EXTENDED TO MAY 15, 2020

29491270021050

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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.

1906

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

Name of foundation

MICHAEL REESE HEALTH TRUST

A Employer identification number

36-2170910

Number and street (or P O box number if mail is not delivered to street address)

150 N WACKER DRIVE

Room/suite

2320

B Telephone number

312-726-1008

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60606

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 145,760,527.

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify)

(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☒

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	452,523.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	817.	817.		STATEMENT 1
	4 Dividends and interest from securities	2,240,859.	2,240,859.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	5,624,749.			
	b Gross sales price for all assets on line 6a 5,624,749.				
	7 Capital gain net income (from Part IV, line 2)		5,624,749.		
	8 Net short-term capital gain			N/A	
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	938,818.	617,865.	0.	STATEMENT 3
	12 Total. Add lines 1 through 11	9,257,766.	8,484,290.	0.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	217,404.	18,045.	0.	199,359.
	14 Other employee salaries and wages	490,488.	11,173.	0.	479,315.
	15 Pension plans, employee benefits	300,182.	24,915.	0.	275,267.
	16a Legal fees STMT 4	29,910.	2,482.	0.	27,428.
	b Accounting fees STMT 5	196,654.	19,916.	0.	176,738.
	c Other professional fees STMT 6	88,460.	7,342.	0.	81,118.
	17 Interest	717,556.	717,556.	0.	0.
	18 Taxes STMT 7	-221,715.	0.	0.	0.
	19 Depreciation and depletion	5,081.	0.	0.	
	20 Occupancy	136,576.	11,336.	0.	125,240.
	21 Travel, conferences, and meetings	38,763.	0.	0.	38,763.
	22 Printing and publications	3,241.	0.	0.	3,241.
	23 Other expenses STMT 8	1,616,307.	1,514,223.	0.	97,082.
	24 Total operating and administrative expenses. Add lines 13 through 23	3,618,907.	2,326,988.	0.	1,503,551.
	25 Contributions, gifts, grants paid	6,742,478.			7,189,288.
	26 Total expenses and disbursements. Add lines 24 and 25	10,361,385.	2,326,988.	0.	8,692,839.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,103,619.			
	b Net investment income (if negative, enter -0-)		6,157,302.		
	c Adjusted net income (if negative, enter -0-)			0.	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	1,787,408.	5,308,313.	5,308,313.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	28,489.	27,012.	27,012.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	6,126,699.	141,437.	141,437.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶	13,710.		
	12 Investments - mortgage loans			
	13 Investments - other STMT 10	135,895,397.	135,490,464.	135,490,464.
	14 Land, buildings, and equipment: basis ▶ 82,551.			
	Less accumulated depreciation STMT 11 ▶ 67,581.	0.	14,970.	14,970.
	15 Other assets (describe ▶ STATEMENT 12)	4,642,187.	4,778,331.	4,778,331.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	148,493,890.	145,760,527.	145,760,527.
Liabilities	17 Accounts payable and accrued expenses	343,978.	221,974.	
	18 Grants payable	4,011,653.	3,614,843.	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	4,355,631.	3,836,817.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26, and lines 30 and 31.**			
	24 Unrestricted	117,424,226.	114,430,898.	
	25 Temporarily restricted	7,014,580.	7,869,558.	
	26 Permanently restricted	19,699,453.	19,623,254.	
	Foundations that do not follow SFAS 117, check here ▶ [ ] 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**	144,138,259.	141,923,710.	
	31 **Total liabilities and net assets/fund balances**	148,493,890.	145,760,527.	

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	144,138,259.
2	Enter amount from Part I, line 27a	2	-1,103,619.
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAINS/(LOSSES)	3	1,044,958.
4	Add lines 1, 2, and 3	4	144,079,598.
5	Decreases not included in line 2 (itemize) ▶ BOOK - TAX DIFFERENCES	5	2,155,888.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	141,923,710.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (for example, 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.)
1a				
b	SEE ATTACHED STATEMENT			
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				
b				
c				
d				
e	5,624,749.			5,624,749.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				
b				
c				
d				
e				5,624,749.

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	5,624,749.
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). If (loss), enter -0- in Part I, line 8	3	5,624,749.

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2017	5,901,789.	140,784,953.	.041921
2016	8,176,932.	134,230,677.	.060917
2015	7,556,282.	131,402,856.	.057505
2014	7,197,472.	140,609,281.	.051188
2013	6,322,280.	135,632,958.	.046613

2	Total of line 1, column (d)	2	.258144
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.051629
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	142,835,580.
5	Multiply line 4 by line 3	5	7,374,458.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	61,573.
7	Add lines 5 and 6	7	7,436,031.
8	Enter qualifying distributions from Part XII, line 4	8	8,692,839.

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 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.)
1a	AG ENERGY CREDIT OPP HOLDINGS LP	P		
b	CD&R FUND VII	P		
c	CD&R FUND IX	P		
d	MHR INSTITUTIONAL PTRS III	P		
e	PALO ALTO HEALTHCARE FUND II LP	P		
f	RAINE PARTNERS II AIV2 LP	P		
g	IP III BLOCKER-I LP	P		
h	TIFF PRIVATE EQUITY PARTNERS 2007, LLC	P		
i	TIFF PARTNERS V-INTERNATIONAL, LLC	P		
j	TIFF PARTNERS V-US, LLC	P		
k	JFMC POOLED ENDOWMENT PORTFOLIO	P		
l				
m				
n				
o				

	(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	30,118.			30,118.
b	401,044.			401,044.
c	134.			134.
d	14,280.			14,280.
e	847,380.			847,380.
f	20,690.			20,690.
g	10,435.			10,435.
h	184,746.			184,746.
i	-49,191.			-49,191.
j	169.			169.
k	4,164,944.			4,164,944.
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(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				** 30,118.
b				** 401,044.
c				** 134.
d				** 14,280.
e				** 847,380.
f				** 20,690.
g				** 10,435.
h				** 184,746.
i				** -49,191.
j				** 169.
k				** 4,164,944.
l				
m				
n				
o				

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	5,624,749.
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). If (loss), enter "-0-" in Part I, line 8	3	5,624,749.

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** (SHORT-TERM)

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 ▶ ☐ 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 ▶ ☒ and enter 1% of Part I, line 27b	1	61,573.
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	0.
3	Add lines 1 and 2	3	61,573.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	61,573.
6	Credits/Payments:		
a	2018 estimated tax payments and 2017 overpayment credited to 2018 — 6a: 5,000.		
b	Exempt foreign organizations - tax withheld at source — 6b: 0.		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0.		
d	Backup withholding erroneously withheld — 6d: 0.		
7	Total credits and payments. Add lines 6a through 6d	7	5,000.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0.
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	5,000.
11	Enter the amount of line 10 to be: **Credited to 2019 estimated tax** ▶ 0. **Refunded** ▶	11	5,000.

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		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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.	1b		X
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. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
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? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T*	5		X
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	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
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 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A 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 section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ HTTP://WWW.WEAREMICHAELREESE.ORG

14 The books are in care of ▶ GAYLA BROCKMAN Telephone no. ▶ 312-726-1008

Located at ▶ 150 N WACKER DRIVE, NO. 2320, CHICAGO, IL ZIP+4 ▶ 60606

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

		Yes	No
16	At any time during calendar year 2018, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16		X

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.

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	☐	☒
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	☐	☒
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☒	☐
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	☒	☐
	(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)?	☐	☒
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	☐	☒
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		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)):			
a	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?	☐	☒	
	If "Yes," list the years ▶ _____, _____, _____, _____			
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.) 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. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	☐	☒	
b	If "Yes," did it have excess business holdings in 2018 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 2018.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
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 2018?	4b		X

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

			Yes	No
5a	During the year, did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	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	N/A	5b		
	Organizations relying on a current notice regarding disaster assistance, check here	▶ ☐		
c	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?	N/A ☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		X
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?	☐ Yes ☒ No		

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

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		217,404.	54,351.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, 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
JILL A. BALDWIN - 150 NORTH WACKER DR., STE.2320, CHICAGO, IL 60606	CHIEF OPERATING OFFICER 40.00	134,616.	33,654.	0.
JENNIFER M. ROSENKRANZ - 150 NORTH WACKER DR., STE.2320, CHICAGO, IL	DIRECTOR OF GRANT PROGRAMS 40.00	120,531.	30,133.	0.
RACHEL REICHLIN - 150 NORTH WACKER DR., STE.2320, CHICAGO, IL 60606	PROGRAM OFFICER 40.00	116,600.	29,150.	0.
ELIZABETH LIN MANN - 150 NORTH WACKER DR., STE.2320, CHICAGO, IL	COORDINATOR OF GRANT PROGRAMS 40.00	52,231.	13,058.	0.

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
150 N WACKER LLC 150 N WACKER DR., CHICAGO , IL 60606	RENT	119,350.
MUELLER & CO., LLP - 1707 N RANDALL RD, SUITE 200, ELGIN , IL 60123	ACCOUNTING SERVICES	115,281.
KYM ABRAMS DESIGN, INC - 990 DAVIS SUITE 500, ROOM 37, EVANSTON, IL 60201	WEBSITE CONSULTANT	62,466.

Total number of others receiving over $50,000 for professional services ▶ 0

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 N/A	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2018)

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	135,151,344.
b	Average of monthly cash balances		1b	5,206,420.
c	Fair market value of all other assets		1c	4,652,977.
d	**Total** (add lines 1a, b, and c)		1d	145,010,741.
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	0.
3	Subtract line 2 from line 1d		3	145,010,741.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	2,175,161.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	142,835,580.
6	**Minimum investment return.** Enter 5% of line 5		6	7,141,779.

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	7,141,779.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	61,573.		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	771.		
c	Add lines 2a and 2b			2c	62,344.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	7,079,435.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	7,079,435.
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	7,079,435.

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	8,692,839.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	8,692,839.
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	61,573.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	8,631,266.

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				7,079,435.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
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: ▶$ 8,692,839.				
a Applied to 2017, 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 2018 distributable amount				7,079,435.
e Remaining amount distributed out of corpus	1,613,404.			
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	1,613,404.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
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				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 2013 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2019.** Subtract lines 7 and 8 from line 6a	1,613,404.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018	1,613,404.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

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

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2018	Prior 3 years (b) 2017	(c) 2016	(d) 2015	(e) Total
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					
(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 foundation 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).)

NONE

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.

NONE

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 14

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

c Any submission deadlines:

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

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	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
a *Paid during the year*				
ACCLIVUS, INC. 1640 W ROOSEVELT RD STE 608 CHICAGO, IL 60608-1316		PC	CHICAGO VIOLENT TRAUMA HOSPITAL RESPONSE - CHRIST HOSPITAL	125,324.
ACCLIVUS, INC. 1640 W ROOSEVELT RD STE 608 CHICAGO, IL 60608-1316		PC	CHICAGO VIOLENT TRAUMA HOSPITAL RESPONSE	500,000.
ACCLIVUS, INC. 1640 W ROOSEVELT RD STE 608 CHICAGO, IL 60608-1316		PC	COMMUNITY RESPONSE GRANT	8,000.
ACCLIVUS, INC. 1640 W ROOSEVELT RD STE 608 CHICAGO, IL 60608-1316		PC	ACCLIVUS EMERGENCY TRANSISTION PLAN	158,825.
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY, STE. 600 DOWNERS GROVE, IL 60515		PC	CPS HEALTHCARE WORKFORCE PARTERNSHIP	10,000.
Total SEE CONTINUATION SHEET(S)			▶ 3a	7,189,288.
b *Approved for future payment*				
ACCLIVUS, INC. 1640 W ROOSEVELT RD STE 608 CHICAGO, IL 60608-1316		PC	CHICAGO VIOLENT TRAUMA HOSPITAL RESPONSE	472,710.
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY, STE. 600 DOWNERS GROVE, IL 60515		PC	ADVOCATE YOUTH WORKFORCE EXPANSION	25,114.
ALTERNATIVES, INC. 4730 N. SHERIDAN RD. CHICAGO, IL 60640		PC	CORE GRANT - BUILDING CAPACITY TO INCREASE YOUTH ACCESS FOR BEHAVIORAL HEALTH	50,000.
Total SEE CONTINUATION SHEET(S)			▶ 3b	3,602,843.

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ALL CHICAGO MAKING HOMELESSNESS HISTORY 651 WEST WASHINGTON SUITE 504 CHICAGO, IL 60661		PC	NATIONAL HMIS AND DATA SYSTEMS ENVIRONMENTAL SCAN	50,000.
ALLIANCECHICAGO 215 W OHIO, 4TH FL. CHICAGO, IL 60654-4415		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
ALLIANCECHICAGO 215 W OHIO, 4TH FL. CHICAGO, IL 60654-4415		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
ALTERNATIVES, INC. 4730 N. SHERIDAN RD. CHICAGO, IL 60640		PC	BUILDING CAPACITY TO INCREASE YOUTH ACCESS TO BEHAVIORAL HEALTH AND PREVENTION SERVICES	50,000.
ALTERNATIVES, INC. 4730 N. SHERIDAN RD. CHICAGO, IL 60640		PC	INTEGRATED CARE FOR BURKE AND TILDEN	80,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611		PC	BUILDING CAPACITY FOR A COLLABORATIVE SUSTAINABLE MODEL FOR THE IMPLEMENTATION OF STRUCTURED PSYCHOTHERAPY FOR ADOLESCENTS RESPONDING TO CHRONIC STRESS (SPARCS) IN OPTIONS SCHOOLS	100,000.
Total from continuation sheets				6,387,139.

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 EAST CHICAGO AVENUE CHICAGO, IL 60611		PC	MENTORING AND WORKFORCE DEVELOPMENT	50,000.
APNA GHAR, INC. (OUR HOME) 4350 N BROADWAY, 2ND FLOOR CHICAGO, IL 60613		PC	CROSS SECTOR COLLABORATION BETWEEN APNA GHAR, INC. AND TURNING POINT BEHAVIORAL HEALTH CARE CENTER	50,000.
THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645		PC	THE JUDGE JOHN AND EFFIE ZIEGLER GUTKNECHT EYE CLINIC	9,821.
THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645		PC	DENTAL CLINIC	100,000.
THE ARK 6450 N. CALIFORNIA AVE. CHICAGO, IL 60645		PC	DENTAL CLINIC	100,000.
ASCEND JUSTICE 555 W. HARRISON STREET #1900 CHICAGO, IL 60607		PC	COOK COUNTY DOMESTIC VIOLENCE CO-LOCATION PROJECT PLANNING	30,000.
ASSOCIATED TALMUD TORAHS 3531 MADISON ST. SKOKIE, IL 60076		PC	EXECUTIVE COACHING FOR REACH LEADERSHIP	54,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
BETWEEN FRIENDS P.O. BOX 608548 CHICAGO, IL 60660		PC	COUNSELING AND SUPPORT SERVICES	75,000.
BRIGHT STAR COMMUNITY OUTREACH 4518 SOUTH COTTAGE GROVE, UNIT 1 CHICAGO, IL 60653		PC	TRUANCY EDUCATION AND MENTORING PROGRAM (TEAM)	40,000.
CASA CENTRAL 1343 N CALIFORNIA AVE CHICAGO, IL 60622		PC	VIOLENCE PREVENTION AND INTERVENTION (VPI) PROGRAM	35,000.
CENTER FOR HOUSING AND HEALTH 200 W. MONROE STREET, SUITE 1150 CHICAGO, IL 60606		PC	CHICAGO AND COOK COUNTY HOUSING FOR HEALTH (H2) STRATEGIC PLAN	90,000.
CENTER FOR HOUSING AND HEALTH 200 W. MONROE STREET, SUITE 1150 CHICAGO, IL 60606		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
CHICAGO CHILDREN'S ADVOCACY CENTER 1240 S. DAMEN AVE. CHICAGO, IL 60608		PC	STUDENT SEXUAL ABUSE PREVENTION & TREATMENT PROJECT	40,000.
CHICAGO COALITION FOR THE HOMELESS 70 E. LAKE STREET, SUITE 720 CHICAGO, IL 60601		PC	BRING CHICAGO HOME	20,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
CHICAGOLAND WORKFORCE FUNDER ALLIANCE 225 N. MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601		PC	CHICAGOLAND WORKFORCE FUNDER ALLIANCE	50,000.
CHILDREN FIRST FUND CHICAGO PUBLIC SCHOOLS FOUNDATION 42 WEST MADISON STREET 2ND FLOOR CHICAGO, IL 60602-4309		PC	PREPARING TODAY'S STUDENTS FOR TOMORROW'S HEALTHCARE WORKFORCE	189,265.
OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY 320 LAKE STREET OAK PARK, IL 60302		PC	ORAL HEALTH CARE FOR CHILDREN FROM LOW INCOME FAMILIES IN A MEDICAL/DENTAL HOME	50,000.
CHILDREN'S HOME & AID 125 S. WACKER DR., STE. 1400 CHICAGO, IL 60606		PC	COMMUNITY-BASED BEHAVIORAL HEALTH	40,000.
CHILDREN'S RESEARCH TRIANGLE 70 EAST LAKE STREET, SUITE 1300 CHICAGO, IL 60601		PC	TRAUMA TREATMENT PROGRAM IN SCHOOLS	40,000.
CIVIC CONSULTING ALLIANCE 21 S. CLARK STREET, SUITE 4301 CHICAGO, IL 60603		PC	THE PARTNERSHIP FOR SAFE AND PEACEFUL COMMUNITIES	30,000.
CJE SENIORLIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645		PC	PROGRAM OUTCOMES AND DATA MANAGEMENT PROJECT (PODMP)	71,338.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
CLARETIAN ASSOCIATES 9108 S. BRANDON AVE CHICAGO, IL 60617		PC	SOUTH CHICAGO HOUSING AND HEALTH DATA INTEGRATION PLAN	25,000.
COMMUNITIES IN SCHOOLS OF CHICAGO 815 W VAN BUREN STREET, SUITE 300 CHICAGO, IL 60607		PC	INTENSIVE SUPPORT PROGRAM	75,000.
COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622		PC	GENERAL OPERATION SUPPORT FOR ORAL HEALTH PROGRAM	60,000.
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN 1116 N. KEDZIE AVENUE CHICAGO, IL 60651		PC	CHILDREN'S TRAUMA SERVICES	35,000.
COOK COUNTY HEALTH FOUNDATION 1950 W. POLK STREET CHICAGO, IL 60612-3723		PC	COOK COUNTY CAREERS IN HEALTHCARE PROGRAM	127,050.
ENLACE CHICAGO 2756 S. HARDING AVE. CHICAGO, IL 60623		PC	SCHOOL-BASED COUNSELORS	40,000.
ENTERPRISE COMMUNITY PARTNERS 230 W MONROE STREET SUITE 1250 CHICAGO, IL 60606		PC	HEALTH AND HOUSING	25,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ERIE FAMILY HEALTH CENTER 1701 W SUPERIOR STREET, 3RD FLOOR CHICAGO, IL 60622		PC	ERIE'S INTEGRATED DENTAL HOME MODEL	40,000.
ERIE NEIGHBORHOOD HOUSE 1701 W SUPERIOR ST CHICAGO, IL 60622		PC	DOMESTIC VIOLENCE PROJECT	40,000.
FAMILY RESCUE, INC. 8811 S. STONY ISLAND AVE. CHICAGO, IL 60617		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
FAMILY RESCUE, INC. 8811 S. STONY ISLAND AVE. CHICAGO, IL 60617		PC	DOMESTIC VIOLENCE REDUCTION UNIT-MULTI-DISCIPLINARY TEAM	50,000.
FAMILY RESCUE, INC. 8811 S. STONY ISLAND AVE. CHICAGO, IL 60617		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
FOREFRONT 208 S LA SALLE ST, STE 1540 CHICAGO, IL 60604-1242		PC	MISSION SUSTAINABILITY INITIATIVE	25,000.
FOREFRONT 208 S LA SALLE ST, STE 1540 CHICAGO, IL 60604-1242		PC	FUNDING PARTNER CONTRIBUTION	14,536.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
GADS HILL CENTER 1919 W CULLERTON ST CHICAGO, IL 60608-2618		PC	HEALTHY MINDS, HEALTHY SCHOOLS	50,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E MADISON, SUITE 602 CHICAGO, IL 60602		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E MADISON, SUITE 602 CHICAGO, IL 60602		PC	CEASEFIRE HOSPITAL INTERVENTION PROGRAM	20,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E MADISON, SUITE 602 CHICAGO, IL 60602		PC	SUPPORTING THE NEXT GENERATION OF HEALTH CARE PROVIDERS	125,000.
HEARTLAND INTERNATIONAL HEALTH CENTER 3048 N WILTON AVE., 2ND FLOOR CHICAGO, IL 60657		PC	HHC-ORAL HEALTH PROGRAM	50,000.
HEKTOEN INSTITUTE FOR MEDICAL RESEARCH 1339 S WOOD STREET NO G CHICAGO, IL 60608-1204		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
HOUSING FORWARD 1851 S 9TH AVE MAYWOOD, IL 60153-3241		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE 806 S COLLEGE SPRINGFIELD, IL 62704		PC	DOMESTIC VIOLENCE ALTERNATIVE SHELTER PLANNING COOPERATIVE	35,000.
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S. WABASH, SUITE 800 CHICAGO, IL 60604		PC	IMMIGRANT HEALTH ACCESS INITIATIVE (IHAI)	60,000.
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVENUE, SUITE 300 CHICAGO, IL 60654		PC	GENERAL OPERATING SUPPORT	50,000.
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 WEST GRAND AVENUE, SUITE 300 CHICAGO, IL 60654		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
ILLINOIS PUBLIC HEALTH INSTITUTE 310 S. PEORIA, STE. 404 CHICAGO, IL 60607		PC	A PLAN TO SUPPORT HEALTH AND HOUSING DATA EXCHANGE	35,000.
INFANT WELFARE SOCIETY OF CHICAGO 3600 W FULLERTON AVE CHICAGO, IL 60647-2319		PC	ORAL HEALTH GENERAL OPERATIONS	50,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET CHICAGO, IL 60629		PC	IMAN ORAL HEALTHCARE PROGRAM	25,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 WEST CHICAGO AVE., STE 1600 CHICAGO, IL 60651-3142		PC	SCHOOL OUTREACH AND NONVIOLENCE PROGRAM	50,000.
JEWISH CHILD AND FAMILY SERVICES 216 WEST JACKSON BOULEVARD CHICAGO, IL 60606		PC	JCFS REBRANDING AND THE CHICAGO JEWISH COMMUNITY: PHASE 2	50,000.
JEWISH CHILD AND FAMILY SERVICES 216 WEST JACKSON BOULEVARD CHICAGO, IL 60606		PC	THERAPEUTIC DAY SCHOOL	50,000.
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606		PC	FUND FOR INNOVATION AND HEALTH	326,309.
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606		PC	RALPH R AND MINERVA ROSE FUND	239,028.
THE JEWISH UNITED FUND 30 SOUTH WELLS STREET CHICAGO, IL 60606		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
JOHN HOWARD ASSOCIATION OF ILLINOIS 70 E. LAKE ST, SUITE 410 CHICAGO, IL 60601		PC	JHA PRISON MONITORING & ADVOCACY	40,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
KESHET 600 ACADEMY DR, STE 130 NORTHBROOK, IL 60062-2408		PC	THERAPEUTIC SCHOOL SUPPORT FOR CHICAGO PUBLIC SCHOOL CHILDREN	30,000.
LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO, IL 60613-2936		PC	SURVIVOR AND FAMILY EMPOWERMENT (SAFE)	25,000.
LAWNDALE CHRISTIAN HEALTH CENTER 3860 W OGDEN AVE CHICAGO, IL 60623		PC	LAWNDALE CHRISTIAN HEALTH CENTER DENTAL PROGRAM	35,280.
LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE, SUITE 900 CHICAGO, IL 60602		PC	PROTECTING AND PROGRESSING HEALTH CARE IN ILLINOIS	75,000.
LUSTER LEARNING INSTITUTE 1126 HILLCREST AVENUE HIGHLAND PARK, IL 60035		PC	CALM CLASSROOM	60,000.
MENTAL HEALTH LEADERSHIP INITIATIVE 1543 N. WELLS ST., GARDEN LEVEL CHICAGO, IL 60610		PC	MENTAL HEALTH PARITY AND ADDICTION EQUITY	50,000.
MERCY HOSPITAL AND MEDICAL CENTER 2525 S. MICHIGAN AVENUE CHICAGO, IL 60616		PC	CPS HEALTHCARE WORKFORCE PARTERNSHIP	10,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
METROPOLITAN FAMILY SERVICES 1 N. DEARBORN, SUITE 1000 CHICAGO, IL 60602		PC	COMMUNITIES PARTNERING 4 PEACE	150,000.
MILE SQUARE HEALTH CENTER - UI HEALTH 1220 S. WOOD ST., STE. 1071 (MC 698) CHICAGO, IL 60608		PC	MILE SQUARE PORTABLE DENTAL CARE EXPANSION	56,114.
SINAI URBAN HEALTH INSTITUTE 1500 S FAIRFIELD AVE CHICAGO, IL 60608		PC	MICHAEL REESE SERVICE AWARD	5,000.
NEW VENTURE FUND 1201 CONNECTICUT AVE. NW, STE. 300 WASHINGTON, DC 20036		PC	FUND FOR A SAFER FUTURE	50,000.
NORTHWESTERN MEMORIAL HEALTHCARE 541 N FAIRBANKS CT., SUITE 800 CHICAGO, IL 60611		PC	NORTHWESTERN MEDICINE WORKFORCE DEVELOPMENT PROGRAMS	20,000.
NORTON & ELAINE SARNOFF CENTER FOR JEWISH GENETICS 30 S. WELLS CHICAGO, IL 60606		PC	MICHAEL REESE SERVICE AWARD	5,000.
NORTON & ELAINE SARNOFF CENTER FOR JEWISH GENETICS 30 S. WELLS CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	100,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
ONE MILLION DEGREES 180 N WABASH AVE., SUITE 310 CHICAGO, IL 60601		PC	EMPOWERING 30 COMMUNITY COLLEGE STUDENTS TO PURSUE HEALTHCARE CAREERS AT MALCOLM X COLLEGE	80,000.
PCC COMMUNITY WELLNESS CENTER 14 LAKE STREET OAK PARK, IL 60302		PC	ORAL HEALTH CARE AT PCC	50,000.
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE LA GRANGE, IL 60525		PC	PILLARS COMMUNITY HEALTH DENTAL SERVICES	35,000.
PLANNING IMPLEMENTATION AND EVALUATION ORG 401 N. MICHIGAN AVENUE, SUITE 1200 CHICAGO, IL 60611-4204		PC	COMMUNITY RESPONSE GRANT	7,000.
PRESENCE HEALTH NETWORK 200 S WACKER DR. CHICAGO, IL 60606		PC	CPS HEALTHCARE WORKFORCE PARTNERSHIP	30,000.
PRIMECARE COMMUNITY HEALTH INC. 2211 N. ELSTON AVENUE, SUITE 301 CHICAGO, IL 60614		PC	ORAL HEALTH PROGRAM	50,000.
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612		PC	FUTURE-READY LEARNING LABS	80,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612		PC	A COMPREHENSIVE NEIGHBORHOOD SCHOOL EXECUTIVE FUNCTIONS CURRICULUM PROJECT	45,000.
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E. MADISON ST, SUITE 2000 CHICAGO, IL 60603		PC	COMMUNITY RESPONSE GRANT	20,000.
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E. MADISON ST, SUITE 2000 CHICAGO, IL 60603		PC	HEALTHCARE JUSTICE PROGRAM	100,000.
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E. MADISON ST, SUITE 2000 CHICAGO, IL 60603		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW 67 E. MADISON ST, SUITE 2000 CHICAGO, IL 60603		PC	COMMUNITY RESPONSE GRANT	20,000.
SHALVA PO BOX 46375 CHICAGO, IL 60646-0375		PC	COMMUNITY RESPONSE GRANT	10,000.
SHALVA PO BOX 46375 CHICAGO, IL 60646-0375		PC	PROGRESSING ON A HEALING JOURNEY: COUNSELING FOR THE LONG TERM	100,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
SHALVA PO BOX 46375 CHICAGO, IL 60646-0375		PC	JOURNEY TO HIGHER PERFORMANCE	40,000.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	JUDGE JOHN AND EFFIE ZIEGLER GUTKNECHT OPHTHALMOLOGY	29,462.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	BUILDING INTEGRATED CONTINUUMS OF MENTAL HEALTH AND VIOLENCE PREVENTION SERVICES, AND SUPPORT FOR THE WORK OF SINAI URBAN HEALTH INSTITUTE	342,500.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	SCHWAB REHABILITATION HOSPITAL'S DOMESTIC VIOLENCE PROGRAM	60,000.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	BUILDING INTEGRATED CONTINUUMS OF MENTAL HEALTH AND VIOLENCE PREVENTION SERVICES, AND SUPPORT FOR THE WORK OF SINAI URBAN HEALTH INSTITUTE	342,500.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	SINAI MEDICAL GROUP CONSULTANT	55,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	SINAI PATHWAYS PROGRAM	50,000.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
SOUTH SHORE HOSPITAL 8012 S. CRANDON AVE. CHICAGO, IL 60617		PC	CPS HEALTHCARE WORKFORCE PARTERNSHIP	10,000.
ST. BERNARD HOSPITAL AND HEALTH CARE CENTER 326 W 64TH ST. CHICAGO, IL 60621		PC	ST. BERNARD DENTAL CENTER	50,000.
SWEDISH COVENANT HOSPITAL 5145 N CALIFORNIA AVENUE CHICAGO, IL 60625		PC	THE VIOLENCE PREVENTION PROGRAM	53,294.
TASC, INC. 700 S. CLINTON STREET CHICAGO, IL 60607		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
TASC, INC. 700 S. CLINTON STREET CHICAGO, IL 60607		PC	TRANSITIONING INDIVIDUALS WITH MENTAL ILLNESS AND/OR SUBSTANCE ABUSE ISSUES FROM THE JAIL	75,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
TASC, INC. 700 S. CLINTON STREET CHICAGO, IL 60607		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
THRESHOLDS 4101 NORTH RAVENSWOOD AVENUE CHICAGO, IL 60613		PC	THRESHOLDS PUBLIC POLICY AND ADVOCACY	75,000.
UCAN 3605 W FILLMORE ST CHICAGO, IL 60624		PC	UCAN BEHAVIORAL HEALTH SERVICES IN CPS NEIGHBORHOOD SCHOOLS	50,000.
UMOJA STUDENT DEVELOPMENT CORPORATION 910 W. VAN BUREN ST. STE. 710 CHICAGO, IL 60607		PC	RESTORATIVE JUSTICE PROGRAM	50,000.
THE UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVENUE CHICAGO, IL 60637		PC	INTEGRATED HOSPITAL-BASED VIOLENCE RECOVERY PROGRAM	114,571.
UNIVERSITY OF CHICAGO-MEDICAL CENTER DEVELOPMENT 130 EAST RANDOLPH ST., STE. 1400 CHICAGO, IL 60601		PC	KISSEL FUND - PANCREATIC CANCER RESEARCH	38,595.
UNIVERSITY OF CHICAGO-MEDICAL CENTER DEVELOPMENT 130 EAST RANDOLPH ST., STE. 1400 CHICAGO, IL 60601		PC	KISSEL FUND - PANCREATIC CANCER RESEARCH	23,476.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient Name and address (home or business)	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
UNIVERSITY OF IL AT CHICAGO-CHGO.PROJECT FOR VIOLENCE PREVENTION, CEASEFIRE 1603 W. TAYLOR ST, FL 10 CHICAGO, IL 60612		PC	CEASEFIRE HOSPITAL INTERVENTION	105,000.
UNIVERSITY OF ILLINOIS AT CHICAGO MB 502, M/C 551 809 S MARSHFIELD AVE CHICAGO, IL 60612		PC	CHAMPIONS NETWORK	100,000.
WORKING IN SUPPORT OF EDUCATION 227 EAST 56TH STREET, SUITE 201 NEW YORK, NY 10022		PC	MONEYW!SE EXPANSION TO COOK COUNTY, ILLINOIS	30,000.
YEAR UP INC 223 WEST JACKSON BOULEVARD, SUITE 400 CHICAGO, IL 60606		PC	YEAR UP CHICAGO'S WORKFORCE DEVELOPMENT PROGRAM	40,000.
YOUTH GUIDANCE 1 N. LASALLE STREET, SUITE 900 CHICAGO, IL 60602		PC	BECOMING A MAN (BAM) AND WORKING ON WOMANHOOD (WOW)	50,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	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
ALTERNATIVES, INC. 4730 N. SHERIDAN RD. CHICAGO, IL 60640		PC	INTEGRATED CARE FOR MOLLISON AND CARNEGIE	80,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE. CHICAGO, IL 60611		PC	COMMUNITY ENGAGEMENT & WORKFORCE EDUCATION	50,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE. CHICAGO, IL 60611		PC	CENTER FOR CHILDHOOD RESILIENCE	100,000.
ASSOCIATED TALMUD TORAHS 3531 MADISON ST. SKOKIE, IL 60076		PC	COLLABORATIVE PROBLEM SOLVING	67,300.
BRIGHT STAR COMMUNITY OUTREACH 4518 SOUTH COTTAGE GROVE, UNIT 1 CHICAGO, IL 60653		PC	MICHAEL REESE SERVICE AWARD	5,000.
CHICAGO COMMUNITY TRUST 225 N. MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601		PC	COMMUNITY RESPONSE GRANT	36,000.
CHICAGO FAMILY HEALTH CENTER 9119 S. EXCHANGE AVE. CHICAGO, IL 60617		PC	HEALTHY SMILES: BUILDING STRONG COMMUNITIES THROUGH ORAL HEALTH ACCESS	25,000.
Total from continuation sheets				3,055,019.

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	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
CHICAGOLAND WORKFORCE FUNDER ALLIANCE 225 N. MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601		PC	CHICAGOLAND WORKFORCE FUNDER ALLIANCE	50,000.
CHILDREN FIRST FUND CHICAGO PUBLIC SCHOOLS FOUNDATION 42 WEST MADISON STREET 2ND FLOOR CHICAGO, IL 60602-4309		PC	SPARCS INTERVENTION FOR TRAUMATIZED YOUTH	100,000.
CHILDREN FIRST FUND CHICAGO PUBLIC SCHOOLS FOUNDATION 42 WEST MADISON STREET 2ND FLOOR CHICAGO, IL 60602-4309		PC	PREPARING TODAY'S STUDENTS FOR TOMORROW'S HEALTHCARE WORKFORCE	118,514.
CHILDREN'S HOME & AID 125 S. WACKER DR. CHICAGO, IL 60606		PC	COMMUNITY-BASED BEHAVIORAL HEALTH	45,000.
CHILDREN'S RESEARCH TRIANGLE 70 E. LAKE ST., STE. 1300 CHICAGO, IL 60601		PC	TRAUMA TREATMENT PROGRAM IN SCHOOLS	45,000.
CJE SENIOR LIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645		PC	PROGRAM OUTCOMES AND DATA MANAGEMENT PROJECT (PODMP)	99,680.
COMMUNITIES IN SCHOOLS OF CHICAGO 815 W VAN BUREN STREET, SUITE 300 CHICAGO, IL 60607		PC	INTENSIVE SUPPORT PROGRAM	75,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	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
COOK COUNTY HEALTH FOUNDATION 1950 W. POLK STREET CHICAGO, IL 60612-3723		PC	COOK COUNTY CAREERS IN HEALTHCARE PROGRAM	63,525.
ENLACE CHICAGO 2756 S. HARDING AVE. CHICAGO, IL 60623		PC	SCHOOL-BASED COUNSELORS	45,000.
GADS HILL CENTER 1919 W CULLERTON ST CHICAGO, IL 60608-2618		PC	HEALTHY MINDS, HEALTHY SCHOOLS	55,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E MADISON, SUITE 602 CHICAGO, IL 60602		PC	DIVERSIFYING THE HEALTHCARE WORKFORCE	150,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 WEST 63RD STREET CHICAGO, IL 60629		PC	IMAN ORAL HEALTHCARE PROGRAM	50,000.
JEWISH CHILD AND FAMILY SERVICES 216 WEST JACKSON BOULEVARD CHICAGO, IL 60606		PC	THERAPEUTIC DAY SCHOOL	55,000.
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606		PC	2020 METROPOLITAN CHICAGO JEWISH POPULATION STUDY	150,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	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
LUSTER LEARNING INSTITUTE 1126 HILLCREST AVENUE HIGHLAND PARK, IL 60035		PC	CALM CLASSROOM	60,000.
MERCY HOSPITAL AND MEDICAL CENTER 2525 S. MICHIGAN AVENUE CHICAGO, IL 60616		PC	WORKFORCE DEVELOPMENT PROGRAM	25,000.
NAMI CHICAGO 1801 W. WARNER, STE.202 CHICAGO, IL 60613		PC	ENDING THE SILENCE	50,000.
NORTON & ELAINE SARNOFF CENTER FOR JEWISH GENETICS 30 S. WELLS CHICAGO, IL 60606		PC	GENERAL OPERATING	100,000.
ONE MILLION DEGREES 180 N WABASH AVE., SUITE 310 CHICAGO, IL 60601		PC	ACCELERATING COMMUNITY COLLEGE STUDENTS' PURSUIT OF HEALTHCARE CAREERS AT MALCOLM X COLLEGE	80,000.
PRESENCE HEALTH NETWORK 200 S WACKER DR. CHICAGO, IL 60606		PC	CPS HEALTHCARE WORKFORCE PARTNERSHIP	30,000.
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612		PC	A COMPREHENSIVE NEIGHBORHOOD SCHOOL EXECUTIVE FUNCTIONS CURRICULUM PROJECT	45,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	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
RUSH UNIVERSITY MEDICAL CENTER 1653 W. CONGRESS PARKWAY CHICAGO, IL 60612		PC	FUTURE-READY LEARNING LABS	80,000.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	SINAI PATHWAYS PROGRAM	50,000.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608		PC	BUILDING INTEGRATED CONTINUUMS OF MENTAL HEALTH AND VIOLENCE PREVENTION SERVICES, AND SUPPORT FOR THE WORK OF SINAI URBAN HEALTH INSTITUTE	685,000.
SOUTH SHORE HOSPITAL 8012 S. CRANDON AVE. CHICAGO, IL 60617		PC	CPS HEALTHCARE WORKFORCE PARTERNSHIP	10,000.
THE NORTHWESTERN MEMORIAL FOUNDATION 541 N FAIRBANKS CT., SUITE 800 CHICAGO, IL 60611		PC	YOUTH PIPELINE PROGRAM	20,000.
UCAN 3605 W FILLMORE ST CHICAGO, IL 60624		PC	BEHAVIORAL HEALTH SERVICES IN CPS NEIGHBORHOOD SCHOOLS	55,000.
UMOJA STUDENT DEVELOPMENT CORPORATION 910 W. VAN BUREN ST. STE. 710 CHICAGO, IL 60607		PC	RESTORATIVE JUSTICE PROGRAM	75,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)

3b Grants and Contributions Approved for Future Payment

Recipient Name and address (home or business)	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
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637		PC	INTEGRATING ORAL HEALTH AND COMPREHENSIVE PRIMARY CARE AT UOFC	20,000.
UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVENUE CHICAGO, IL 60637		PC	INTEGRATED HOSPITAL-BASED VIOLENCE RECOVERY PROGRAM	100,000.
YEAR UP INC 223 WEST JACKSON BOULEVARD, SUITE 400 CHICAGO, IL 60606		PC	YEAR UP CHICAGO'S WORKFORCE DEVELOPMENT PROGRAM	50,000.
YOUTH GUIDANCE 1 N. LASALLE STREET, SUITE 900 CHICAGO, IL 60602		PC	BECOMING A MAN (BAM) AND WORKING ON WOMANHOOD (WOW)	55,000.
Total from continuation sheets				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	817.	
4 Dividends and interest from securities			14	2,240,859.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income	900099	320,953.	14	617,865.	
8 Gain or (loss) from sales of assets other than inventory			18	5,624,749.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		320,953.		8,484,290.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	8,805,243.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

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

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

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
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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
N/A		

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

Signature of officer or trustee — Date: MAY 24 2020 — Title: PRESIDENT AND CEO

May the IRS discuss this return with the preparer shown below? See instr ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BETH ULBRICH	BETH ULBRICH	05/11/20		P01439597

Firm's name ▶ MUELLER & CO., LLP — Firm's EIN ▶ 36-2658780

Firm's address ▶ 1707 N RANDALL RD, STE 200 ELGIN, IL 60123 — Phone no. 847-888-8600

Form **990-PF** (2018)

823622 12-11-18

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Name of the organization

MICHAEL REESE HEALTH TRUST

Employer identification number

36-2170910

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000, or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling $5,000 or more during the year ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization: MICHAEL REESE HEALTH TRUST

Employer identification number: 36-2170910

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTHER & JOHN BENJAMIN 245 REGATTA DR JUPITER, FL 33477	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
2	HARVEY & JACQUELINE BARNETT 1511 SHERIDAN RD HIGHLAND PARK, IL 60035-3446	$ 25,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
3	ROBERT R. NATHAN PHILANTHROPIC FUND 180 E. PEARSON #7101 CHICAGO, IL 60611	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
4	ELLARD L. PFAELZER JR 345 CRESCENT DRIVE LAKE BLUFF, IL 60044-2705	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	THE CHICAGO COMMUNITY FOUNDATION 225 N MICHIGAN AVE, SUITE 2200 CHICAGO, IL 60601	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	BLUM TRUST C/O SACHNOFF & WEAVER LTD 30 S. WACKER DR, 30TH FLOOR CHICAGO, IL 60606	$ 176,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

Name of organization: MICHAEL REESE HEALTH TRUST

Employer identification number: 36-2170910

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHARLES L. HUTCHINSON FUND C/O NORTHERN TRUST 50 S. LASALLE ST. CHICAGO, IL 60603	$ 12,554.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	KIRCHHEIMER TR.C/O BK.OF AMER.PRIV.BK. P.O. BOX 830259 DALLAS, TX 75283	$ 87,386.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	FOREMAN TRUST C/O NORTHERN TRUST 50 S. LASALLE ST. CHICAGO, IL 60603	$ 51,623.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	LAZARUS CHARITABLE FD.C/O NORTHERN TR. 50 S. LASALLE ST. CHICAGO, IL 60603	$ 59,796.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: MICHAEL REESE HEALTH TRUST

Employer identification number: 36-2170910

Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization	Employer identification number
MICHAEL REESE HEALTH TRUST	36-2170910

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc , contributions of $1,000 or less for the year (Enter this info once) ▶ $

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST ON CHECKING ACCOUNT	817.	817.	0.
TOTAL TO PART I, LINE 3	817.	817.	0.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
AG NET LEASE REALTY FUND III	58,664.	0.	58,664.	58,664.	0.
CD&R FUND IX	2,950.	0.	2,950.	2,950.	0.
CD&R FUND VIII	3,361.	0.	3,361.	3,361.	0.
CD&R FUND VIII WILSONART-B	44,540.	0.	44,540.	44,540.	0.
IP III BLOCKER-I LP	553.	0.	553.	553.	0.
JFMC POOLED ENDOWMENT PORTFOLIO	1,981,271.	0.	1,981,271.	1,981,271.	0.
MHR INSTITUTIONAL PTRS II	75,876.	0.	75,876.	75,876.	0.
MHR INSTITUTIONAL PTRS III	5,990.	0.	5,990.	5,990.	0.
MHR INSTITUTIONAL PTRS IV	5,088.	0.	5,088.	5,088.	0.
MHR IP IV AIV LP YOST UNBLOCKED SERIES	14,986.	0.	14,986.	14,986.	0.
PALO ALTO HEALTHCARE FUND II LP	1,899.	0.	1,899.	1,899.	0.
RAINE PARTNERS II LP	27.	0.	27.	27.	0.
RAINE PARTNERS II LP	14,754.	0.	14,754.	14,754.	0.
TIFF PARTNERS V-INTERNATIONAL, LLC	744.	0.	744.	744.	0.
TIFF PARTNERS V-US, LLC	1,890.	0.	1,890.	1,890.	0.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC	28,266.				

		0.	28,266.	28,266.	0.
TO PART I, LINE 4	2,240,859.	0.	2,240,859.	2,240,859.	0.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME	-1,204.	-1,204.	0.
OTHER INCOME- PASSTHROUGH K-1	619,069.	619,069.	0.
UBIT - PASSTHROUGH K-1	-33,915.	0.	0.
OTHER INCOME - REFUND OF P/Y GRANTS	354,868.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	938,818.	617,865.	0.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	29,910.	2,482.	0.	27,428.
TO FM 990-PF, PG 1, LN 16A	29,910.	2,482.	0.	27,428.

FORM 990-PF ACCOUNTING FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	196,654.	19,916.	0.	176,738.
TO FORM 990-PF, PG 1, LN 16B	196,654.	19,916.	0.	176,738.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	88,460.	7,342.	0.	81,118.
TO FORM 990-PF, PG 1, LN 16C	88,460.	7,342.	0.	81,118.

FORM 990-PF TAXES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	-256,715.	0.	0.	0.
UBIT	35,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	-221,715.	0.	0.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
COMPUTER SUPPLIES AND OTHER EXPENSES	49,337.	4,095.	0.	45,242.
INSURANCE	16,117.	3,223.	0.	12,894.
OFFICE SUPPLIES AND EXPENSE	18,212.	133.	0.	18,079.
POSTAGE	1,023.	0.	0.	1,023.
DUES AND SUBSCRIPTIONS	19,427.	0.	0.	19,427.
BANK CHARGES	417.	0.	0.	417.
OTHER EXPENSES - PASSTHROUGH K-1	1,506,772.	1,506,772.	0.	0.
UBIT - LEGAL AND ACCOUNTING FEES	2,500.	0.	0.	0.
UBIT - PASSTHROUGH K-1	2,502.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 23	1,616,307.	1,514,223.	0.	97,082.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
PALO ALTO HEALTHCARE FUND	141,437.	141,437.
TOTAL TO FORM 990-PF, PART II, LINE 10B	141,437.	141,437.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AG ENERGY CREDIT OPP FUND	FMV	205,201.	205,201.
AG NET LEAST REALTY FUND II	FMV	2,941,380.	2,941,380.
CLAYTON DUBILIER & RICE FUND IX	FMV	4,223,173.	4,223,173.
CLAYTON DUBILIER & RICE FUND VIII	FMV	207,761.	207,761.
WILSONART B	FMV	388,767.	388,767.
INCLINE GLOBAL OFFSHORE	FMV	3,271,146.	3,271,146.
MHR INSTITUTIONAL PARTNERS II	FMV	1,688,990.	1,688,990.
MHR INSTITUTIONAL PARTNERS III	FMV	1,063,970.	1,063,970.
MHR INSTITUTIONAL PARTNERS IV	FMV	1,315,185.	1,315,185.
OCH ZIFF CORPORATION	FMV	9,458.	9,458.
PERRY PARTNERS CORPORATION	FMV	2,880.	2,880.
RAINE PARTNERS II	FMV	2,533,285.	2,533,285.
TIFF CAP STOCK-TPEP 07	FMV	1,118,964.	1,118,964.
TIFF PARTNERS V INTERNATIONAL	FMV	36,286.	36,286.
TIFF PARTNERS V US	FMV	195,069.	195,069.
JFMC POOLED ENDOWMENT PORTFOLIO	FMV	116,252,489.	116,252,489.
CLAYTON DUBILIER & RICE FUND VIII (CREDIT)	FMV	303.	303.
CLAYTON DUBILIER & RICE FUND IX (CREDIT)	FMV	36,157.	36,157.
TOTAL TO FORM 990-PF, PART II, LINE 13		135,490,464.	135,490,464.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
KONICA MINOLTA COPIER	14,655.	14,655.	0.
SHREDDER	572.	572.	0.
VERTICAL FILES	352.	352.	0.
OFFICE FURNITURE	28,655.	28,655.	0.
TABLES & CHAIRS	1,021.	1,021.	0.
CONFERENCE PHONE	715.	715.	0.
COMPUTER MONITORS 5-24"	2,125.	2,125.	0.
NETWORK PRINTER	5,729.	5,299.	430.
LAPTOP	741.	741.	0.
DRAWER	2,206.	2,206.	0.
BACKUP SERVER	2,240.	1,568.	672.
DELL FILE SERVER	5,194.	2,857.	2,337.
MERAKI MX64	1,225.	674.	551.
KITCHEN DISHWASHER & CUPBOARD	10,780.	5,390.	5,390.
DELL LATITUDE 7490 WORKSTATION	4,466.	595.	3,871.
LAPTOP AND DOCKING STATION	1,875.	156.	1,719.
TOTAL TO FM 990-PF, PART II, LN 14	82,551.	67,581.	14,970.

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
EXCISE & INCOME TAX DEPOSITS	3,173.	215,516.	215,516.
BENEFICIAL INTEREST IN TRUSTS	4,639,014.	4,562,815.	4,562,815.
TO FORM 990-PF, PART II, LINE 15	4,642,187.	4,778,331.	4,778,331.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HARVEY J. BARNETT 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	CHAIRMAN, DIRECTOR 5.00	0.	0.	0.
WALTER R. NATHAN 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	VICE CHAIRMAN, DIRECTOR 2.00	0.	0.	0.
GAYLA A. BROCKMAN 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	PRESIDENT & CEO 40.00	217,404.	54,351.	0.
MICHAEL B. TARNOFF 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	SECRETARY, DIRECTOR 1.00	0.	0.	0.
ELLARD PFAELZER, JR. 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	TREASURER, DIRECTOR 1.00	0.	0.	0.
JOHN F. BENJAMIN 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
ANDREW K. BLOCK 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
DAVID T. BROWN 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
LAURIE HOCHBERG, MD 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
ANN-LOUISE KLEPER 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
GREGORY C. MAYER 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.

SERGIO H. RODRIGUEZ 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
MALLY Z. RUTKOFF 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 2.00	0.	0.	0.
MICHELLE R B. SADDLER 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
JUDY SMITH 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
HERBERT S. WANDER 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
MICHAEL ZARANSKY 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 1.00	0.	0.	0.
KATHY CHAN 150 NORTH WACKER DRIVE, SUITE 2320 CHICAGO, IL 60606	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		217,404.	54,351.	0.

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

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

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

TELEPHONE NUMBER

312-726-1008

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	KONICA MINOLTA COPIER	05/23/07	SL	5.00		16	14,655.				14,655.	14,655.		0.	14,655.
12	SHREDDER	08/03/07	SL	5.00		16	572.				572.	572.		0.	572.
13	VERTICAL FILES	08/17/07	SL	5.00		16	352.				352.	352.		0.	352.
14	OFFICE FURNITURE	05/22/08	SL	5.00		16	28,655.				28,655.	28,655.		0.	28,655.
15	TABLES & CHAIRS	04/18/08	SL	5.00		16	1,021.				1,021.	1,021.		0.	1,021.
16	CONFERENCE PHONE	04/18/08	SL	5.00		16	715.				715.	715.		0.	715.
17	COMPUTER MONITORS 5-24"	06/25/08	SL	5.00		16	2,125.				2,125.	2,125.		0.	2,125.
18	NETWORK PRINTER	05/20/10	SL	5.00		16	5,729.				5,729.	5,299.		0.	5,299.
19	LAPTOP	04/19/12	SL	5.00		16	741.				741.	741.		0.	741.
20	DRAWER	06/26/14	SL	5.00		16	2,206.				2,206.	1,764.		442.	2,206.
21	BACKUP SERVER	08/01/15	SL	5.00		16	2,240.				2,240.	1,120.		448.	1,568.
22	DELL FILE SERVER	10/05/16	SL	5.00		16	5,194.				5,194.	1,818.		1,039.	2,857.
23	MERAKI MX64	10/05/16	SL	5.00		16	1,225.				1,225.	429.		245.	674.
24	KITCHEN DISHWASHER & CUPBOARD	01/05/17	SL	5.00		16	10,780.				10,780.	3,234.		2,156.	5,390.
25	DELL LATITUDE 7490 WORKSTATION	11/15/18	SL	5.00		16	4,466.				4,466.			595.	595.
26	LAPTOP AND DOCKING STATION	02/14/19	SL	5.00		16	1,875.				1,875.			156.	156.
	* TOTAL 990-PF PG 1 DEPR						82,551.				82,551.	62,500.		5,081.	67,581.

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2018 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						76,210.			0.	76,210.	62,500.			66,830.
	ACQUISITIONS						6,341.			0.	6,341.	0.			751.
	DISPOSITIONS						0.			0.	0.	0.			0.
	ENDING BALANCE						82,551.			0.	82,551.	62,500.			67,581.
	ENDING ACCUM DEPR											67,581.			
	ENDING BOOK VALUE											14,970.			

828111 04-01-18

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone