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EXTENDED TO MAY 17, 2021
Return of Private Foundation

Form 990-PF

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2019
Open to Public Inspection

For calendar year 2019 or tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Name of foundation: **MICHAEL REESE HEALTH TRUST**

Number and street (or P O box number if mail is not delivered to street address): **1707 N RANDALL RD**

City or town, state or province, country, and ZIP or foreign postal code: **ELGIN, IL 60123**

A Employer identification number: **36-2170910**

B Telephone number: **312-726-1008**

C If exemption application is pending, check here

D 1. Foreign organizations, check here
2. Foreign organizations meeting the 85% test, check here and attach computation

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

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

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

H Check type of organization: Section 501(c)(3) exempt private foundation **04**
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16): **\$ 144,968,062.**

J Accounting method: Cash Accrual
 Other (specify) _____

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)
1 Contributions, gifts, grants, etc., received	973,173.			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	3,022.	3,022.		STATEMENT 1
4 Dividends and interest from securities	2,011,338.	2,011,338.		STATEMENT 2
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	4,607,250.			
b Gross sales price for all assets on line 6a	4,607,250.			
7 Capital gain net income (from Part IV, line 2)		4,607,250.		
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	659,931.	524,532.	0.	STATEMENT 3
12 Total. Add lines 1 through 11	8,254,714.	7,146,142.	0.	
13 Compensation of officers, directors, trustees, etc.	236,538.	196,327.	0.	40,212.
14 Other employee salaries and wages	629,820.	522,751.	0.	107,069.
15 Pension plans, employee benefits	313,552.	260,248.	0.	53,304.
16a Legal fees STMT 4	20,318.	16,864.	0.	3,454.
b Accounting fees STMT 5	190,285.	155,937.	0.	32,348.
c Other professional fees STMT 6	148,032.	122,867.	0.	25,165.
17 Interest	538,369.	538,369.	0.	0.
18 Taxes STMT 7	123,051.	119,051.	0.	0.
19 Depreciation and depletion	5,156.	5,156.	0.	
20 Occupancy	144,585.	120,005.	0.	24,579.
21 Travel, conferences, and meetings	30,527.	0.	0.	30,527.
22 Printing and publications	39,615.	0.	0.	39,615.
23 Other expenses STMT 8	1,326,193.	1,276,162.	0.	50,031.
24 Total operating and administrative expenses. Add lines 13 through 23	3,746,041.	3,333,737.	0.	406,304.
25 Contributions, gifts, grants paid	7,070,957.			7,403,942.
26 Total expenses and disbursements. Add lines 24 and 25	10,816,998.	3,333,737.	0.	7,810,246.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-2,562,284.			
b Net investment income (if negative, enter -0-)		3,812,405.		
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		5,308,313.	7,512,315.	7,512,315.
	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		27,012.	43,499.	43,499.
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock		141,437.	0.	0.
	c	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 10	135,490,464.	132,619,912.	132,619,912.	
14	Land, buildings, and equipment basis	82,551.				
	Less: accumulated depreciation	STMT 11	72,737.	14,970.	9,814.	
				9,814.	9,814.	
15	Other assets (describe)		4,778,331.	4,782,522.	4,782,522.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)		145,760,527.	144,968,062.	144,968,062.	
Liabilities	17	Accounts payable and accrued expenses		221,974.	339,574.	
	18	Grants payable		3,614,843.	3,269,073.	
	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)		3,836,817.	3,608,647.	
Net Assets or Fund Balances	24	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.				
	24	Net assets without donor restrictions		114,430,898.	112,785,084.	
	25	Net assets with donor restrictions		27,492,812.	28,574,331.	
	25	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.				
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds				
29	Total net assets or fund balances		141,923,710.	141,359,415.		
30	Total liabilities and net assets/fund balances		145,760,527.	144,968,062.		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	141,923,710.
2	Enter amount from Part I, line 27a	2	-2,562,284.
3	Other increases not included in line 2 (itemize) <u>UNREALIZED GAINS / (LOSSES)</u>	3	3,052,304.
4	Add lines 1, 2, and 3	4	142,413,730.
5	Decreases not included in line 2 (itemize) <u>BOOK - TAX DIFFERENCES</u>	5	1,054,315.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	141,359,415.

Form 990-PF (2019)

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENT

(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				
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	4,607,250.		4,607,250.	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e			4,607,250.	
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	4,607,250.
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	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		3	4,607,250.

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))
2018	8,631,266.	142,835,580.	.060428
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
2 Total of line 1, column (d)			2 .271959
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 .054392
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 140,894,533.
5 Multiply line 4 by line 3			5 7,663,535.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 38,124.
7 Add lines 5 and 6			7 7,701,659.
8 Enter qualifying distributions from Part XII, line 4			8 7,810,246.

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter. _____ (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	38,124.
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	38,124.
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	38,124.
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.
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	0.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3	X	
4a	X	
4b	X	
5		X
6	X	
7	X	
8a		
8b	X	
9		X
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		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>HTTP://WWW.WEAREMICHAELREESE.ORG</u>	X	
14 The books are in care of ► <u>GAYLA BROCKMAN</u> Telephone no. ► <u>312-726-1008</u> Located at ► <u>1707 N RANDALL RD, STE 200, ELGIN, IL</u> ZIP+4 ► <u>60123</u>		
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
16 At any time during calendar year 2019, 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 ►		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here		X
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 2019?		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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) 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 2019?	4b	X

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

5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 Organizations relying on a current notice regarding disaster assistance, check here	N/A <input type="checkbox"/>	5b	
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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		6b	X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		236,538.	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
GAYLA ANN BROCKMAN - 1707 N RANDALL RD, STE 200, ELGIN, IL 60123	CHIEF EXECUTIVE OFFICER 40.00	236,538.	54,351.	0.
JILL A. BALDWIN - 1707 N RANDALL RD, STE 200, ELGIN, IL 60123	CHIEF OPERATING OFFICER 40.00	155,385.	33,654.	0.
JENNIFER M. ROSENKRANZ - 1707 N RANDALL RD, STE 200, ELGIN, IL 60123	DIRECTOR OF GRANT PROGRAMS 40.00	129,308.	30,133.	0.
RACHEL REICHLIN - 1707 N RANDALL RD, STE 200, ELGIN, IL 60123	PROGRAM OFFICER 40.00	112,128.	29,150.	0.
ELIZABETH LIN MANN - 1707 N RANDALL RD, STE 200, ELGIN, IL 60123	COORDINATOR OF GRANT PROGRAMS 40.00	58,000.	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
MUELLER & CO., LLP 1707 N RANDALL RD, SUITE 200, ELGIN, IL 60123	ACCOUNTING SERVICES	175,914.
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.

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	133,770,706.
b	Average of monthly cash balances	1b	4,377,779.
c	Fair market value of all other assets	1c	4,891,650.
d	Total (add lines 1a, b, and c)	1d	143,040,135.
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	143,040,135.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,145,602.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	140,894,533.
6	Minimum investment return. Enter 5% of line 5	6	7,044,727.

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	7,044,727.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	38,124.
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	26,964.
c	Add lines 2a and 2b	2c	65,088.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,979,639.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,979,639.
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	6,979,639.

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	7,810,246.
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	7,810,246.
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	38,124.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,772,122.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				6,979,639.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018	1,613,404.			
f Total of lines 3a through e	1,613,404.			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 7,810,246.				
a Applied to 2018, 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 2019 distributable amount				6,979,639.
e Remaining amount distributed out of corpus	830,607.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (e))	0.			0.
6 Enter the net total of each column as indicated below:	2,444,011.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	2,444,011.			
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018	1,613,404.			
e Excess from 2019	830,607.			

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 2019, 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)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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					
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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ACCLIVUS, INC. 1640 W. ROOSEVELT RD., STE. 608 CHICAGO, IL 60608		PC	CHICAGO VIOLENT TRAUMA HOSPITAL RESPONSE	500,270.
ACCLIVUS, INC. 1640 W. ROOSEVELT RD., STE. 608 CHICAGO, IL 60608		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.
ALL CHICAGO MAKING HOMELESSNESS HISTORY 651 W WASHINGTON BLVD., STE. 504 CHICAGO, IL 60661		PC	STRATEGIC STAFF ROLE	50,000.
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY 4415 HARRISON ST., STE. 228 HILLSDALE, IL 60162		PC	HMIS/HEALTH CARE DATA ALIGNMENT	35,000.
Total	SEE CONTINUATION SHEET(S)			7,403,942.
b Approved for future payment				
ACCLIVUS, INC. 1640 W. ROOSEVELT RD., STE. 608 CHICAGO, IL 60608		PC	CHICAGO VIOLENT TRAUMA HOSPITAL RESPONSE	650,000.
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY., STE. 600 DOWNERS GROVE, IL 60515		PC	ADVOCATE YOUTH WORKFORCE	21,718.
ALTERNATIVES, INC. 4730 N SHERIDAN RD. CHICAGO, IL 60640		PC	BUILDING CAPACITY TO INCREASE YOUTH ACCESS TO BEHAVIORAL HEALTH AND PREVENTION SERVICES	80,000.
Total	SEE CONTINUATION SHEET(S)			3,237,073.

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
ALLIANCECHICAGO 215 W OHIO ST., 4TH FL. CHICAGO, IL 60654	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 MOLLISON AND CARNEGIE	80,000.
AMITA HEALTH 2233 W DIVISION ST. CHICAGO, IL 60622	PC			CPS AND ETHS HEALTHCARE WORKFORCE PARTNERSHIP	30,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE., BOX 4 CHICAGO, IL 60611	PC			HEALTHCARE ISSUES ROUNDTABLE	3,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE., BOX 4 CHICAGO, IL 60611	PC			COMMUNITY ENGAGEMENT AND WORKFORCE EDUCATION	50,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE., BOX 4 CHICAGO, IL 60611	PC			CENTER FOR CHILDHOOD RESILIENCE	100,000.
Total from continuation sheets					6,320,848.

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
THE ARK 6450 N CALIFORNIA AVE. CHICAGO, IL 60645		PC	THE JUDGE JOHN AND EFFIE ZIEGLER GUTKNECHT EYE CLINIC	4,853.
THE ARK 6450 N CALIFORNIA AVE. CHICAGO, IL 60645		PC	MINNIE AND DR. PETER H. OKNER, D.D.S., DENTAL CLINIC	75,000.
THE ARK 6450 N CALIFORNIA AVE. CHICAGO, IL 60645		PC	PUBLIC COMMUNICATIONS INC. (PCI) WORK ON THE CAPITAL CAMPAIGN	79,125.
ATT AND REACH 3531 MADISON ST. SKOKIE, IL 60076		PC	COLLABORATIVE PROBLEM SOLVING	67,300.
BETWEEN FRIENDS PO BOX 608548 CHICAGO, IL 60660		PC	COUNSELING AND SUPPORT SERVICES	60,000.
BOXING OUT NEGATIVITY 4059 W. 21ST ST. CHICAGO, IL 60623		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
BRIGHT STAR COMMUNITY OUTREACH 4518 S. COTTAGE GROVE., UNIT 1 CHICAGO, IL 60653		PC	MICHAEL REESE SERVICE AWARD	5,000.
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
CASA CENTRAL 1343 N. CALIFORNIA AVE. CHICAGO, IL 60622		PC	VIOLENCE PREVENTION AND INTERVENTION PROGRAM	35,000.
CENTER FOR HOUSING AND HEALTH 200 W. MONROE ST., STE. 1150 CHICAGO, IL 60606		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
CENTER FOR HOUSING AND HEALTH 200 W. MONROE ST., STE. 1150 CHICAGO, IL 60606		PC	CHICAGO AND COOK COUNTY HOUSING FOR HEALTH (H2) STRATEGIC PLAN	80,000.
CHICAGO COMMUNITY TRUST 225 N. MICHIGAN AVE., STE. 2200 CHICAGO, IL 60601		PC	FUND FOR SAFE AND PEACEFUL COMMUNITIES	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.
CHICAGOLAND WORKFORCE FUNDER ALLIANCE 225 N. MICHIGAN AVE., STE. 2200 CHICAGO, IL 60601		PC	CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE	50,000.
CHILDREN FIRST FUND -CHICAGO PUBLIC SCHOOLS FOUNDATION 200 W. MADISON ST. CHICAGO, IL 60606		PC	SPARCS INTERVENTION FOR TRAUMATIZED YOUTH	100,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
CHILDREN FIRST FUND -CHICAGO PUBLIC SCHOOLS FOUNDATION 200 W. MADISON ST. CHICAGO, IL 60606	PC		PC	PREPARING TODAY'S STUDENTS FOR TOMORROW'S HEALTHCARE WORKFORCE	118,514.
CHILDREN'S HOME AND AID 125 S. WACKER DR., STE. 1400 CHICAGO, IL 60606			PC	COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAM	45,000.
CHILDREN'S RESEARCH TRIANGLE 70 E. LAKE ST., STE. 1300 CHICAGO, IL 60601			PC	TRAUMA TREATMENT PROGRAM IN SCHOOLS	45,000.
CHRISTIAN COMMUNITY HEALTH CENTER 9718 S. HALSTED ST. CHICAGO, IL 60628			PC	DENTAL AND DIABETES INTEGRATION PLANNING PROJECT	30,000.
CIVIC CONSULTING ALLIANCE 21 S. CLARK ST., STE. 4301 CHICAGO, IL 60603			PC	PARTNERSHIP FOR SAFE AND PEACEFUL COMMUNITIES	30,000.
CJE SENIORLIFE 3003 W. TOUHY AVE. CHICAGO, IL 60645			PC	PROGRAM OUTCOMES AND DATA MANAGEMENT PROGRAM	99,680.
COMMUNITIES IN SCHOOLS OF CHICAGO 815 W. VAN BUREN ST., STE. 300 CHICAGO, IL 60607			PC	INTENSIVE SUPPORT PROGRAM	75,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	PC				
COMMUNITYHEALTH 2611 W CHICAGO AVE. CHICAGO, IL 60622	PC			ORAL HEALTH INTEGRATION PROGRAM	60,000.
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN 1116 N. KEDZIE AVE. CHICAGO, IL 60651	PC			MULTI-DISCIPLINARY TEAM SERVICES	35,000.
COOK COUNTY HEALTH FOUNDATION 1950 W. POLK ST. CHICAGO, IL 60612	PC			COOK COUNTY CAREERS IN HEALTHCARE PROGRAM	63,525.
ENLACE CHICAGO 2759 S. HARDING AVE. CHICAGO, IL 60623	PC			SCHOOL-BASED COUNSELORS	45,000.
ENTERPRISE COMMUNITY PARTNERS 230 W. MONROE, STE. 1250 CHICAGO, IL 60606	PC			AFFORDABLE, SAFE AND HEALTHY HOMES	25,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST., 3RD FL. CHICAGO, IL 60622	PC			COVID-19 CRISIS	5,000.
ERIE FAMILY HEALTH CENTER 1701 W. SUPERIOR ST., 3RD FL. CHICAGO, IL 60622	PC			ORAL HEALTH PROGRAM	50,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
PC	ERIE NEIGHBORHOOD HOUSE 1701 W. SUPERIOR ST. CHICAGO, IL 60622		PC	DOMESTIC VIOLENCE PROJECT	40,000.
PC	FAMILY RESCUE, INC. 8811 S. STONY ISLAND AVE. CHICAGO, IL 60617		PC	DOMESTIC VIOLENCE REDUCTION UNIT MULTI-DISCIPLINARY TEAM	50,000.
PC	GADS HILL CENTER 1919 W. CULLERTON AVE. CHICAGO, IL 60608		PC	HEALTHY MINDS, HEALTHY SCHOOLS	55,000.
PC	HEALING TO ACTION 332 S. MICHIGAN AVE. #121-H696 CHICAGO, IL 60604		PC	MOVEMENT BUILDING PROGRAM	25,000.
PC	HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON AVE., STE. 602 CHICAGO, IL 60602		PC	SECURING AN ADEQUATE HEALTHCARE SAFETY NET	50,000.
PC	HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON AVE., STE. 602 CHICAGO, IL 60602		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
PC	HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON AVE., STE. 602 CHICAGO, IL 60602		PC	DIVERSIFYING THE HEALTHCARE WORKFORCE: SUPPORTING CAREER PATHWAYS AND TRAJECTORIES	150,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)**3a Grants and Contributions Paid During the Year**

Name and address (home or business)	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS 208 S. LASALLE ST., STE. 1300 CHICAGO, IL 60604			PC	HEALTH POLICY PROJECT	50,000.
HEARTLAND ALLIANCE HEALTH 208 S. LASALLE ST., STE. 1300 CHICAGO, IL 60604			PC	INTEGRATION OF ORAL HEALTH AND PRIMARY CARE FOR MEDICALLY UNDERSERVED GROUPS ON CHICAGO'S SOUTH SIDE	60,000.
HEARTLAND HEALTH CENTERS 3048 N WILTON AVE. CHICAGO, IL 60657			PC	ORAL HEALTH	40,000.
HOWARD BROWN HEALTH CENTER 4025 N. SHERIDAN RD. CHICAGO, IL 60613			PC	ORAL HEALTH	40,000.
ILLINOIS COALITION AGAINST DOMESTIC VIOLENCE 806 S. COLLEGE ST. SPRINGFIELD, IL 62704			PC	INCREASING SAFETY AND ACCESS TO ALL SURVIVORS	50,000.
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS 228 S. WABASH AVE., STE. 800 CHICAGO, IL 60604			PC	IMMIGRANT HEALTH AND ACCESS INITIATIVE	60,000.
ILLINOIS COLLABORATION ON YOUTH 333 S WABASH AVE., STE. 2750 CHICAGO, IL 60604			PC	COMMUNITY RESPONSE	3,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Name and address (home or business)	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
ILLINOIS PARTNERS FOR HUMAN SERVICE 33 W. GRAND AVE., STE. 300 CHICAGO, IL 60654			PC	GENERAL OPERATING SUPPORT	35,000.
INFANT WELFARE SOCIETY OF CHICAGO 3600 W. FULLERTON AVE. CHICAGO, IL 60647			PC	ORAL HEALTH INTEGRATION INTO MEDICAL HOME	50,000.
INNER-CITY MUSLIM ACTION NETWORK 2744 W. 63RD ST. CHICAGO, IL 60629			PC	ORAL HEALTHCARE PROGRAM	50,000.
JCFS CHICAGO 216 W. JACKSON BLVD., STE. 700 CHICAGO, IL 60606			PC	MICHAEL REESE SERVICE AWARD	5,000.
JCFS CHICAGO 216 W. JACKSON BLVD., STE. 700 CHICAGO, IL 60606			PC	THERAPEUTIC DAY SCHOOL	55,000.
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS ST. CHICAGO, IL 60606			PC	RALPH R. AND MINERVA ROSE FUND	234,742.
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS ST. CHICAGO, IL 60606			PC	FUND FOR INNOVATION IN HEALTH	326,309.
Total from continuation sheets					

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

<p>Recipient Name and address (home or business)</p>	<p>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</p>	<p>Foundation status of recipient</p>	<p>Purpose of grant or contribution</p>	<p>Amount</p>
<p>JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS ST. CHICAGO, IL 60606</p>	<p>PC</p>	<p>PC</p>	<p>2020 METROPOLITAN CHICAGO JEWISH POPULATION STUDY</p>	<p>150,000.</p>
<p>JOHN HOWARD ASSOCIATION OF ILLINOIS 70 E. LAKE ST., STE. 410 CHICAGO, IL 60601</p>	<p></p>	<p>PC</p>	<p>PRISON MONITORING AND ADVOCACY</p>	<p>40,000.</p>
<p>LAWDALE CHRISTIAN HEALTH CENTER 3860 W. OGDEN AVE. CHICAGO, IL 60623</p>	<p></p>	<p>PC</p>	<p>DENTAL PROGRAM</p>	<p>35,000.</p>
<p>LEGAL COUNCIL FOR HEALTH JUSTICE 17 N. STATE ST., STE. 900 CHICAGO, IL 60602</p>	<p></p>	<p>PC</p>	<p>PROTECTING AND PROGRESSING HEALTH CARE IN ILLINOIS</p>	<p>75,000.</p>
<p>LUSTER LEARNING INSTITUTE 1126 HILLCREST AVE. HIGHLAND PARK, IL 60035</p>	<p></p>	<p>PC</p>	<p>CALM CLASSROOM</p>	<p>60,000.</p>
<p>MENTAL HEALTH LEADERSHIP INITIATIVE 1541 N. WELLS ST., 2ND FL. CHICAGO, IL 60610</p>	<p></p>	<p>PC</p>	<p>MENTAL HEALTH PARITY AND ADDICTION EQUITY</p>	<p>50,000.</p>
<p>MERCY HOSPITAL AND MEDICAL CENTER 2525 S. MICHIGAN AVE. CHICAGO, IL 60616</p>	<p></p>	<p>PC</p>	<p>WORKFORCE DEVELOPMENT PROJECT</p>	<p>25,000.</p>
<p>Total from continuation sheets</p>				<p></p>

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year		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
Recipient Name and address (home or business)					
METROPOLITAN FAMILY SERVICES 1 N. DEARBORN ST., STE. 1000 CHICAGO, IL 60602	PC			COMMUNITIES PARTNERING 4 PEACE	150,000.
MILE SQUARE HEALTH CENTER 7037 S. STONY ISLAND AVE. CHICAGO, IL 60649	PC			PORTABLE DENTAL PROGRAM	50,000.
SINAI URBAN HEALTH INSTITUTE 1500 S. FAIRFIELD AVE. CHICAGO, IL 60608	PC			HEALTHCARE ISSUES ROUNDTABLE	3,000.
NAMI CHICAGO 1801 W. WARNER AVE., #202 CHICAGO, IL 60613	PC			STAKEHOLDER RETREAT	6,000.
NAMI CHICAGO 1801 W. WARNER AVE., #202 CHICAGO, IL 60613	PC			ENDING THE SILENCE	50,000.
THE NETWORK: ADVOCATING AGAINST DOMESTIC VIOLENCE 1 E. WACKER DR., STE. 1630 CHICAGO, IL 60601	PC			HEALTHCARE ISSUES ROUNDTABLE	3,000.
THE NETWORK: ADVOCATING AGAINST DOMESTIC VIOLENCE 1 E. WACKER DR., STE. 1630 CHICAGO, IL 60601	PC			INTERSECTING LIVES- A COMPREHENSIVE PLAN TO ADDRESS COMMUNITY AND DOMESTIC VIOLENCE	75,000.

Total from continuation sheets

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
	THE NETWORK: ADVOCATING AGAINST DOMESTIC VIOLENCE 1 E. WACKER DR., STE. 1630 CHICAGO, IL 60601		PC	DV REPORT: BEST PRACTICES IN PROGRAMMING AND FUNDING	2,415.
	THE NETWORK: ADVOCATING AGAINST DOMESTIC VIOLENCE 1 E. WACKER DR., STE. 1630 CHICAGO, IL 60601		PC	CONNECT AND AMPLIFY COMMUNITY ADVOCACY	45,000.
	NORTHWESTERN MEMORIAL HEALTHCARE 541 N. FAIRBANKS CT., STE. 800 CHICAGO, IL 60611		PC	YOUTH PIPELINE PROGRAM	20,000.
	NORTON & ELAINE SARNOFF CENTER FOR JEWISH GENETICS 30 S. WELLS ST. CHICAGO, IL 60606		PC	GENERAL OPERATING SUPPORT	100,000.
	OAK PARK AND RIVER FOREST INFANT WELFARE SOCIETY - THE CHILDRENS CLINIC IWS 320 LAKE ST. OAK PARK, IL 60302		PC	ORAL HEALTH CARE WITH BEHAVIORAL HEALTH SUPPORT FOR LOW INCOME CHILDREN IN A DENTAL/MEDICAL HOME	50,000.
	ONE MILLION DEGREES 180 N. WABASH AVE., STE. 310 CHICAGO, IL 60601		PC	ACCELERATING COMMUNITY COLLEGE STUDENTS' PURSUIT OF HEALTHCARE CAREERS AT MALCOLM X COLLEGE	80,000.
	PCC COMMUNITY WELLNESS CENTER 14 LAKE ST. OAK PARK, IL 60302		PC	DENTAL INTEGRATION FOR PATIENTS WITH SUBSTANCE USE DISORDERS	50,000.

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
PILLARS COMMUNITY HEALTH 23 CALENDAR AVE. LAGRANGE, IL 60525		PC	MEDICAL/DENTAL INTEGRATION	25,000.
PRIMECARE COMMUNITY HEALTH 2211 N. ELSTON AVE., STE. 301 CHICAGO, IL 60614		PC	ORAL HEALTH PROGRAM	50,000.
RUSH UNIVERSITY MEDICAL CENTER 1620 W. HARRISON ST. CHICAGO, IL 60612		PC	FUTURE-READY LEARNING LABS	80,000.
RUSH UNIVERSITY MEDICAL CENTER 1620 W. HARRISON ST. CHICAGO, IL 60612		PC	COMPREHENSIVE NEIGHBORHOOD SCHOOL COMMUNITY EXECUTIVE FUNCTIONS CURRICULUM PROJECT, YEAR 2	45,000.
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., STE. 2000 CHICAGO, IL 60603		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
SHRIVER CENTER ON POVERTY LAW 67 E. MADISON ST., STE. 2000 CHICAGO, IL 60603		PC	HEALTHCARE JUSTICE PROGRAM	100,000.
SHALVA PO BOX 46375 CHICAGO, IL 60646		PC	MICHAEL REESE SERVICE AWARD	5,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Name and address (home or business)	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SHALVA PO BOX 46375 CHICAGO, IL 60646			PC	PROGRESSING ON A HEALING JOURNEY: COUNSELING FOR THE LONG TERM	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 OF THE WORK OF SINAI URBAN HEALTH INSTITUTE	685,000.
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	SINAI PATHWAYS PROGRAM	50,000.
SOUTH SHORE HOSPITAL 8012 S. CRANDON AVE. CHICAGO, IL 60617			PC	CPS HEALTHCARE WORKFORCE PARTNERSHIP	10,000.
ST. BERNARD HOSPITAL AND HEALTH CARE CENTER 326 W. 64TH ST. CHICAGO, IL 60621			PC	DENTAL CENTER	50,000.
SWEDISH COVENANT HOSPITAL 5145 N. CALIFORNIA AVE. CHICAGO, IL 60625			PC	THE VIOLENCE PREVENTION PROGRAM: STRANGULATION AND HEAD INJURY RESPONSE TEAM	55,500.
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 ST. CHICAGO, IL 60607		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613		PC	HEALTHCARE ISSUES ROUNDTABLE	3,000.
THRESHOLDS 4101 N. RAVENSWOOD AVE. CHICAGO, IL 60613		PC	PUBLIC POLICY AND ADVOCACY	75,000.
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. #710 CHICAGO, IL 60607		PC	TRANSFORMING SCHOOLS THROUGH RESTORATIVE JUSTICE	75,000.
UNITED WAY OF METRO CHICAGO 333 S. WABASH AVE., 30TH FL. CHICAGO, IL 60604		PC	CHICAGO COMMUNITY COVID-19 RESPONSE FUND	100,000.
THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637		PC	REDUCING THE HARMS OF DOMESTIC VIOLENCE THROUGH VICTIM ENGAGEMENT AND SPECIALIZED PROSECUTION	35,000.
Total from continuation sheets				

Part XV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
THE UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE. CHICAGO, IL 60637	PC			INTEGRATING ORAL HEALTH AND COMPREHENSIVE PRIMARY CARE	20,000.
THE UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S. MARYLAND AVE. CHICAGO, IL 60637	PC			INTEGRATED HOSPITAL-BASED VIOLENCE RECOVERY PROGRAM	200,000.
THE UNIVERSITY OF CHICAGO - MEDICAL CENTER DEVELOPMENT 130 E. RANDOLPH ST., STE. 1400 CHICAGO, IL 60601	PC			KISSEL FUND - PANCREATIC CANCER RESEARCH	7,185.
THE UNIVERSITY OF CHICAGO - SCHOOL OF SOCIAL SERVICE ADMINISTRATION 969 E. 60TH ST. CHICAGO, IL 60637	PC			CERTIFICATE IN NONPROFIT MANAGEMENT PROGRAM	46,700.
WINGS PROGRAM, INC PO BOX 95615 PALATINE, IL 60095	PC			HOUSING PROGRAM CHILDREN AND FAMILY SERVICES	35,000.
WORKING IN SUPPORT OF EDUCATION 227 E. 56TH ST., STE. 201 NEW YORK, NY 10022	PC			MONEYWISE	45,000.
YEAR UP INC. 223 W. JACKSON BLVD., STE. 400 CHICAGO, IL 60606	PC			ADVANCING WORK WITH THE HEALTHCARE SECTOR	50,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year		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
Recipient	Name and address (home or business)				
PC	YOUTH GUIDANCE 1 N. LASALLE ST., STE. 900 CHICAGO, IL 60602		PC	BECOMING A MAN (BAM) AND WORKING ON WOMANHOOD (WOW)	55,000.
PC	YWCA EVANSTON/NORTH SHORE 1215 CHURCH ST. EVANSTON, IL 60201		PC	COORDINATED RESPONSE TO PRESCHOOLERS EXPERIENCING, OR AT RISK OF EXPERIENCING FAMILY VIOLENCE	20,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)**3b Grants and Contributions Approved for Future Payment**

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
AMITA HEALTH 2233 W DIVISION ST. CHICAGO, IL 60622	PC			CPS AND ETHS HEALTHCARE WORKFORCE PARTNERSHIP	30,000.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE., BOX 4 CHICAGO, IL 60611	PC			COMMUNITY ENGAGEMENT AND WORKFORCE DEVELOPMENT	53,540.
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO 225 E. CHICAGO AVE., BOX 4 CHICAGO, IL 60611	PC			CENTER FOR CHILDHOOD RESILIENCE	100,000.
ATT & REACH 6450 N CALIFORNIA AVE. CHICAGO, IL 60645	PC			OPERATIONS MANAGER POSITION	38,000.
ATT & REACH 6450 N CALIFORNIA AVE. CHICAGO, IL 60645	PC			COLLABORATIVE PROBLEM SOLVING	67,300.
CHICAGO COMMUNITY TRUST 225 N. MICHIGAN AVE., STE. 2200 CHICAGO, IL 60601	PC			FUND FOR SAFE AND PEACEFUL COMMUNITIES	25,000.
CHICAGOLAND WORKFORCE FUNDER ALLIANCE 225 N. MICHIGAN AVE., STE. 2200 CHICAGO, IL 60601	PC			CHICAGOLAND WORKFORCE FUNDER ALLIANCE	60,000.
Total from continuation sheets					2,485,355.

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
CHILDREN FIRST FUND CHICAGO PUBLIC SCHOOLS FOUNDATION 200 W. MADISON ST. CHICAGO, IL 60606	PC		PC	PREPARING TODAY'S STUDENTS FOR TOMORROW'S HEALTHCARE WORKFORCE	58,141.
CHILDREN FIRST FUND CHICAGO PUBLIC SCHOOLS FOUNDATION 200 W. MADISON ST. CHICAGO, IL 60606	PC		PC	SPARCS INTERVENTION FOR TRAUMATIZED YOUTH	100,000.
CHILDREN'S HOME & AID 125 S. WACKER DR., STE. 1400 CHICAGO, IL 60606	PC		PC	COMMUNITY-BASED BEHAVIORAL HEALTH	45,000.
CHILDREN'S RESEARCH TRIANGLE 70 E. LAKE ST., STE. 1300 CHICAGO, IL 60601	PC		PC	TRAUMA TREATMENT PROGRAM IN SCHOOLS	45,000.
CITY COLLEGES OF CHICAGO 180 N. WABASH AVE. CHICAGO, IL 60601	PC		PC	CAREER LAUNCH CHICAGO	40,000.
COMMUNITIES IN SCHOOLS OF CHICAGO 815 W. VAN BUREN ST., STE. 300 CHICAGO, IL 60607	PC		PC	INTENSIVE SUPPORT PROGRAM	75,000.
COOK COUNTY HEALTH FOUNDATION 1950 W. POLK ST. CHICAGO, IL 60612	PC		PC	CCH C.A.R.E. PROGRAM	182,445.
Total from continuation sheets					

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
ENLACE CHICAGO 2759 S. HARDING AVE. CHICAGO, IL 60623	PC		SCHOOL-BASED COUNSELORS		45,000.
GADS HILL CENTER 1919 W. CULLERTON AVE. CHICAGO, IL 60608	PC		HEALTHY MINDS, HEALTHY SCHOOLS		55,000.
HEALTH AND MEDICINE POLICY RESEARCH GROUP 29 E. MADISON AVE., STE. 602 CHICAGO, IL 60602	PC		DIVERSIFYING THE HEALTHCARE WORKFORCE		150,000.
HEALTHY SCHOOLS CAMPAIGN 2545 W. DIVERSY AVE., #214 CHICAGO, IL 60647	PC		TRANSFORMING SCHOOL HEALTH SERVICES		35,000.
JCFS CHICAGO 216 W. JACKSON BLVD., STE. 700 CHICAGO, IL 60606	PC		THERAPEUTIC DAY SCHOOL		55,000.
JCFS CHICAGO 216 W. JACKSON BLVD., STE. 700 CHICAGO, IL 60606	PC		STRATEGIC TECHNOLOGY UPGRADE		75,000.
JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS ST. CHICAGO, IL 60606	PC		COVID-19 EMERGENCY RESPONSE FUND		100,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
NAMI CHICAGO 1801 W. WARNER AVE., #202 CHICAGO, IL 60613	PC		ENDING THE SILENCE		50,000.
NORTHWESTERN MEMORIAL HEALTHCARE 541 N. FAIRBANKS CT., STE. 800 CHICAGO, IL 60611	PC		YOUTH PIPELINE PROGRAM		20,000.
NORTON & ELAINE SARNOFF CENTER FOR JEWISH GENETICS 30 S. WELLS ST. CHICAGO, IL 60606	PC		NORTON & ELAINE SARNOFF CENTER FOR JEWISH GENETICS		100,000.
ONE MILLION DEGREES 180 N. WABASH AVE., STE. 310 CHICAGO, IL 60601	PC		SIGNATURE SCHOLARS PROGRAM AT MALCOLM X COLLEGE		80,000.
RUSH UNIVERSITY MEDICAL CENTER 1620 W. HARRISON ST. CHICAGO, IL 60612	PC		FUTURE-READY LEARNING LABS		81,750.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608	PC		GUTKNECHT EYE CLINIC		14,558.
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608	PC		SINAI PATHWAYS PROGRAM		50,000.
Total from continuation sheets					

Part XV Supplementary Information (continued)**3b** Grants and Contributions Approved for Future Payment

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
SINAI HEALTH SYSTEM 1500 S. FAIRFIELD AVE., OFFICE F-125 CHICAGO, IL 60608	PC			TELEHEALTH DEMONSTRATION PROJECT	150,000.
SOUTH SHORE HOSPITAL 541 N. FAIRBANKS CT., STE. 800 CHICAGO, IL 60611	PC			CPS HEALTHCARE WORKFORCE PARTNERSHIP	10,000.
THE NETWORK: ADVOCATING AGAINST DOMESTIC VIOLENCE 1 E. WACKER DR., STE. 1630 CHICAGO, IL 60601	PC			INTERSECTING LIVES - A COMPREHENSIVE PLAN TO ADDRESS COMMUNITY AND DOMESTIC VIOLENCE	125,000.
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. #710 CHICAGO, IL 60607	PC			RESTORATIVE JUSTICE PROGRAM	75,000.
UNIVERSITY OF CHICAGO MEDICAL CENTER 5841 S. MARYLAND AVE. CHICAGO, IL 60637	PC			INTEGRATED HOSPITAL-BASED VIOLENCE RECOVERY PROGRAM	84,621.
UNIVERSITY OF ILLINOIS AT CHICAGO MB 502, M/C 551 809 S. MARSHFIELD AVE. CHICAGO, IL 60612	PC			UIC CHAMPIONS	50,000.
Total from continuation sheets					

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

2019

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 foundationCheck 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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization MICHAEL REESE HEALTH TRUST	Employer identification number 36-2170910
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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	<u>ELLARD PFAELZER JR.</u> <u>345 CRESCENT DRIVE</u> <u>LAKE BLUFF, IL 60044</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	<u>MICHAEL ZARANSKY</u> <u>400 SKOKIE BLVD SUITE 580</u> <u>NORTHBROOK, IL 60062</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	<u>KAREN WANDER</u> <u>620 CROFTON AVENUE S</u> <u>HIGHLAND PARK, IL 60035</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	<u>EDWARD POLEN</u> <u>2780 RIDGE RD</u> <u>HIGHLAND PARK, IL 60035</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
5	<u>MALLY RUTKOFF</u> <u>801 TIMBER HILL ROAD</u> <u>HIGHLAND PARK, IL 60035</u>	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
6	<u>JOHN BENJAMIN</u> <u>2021 ST. JOHN'S AVENUE APARTMENT 3B</u> <u>HIGHLAND PARK, IL 60035</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization MICHAEL REESE HEALTH TRUST	Employer identification number 36-2170910
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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	<u>ANDREW BLOCK</u> <u>1245 N. ASTOR STREET</u> <u>CHICAGO, IL 60610</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	<u>CHARLES L. HUTCHINSON FUND</u> <u>50 S. LASALLE STREET</u> <u>CHICAGO, IL 60603</u>	\$ <u>12,679.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	<u>PRINCE CHARITABLE TRUSTS</u> <u>140 S. DEARBORN ST., STE. 1410</u> <u>CHICAGO, IL 60603-5208</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	<u>CUORE E MANI FOUNDATION</u> <u>501 SILVERSIDE RD. STE. 123</u> <u>WILMINGTON, DE 19809</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	<u>THE PIERCE FAMILY CHARITABLE FOUNDATN.</u> <u>1 N DEARBORN, STE. 1200</u> <u>CHICAGO, IL 60602</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	<u>HARVEY BARNETT</u> <u>1160 WADE</u> <u>HIGHLAND PARK, IL 60035</u>	\$ <u>25,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization MICHAEL REESE HEALTH TRUST	Employer identification number 36-2170910
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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
13	HENRY G. FOREMAN TRUST 50 S. LASALLE STREET CHICAGO, IL 60603	\$ 49,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
14	LAZARUS CHARITABLE FOUNDATION 50 S. LASALLE STREET CHICAGO, IL 60603	\$ 55,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
15	CHICAGO COMMUNITY TRUST 225 N MICHIGAN AVE., #2200 CHICAGO, IL 60601	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
16	EMIL KIRCHHEIMER CHARITABLE TRUST P.O. BOX 830269 DALLAS, TX 75283	\$ 82,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
17	NATHAN AND EMILY BLUM FUND 111 W. MONROE ST. CHICAGO, IL 60603	\$ 171,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
18	POLK BROS. FOUNDATION 20 W. KINZIE ST., STE. 1110 CHICAGO, IL 60654-5815	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization MICHAEL REESE HEALTH TRUST	Employer identification number 36-2170910
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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
19	CROWN FAMILY PHILANTHROPIES <hr/> 222 N. LASALLE ST., STE. 1000 <hr/> CHICAGO, IL 60601	\$ <u>220,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

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

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

MICHAEL REESE HEALTH TRUST

Part IV Capital Gains and Losses for Tax on Investment Income		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(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.				
1a	AG NET LEASE REALTY FUND III	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	MHR INSTITUTIONAL PTRS II	P		
m	MHR INSTITUTIONAL PTRS IV	P		
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	40,328.			40,328.
b	-140,513.			-140,513.
c	187,703.			187,703.
d	6,057.			6,057.
e	1,107,551.			1,107,551.
f	6,849.			6,849.
g	6,359.			6,359.
h	53,240.			53,240.
i	-4,555.			-4,555.
j	-13,008.			-13,008.
k	3,352,696.			3,352,696.
l	-763.			-763.
m	5,306.			5,306.
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				** 40,328.
b				** -140,513.
c				** 187,703.
d				** 6,057.
e				** 1,107,551.
f				** 6,849.
g				** 6,359.
h				** 53,240.
i				** -4,555.
j				** -13,008.
k				** 3,352,696.
l				** -763.
m				** 5,306.
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 4,607,250.
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 4,607,250.

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	3,022.	3,022.	0.
TOTAL TO PART I, LINE 3	3,022.	3,022.	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	47,847.	0.	47,847.	47,847.	0.
CD&R FUND IX	151,241.	0.	151,241.	151,241.	0.
CD&R FUND VIII	438.	0.	438.	438.	0.
IP III BLOCKER-I LP	481.	0.	481.	481.	0.
JFMC POOLED ENDOWMENT PORTFOLIO	1,639,355.	0.	1,639,355.	1,639,355.	0.
MHR INSTITUTIONAL PTRS II	29,976.	0.	29,976.	29,976.	0.
MHR INSTITUTIONAL PTRS III	192.	0.	192.	192.	0.
MHR INSTITUTIONAL PTRS IV	31,281.	0.	31,281.	31,281.	0.
MHR IP IV AIV LP	35,624.	0.	35,624.	35,624.	0.
MHR IP IV AIV LP					
YOST UNBLOCKED SERIES	18,676.	0.	18,676.	18,676.	0.
PALO ALTO HEALTHCARE FUND II LP	25.	0.	25.	25.	0.
RAINE PARTNERS II AIV 2 LP	14,111.	0.	14,111.	14,111.	0.
RAINE PARTNERS II LP	33.	0.	33.	33.	0.
TIFF PARTNERS V-INTERNATIONAL, LLC	123.	0.	123.	123.	0.
TIFF PARTNERS V-US, LLC	33,389.	0.	33,389.	33,389.	0.
TIFF PRIVATE EQUITY PARTNERS 2007, LLC	8,546.	0.	8,546.	8,546.	0.
TO PART I, LINE 4	2,011,338.	0.	2,011,338.	2,011,338.	0.

FORM 990-PF	OTHER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME- PASSTROUGH K-1	524,532.	524,532.	0.
UBIT - PASSTROUGH K-1	135,399.	0.	0.
TOTAL TO FORM 990-PF, PART I, LINE 11	659,931.	524,532.	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	20,318.	16,864.	0.	3,454.
TO FM 990-PF, PG 1, LN 16A	20,318.	16,864.	0.	3,454.

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	190,285.	155,937.	0.	32,348.
TO FORM 990-PF, PG 1, LN 16B	190,285.	155,937.	0.	32,348.

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	148,032.	122,867.	0.	25,165.
TO FORM 990-PF, PG 1, LN 16C	148,032.	122,867.	0.	25,165.

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	119,051.	119,051.	0.	0.
UBIT	4,000.	0.	0.	0.
TO FORM 990-PF, PG 1, LN 18	123,051.	119,051.	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	61,693.	51,205.	0.	10,488.
INSURANCE	14,505.	12,039.	0.	2,466.
OFFICE SUPPLIES AND EXPENSE	12,835.	1,220.	0.	11,615.
POSTAGE	1,198.	0.	0.	1,198.
DUES AND SUBSCRIPTIONS	21,568.	0.	0.	21,568.
BANK CHARGES	2,696.	0.	0.	2,696.
OTHER EXPENSES - PASSTHROUGH K-1	1,211,698.	1,211,698.	0.	0.
TO FORM 990-PF, PG 1, LN 23	1,326,193.	1,276,162.	0.	50,031.

FOOTNOTES

STATEMENT 9

TAXPAYER IS MAKING THE ELECTION UNDER TREAS. REG. SECTION 1.987-1(B)(1)(II) TO APPLY THE DE MINIMIS RULE FOR PURPOSES OF COMPUTING ANY GAINS AND/OR LOSSES RELATED TO ITS SECTION 987 QUALIFIED BUSINESS UNIT (QBU) AS A RESULT OF ITS INDIRECT INTEREST IN BAIN CAPITAL (TRU) VIII-E, LP AND SOVEREIGN CAPITAL LP II.

TAXPAYER IS MAKING THE ELECTION UNDER TREAS. REG. SECTION 1.987-1(B)(1)(II) TO APPLY THE DE MINIMIS RULE FOR PURPOSES OF COMPUTING ANY GAINS AND/OR LOSSES RELATED TO ITS SECTION 987 QUALIFIED BUSINESS UNIT (QBU) AS A RESULT OF ITS INDIRECT INTEREST IN GB DEUTSCHLAND FUND GMBH & CO KG.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AG ENERGY CREDIT OPP FUND	FMV	126,911.	126,911.
AG NET LEAST REALTY FUND II	FMV	2,832,792.	2,832,792.
CLAYTON DUBILIER & RICE FUND IX	FMV	3,007,028.	3,007,028.
CLAYTON DUBILIER & RICE FUND VIII	FMV	97,144.	97,144.
CD & R FD VIII-WILSONART B LP	FMV	417,732.	417,732.
MHR INSTITUTIONAL PARTNERS II	FMV	1,426,070.	1,426,070.
MHR INSTITUTIONAL PARTNERS III	FMV	768,628.	768,628.
MHR INSTITUTIONAL PARTNERS IV	FMV	1,991,605.	1,991,605.
OCH ZIFF CORPORATION	FMV	207.	207.
PERRY PARTNERS CORPORATION	FMV	561.	561.
RAINE PARTNERS II	FMV	4,560,621.	4,560,621.
TIFF CAP STOCK-TPEP 07	FMV	781,188.	781,188.
TIFF PARTNERS V INTERNATIONAL	FMV	13,639.	13,639.
TIFF PARTNERS V US	FMV	152,707.	152,707.
JFMC POOLED ENDOWMENT PORTFOLIO	FMV	116,429,695.	116,429,695.
CD & R FUND IX (CREDIT)	FMV	13,384.	13,384.
TOTAL TO FORM 990-PF, PART II, LINE 13		132,619,912.	132,619,912.

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.	2,016.	224.
DELL FILE SERVER	5,194.	3,896.	1,298.
MERAKI MX64	1,225.	919.	306.
KITCHEN DISHWASHER & CUPBOARD	10,780.	7,546.	3,234.
DELL LATITUDE 7490 WORKSTATION	4,466.	1,488.	2,978.
LAPTOP AND DOCKING STATION	1,875.	531.	1,344.
TOTAL TO FM 990-PF, PART II, LN 14	82,551.	72,737.	9,814.

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	215,516.	198,811.	198,811.
BENEFICIAL INTEREST IN TRUSTS	4,562,815.	4,483,711.	4,483,711.
GRANT RECEIVABLE	0.	100,000.	100,000.
TO FORM 990-PF, PART II, LINE 15	4,778,331.	4,782,522.	4,782,522.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WALTER R. NATHAN 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	CHAIRMAN, DIRECTOR 5.00	0.	0.	0.
MALLY Z. RUTKOFF 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	EXECUTIVE VICE CHAIR, DIRECTOR 2.00	0.	0.	0.
GAYLA A. BROCKMAN 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	PRESIDENT & CEO 40.00	236,538.	54,351.	0.
LAURIE HOCHBERG, MD 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	SECRETARY, DIRECTOR 1.00	0.	0.	0.
GREGORY C. MAYER 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	TREASURER, DIRECTOR 1.00	0.	0.	0.
HARVEY J. BARNETT 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
ANDREW K. BLOCK 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 1.00	0.	0.	0.
DAVID T. BROWN 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
KATHY CHAN 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
DEBORAH SCHRAYER KARMIN 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.

MICHAEL REESE HEALTH TRUST

36-2170910

ANN-LOUISE KLEPER 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
ELLARD PFAELZER, JR. 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 1.00	0.	0.	0.
SERGIO H. RODRIGUEZ 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
MARC ROTH 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
MICHELLE R. B. SADDLER 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 2.00	0.	0.	0.
JUDY SMITH 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 2.00	0.	0.	0.
SALLY BENJAMIN YOUNG 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 0.50	0.	0.	0.
MICHAEL ZARANSKY 1707 N RANDALL RD, STE 200 ELGIN, IL 60123	DIRECTOR 1.00	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>236,538.</u>	<u>54,351.</u>	<u>0.</u>
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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JENNIFER ROSENKRANZ
1707 N RANDALL RD, STE 200
ELGIN, IL 60123

TELEPHONE NUMBER

312-726-1008

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

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

RESTRICTIONS AND LIMITATIONS ON AWARDS

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No	Description	Date Acquired	Method	Life	C o n v	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
1	KONICA MINOLTA COPIER	05/23/07	SL	5.00		16	14,655.				14,655.	14,655.		0.	14,655.
2	SHREDDER	08/03/07	SL	5.00		16	572.				572.	572.		0.	572.
3	VERTICAL FILES	08/17/07	SL	5.00		16	352.				352.	352.		0.	352.
4	OFFICE FURNITURE	05/22/08	SL	5.00		16	28,655.				28,655.	28,655.		0.	28,655.
5	TABLES & CHAIRS	04/18/08	SL	5.00		16	1,021.				1,021.	1,021.		0.	1,021.
6	CONFERENCE PHONE	04/18/08	SL	5.00		16	715.				715.	715.		0.	715.
7	COMPUTER MONITORS 5-24"	06/25/08	SL	5.00		16	2,125.				2,125.	2,125.		0.	2,125.
8	NETWORK PRINTER	05/20/10	SL	5.00		16	5,729.				5,729.	5,299.		0.	5,299.
9	LAPTOP	04/19/12	SL	5.00		16	741.				741.	741.		0.	741.
10	DRAWER	06/26/14	SL	5.00		16	2,206.				2,206.	2,206.		0.	2,206.
11	BACKUP SERVER	08/01/15	SL	5.00		16	2,240.				2,240.	1,568.		448.	2,016.
12	DELL FILE SERVER	10/05/16	SL	5.00		16	5,194.				5,194.	2,857.		1,039.	3,896.
13	MERAKI MX64	10/05/16	SL	5.00		16	1,225.				1,225.	674.		245.	919.
14	KITCHEN DISHWASHER & CUPBOARD	01/05/17	SL	5.00		16	10,780.				10,780.	5,390.		2,156.	7,546.
15	DELL LATITUDE 7490 WORKSTATION	11/15/18	SL	5.00		16	4,466.				4,466.	595.		893.	1,488.
16	LAPTOP AND DOCKING STATION	02/14/19	SL	5.00		16	1,875.				1,875.	156.		375.	531.
	* TOTAL 990-PF PG 1 DEPR						82,551.				82,551.	67,581.		5,156.	72,737.

928111 04-01-19

(D) - Asset disposed

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