EXTENDED TO NOVEMBER 15, 2019
Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PF for instructions and the latest information

For	calendar year 2018 or tax year beginning		, and ending		
Nar	ne of foundation			A Employer identification	number
W	ESTLAKE HEALTH FOUNDATION			36-3104071	
	ber and street (or P O box number if mail is not delivered to street a	ddress)		B Telephone number	
_	8 W. 140 BUTTERFIELD		1660	630-495-38	00
	r or town, state or province, country, and ZIP or foreign p AKBROOK TERRACE, IL 6018			C if exemption application is pe	ending, check here
	heck all that apply.		ormer public charity	D 1 Foreign organizations	, check here
	Final return Address change	Amended return Name change		2 Foreign organizations med check here and attach cor	eting the 85% test,
H C	heck type of organization: X Section 501(c)(3) ex			E If private foundation stat	
		Other taxable private foundate		under section 507(b)(1)	
	ir market value of all assets at end of year J Accounti		X Accrual	F If the foundation is in a (
		ther (specify)	<u> </u>	under section 507(b)(1)	(B), check here ►∟
	Analysis of Revenue and Expenses	1		(a) Advented ant	(d) Disbursements
1	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
1	1 Contributions, gifts, grants, etc., received	Shounds St. Charles To be of Marie . Marine		N/A	
	2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary	7.064	SPECIAL PROPERTY OF STATE		
	3 cash investments	7,964.	7,964. 1,802,651.		STATEMENT 1. STATEMENT 2
	4 Dividends and interest from securities	1,002,031.	1,002,031.		OFAT BMENT Z
	5a Gross rents b Net rental income or (loss)			\$2329 KE KAMENY	
	6a Net gain or (loss) from sale of assets not on line 10	8,036,117.			
ue	b Gross sales price for all assets on line 6a 35,839,233.				
evenue	7 Capital gain net income (from Part IV, line 2)		8,036,117.		
Ä	8 Net short-term capital gain	de les les la	S. Maria San San Bern	RECEIVED	
	9 Income modifications Gross sales less returns			TEOLIVED	
	10a and allowances		2	MAVOASSO	S
	b Less Cost of goods sold			MAY 2 0 2019	
	c Gross profit or (loss)	20,212.	20,212.	OGDEN UT	STATEMENT 3
	11 Other income 12 Total Add lines 1 through 11	9,866,944.	9,866,944.	OGDEN, UT	
_	13 Compensation of officers, directors, trustees, etc	366,850.	36,685.		330,165.
	14 Other employee salaries and wages	124,773.	12,477.		122,296.
	15 Pension plans, employee benefits	136,088.	13,609.		122,478.
ses	16a Legal fees	,			
Expens	b Accounting fees STMT 4	16,500.	13,200.	- · <u>-</u> ·	3,300.
Ext	c Other professional fees STMT 5	469,008.	467,379.		1,629.
tive	17 Interest 18 Taxes STMT 6	-17,978.	3,009.		27,082.
stra	17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy Travel, conferences, and meetings	-11,510.	3,007.		27,002.
i di	20s Occupancy	111,336.	11,134.		100,202.
Adn	Travel, conferences, and meetings	23,553.	2,355.		21,198.
nd,	22 Printing and publications	505.	-51.		456.
S S	Other expenses STMT 7	14,694.	1,470.		13,224.
)), }	24 Total operating and administrative				
V V	expenses Add lines 13 through 23	1,245,329.	561,369.	1002 L 1. 10080110	742,030.
26	25 Contributions, gifts, grants paid	6,471,393.		The second secon	6,092,647.
ا کے	26 Total expenses and disbursements Add lines 24 and 25	7,716,722.	561,369.		6,834,677.
0102 & 8 NOG Operatingand A	27 Subtract line 26 from line 12	1,110,1220			
-	a Excess of revenue over expenses and disbursements	2,150,222.			
	b Net investment income (if negative, enter -0-)	《图》中的《图》	9,305,575.		
	C Adjusted net income (if negative, enter -0-)			N/A	NEXT COLUMN

Form **990-PF**

Department of the Treasury Internal Revenue Service

			T ON	2.4	_	2104071
		00-PF (2018) WESTLAKE HEALTH FOUNDAT	Beginning of year			3104071 Page 2 f year
į.	art	Balance Sheets Attached schedules and amounts in the description column should be for end of-year amounts only	(a) Book Value	(b) Book Value	10 0	(c) Fair Market Value
	т.	Cook and interest because	(a) DOOK Value		3.	3.
	1	Cash - non-interest-bearing	299,289.	138,764		138,764.
	2	Savings and temporary cash investments	433,403.	130,704	± •	130,704.
	3	Accounts receivable		PROTEIN CASE	3 600	
	١.	Less: allowance for doubtful accounts	PALIST TINGS & SECTION SECTION SE		nese P	
	4	Pledges receivable Pledges receivable			1,000	
	_	Less: allowance for doubtful accounts				
,	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons	PAREMENT OF THE PAREMENT AND THE PAREMEN	#*************************************	er ven	THE TYPE FOR LANGUAGE SANDONNESS NAME.
•	7	Other notes and loans receivable				
		Less allowance for doubtful accounts			_	
ş	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges			_	
⋖	1	Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 8	75,999,478.	59,585,007	<u></u>	59,585,007. 15,737,173.
	c	Investments - corporate bonds STMT 9	16,590,246.	15,737,173	3.	15,737,173.
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other STMT 10	34,071,953.	39,788,585	5.	39,788,585.
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation				
	15	Other assets (describe ► ART	17,875.	17,875	5 •	17,875.
	16	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item 1)	126,978,841.	115,267,407	7 •	115,267,407.
	17	Accounts payable and accrued expenses	359,4/3.	3/8,945	•	
	18	Grants payable	2,844,709.	3,223,454	<u>1</u> .	
es	19	Deferred revenue		,		
abilities		Loans from officers, directors,-trustees,-and other disqualified persons			-	
횶	21	Mortgages and other notes payable		405 656	\vdash	
-	22	Other liabilities (describe >)	274,940.	127,659	" -	
			2 470 100	2 720 050		
_	23	Total liabilities (add lines 17 through 22)	3,479,122.	3,730,058	-	
		Foundations that follow SFAS 117, check here				
s		and complete lines 24 through 26, and lines 30 and 31	123,499,719.	111,537,349	ا د	
ce	24	Unrestricted	143,433,713.	111,007,043	•	
<u>ala</u>	25	Temporarily restricted				
Assets or Fund Balances	26	Permanently restricted			-	
Ē		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31				
ö	27	Capital stock, trust principal, or current funds				
əts		Paid-in or capital surplus, or land, bldg., and equipment fund			\neg	
1886	29	Retained earnings, accumulated income, endowment, or other funds			\neg	
Net/	30	Total net assets or fund balances	123,499,719.	111,537,349	7.	
Z		Total lict assets of fully balances				
	31	Total liabilities and net assets/fund balances	126,978,841.	115,267,407	7.	
Р	art					
		net assets or fund balances at beginning of year - Part II, column (a), line	30			
		st agree with end-of-year figure reported on prior year's return)	00		1	123,499,719.
		amount from Part I, line 27a		ŀ	2	2,150,222.
		r increases not included in line 2 (itemize)	•	<u> </u>	3	0.
		lines 1. 2 and 2			-	125 649 941

Decreases not included in line 2 (itemize) ► CHANGE IN UNREALIZED GAINS AND LOSSES

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

14,112,592. 111,537,349. Form 990-PF (2018)

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36-3104071

Part IV Capital Gains	and Los	ses for Tax on In	vestment	Income						
		of property sold (for example of common stock, 200 shs		te,	(b)	How ac - Purc - Don	cquired hase ation	(c) Date (mo , c	acquired lay, yr)	(d) Date sold (mo , day, yr)
1a SEE ATTACHED L	IST			· ·			P			
b										
<u>c</u>					ļ					
<u>d</u>										
<u>e</u>	(n) D		(-) C	-	<u> </u>			/h) C	(laan	
(e) Gross sales price		epreciation allowed (or allowable)	plus e	st or other basis expense of sale					Sain or (loss s (f) minus	(g)) <u> </u>
a 35,839,233.			2	7,803,11	6.					8,036,117.
<u>b</u>										
<u>C</u>					-		-			
d e										-
Complete only for assets showing	i no dain in ci	olumn (h) and owned by t	the foundation	on 12/31/69.				I) Gains ((Col. (h) gain	minus
) Adjusted basis		cess of col. (1)			co	l. (k), but	not less thai	n -0-) or
(i) FMV as of 12/31/69		as of 12/31/69		col. (j), if any				Losses	(from col. (.h))
a										8,036,117.
b										
С										
d							_			
е							,			
2 Capital gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0	r in Part I, line - in Part I, line	7 7	}[2				8,036,117.
3 Net short-term capital gain or (los	ss) as defin	•								
If gain, also enter in Part I, line 8,	•	. ,	- (-)) [
If (loss), enter -0- in Part I, line 8 Part V Qualification U	ndou Co	ation 4040(a) for	Dadward	Tay on Nat		3	omt Inc.		N/A	·
							ent ince	Jille		
(For optional use by domestic private	e toundatior	is subject to the section 4	1940(a) tax on	net investment inc	come)				
It section 4940(d)(2) applies, leave the	his part blai	nk.								
Was the foundation liable for the sec				•	od?					Yes X No
If "Yes," the foundation doesn't qualif 1 Enter the appropriate amount in					trioc	·				
(a)	each coluin		istructions bei	ore making any er				1		(4)
Base period years Calendar year (or tax year beginnii	na in)	(b) Adjusted qualifying dis	tributions	Net value of no	(c) nchar	ıtable-	use assets		Distrib	(d) bution ratio vided by col. (c))
2017	11g 111)		0,232.				7,267			.049198
2016			0,981.				6,752			.048065
2015			6,283.				1,608			.052816
2014			6,234.				0,670			.043153
2013			3,134.				5,105			.046102
2 Total of line 1, column (d)								2		.239334
3 Average distribution ratio for the	-		on line 2 by 5.0), or by the numbe	er of y	ears			ļ	
the foundation has been in exister	nce if less t	han 5 years						3	_	.047867
4 Enter the net value of noncharitab	ole-use asse	ets for 2018 from Part X. I	ine 5					4	12	6,329,032.
		,								<u> </u>
5 Multiply line 4 by line 3								5		6,046 <u>,</u> 992.
										02.056
6 Enter 1% of net investment incom	ne (1% of P	art I, line 27b)						6		93,056.
7 Add lines 5 and 6								7		6,140,048.
	_									
8 Enter qualifying distributions from			th and seem	late that and war	~ ~ 4^	/ he	-1-	8	L	<u>6,834,677.</u>
If line 8 is equal to or greater than See the Part VI instructions.	i iirie 7, che	ck the box in Part VI, line	io, and comp	iete inat part usini	y a 19	₀ tax r	ale.			

	990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAKE HEALTH FOUNDATION 1990-PF (2018) WESTLAK	4940(b), 4940(e), or 4			Page 4
7. T. A.	Exempt operating foundations described in section 4940(d)(2), check here and enter "N		ene:	77.27.27.27.77.27.27.27.27.27.27.27.27.2	
	Date of ruling or determination letter (attach copy of letter if necessary				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	93,0	56.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Pai	rt I, line 12, col. (b). ノ	4	1477 Decem	14 14 14 14 14 14 14 14 14 14 14 14 14 1
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, et	nter -0-)	2		0.
-	Add lines 1 and 2		3	93,0	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, 6	enter -0-)	4	03.01	0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	93,0	00. ₽>¤3"3"3"}
	Credits/Payments:	1 00 652			
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a				
	Exempt foreign organizations - tax withheld at source	 			100 A
	Tax paid with application for extension of time to file (Form 8868) 6c	 			
	Backup withholding erroneously withheld Tatal and the and as greater Add have Continued Col	<u> </u>	7	89,6	5 3
	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here		8		36.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	_	9	3,5	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		<u> </u>
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	Refunded	11		
	A Statements Regarding Activities		1 11 1		
- C - 5 - 7 - 7	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	or did it participate or intervene	: IN	Yes Yes	No
	any political campaign?			1a ·	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? So	ee the instructions for the defin	nition	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any				
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?			1c	X
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 ▶ \$	§ <u>0 .</u>	_		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure ta	x imposed on foundation			
	managers. > \$0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	nent, articles of incorporation, o	r		i Air in the second
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		NT.	/3 4a	
	If "Yes," has it filed a tax return on Form 990-T for this year?		14	/A 4b	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			\$198 SEP\$	A FERM
^	If "Yes," attach the statement required by General Instruction T				
О	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 direct 	tions that conflict with the state	a law		
	remain in the governing instrument?	ations that commet with the state	LIGW	6 X	harr strange
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Pa	art II col (c) and Part XV		7 X	
•	bid the foundation have at least \$6,000 in assets at any time during the year. If 100, complete to	art 11, 001. (0), and 1 art //v		# SETE	
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? If "No," attach explanation	,		8b X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4	1942(j)(3) or 4942(j)(5) for cale	endar	trod reed	Salar A
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete P			. 9	<u>x</u> /
10	Did any persons become substantial contributors during the tax year? If "Yes attach a schedule listing	g their names and addresses		10	X
-				Form 990-PF	(2018) ~

Page 5

Form	1 990-PF (2018) WESTLAKE HEALTH FOUNDATION 3	6-3104071		Page 5
	int VIIIA Statements Regarding Activities (continued)			
	,		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	24462944 247		
• •	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi			
12	If "Yes," attach statement. See instructions	12		Х
12	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
13	Website address ► N/A	13_	1	L
44	The books are in care of DAVID HEY Telephone no.	630-495-3	800	
14		IP+4 ▶60181		
15		11 14 P 30 10 1		$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	15 l N	I/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	2022	F-54-0-1	NI SAN
	foreign country			
32 2	int VIEB Statements Regarding Activities for Which Form 4720 May Be Required	ANK SOR	± 2283884	- 100 Par - 10 + 100 P
1. A. 1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	62X7	Yes	No
4.			STATE OF STREET	COLUMN TO SERVICE STATE OF THE
14	During the year, did the foundation (either directly or indirectly): (1) Engage in the calls or exphange, or leaving of property with a disqualified percent.	X No	14.5	
		ZI NO		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	X No		
		X No		
		X No		
		LA NO }}		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	(T)		
	· · · · · · · · · · · · · · · · · · ·	X 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			
		X 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		M.K.	
	section 53.4941(d)-3 or-in a-current notice regarding disaster assistance? See instructions	N/A 1b	66.200(F6s)	MEN C'ALCRA
	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 2018?	1c	m removate	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018?	X No		
	If "Yes," list the years \blacktriangleright			
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	1	200 Miles	
	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 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		17/1	3 4 1 1 A
	>	1	10.3-5.51	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	£733	5 (3 (5 m))	
		X No		CH.
Ь	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	· · · · · · · · · · · · · · · · · · ·	Ti	312
_	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispe	ose Francisco		
	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,	7		
	Form 4720, to determine if the foundation had excess business holdings in 2018.)	N/A 3b	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	- F-m-A
42	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 th	Proceedings.	10.73	1727
•	had not been removed from recovery before the first day of the tay year beginning 20192	46	V 816.00 CV	Y

2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, e	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans • and deferred compensation	(e) Expense account, other allowances
ROSA WESOLEK - ONE LINCOLN CENTER,	ASST TO PRES.			
18 W. 140 BUTTERRFIELD RD,, OAKBROOK	40.00	124,773.	0.	0.
Total number of other employees paid over \$50,000				

Form 990-PF (2018)

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	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	127,951,880.
b	Average of monthly cash balances	1b	283,069.
-	Fair market value of all other assets	1c	17,875.
ď		1d	128,252,824.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	128,252,824.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,923,792.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	126,329,032.
6	Minimum investment return Enter 5% of line 5	6	6,316,452.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	id certain	······································
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	6,316,452.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	93,056.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	6,223,396.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,223,396.
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	6,223,396.
P	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	6,834,677.
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	6,834,677.
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	93,056.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	6,741,621.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	or the section

Form **990-PF** (2018)

4940(e) reduction of tax in those years.

Part XIII Un	distributed Income (se	ee instructions)			
		(a)	(b)	(c)	

	(a) Corpus	Years prior to 2017	2017	2018
Distributable amount for 2018 from Part XI, line 7				6,223,396.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			5,312,264.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2018.				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017			·	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4 ► \$ 6,834,677.				
a Applied to 2017, but not more than line 2a			5,312,264.	
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 2018 distributable amount				1,522,413.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		0.		
assessed d Subtract line 6c from line 6b Taxable				
		0.		
amount - see instructions e Undistributed income for 2017 Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2018 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				4,700,983.
7 Amounts treated as distributions out of	_			2770075000
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 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2014				
b Excess from 2015			ļ	
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

	E HEALTH FOU			36-310	04071 Page 10
Part XIV Private Operating F	oundations (see ins	tructions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling	determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2018, enter the date of th	ne ruling	▶ ∟		/
b Check box to indicate whether the foun	dationus a private operating	g foundation described in		4942(j)(3) or49	42(_J)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(à) 2018	(b) 2017	(c) 2016	(d) 2018	(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					-
alternative test relied upon:					
a "Assets" alternative test - enter:(1) Value of all assets					
` '		/	<u> </u>		
(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 exampt					
organizations as provided in					
section 4942(j)(3)(B)(III)		<u> </u>			
(3) Largest amount of support from					
an exempt organization				<u> </u>	
(4) Gross investment income	1			1 105 000	
Part XV Supplementary Info			the foundation	nad \$5,000 or more	e in assets
at any time during t	the year-see instru	ictions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			butions received by the	foundation before the close	of any tax
year (but only if they have contributed i	more than \$5,000). (See se	ction 507(d)(2))			
NONE					
b List any managers of the foundation wh			or an equally large portio	on of the ownership of a par	tnership or
other entity) of which the foundation ha	is a 10% or greater interest	•			
NONE					
,2 Information Regarding Contribut	ion, Grant, Gıft, Loan, S	Scholarship, etc., Pro	grams:		
Check here 🕨 🔲 if the foundation	only makes contributions to	preselected charitable o	rganizations and does n	ot accept unsolicited reque	sts for funds If
the foundation makes gifts, grants, etc	, to individuals or organizal	ions under other condition	ons, complete items 2a,	b, c, and đ	
a The name, address, and telephone num	iber or email address of the	person to whom applica	tions should be address	ed	
, , , , , , , , , , , , , , , , , , , ,		• •			
SEE STATEMENT 13					
b The form in which applications should	be submitted and informati	on and materials they sho	ould include		
c Any submission deadlines					
2 mg 222 mooion doddinioo					
d Any restrictions or limitations on award	ls, such as by geographical	areas, charitable fields	kinds of institutions, or o	other factors	
, and a minimum on aware	_, ,, _, _, _, _, _, _, _, _, _, _	,		· -	

Page 11

	(Continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment		
· Recipient	If recipient is an individual,	Foundation	Purpose of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or Substantial Contributor	Toolpion		
- Tara danning the year				
SEE ATTACHED		ALL ARE 501-C3	SEE ATTACHED,	
			GENERALLY FOR	
			OPERATING SUPPORT	6,092,647.
			•	
		 		
Total			▶ 3a	6,092,647.
b Approved for future payment				
		L		
SEE ATTACHED		ALL ARE 501 C-3	1	
			GENERALLY FOR OPERATING SUPPORT	3,223,454.
			DEBRATING SUFFORT	3,223,434.
•				
			▶ 3b	3,223,454.
Total			▶ 3h	1 3 223 454.

PartiXVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	_				
b	_		1-1		
c	_		$\downarrow \downarrow \downarrow$		
d	_				
e	_		1-1-		
f	_		↓		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			 -		
3 Interest on savings and temporary cash					
investments	ļ		14	7,964.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:	AND E			Charles Comment	
a Debt-financed property	-		1		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal			1 1		
property					
7 Other investment income	 		14	20,212.	
8 Gain or (loss) from sales of assets other					
than inventory	-	 	18	8,036,117.	
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory			 		
11 Other revenue					
a	-	_	} 		
b			├ ─┼		
c	1 1		 -		
d	-		 		
e				0.066.044	
12 Subtotal. Add columns (b), (d), and (e)				9,866,944.	0. 9,866,944.
13 Total Add line 12, columns (b), (d), and (e)				13	9,000,344.
(See worksheet in line 13 instructions to verify calculations)					
PartiXVIEBI Relationship of Activities	to the Accom	plishment of Exe	empt F	urposes	
Line No Explain below how each activity for which inc	come is reported in c	olumn (e) of Part XVI-A	contribut	ed importantly to the accomp	lishment of
the foundation's exempt purposes (other tha			COMMISSI	ca importantly to the accomp	non-non or
		-	<u> </u>		
					
				 	
					
					
I					
					

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

Yes No

Form 990-PF (2018) Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

(other tha	an section 501(c)(3) organizati	tions) or in section	n 527, relating	g to political organizations?			sen edeles a grantidados	tomaiaa
a Transfors	from the roporting foundation	n to a noncharita	blo oxompt orq	ganization of			-conditions -	ommistration.
(1) Cash	1						1a(1)	X
(2) Othe	r assets						1a(2)	X
b Other tran	nsactions:							
(1) Sales	s of assets to a noncharitable e	exempt organizat	tion				1b(1)	X
(2) Purc	hases of assets from a noncharitable exempt organization							<u> </u>
(3) Rent	Rental of facilities, equipment, or other assets							
(4) Reim								
(5) Loan	is or loan guarantees						1b(5)	X
(6) Porfo	ormance of corvided or membe	orchip or fundrai	sing solicitatio	ns			1b(6)	X
c Sharing o	of facilities, equipment, mailing	g lists, other asse	ts, or paid em	ployees			1c	X
d If the ans	wer to any of the above is "Yes	s," complete the	following sche	dule Column (b) should al	ways show the fair i	narket value of the goods, o	ther assets,	
	es given by the reporting found							
	d) the value of the goods, othe							
a) Line no	(b) Amount involved	(c) Name o	noncharitable	exempt organization	(d) Description	of transfers, transactions, and sh	arıng arrangeme	nts
			N/A					
							<u> </u>	
								
			<u></u>	_ .				
	ndation directly or indirectly a			or more tax exempt organi	zations described	_		_
	501(c) (other than section 50		ction 527?				_ Yes _X	No
b If "Yes," co	omplete the following schedule			(1) T (_	(1)		
	(a) Name of organiz	zation		(b) Type of organization		(c) Description of relationsh	ip	
	N/A			-	 			
<u></u>								
					1			
Under	penalties perjury I declare that I	have examined this	return, includina	accompanying schedules and st	atements, and to the bes	st of my knowledge		
	elief, it is true, correct, and complete					as any knowledge May retur	the IRS discuss t n with the prepare	er
Here	Some XX	_		5-15-19	Pass-	show	vn below? See ins	¬
Sign	nature of officer or trustee	7		Date	Title		t res	_ No
	Print/Type preparer's name		Preparer's si		Date	Check If PTIN		
]		Q 14	Turnet		self- employed		
Paid	ANTHONY J. R	UZICKA	ANTHON	Y G. RUZICK	05/15/19	' '	446466	
Preparer	Firm's name ► WIPFL				,	Firm's EIN ► 39-07		
Use Only		-				,		
	Firm's address ► 100	TRI-STA	TE INTI	ERNATIONAL.	SUITE 300			
		COLNSHIR		60069		Phone no 847.94	1.0100	
							rm 990-PF	(2018)

FORM 990-PF INTER	EST ON SAVIN	IGS AND TE	MPOR	ARY C	ASH IN	IVESTMENTS	ST	'ATEMENT 1
SOURCE	REV			(B) NET INVESTMENT INCOME			(C) ADJUSTED NET INCOME	
NORTHERN TRUST	•				7,964.			
TOTAL TO PART I, LI				7,964.				
FORM 990-PF	DIVIDENDS	S AND INTE	REST	FROM	SECUR	RITIES	ST	'ATEMENT 2
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN	}	REVI	A) ENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
BMO HARRIS	1,802,651.		0.	1,80	2,651.	1,802,65	1.	
TO PART I, LINE 4	1,802,651.		0.	1,802	2,651.	1,802,65	1.	
FORM 990-PF		OTHER	INCOM	/F.			ST	ATEMENT 3
								
DESCRIPTION			REV	(A) ENUE BOOKS		(B) ET INVEST- ENT INCOME		(C) ADJUSTED NET INCOME
MISCELLANEOUS		_		20,	212.	20,212	•	
TOTAL TO FORM 990-F	PF, PART I,	LINE 11 =		20,	212.	20,212	 - =	
·						,		
FORM 990-PF		ACCOUNT	'ING I	FEES			ST	ATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET MEI	(B) INVI IT INC		(C) ADJUSTED NET INCOM		(D) CHARITABLE PURPOSES
ACCOUNTING		16,500		13	,200.	-		3,300.
TO FORM 990-PF, PG	1, LN 16B	16,500		13	,200.			3,300.

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT COUNSELING CUSTODIAL FEES ' OTHER	443,778. 23,420. 1,810.	23,420.		0. 0. 1,629.	
TO FORM 990-PF, PG 1, LN 16C	469,008.	467,379.		1,629.	
FORM 990-PF	TAX	ES	S	татемент 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL EXCISE DEFERRED EXCISE TAXES	30,091. 93,055. -141,124.			27,082. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	-17,978.	3,009.		27,082.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
DUES INSURANCE TELEPHONE MISCELLANEOUS	1,039. 3,640. 9,597. 418.			935. 3,276. 8,637. 376.	
TO FORM 990-PF, PG 1, LN 23	14,694.	1,470.		13,224.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK		59,585,007.	59,585,007.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	59,585,007.	59,585,007.
FORM 990-PF	CORPORATE BONDS		STATEMENT 9
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
BONDS		15,737,173.	15,737,173.
TOTAL TO FORM 990-PF, PART II,	LINE 10C	15,737,173.	15,737,173.
			GEN TO 10
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CASH EQUIVALENTS ACCRUED INCOME PARTNERSHIPS AND OTHER	COST COST FMV	1,950,242. 53,763. 37,784,580.	1,950,242. 53,763. 37,784,580.
TOTAL TO FORM 990-PF, PART II,	LINE 13	39,788,585.	39,788,585.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 11
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
CURRENT EXCISE TAX PAYABLE DEFERRED EXCISE TAX PAYABLE		9,559. 265,381.	3,402. 124,257.

	RT VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK			EXPENSE
LEONARD J. MULLER ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	CHAIRMAN AND C	ZEO 249,676.	52,903.	0.
DAVID R. HEY ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	PRESIDENT AND 40.00		9,600.	0.
RICHARD MONTALBANO, SR. ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.	0.
J. MELVIN SMITH ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	SECRETARY 2.00	0.	0.	0.
SAUNDRA SPILOTRO ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.	0.
FRED M. TOMERA, M.D. ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.	0.
RAUL VILLASUSO, M.D. ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.	0.
LUCILLE CIBELLI ONE LINCOLN CENTER, SUITE 1660 OAKBROOK TERRACE, IL 60181	DIRECTOR 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	366,850.	62,503.	0.

FORM 990-PF

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

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

630-495-6800

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED

ANY SUBMISSION DEADLINES

SEE ATTACHED

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHED