Assets Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
RENT SECURITY DEPOSIT	6,971	6,971	6,971
PROGRAM RELATED INVESTMENTS	403,164	352,375	352,375

TY 2017 Other Expenses Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	70,735	7,074		63,661
OFFICE SUPPLIES	13,777	1,378		12,399
BOARD EXPENSES	36,685	3,668		33,017
DUES & SUBSCRIPTIONS	5,929	593		5,336
SERVICE CONTRACTS	17,558	1,756		15,802
BANK CHARGES	1,036	104		932
DIABETES PROGRAM MEETING	301			301
MISCELLANEOUS	2,808	280		2,528

TY 2017 Other Increases Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2**Description****Amount**

UNREALIZED GAINS

710,186

TY 2017 Other Liabilities Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2

Description	Beginning of Year - Book Value	End of Year - Book Value
EMPLOYEE BENEFIT PLAN	391,708	423,945

TY 2017 Other Professional Fees Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	2,115			2,115

TY 2017 Taxes Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 17005876**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	12,000			
Payroll Tax	21,397	2,140		19,257