

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491036005081

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.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 10-01-2019, and ending 09-30-2020

Name of foundation
Washington Square Health Foundation

A Employer identification number
36-1210140

Number and street (or P.O. box number if mail is not delivered to street address)
875 North Michigan Ave 3516

Room/suite

B Telephone number (see instructions)
(312) 664-6488

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60611

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) \$ 18,709,399

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) (see instructions).)

(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 (attach schedule)
2 Check ☒ if the foundation is not required to attach Sch. B
3 Interest on savings and temporary cash investments
4 Dividends and interest from securities
5a Gross rents
b Net rental income or (loss)
6a Net gain or (loss) from sale of assets not on line 10
b Gross sales price for all assets on line 6a
7 Capital gain net income (from Part IV, line 2)
8 Net short-term capital gain
9 Income modifications
10a Gross sales less returns and allowances
b Less: Cost of goods sold
c Gross profit or (loss) (attach schedule)
11 Other income (attach schedule)
12 Total. Add lines 1 through 11

4,659

364,869

15,508

3,856,616

15,508

0

0

0

0

0

385,036

366,561

20,027

133,247

2,790

33,065

9,967

21,148

3,695

67,878

717,419

589,428

1,306,847

Operating and Administrative Expenses

13 Compensation of officers, directors, trustees, etc.
14 Other employee salaries and wages
15 Pension plans, employee benefits
16a Legal fees (attach schedule)
b Accounting fees (attach schedule)
c Other professional fees (attach schedule)
17 Interest
18 Taxes (attach schedule) (see instructions)
19 Depreciation (attach schedule) and depletion
20 Occupancy
21 Travel, conferences, and meetings
22 Printing and publications
23 Other expenses (attach schedule)
24 Total operating and administrative expenses.
Add lines 13 through 23
25 Contributions, gifts, grants paid
26 Total expenses and disbursements. Add lines 24 and 25

407,290
22,252
148,052
3,100
36,739
11,074
31,031
8,077
65,601
4,106
75,420
812,742
588,428
1,401,170

40,729
2,225
14,805
310
3,674
1,107
2,350
808
6,560
411
7,542
80,521
80,521

366,561
20,027
133,247
2,790
33,065
9,967
21,148
3,695
67,878
717,419
589,428
1,306,847

27 Subtract line 26 from line 12:
a Excess of revenue over expenses and disbursements
b Net investment income (if negative, enter -0-)
c Adjusted net income (if negative, enter -0-)

-1,016,134
299,856
0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form 990-PF (2019)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	349,889	2,132,642	2,132,642
	2 Savings and temporary cash investments	3,813,322	2,321,122	2,321,122
	3 Accounts receivable ▶ <u>10,492</u>			
	Less: allowance for doubtful accounts ▶ _____	22,119	10,492	10,492
	4 Pledges receivable ▶ _____			
	Less: allowance for doubtful accounts ▶ _____	0	0	0
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0	0	0
	7 Other notes and loans receivable (attach schedule) ▶ _____ 0			
	Less: allowance for doubtful accounts ▶ _____ 0	0	0	0
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	32,185	28,509	28,509
	10a Investments—U.S. and state government obligations (attach schedule)	0	0	0
	b Investments—corporate stock (attach schedule)	13,753,851	12,830,815	12,830,815
	c Investments—corporate bonds (attach schedule)	295,696	302,834	302,834
	11 Investments—land, buildings, and equipment: basis ▶ _____ 0			
Less: accumulated depreciation (attach schedule) ▶ _____ 0	0		0	
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	122,283	543,768	543,768	
14 Land, buildings, and equipment: basis ▶ <u>77,632</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>51,069</u>	11,628	26,563	26,563	
15 Other assets (describe ▶ _____)	276,566	512,654	512,654	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	18,677,539	18,709,399	18,709,399	
Liabilities	17 Accounts payable and accrued expenses	46,339	50,543	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)	0	0	
	22 Other liabilities (describe ▶ _____)	477,959	524,358	
	23 Total liabilities (add lines 17 through 22)	524,298	574,901	
Net Assets or Fund Balances	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	18,153,241	18,134,498	
	25 Net assets with donor restrictions			
	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 (see instructions)	18,153,241	18,134,498	
30 Total liabilities and net assets/fund balances (see instructions) .	18,677,539	18,709,399		

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	18,153,241
2 Enter amount from Part I, line 27a	2	-1,016,134
3 Other increases not included in line 2 (itemize) ▶ _____	3	997,391
4 Add lines 1, 2, and 3	4	18,134,498
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	18,134,498

Part IV Capital Gains and Losses for Tax on Investment Income

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,856,616		3,841,108	15,508
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a		0	15,508
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	15,508
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	0

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

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

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

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



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	1,432,565	18,562,205	0.077176
2017	1,332,017	19,942,992	0.066791
2016	1,480,074	19,161,568	0.077242
2015	1,165,437	17,510,913	0.066555
2014	1,180,159	19,648,925	0.060062

2 Total of line 1, column (d)	2	0.347826
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	0.069565
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	18,086,654
5 Multiply line 4 by line 3	5	1,258,198
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	2,999
7 Add lines 5 and 6	7	1,261,197
8 Enter qualifying distributions from Part XII, line 4	8	1,606,847

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	2,999
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	2,999
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	2,999
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	5,423
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	5,423
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	2,424
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,424 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ _____ (2) On foundation managers. ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.WSHF.ORG	13	Yes	
14	The books are in care of HOWARD NOCHUMSON Telephone no. (312) 664-6488			

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

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16	At any time during calendar year 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?	16	Yes No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? <input type="checkbox"/>	1c	No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) <input type="checkbox"/>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	No

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))?	<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.	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
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).	<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	No
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?	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 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, foundation managers and their compensation. See instructions

(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 Additional Data Table				

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

(a) Name and address of each employee paid more than \$50,000	(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

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 (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ▶		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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 ST ANTHONY HOSPITAL	300,000
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	300,000

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	17,198,352
b	Average of monthly cash balances.	1b	1,073,375
c	Fair market value of all other assets (see instructions).	1c	90,358
d	Total (add lines 1a, b, and c).	1d	18,362,085
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	18,362,085
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	275,431
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	18,086,654
6	Minimum investment return. Enter 5% of line 5.	6	904,333

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	904,333
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	2,999
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	2,999
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	901,334
4	Recoveries of amounts treated as qualifying distributions.	4	33,265
5	Add lines 3 and 4.	5	934,599
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	934,599

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,306,847
b	Program-related investments—total from Part IX-B.	1b	300,000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,606,847
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	2,999
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,603,848

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				934,599
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 2017, 2016, 2015		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	87,150			
b From 2015.	101,432			
c From 2016.	522,795			
d From 2017.	319,254			
e From 2018.	430,743			
f Total of lines 3a through e.	1,461,374			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>1,606,847</u>				
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.				934,599
e Remaining amount distributed out of corpus	672,248			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,133,622			
b Prior years' undistributed income. Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			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 (see instructions). . . .	87,150			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	2,046,472			
10 Analysis of line 9:				
a Excess from 2015.	101,432			
b Excess from 2016.	522,795			
c Excess from 2017.	319,254			
d Excess from 2018.	430,743			
e Excess from 2019.	672,248			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a 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	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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).)
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
Check here <input type="checkbox"/> 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. See instructions
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: HOWARD NOCHUMSON 875 NORTH MICHIGAN AVE SUITE 3516 CHICAGO, IL 60611 (312) 664-6488
b The form in which applications should be submitted and information and materials they should include: Visit the website for the organization's grant guidelines & application: http://wshf.org/general-guidelines/
c Any submission deadlines: GRANT SUBMISSIONS WERE ACCEPTED ON A CONTINUOUS ROLLING BASIS FOR EITHER THE 12/1 OR 6/1 DEADLINES.
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: NONE

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	589,429
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
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					
4 Dividends and interest from securities. . . .			14	364,869	
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.					
8 Gain or (loss) from sales of assets other than inventory			18	15,508	
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). . .		0		380,377	0
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		380,377

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

[illegible]

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

		Yes	No
--	--	------------	-----------

--	--	--

1a(1)		No
1a(2)		No

--	--	--

1b(1)	No
--------------	-----------

1b(2)		No
--------------	--	-----------

1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
----	--	----

value
ue

[illegible]

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

**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.

2021-02-05

Signature of officer or trustee

Date _____

Title

May the IRS discuss this return with the preparer shown below

(see instr.) ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00244301
	Jackie Coburn				
	Firm's name ▶ CROWE LLP				Firm's EIN ▶ 35-0921680
	Firm's address ▶ 750 N St Paul Suite 850 Dallas, TX 75201				Phone no. (214) 777-5200

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Barbara Berendt	Director 2.000	7,250	0	0
875 North Michigan Ave Chicago, IL 60611				
Catherine M Creticos MD	Director 2.000	7,500	0	0
875 North Michigan Ave Chicago, IL 60611				
Sandy Goldberg PhD	Director 2.000	7,500	0	0
875 North Michigan Ave Chicago, IL 60611				
William N Werner MD MPH	Board Chair / Director 2.000	20,250	0	0
875 North Michigan Ave Chicago, IL 60611				
William B Friedeman	Secretary / Director 2.000	9,000	0	0
875 North Michigan Ave Chicago, IL 60611				
James M Snyder	Treasurer / Director 2.000	8,250	0	0
875 North Michigan Ave Chicago, IL 60611				
Howard Nochumson	Executive Director & President 40.000	209,585	95,360	0
875 North Michigan Ave Chicago, IL 60611				
Catherine Kapella MPH	Associate Director & Vice President 40.000	137,955	50,335	0
875 North Michigan Ave Chicago, IL 60611				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A Silver Lining Foundation 134 N LaSalle St Ste 1218 Chicago, IL 60602	None	PC	Special Designated Grant to A Silver Lining Foundation for Program Support	15,000
A Silver Lining Foundation 134 N LaSalle St Ste 1218 Chicago, IL 60602	None	PC	Board of Director Grant to A Silver Lining Foundation for Mammography	1,750
A Silver Lining Foundation 134 N LaSalle St Ste 1218 Chicago, IL 60602	None	PC	Board of Director Grant to A Silver Lining Foundation for Mammography Services	2,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
A Silver Lining Foundation 134 N LaSalle St Ste 1218 Chicago, IL 60602	None	PC	Special Designated Grant to A Silver Lining Foundation for Program Support	15,000
A Silver Lining Foundation 134 N LaSalle St Ste 1218 Chicago, IL 60602	None	PC	Board of Director Grant to A Silver Lining Foundation for Program Support	7,500
Access Community Health Network 600 W Fulton St Suite 200 Chicago, IL 60661	None	PC	Medical Legal Partnership	10,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Advocate Charitable Foundation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515	None	PC	Board of Director Grant to the Angelo P. Creticos, MD Cancer Center at Advocate Illinois Masonic Medical Center for Program Support	1,500
Advocate Charitable Foundation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515	None	PC	Board of Director Grant to the Angelo P. Creticos, MD Lectureship Fund at Advocate Illinois Masonic Medical Center	1,000
Advocate Charitable Foundation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515	None	PC	Board of Director Grant to the Anastasia and Angelo P. Creticos, MD Medical Innovation Endowment at Advocate Illinois Masonic Medical Center	500
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Advocate Charitable Foundation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515	None	PC	Board of Director Grant to the Anastasia Creticos Music Fund at Advocate Illinois Masonic Medical Center	500
Alexian Brothers Bonaventure House 825 West Wellington Chicago, IL 60657	None	PC	Quality Assurance Manager	12,500
Alexian Brothers Bonaventure House 825 West Wellington Chicago, IL 60657	None	PC	Board of Director Grant to Alexian Brothers Bonaventure House for Program Support	1,250
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
American Kidney Fund 11921 Rockville Pike Suite 300 Rockville, MD 20852	None	PC	Special Designated Grant to American Kidney Fund for Program Support	5,000
Ann & Robert H Lurie Children's Hospital of Chicago 225 E Chicago Avenue Box 4 Chicago, IL 60611	None	PC	Hematology, Oncology and Stem Cell Transplant Fellowship Program	30,000
Ann & Robert H Lurie Children's Hospital of Chicago 225 E Chicago Avenue Box 4 Chicago, IL 60611	None	PC	Hematology, Oncology and Stem Cell Transplant Fellowship Program	30,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Boulder Community Health Foundation PO Box 19320 Boulder, CO 80308	None	PC	Board of Director Grant to the Boulder Community Health Foundation to support mental health and behavioral health	1,000
Chicago Chesed Fund 7045 Ridgeway Ave Lincolnwood, IL 60712	None	PC	Board of Director Grant to the Chicago Chesed Fund for the Bey Shul Senior Learning Program	500
Chicago Chesed Fund 7045 Ridgeway Ave Lincolnwood, IL 60712	None	PC	Board of Director Grant to the Chicago Chesed Fund for Program Support	1,000
Total ► 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Chicago Foundation for Women 140 S Dearborn St Suite 400 Chicago, IL 60603	None	PC	Board of Director Grant to the Chicago Foundation for Women for a Matching Grant, Supporting Women and Girls Impacted by COVID-19	500
Chicago Hearing Society 1444 W Willow Street Chicago, IL 606421524	None	PC	CHS Hearing Health Clinic Audiology Testing Equipment	14,660
Community Foundation of Jackson Hole 245 East Simpson Avenue PO Box 574 Jackson, WY 83001	None	PC	Board of Director Grant to the Community Foundation of Jackson Hole for Swinging Bridge Wild Fire relief efforts and aid to first responders, EMT's, Teton Interagency Fire	500
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Council on Foundations 1828 L Street NW Suite 300 Washington, DC 20036	None	PC	Foundation Designated Grant	2,500
Covenant World Relief 8303 W Higgins Rd Chicago, IL 60631	None	PC	Board of Director Grant to Covenant World Relief for Program Support	2,000
Easter Seals Metropolitan Chicago 1939 West 13th Street Suite 300 Chicago, IL 606081226	None	PC	Building Healthy Bodies and Stronger Life Skills: Providing Adaptive Gym Equipment for Children with Autism	21,460
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Faith Community United Church of Christ 192 S Center St Bensenville, IL 60106	None	PC	Board of Director Grant to the Bensenville- Wood Dale Food Pantry for Program Support	1,000
Forefront 208 South LaSalle Street Suite 1540 Chicago, IL 606041006	None	PC	Foundation Designated Grant	834
Franciscan Tertiary Province Of The Sacred Heart Inc 1801 35th Street Oak Brook, IL 60523	None	PC	Spread the Health	5,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Gilda's Club Chicago537 N Wells Chicago, IL 60654	None	PC	Cancer Support Programs	50,000
Gilda's Club Chicago537 N Wells Chicago, IL 60654	None	PC	Kids Kicking Cancer	12,500
Gilda's Club Chicago537 N Wells Chicago, IL 60654	None	PC	Kids Kicking Cancer	12,500
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Grantmakers In Health 1100 Connecticut Avenue NW Suite 1200 Washington, DC 20036	None	PC	Grantmakers in Health Foundation Designated Grant	2,875
Heartland Health Centers 3048 N Wilton Ave 2nd Floor Chicago, IL 60657	None	PC	Fetal Monitoring Equipment Purchase	4,000
Howard Brown Health Center 7045 Ridgeway Ave Lincolnwood, IL 60712	None	PC	Improved Retinal Screening for Diabetic Patients	19,749
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Howard Brown Health Center 4025 N Sheridan Rd Chicago, IL 60640	None	PC	Board of Director Grant to Howard Brown Health Center for Clinical Research	1,500
Ida Crown Jewish Academy 8233 Central Park Avenue Skokie, IL 60076	None	PC	Board of Director Matching Grant to Ida Crown Jewish Academy for the Scholarship Program	2,000
Infant Welfare Society of Chicago 3600 West Fullerton Avenue Chicago, IL 60647	None	PC	Equipment Purchase: Colposcope	8,275
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Institute of Medicine of Chicago 332 South Michigan Avenue Suite 525 Chicago, IL 60604	None	PC	Special Designated Grant to The Institute of Medicine of Chicago to support nominee donations for new Fellows Catherine Creticos, MD and Catherine Kapella, MPH, as well as donations for the Annual Meeting	650
Institute of Medicine of Chicago 332 South Michigan Avenue Suite 525 Chicago, IL 60604	None	PC	Special Designated Grant in support of a meeting to be held on September 25 for funders and providers around the topic of Social Determinants of Health and a potential Wellness Foundation or Fund, as well as the SOCH on October 23, 2020	7,500
Juvenile Diabetes Research Foundation One North LaSalle Street Suite 1200 Chicago, IL 60602	None	PC	Special Designated Grant to the Juvenile Diabetes Research Foundation in memory of Walter L. Brenholts	250
Total ► 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
La Rabida Children's Hospital 6501 S Promontory Drive Chicago, IL 60646	None	PC	Equipment for Rehabilitative and Developmental Care	11,600
Lakeview Pantry3945 N Sheridan Rd Chicago, IL 60613	None	PC	Board Officer Grant to Lakeview Pantry to be used to purchase food	2,500
Lutheran Social Services of Illinois 1001 E Touhy Ave Suite 50 Des Plaines, IL 60018	None	PC	Transitions of Care	10,000
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Mercy Housing Lakefront 120 S LaSalle St Suite 1850 Chicago, IL 60603	None	PC	Mercy Housing Lakefront's Community Health Worker Program	12,500
Morasha Olami Inc419 E County Line Rd Lakewood, NJ 08701	None	PC	Board of Director Grant to Morasha Olami, Inc. for Program Support	500
Mount Sinai Hospital and Medical Center 1500 S Fairfield Ave F123 Chicago, IL 60608	None	PC	Purchase of Telemetry Monitors	16,000
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MPN Research Foundation 180 N Michigan Ave Ste 1870 Chicago, IL 60601	None	PC	Board of Director Grant to the MPN Research Foundation for Program Support	3,000
North Park Friendship Center 3448 W Foster Chicago, IL 60625	None	PC	Board of Director Grant to the North Park Friendship Center for Program Support	3,000
Northern Lights Kollel of Suburban Chicago 721 Wyngate Lane Buffalo Grove, IL 60089	None	PC	Board of Director Grant to Northern Lights Kollel of Suburban Chicago for Youth Programs for Program Support	500
Total ► 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Orchard Village7660 Gross Point Road Skokie, IL 60077	None	PC	Nutrition & Diabetes Education & Improving Medication Procedures for Adults with Developmental Disabilities	16,946
Planned Parenthood Chicago Area 18 S Michigan Ave 6th Floor Illinois, IL 60603	None	PC	Access Birth Control (ABC) Initiative	12,500
Project Seed of Suburban 6045 N Monticello Avenue Chicago, IL 60659	None	PC	Board of Director Grant to Project Seed of Suburban Chicago for Program Support	1,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Project Seed of Suburban Chicago Inc 6045 N Monticello Avenue Chicago, IL 60659	None	PC	Board of Director Grant to Project Seed of Suburban Chicago, Inc. for Program Support	500
Project Seed of Suburban Chicago Inc 6045 N Monticello Avenue Chicago, IL 60659	None	PC	Board of Director Grant to Project Seed of Suburban Chicago for Program Support	500
Ray Graham Association for People with Disabilities 901 Warrenville Rd Suite 500 Lisle, IL 60532	None	PC	Board of Director Grant to the Hanson Center Therapeutic Riding Program at the Ray Graham Association for People with Disabilities	1,000
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Rosalind Franklin University of Medicine and Science 3333 Green Bay Road North Chicago, IL 60064	None	PC	Improving Wellness through Discovery: The Innovation and Research Park	25,000
Saint Anthony Hospital2875 W 19th St Chicago, IL 60623	None	PC	Good to Great: Becoming A Primary Stroke Center	15,000
Saint Anthony Hospital2875 W 19th St Chicago, IL 60623	None	PC	Special Designated Grant to St. Anthony Hospital for the COVID- 19 Medical Equipment Fund	10,000
Total ▶ 3a				589,429

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Shirley Ryan AbilityLab355 E Erie Street Chicago, IL 60611	None	PC	Advance Human Ability Campaign	50,000
Sonoma Valley Hospital Foundation 347 Andrieux St Sonoma, CA 95476	None	PC	Board of Director Grant to the Sonoma Valley Hospital Foundation for Program Support	1,500
Stanley Manne Children's Research Institute 215 E Chicago Ave Rm 701 Chicago, IL 60611	None	PC	Board Officer Grant to Northwestern University for Dr. Fawzi's Research	5,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Kedzie Center Expanded Mental Health Services Of Chicago 4141 N Kedzie Ave Suite 2 Chicago, IL 60618	None	PC	Board of Director Grant to The Kedzie Center for Program Support	1,000
The Woman's Board of Northwestern Memorial Hospital 541 North Fairbanks Court Suite 800 Chicago, IL 60611	None	PC	High-Utilizing Emergency Department Patients: Increasing Social Work staffing to balance staffing complement in addressing Non-Medical Visits	25,000
The Woman's Board of Northwestern Memorial Hospital 541 North Fairbanks Court Suite 800 Chicago, IL 60611	None	PC	Board of Director Grant to the Woman's Board of Northwestern Memorial Hospital for Program Support in memory of Jean Huebner Fetridge	1,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Torah Academy of Buffalo Grove 225 McHenry Rd Buffalo Grove, IL 60089	None	PC	Board of Director Grant to Torah Academy of Buffalo Grove for Program Support	500
Torah Academy of Buffalo Grove 225 McHenry Rd Buffalo Grove, IL 60089	None	PC	Board of Director Grant to Torah Academy of Buffalo Grove for Program Support	500
Trinity Episcopal Church 275 East Spain Street Sonoma, CA 95476	None	PC	Board of Director Grant to Trinity Episcopal Church for program support for the mental health and food provision services during the COVID-19 pandemic	1,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
United Way of Metropolitan Chicago 333 S Wabash Chicago, IL 60604	None	PC	Special Designated Grant to United Way of Metropolitan Chicago for the Chicago Community COVID-19 Response Fund	10,000
Westminster Early Childhood Programs 724 Delaware Avenue Buffalo, NY 14209	None	PC	Board of Director Grant to Westminster Early Childhood Programs for the Fresh from our Kitchen Food Initiative	2,500
Wood Dale Community United Methodist Church 206 N Wood Dale Rd PO Box 250 Wood Dale, IL 60191	None	PC	Board of Director Grant to the Wood Dale Food Pantry at the Wood Dale Community United Methodist Church for Program Support	1,000
Total ▶ 3a				589,429

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YMCA of Metropolitan Chicago 1030 West Van Buren Street Chicago, IL 60607	None	PC	YMCA Camp Independence - Equipment Safety Improvements at Camp Independence	10,483
Primo Center for Women and Children 4241 W Washington Blvd Chicago, IL 60624	none	PC	PRI Forgiveness	31,647
Total ▶ 3a				589,429

TY 2019 Accounting Fees Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting Fees	36,739	3,674		33,065

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

TY 2019 Depreciation Schedule

Name: Washington Square Health Foundation

EIN: 36-1210140

Software ID: 19010655

Software Version: 2019v5.0

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
Equipment						8,077	808		

TY 2019 Investments Corporate Bonds Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	302,834	302,834

TY 2019 Investments Corporate Stock Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DOM. SMALL CAP MUTUAL FUNDS	1,872,834	1,872,834
DOM. LARGE CAP MUTUAL FUNDS	5,691,621	5,691,621
DOMESTIC EQUITY FUNDS	49,221	49,221
INTERNATIONAL EQUITY FUNDS	3,060,577	3,060,577
DOM. MIDDLE CAP MUTUAL FUNDS	2,068,963	2,068,963
COMMINGLED EQUITY FUNDS	87,599	87,599

TY 2019 Investments - Other Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
LONG-TERM GROWTH EQUITY FUND	FMV	139,486	139,486
DIVIDEND APPRECIATION INDEX	FMV	404,282	404,282

**TY 2019 Land, Etc.
Schedule****Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
EQUIPMENT	77,632	51,069	26,563	26,563

TY 2019 Legal Fees Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,100	310		2,790

TY 2019 Other Assets Schedule

Name: Washington Square Health Foundation

EIN: 36-1210140

Software ID: 19010655

Software Version: 2019v5.0

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
RENT SECURITY DEPOSIT	6,971	6,971	6,971
PROGRAM RELATED INVESTMENTS	269,595	505,683	505,683

TY 2019 Other Expenses Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	5,686	569		5,117
OFFICE SUPPLIES	19,818	1,982		17,836
BOARD EXPENSES	23,578	2,358		21,220
DUES & SUBSCRIPTIONS	6,136	614		5,522
SERVICE CONTRACTS	16,150	1,615		14,535
SITE VISITS	20			20
BANK CHARGES	1,436	144		1,292
REPAIRS & MAINTENANCE	299	30		269
Licenses & Permits	1,596	160		1,436
MISCELLANEOUS	701	70		631

TY 2019 Other Increases Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Description	Amount
Unrealized Gain	997,391

TY 2019 Other Liabilities Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Description	Beginning of Year - Book Value	End of Year - Book Value
EMPLOYEE BENEFIT PLAN	477,959	524,358

TY 2019 Other Professional Fees Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	11,074	1,107		9,967

TY 2019 Taxes Schedule**Name:** Washington Square Health Foundation**EIN:** 36-1210140**Software ID:** 19010655**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	7,534			
Payroll Tax	23,497	2,350		21,148