

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

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

For calendar year 2021, or tax year beginning 07-01-2021, and ending 06-30-2022

Name of foundation MICHAEL REESE HEALTH TRUST		<b>A Employer identification number</b> 36-2170910
Number and street (or P.O. box number if mail is not delivered to street address) 1707 N RANDALL RD 200	Room/suite	<b>B Telephone number</b> (see instructions) (312) 726-1008
City or town, state or province, country, and ZIP or foreign postal code ELGIN, IL 60123		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$</b> 158,966,418	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input checked="" type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (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)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	5,142,796			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	1,745	1,745		
	<b>4</b> Dividends and interest from securities	136,219	1,338,458		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	14,522,717			
	<b>b</b> Gross sales price for all assets on line 6a	14,522,717			
	<b>7</b> Capital gain net income (from Part IV, line 2)		10,199,654		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	908,347	2,187,433			
<b>12 Total.</b> Add lines 1 through 11	20,711,824	13,727,290			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	324,168	26,906		297,262
	<b>14</b> Other employee salaries and wages	1,074,702	89,200		985,502
	<b>15</b> Pension plans, employee benefits	531,550	44,119		487,431
	<b>16a</b> Legal fees (attach schedule)	23,030	1,911		21,119
	<b>b</b> Accounting fees (attach schedule)	90,820	5,538		83,282
	<b>c</b> Other professional fees (attach schedule)	243,136	20,180		222,956
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	276,028	0		0
	<b>19</b> Depreciation (attach schedule) and depletion	2,668	0		
	<b>20</b> Occupancy	3,934	327		3,607
	<b>21</b> Travel, conferences, and meetings	51,893	0		51,893
	<b>22</b> Printing and publications	23,894	0		23,894
	<b>23</b> Other expenses (attach schedule)	819,876	1,283,570		156,511
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	3,465,699	1,471,751		2,333,457
<b>25</b> Contributions, gifts, grants paid	12,502,737			11,814,649	
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	15,968,436	1,471,751		14,148,106	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	4,743,388				
<b>b Net investment income</b> (if negative, enter -0-)		12,255,539			
<b>c Adjusted net income</b> (if negative, enter -0-)					

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .			
	<b>2</b> Savings and temporary cash investments . . . . .	4,599,349	6,208,069	6,208,070
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .	50,000	200,000	200,000
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .	32,392	34,705	34,705
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	173,416,501	147,844,628	147,844,628
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ 82,551 Less: accumulated depreciation (attach schedule) ▶ _____ 80,337	4,882	2,214	2,214
<b>15</b> Other assets (describe ▶ _____)	5,685,917	4,676,801	4,676,801	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	183,789,041	158,966,417	158,966,418	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	359,693	214,470	
	<b>18</b> Grants payable . . . . .	3,203,103	3,891,191	
	<b>19</b> Deferred revenue. . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons . . . . .			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)	0	402,067	
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	3,562,796	4,507,728	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	140,539,991	120,497,331	
	<b>25</b> Net assets with donor restrictions . . . . .	39,686,254	33,961,358	
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds . . . . .			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	180,226,245	154,458,689		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	183,789,041	158,966,417		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> 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) . . . . .	<b>1</b>	180,226,245
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	4,743,388
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	0
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	184,969,633
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	30,510,944
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29.	<b>6</b>	154,458,689

**Part IV Capital Gains and Losses for Tax on Investment Income**

<b>(a)</b> 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>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo., day, yr.)	<b>(d)</b> Date sold (mo., day, yr.)
<b>1 a</b> PASS-THROUGHS FROM PARTNERSHIPS	P		
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>(e)</b> Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	<b>(g)</b> Cost or other basis plus expense of sale	<b>(h)</b> Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			10,199,654
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			<b>(l)</b>
<b>(i)</b> F.M.V. as of 12/31/69	<b>(j)</b> Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i) over col. (j), if any	Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
<b>a</b>			10,199,654
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Capital gain net income or (net capital loss) <div style="float: right; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;">                         { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }                     </div>	<b>2</b>	10,199,654
<b>3</b> 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 <div style="float: right; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;">                         }                     </div>	<b>3</b>	

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

Exempt operating foundations described in section 4940(d)(2), check here [ ] and enter Bracket for line 1a "N/A" on line 1.
1a Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
3 Add lines 1 and 2.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.
6 Credits/Payments:
6a 2021 estimated tax payments and 2020 overpayment credited to 2021
6b Exempt foreign organizations—tax withheld at source
6c Tax paid with application for extension of time to file (Form 8868)
6d Backup withholding erroneously withheld
7 Total credits and payments. Add lines 6a through 6d
8 Enter any penalty for underpayment of estimated tax. Check here [ ] if Form 2220 is attached.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax Refunded

Part VI-A Statements Regarding Activities

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?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition.
1c Did the foundation file Form 1120-POL for this year?
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b 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?
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered (see instructions)
8b 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?
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 2021 or the taxable year beginning in 2021?
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

Part VI-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.
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
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address HTTP://WWW.WEAREMICHAELREESE.ORG
14 The books are in care of KERRY GOESE Telephone no. (312) 726-1008 Located at 1707 N RANDALL RD STE 200 ELGIN IL ZIP+4 60123
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
16 At any time during calendar year 2021, 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

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

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

1a During the year did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6); did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
c Organizations relying on a current notice regarding disaster assistance check here.
d 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 2021?
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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? 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.)
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?
b If "Yes," did it have excess business holdings in 2021 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 2021.)
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
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 2021?

**Part VI-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:
  - (1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
  - (2)** Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?
  - (3)** Provide a grant to an individual for travel, study, or other similar purposes?
  - (4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions
  - (5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?
- 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
- c** Organizations relying on a current notice regarding disaster assistance check . . . . .
- d** 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).
- 6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .
- b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   
If "Yes" to 6b, file Form 8870.
- 7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
- b** If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?
- 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?

	Yes	No
<b>5a(1)</b>		No
<b>5a(2)</b>		No
<b>5a(3)</b>		No
<b>5a(4)</b>		No
<b>5a(5)</b>		No
<b>5b</b>		
<b>5d</b>		
<b>6a</b>		No
<b>6b</b>		No
<b>7a</b>		No
<b>7b</b>		
<b>8</b>		No

**Part VII 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
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	324,168	51,500	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
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	DIRECTOR 0.50	0	0	0

(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
ELGIN, IL 60123				
MICHAEL ZARANSKY 1707 N RANDALL RD STE 200 ELGIN, IL 60123	DIRECTOR 1.00	0	0	0


**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
JILL A BALDWIN 1707 N RANDALL RD STE 200 ELGIN,IL 60123	CHIEF OPERATING OFFI 40.00	194,347	38,500	0
RACHEL REICHLIN 1707 N RANDALL RD STE 200 ELGIN,IL 60123	SENIOR PROGRAM OFFIC 40.00	162,068	38,290	0
CATHERINE GOESE 1707 N RANDALL RD STE 200 ELGIN,IL 60123	CHIEF FINANCIAL OFFI 40.00	192,266	0	0
JENNIFER M ROSENKRANZ 1707 N RANDALL RD STE 200 ELGIN,IL 60123	DIRECTOR OF GRANT PR 40.00	154,969	36,720	0
JORDYN D LANDBERG 1707 N RANDALL RD STE 200 ELGIN,IL 60123	DIRECTOR OF COMMUNIC 40.00	118,685	28,050	0
<b>Total</b> number of other employees paid over \$50,000. . . . . ▶				<b>3</b>

**Part VII** **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".**

<b>(a)</b> Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation
MUELLER & CO LLP 1707 N RANDALL RD SUITE 200 ELGIN,IL 60123	ACCOUNTING SERVICES	59,317

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

0

**Part VIII- 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

<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part VIII- 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

<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	

**Total.** Add lines 1 through 3 . . . . . ▶

0

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	166,966,839
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	4,150,398
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	4,622,401
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	175,739,638
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	175,739,638
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	2,636,095
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. . . . .	<b>5</b>	173,103,543
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5. . . . .	<b>6</b>	8,655,177

**Part X 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.)

<b>1</b>	Minimum investment return from Part IX, line 6. . . . .	<b>1</b>	8,655,177
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5. . . . .	<b>2a</b>	170,352
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	170,352
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	8,484,825
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	8,484,825
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1. . . . .	<b>7</b>	8,484,825

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	14,148,106
<b>b</b>	Program-related investments—total from Part VIII-B	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4.	<b>4</b>	14,148,106

**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7				8,484,825
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only. . . . .			0	
<b>b</b> Total for prior years: 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016. . . . .				
<b>b</b> From 2017. . . . .				
<b>c</b> From 2018. . . . .			1,613,404	
<b>d</b> From 2019. . . . .			2,126,612	
<b>e</b> From 2020. . . . .			3,524,737	
<b>f</b> <b>Total</b> of lines 3a through e. . . . .	7,264,753			
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ <u>14,148,106</u>				
<b>a</b> Applied to 2020, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2021 distributable amount				8,484,825
<b>e</b> Remaining amount distributed out of corpus	5,663,281			
<b>5</b> Excess distributions carryover applied to 2021. (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	12,928,034			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> 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		
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0
<b>7</b> 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			
<b>8</b> Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)	0			
<b>9</b> <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a	12,928,034			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017				
<b>b</b> Excess from 2018			1,613,404	
<b>c</b> Excess from 2019. . . . .			2,126,612	
<b>d</b> Excess from 2020			3,524,737	
<b>e</b> Excess from 2021			5,663,281	

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling . . . . .					
<b>b</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)					
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed . . . . .	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a)</b> 2021	<b>(b)</b> 2020	<b>(c)</b> 2019	<b>(d)</b> 2018	
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test—enter:					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed . .					
<b>c</b> "Support" alternative test—enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part 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  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:  
 JENNIFER ROSENKRANZ  
 1707 N RANDALL RD STE 200  
 ELGIN, IL 60123  
 (312) 726-1008
- b** The form in which applications should be submitted and information and materials they should include:  
 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.
- c** Any submission deadlines:  
 MID-MAR, MID-SEPT AND MID-DEC, DEPENDING ON PROGRAM. DETAILS PROVIDED UPON PROPOSAL INVITATION
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
 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.

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Supplementary Information (continued)				
3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Name and address (home or business)	Recipient	Amount		
Part II				
Name 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
A BEAUTIFUL SURPRISE FOUNDATION		P C	GENERAL OPERATING SUPPORT	15,000
9810 S KING DR CHICAGO, IL 60628				
ACCESS COMMUNITY HEALTH		P C	GENERAL OPERATING SUPPORT	10,000
600 W FULLTON ST STE 300 CHICAGO, IL 60606				
ACCLIVUS INC		P C	CHICAGO VIOLENT TRAUMA HOSPITAL RESPONSE	651,974
1640 W DOORVELL RD STE 608 CHICAGO, IL 60608				
ADVOCATE CHARITABLE FOUNDATION		P C	ADVOCATE YOUTH WORKFORCE EXPANSION AND PARTNERSHIP	21,718
3075 HIGHLAND PKWY STE 600 DOWNS GROVE, IL 60515				
AGEOPTIONS		P C	ADVISE BY AGEOPTIONS	20,000
AGEOPTIONS		P C	GENERAL OPERATING SUPPORT	35,000
1048 LAKE ST STE 300 OAK PARK, IL 60301				
AIDS FOUNDATION OF CHICAGO		P C	ADVOCACY TO PROTECT HEALTH CARE ACCESS	35,000
200 W MONROE ST STE 1150 CHICAGO, IL 60606				
ALL CHICAGO MAKING HOMELIFE HISTORY		P C	HMIS CAPACITY BUILDING	50,000
451 W WASHINGTON BLVD STE 504 CHICAGO, IL 60661				
ALLIANCE OF THE SOUTHWEST (ALIANZA LEADERSHIP INSTITUTE)		P C	GENERAL OPERATING SUPPORT	74,363
9204 S COMMERCIAL AVE STE 301 CHICAGO, IL 60617				
ALLIANCE OF THE SOUTHWEST (ALIANZA LEADERSHIP INSTITUTE)		P C	GENERAL OPERATING SUPPORT	30,000
9204 S COMMERCIAL AVE STE 301 CHICAGO, IL 60617				
ALLIANCE TO END HOMELESSNESS IN SUBURBAN COOK COUNTY		P C	HOUSING + HEALTH CARE COORDINATION	35,000
4415 HARRISON ST STE 228 MILWAUKEE, IL 60612				
ALTERNATIVES INC		P C	BEHAVIORAL HEALTH SERVICES IN TILDEN, UPLIFT AND CARRIEGIE	80,000
4730 N SHERIDAN RD CHICAGO, IL 60640				
ANEBUILDING BEYOND VIOLENCE AND ABUSE		P C	GENERAL OPERATING SUPPORT	40,000
18137 SOUTH HARWOOD AVENUE PALMWOOD, IL 60430				
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO		P C	COMMUNITY DEVELOPMENT & MULTICULTURAL EDUCATION	100,000
225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611				
ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO		P C	CENTER FOR CHILDHOOD RESTIANCE	60,000
225 E CHICAGO AVE BOX 4 CHICAGO, IL 60611				
ANTIJOCH COMMUNITY SOCIAL SERVICE AGENCY		P C	CHICAGO LAND VACCINE PARTNERSHIP	49,929
415 W ENGLEWOOD AVE CHICAGO, IL 60621				
APNAGHAR		P C	VICTIMS OF CRIME ACT MULTI-VICTIMIZATION PROGRAM (PHASE 1)	50,000
4350 N BROADWAY 2ND FL CHICAGO, IL 60613				
ARAB AMERICAN FAMILY SERVICES		P C	INCREASING ACCESS TO THE VOUCHERS IN THE SOUTHWESTERN SUBURBS	15,000
7000 W 111TH ST STE 300 WORTH, IL 60482				
THE ARK		P C	THE JUDGE JOHN AND EFFIE ZIEGLER GUTKNECHT EYE CLINIC	100,000
6450 N CALIFORNIA AVE CHICAGO, IL 60645				
THE ARK		P C	THE JUDGE JOHN AND EFFIE ZIEGLER GUTKNECHT EYE CLINIC	5,000
6450 N CALIFORNIA AVE CHICAGO, IL 60645				
THE ARK		P C	MINIE AND DR. PETER H. OKNER, D.D.S., DENTAL CLINIC	42,393
6450 N CALIFORNIA AVE CHICAGO, IL 60645				
ASCEND JUSTICE		P C	GENERAL OPERATING SUPPORT	10,000
555 W HARRISON ST STE 1900 CHICAGO, IL 60607				
ASCEND JUSTICE		P C	GENERAL OPERATING SUPPORT	60,000
555 W HARRISON ST STE 1900 CHICAGO, IL 60607				
ATT AND REACH		P C	COLLABORATIVE PROBLEM SOLVING	67,300
3531 MADISON ST SOKKE, IL 60076				
ATT AND REACH		P C	OPERATIONS MANAGER	30,000
3531 MADISON ST SOKKE, IL 60076				
BETWEEN FRIENDS		P C	GENERAL OPERATING SUPPORT	60,000
501 BARDON AVE CHICAGO, IL 60660				
BURST INTO GOOD		P C	GENERAL OPERATING SUPPORT	30,000
11001 S MICHIGAN AVE CHICAGO, IL 60628				
CASA CALIFORNIA		P C	VIOLENCE PREVENTION AND INTERVENTION PROGRAM	35,000
1343 N CALIFORNIA AVE CHICAGO, IL 60622				
CENTER FOR HOUSING AND HEALTH SYSTEMS INTEGRATION		P C	HOUSING AND HEALTH SYSTEMS INTEGRATION	50,000
200 W MONROE ST STE 1150 CHICAGO, IL 60606				
CENTRO SAN BONIFACIO		P C	VACCINE LITERACY	80,015
2959 N PULASKI RD CHICAGO, IL 60641				
CHICAGO COMMUNITY TRUST		P C	PARTNERSHIP FOR SAFE AND PEACEFUL COMMUNITIES	25,000
225 N MICHIGAN AVE STE 2200 CHICAGO, IL 60601				
CHICAGO COMMUNITY TRUST		P C	PARTNERSHIP FOR SAFE AND PEACEFUL COMMUNITIES - CHICAGO FUND	50,000
225 N MICHIGAN AVE STE 2200 CHICAGO, IL 60601				
CHICAGO LAND WORKFORCE FUNDERS ALLIANCE		P C	CHICAGO LAND HEALTH CARE WORKFORCE COLLABORATIVE	50,000
225 N MICHIGAN AVE STE 2200 CHICAGO, IL 60601				
CHILDREN FIRST FUND - CHICAGO PUBLIC SCHOOLS FOUNDATION		P C	SPACES INTERVENTION RESPONDRATIZED YOUTH	51,800
200 W MADISON ST CHICAGO, IL 60606				
CHILDREN FIRST FUND - CHICAGO PUBLIC SCHOOLS FOUNDATION		P C	GENERAL OPERATING SUPPORT	100,000
200 W MADISON ST CHICAGO, IL 60606				
CHILDREN FIRST FUND - CHICAGO PUBLIC SCHOOLS FOUNDATION		P C	GENERAL OPERATING SUPPORT	41,261
200 W MADISON ST CHICAGO, IL 60606				
CHILDREN FIRST FUND - CHICAGO PUBLIC SCHOOLS FOUNDATION		P C	PREPARING TODAY'S STUDENTS FOR TOMORROW'S HEALTH CARE WORKFORCE	75,000
200 W MADISON ST CHICAGO, IL 60606				
CHILDREN'S HOME AND AID		P C	COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAM	45,000
125 S WACKER DR STE 1400 CHICAGO, IL 60606				
CHILDREN'S HOME AND AID		P C	GENERAL OPERATING SUPPORT	20,000
125 S WACKER DR STE 1400 CHICAGO, IL 60606				
CHILDREN'S RESEARCH TRIANGLE		P C	TRAUMA TREATMENT PROGRAM IN SCHOOLS	45,000
70 E LAKE ST STE 1300 CHICAGO, IL 60601				
CHILDREN'S RESEARCH TRIANGLE		P C	GENERAL OPERATING SUPPORT	17,000
70 E LAKE ST STE 1300 CHICAGO, IL 60601				
CHRISTIAN COMMUNITY HEALTH CENTER		P C	DENTAL CARE MANAGEMENT	477,825
9718 S HALSTED ST CHICAGO, IL 60628				
CIVIC CONSULTING ALLIANCE		P C	PARTNERSHIP FOR SAFE AND PEACEFUL YOUTH SERVICES	20,000
21 S CLARK ST STE 4301 CHICAGO, IL 60607				
COALITION TO SAVE OUR MENTAL HEALTH CENTERS		P C	EXPANDING CHICAGO'S MENTAL HEALTH SYSTEM	25,000
225 S MICHIGAN RD CHICAGO, IL 60606				
COMMUNITY ORGANIZING AND FAMILY		P C	GENERAL OPERATING SUPPORT	64,922
2245 S MICHIGAN AVE STE 200 CHICAGO, IL 60616				
COMMUNITY ORGANIZING AND FAMILY		P C	GENERAL OPERATING SUPPORT	75,000
2245 S MICHIGAN AVE STE 200 CHICAGO, IL 60616				
COMMUNITYHEALTH		P C	ORAL HEALTH INTEGRATION PROGRAM	5,000
2611 W CHICAGO AVE CHICAGO, IL 60622				
COMMUNITYHEALTH		P C	GENERAL OPERATING SUPPORT	374,401
2611 W CHICAGO AVE CHICAGO, IL 60622				
COMMUNITYHEALTH		P C	TELEHEALTH MICROSITES	60,000
2611 W CHICAGO AVE CHICAGO, IL 60622				
CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN		P C	MULTI-DISCIPLINARY TEAM SERVICES	35,000
1116 N KEDZIE AVE CHICAGO, IL 60651				
CIE SENIOR LIFE		P C	GENERAL OPERATING SUPPORT	80,000
3003 W TENNYSON AVE CHICAGO, IL 60645				
COMMUNITIES IN SCHOOLS OF CHICAGO		P C	GENERAL OPERATING SUPPORT	75,000
815 W VAN BUREN ST STE 300 CHICAGO, IL 60607				
COMMUNITIES IN SCHOOLS OF CHICAGO		P C	GENERAL OPERATING SUPPORT	10,000
815 W VAN BUREN ST STE 300 CHICAGO, IL 60607				
COOK COUNTY HEALTH FOUNDATION		P C	COOK COUNTY HEALTH C.A.R.E. PROGRAM	262,330
1950 W POLK ST CHICAGO, IL 60612				
COOK COUNTY HEALTH FOUNDATION		P C	CROSS-SECTOR PARTNERSHIP INITIATIVE TO IMPROVE IN-TOWN HEALTH AND HOUSING OUTCOMES	40,000
1950 W POLK ST CHICAGO, IL 60612				
COOK COUNTY HEALTH FOUNDATION		P C	CONNECTING ADULTS TO RESOURCES AND EDUCATION PROGRAM	10,000
1950 W POLK ST CHICAGO, IL 60612				
ENLACE CHICAGO		P C	SCHOOL-BASED COMMUNITY ENGAGEMENT	45,000
2759 S HARDING AVE CHICAGO, IL 60623				
EQUITY FOR ALL OF US		P C	GENERAL OPERATING SUPPORT	28,000
218 S WABASH AVE 7TH FL CHICAGO, IL 60604				
EQUITY FOR ALL OF US		P C	GENERAL OPERATING SUPPORT	65,000
218 S WABASH AVE 7TH FL CHICAGO, IL 60604				
ERIE FAMILY HEALTH CENTER		P C	GENERAL OPERATING SUPPORT	30,000
1701 W SUPERIOR ST 3RD FL CHICAGO, IL 60622				
ERIE FAMILY HEALTH CENTER		P C	WEST SIDE ADOLESCENT CARE HUB	10,000
1701 W SUPERIOR ST 3RD FL CHICAGO, IL 60622				
ESPERANZA HEALTH CENTERS		P C	INTEGRATED ORAL HEALTH PROGRAM	50,000
2001 S CALIFORNIA AVE STE 100 CHICAGO, IL 60608				
ESPERANZA HEALTH CENTERS		P C	TELECOUNSELING	296,104
2001 S CALIFORNIA AVE STE 100 CHICAGO, IL 60608				
FAMILY CHRISTIAN HEALTH CENTER		P C	GENERAL OPERATING SUPPORT	15,000
31 W 155TH ST HARVEY, IL 60426				
FAMILY RESCUE INC		P C	GENERAL OPERATING SUPPORT	50,000
8811 S STONY ISLAND AVE CHICAGO, IL 60649				
FOREFRONT		P C	FUNDING PARTNER CONTRIBUTION	5,000
C/O FBK IMPACT HOUSE 200 W MADISON ST 2ND FL CHICAGO, IL 60606				
GADS HILL CENTER		P C	HEALTHY MINDS, HEALTHY SCHOOLS	55,000
1919 W CULLERTON AVE CHICAGO, IL 60608				
GAP COMMUNITY CENTER		P C	GENERAL OPERATING SUPPORT	49,999
2100 N KILDARE AVE CHICAGO, IL 60639				
GAP COMMUNITY CENTER		P C	GENERAL OPERATING SUPPORT	30,000
2100 N KILDARE AVE CHICAGO, IL 60639				
GERLS INC OF CHICAGO		P C	GENERAL OPERATING SUPPORT	30,000
2212 S MICHIGAN AVE NO 210 CHICAGO, IL 60616				
HEALING TO ACTION		P C	GENERAL OPERATING SUPPORT	10,000
332 S MICHIGAN AVE 121-H696 CHICAGO, IL 60604				
HEALING TO ACTION		P C	GENERAL OPERATING SUPPORT	30,000
332 S MICHIGAN AVE 121-H696 CHICAGO, IL 60604				
HEALTH AND MEDICINE POLICY RESEARCH GROUP		P C	SECURING AN ADEQUATE HEALTHCARE SAFETY NET	150,000
29 E MADISON AVE STE 602 CHICAGO, IL 60602				
HEALTH AND MEDICINE POLICY RESEARCH GROUP		P C	GENERAL OPERATING SUPPORT	50,000
29 E MADISON AVE STE 602 CHICAGO, IL 60602				
HEALTH AND MEDICINE POLICY RESEARCH GROUP		P C	DIVERSIFYING THE HEALTHCARE WORKFORCE: SUPPORTING CAREER PATHWAYS AND TRAJECTORIES	50,000
29 E MADISON AVE STE 602 CHICAGO, IL 60602				
HEALTHCARE ALTERNATIVES SYSTEMS INC		P C	GENERAL OPERATING SUPPORT	35,000
2755 W ARMITAGE AVE CHICAGO, IL 60647				
HEALTHY SCHOOLS CAMPAIGN		P C	TRANSFORMING SCHOOL HEALTH SERVICES	35,000
2545 W DIVERSEY AVE STE 214 CHICAGO, IL 60647				
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS		P C	HEALTH POLICY PROJECT	50,000
208 S LASALLE ST STE 1300 CHICAGO, IL 60604				
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HUMAN RIGHTS		P C	GENERAL OPERATING SUPPORT	50,000
208 S LASALLE ST STE 1300 CHICAGO, IL 60604				
HEARTLAND HEALTH CENTERS		P C	ORAL HEALTH OUTREACH AND DENTAL CARE INTEGRATION FOR MEDICALLY UNDERSERVED GROUPS IN CHICAGO	20,000
3048 N WILTON AVE CHICAGO, IL 60657				
HEARTLAND HEALTH CENTERS		P C	INTEGRATED PEDIATRIC ORAL HEALTH CENTER	50,000
3048 N WILTON AVE CHICAGO, IL 60657				
HOWARD BROWN HEALTH CENTER		P C	MEDICAL/DENTAL INTEGRATION AT HOWARD BROWN HEALTH DENTAL IN TELEMED	10,000
4035 N SHERIDAN RD CHICAGO, IL 60613				
HOWARD BROWN HEALTH CENTER		P C	TELEMEDICINE: LAUNCHING TELEHEALTH AS A WAY TO MEET IMMEDIATE PATIENT NEED IN AN URBAN COMMUNITY	50,000
4035 N SHERIDAN RD CHICAGO, IL 60613				
ILLINOIS ACTION FOR CHILDREN		P C	GENERAL OPERATING SUPPORT	75,000
4753 N BROADWAY ST STE 1200 CHICAGO, IL 60647				
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS		P C	IMMIGRANT HEALTH AND ACCESS INITIATIVE	60,000
228 S WABASH AVE STE 800 CHICAGO, IL 60604				
ILLINOIS COALITION FOR IMMIGRANT AND REFUGEE RIGHTS		P C	GENERAL OPERATING SUPPORT	10,000
228 S WABASH AVE STE 800 CHICAGO, IL 60604				
ILLINOIS PUBLIC HEALTH INSTITUTE		P C	PHI AND ALLIANCE FOR RESPECT, EQUITY, ENGAGEMENT IN HOMELESSNESS AND HEALTH INITIATIVES	20,000
310 S PEORIA ST STE 404 CHICAGO, IL 60607				
INFANT WELFARE SOCIETY OF CHICAGO		P C	SUSTAINING THE TWS DENTAL HOME	50,000
3600 W FULLERTON AVE CHICAGO, IL 60642				
INFANT WELFARE SOCIETY - OFFR		P C	GENERAL OPERATING SUPPORT	50,000
320 LAKE STREET OAK PARK, IL 60302				
INTROSPECT YOUTH SERVICES INC		P C	GENERAL OPERATING SUPPORT	49,952
430 N CICERO AVE CHICAGO, IL 60644				
JCFS CHICAGO		P C	STRATEGIC TECHNOLOGY UPGRADE	100,000
216 W JACKSON BLVD STE 700 CHICAGO, IL 60606				
JCFS CHICAGO		P C	CHICAGO KNAPP SCHOOL AND YESHIVA	55,000
216 W JACKSON BLVD STE 700 CHICAGO, IL 60606				
JEWISH FEDERATION OF METROPOLITAN CHICAGO		P C	RALPH R. AND MINERVA YOUTH FUND	240,610
30 S WELLS ST CHICAGO, IL 60606				
JEWISH FEDERATION OF METROPOLITAN CHICAGO		P C	FUND FOR INNOVATION AND HEALTH	344,779
30 S WELLS ST CHICAGO, IL 60606				
JOHN HOWARD ASSOCIATION OF ILLINOIS		P C	COVID-19 EMERGENCY RESPONSE FUND	10,000
70 E LAKE ST STE 410 CHICAGO, IL 60601				
JOHN HOWARD ASSOCIATION OF ILLINOIS		P C	PRISON MONITORING AND ADVOCACY	40,000
70 E LAKE ST STE 410 CHICAGO, IL 60601				
KIDS OFF THE BLOCK		P C	VACCINE OUTREACH	30,000
11627 S MICHIGAN AVE CHICAGO, IL 60628				
LAUREUS SPORT FOR GOOD FOUNDATION OF AMERICA		P C	GENERAL OPERATING SUPPORT	40,000
645 FIFTH AVENUE NO 5TH FL NEW YORK, NY 10023				
LAUREUS SPORT FOR GOOD FOUNDATION OF AMERICA		P C	GENERAL OPERATING SUPPORT	75,000
645 FIFTH AVENUE NO 5TH FL NEW YORK, NY 10023				
LAUREUS SPORT FOR GOOD FOUNDATION OF AMERICA		P C	GENERAL OPERATING SUPPORT	30,000
645 FIFTH AVENUE NO 5TH FL NEW YORK, NY 10023				
LAWDALE CHRISTIAN HEALTH CENTER		P C	DENTAL REOPENING	10,000
3860 W OGDEN AVE CHICAGO, IL 60623				
LAWDALE CHRISTIAN HEALTH CENTER		P C	GENERAL OPERATING SUPPORT	30,000
3860 W OGDEN AVE CHICAGO, IL 60623				
LEGAL ACTION CHICAGO		P C	GENERAL OPERATING SUPPORT	25,000
120 S LASALLE ST STE 900 CHICAGO, IL 60601				
LEGAL COUNCIL FOR HEALTH JUSTICE		P C	PROTECTING AND PROMOTING MENTAL HEALTH CARE IN ILLINOIS	75,000
17 N STATE ST STE 800 CHICAGO, IL 60602				
METROPOLITAN FAMILY SERVICES		P C	COMMUNITIES PARTNERING 4 PEACE	23,100
1 N DEARBORN ST STE 1000 CHICAGO, IL 60602				
METROPOLITAN FAMILY SERVICES		P C</		

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

- 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
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
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

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Includes rows for various income categories and a subtotal row.

12 Subtotal. Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes.



## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990PF - Special Condition Description:**

**Special Condition Description**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2021**

Name of the organization  
MICHAEL REESE HEALTH TRUST

Employer identification number  
36-2170910

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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<sup>1</sup>/<sub>3</sub>% 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization  
 MICHAEL REESE HEALTH TRUST

Employer identification number  
 36-2170910

**Part 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
--	--

**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 information once. See instructions.) ► \$ \_\_\_\_\_

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	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	90,820	5,538		83,282

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

**TY 2021 IRS 990 e-File Render**

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

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
KONICA MINOLTA COPIER	2007-05-23	14,655	14,655	SL	5.000000000000	0	0		
SHREDDER	2007-08-03	572	572	SL	5.000000000000	0	0		
VERTICAL FILES	2007-08-17	352	352	SL	5.000000000000	0	0		
OFFICE FURNITURE	2008-05-22	28,655	28,655	SL	5.000000000000	0	0		
TABLES & CHAIRS	2008-04-18	1,021	1,021	SL	5.000000000000	0	0		
CONFERENCE PHONE	2008-04-18	715	715	SL	5.000000000000	0	0		
COMPUTER MONITORS 5-24"	2008-06-25	2,125	2,125	SL	5.000000000000	0	0		
NETWORK PRINTER	2010-05-20	5,729	5,299	SL	5.000000000000	0	0		
LAPTOP	2012-04-19	741	741	SL	5.000000000000	0	0		
DRAWER	2014-06-26	2,206	2,206	SL	5.000000000000	0	0		
BACKUP SERVER	2015-08-01	2,240	2,053	SL	5.000000000000	0	0		
DELL FILE SERVER	2016-10-05	5,194	4,935	SL	5.000000000000	259	0		
MERAKI MX64	2016-10-05	1,225	1,164	SL	5.000000000000	61	0		
KITCHEN DISHWASHER & CUPBOARD	2017-01-05	10,780	9,702	SL	5.000000000000	1,078	0		
DELL LATITUDE 7490 WORKSTATION	2018-11-15	4,466	2,568	SL	5.000000000000	895	0		
LAPTOP AND DOCKING STATION	2019-02-14	1,875	906	SL	5.000000000000	375	0		

## TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Identifier	Return Reference	Explanation
ELECTIONS UNDER TREAS. REG. SEC. 1.987-1(B)(1)(II)	990-PF, LINE 11	TAXPAYER IS MAKING THE ELECTION UNDER TREAS. REG. SECTION 1.987-1(B)(1)(II) TO APPLY THE DEMINIMIS 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.

**TY 2021 IRS 990 e-File Render****Name:** MICHAEL REESE HEALTH TRUST**EIN:** 36-2170910

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
AG ENERGY CREDIT OPP FUND	FMV	158,347	158,347
AG NET LEAST REALTY FUND II	FMV	2,747,973	2,747,973
CLAYTON DUBILIER & RICE FUND IX	FMV	5,046,857	5,046,857
CLAYTON DUBILIER & RICE FUND VIII	FMV	374,164	374,164
CD & R FD VIII-WILSONART B LP	FMV	395,709	395,709
MHR INSTITUTIONAL PARTNERS II	FMV	553,799	553,799
MHR INSTITUTIONAL PARTNERS III	FMV	592,647	592,647
MHR INSTITUTIONAL PARTNERS IV	FMV	2,990,378	2,990,378
RAINE PARTNERS II	FMV	3,393,858	3,393,858
TIFF CAP STOCK-TPEP 07	FMV	981,373	981,373
TIFF PARTNERS V INTERNATIONAL	FMV	17,678	17,678
TIFF PARTNERS V US	FMV	133,825	133,825
JFMC POOLED ENDOWMENT PORTFOLIO	FMV	130,169,090	130,169,090
CD & R FUND IX (CREDIT)	FMV	18,033	18,033
MHR INSTITUTIONAL PARTNERS IV IP IV AIV LP	FMV	270,897	270,897

**TY 2021 IRS 990 e-File Render****Name:** MICHAEL REESE HEALTH TRUST**EIN:** 36-2170910

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market 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	2,053	187	
DELL FILE SERVER	5,194	5,194	0	
MERAKI MX64	1,225	1,225	0	
KITCHEN DISHWASHER & CUPBOARD	10,780	10,780	0	
DELL LATITUDE 7490 WORKSTATION	4,466	3,463	1,003	
LAPTOP AND DOCKING STATION	1,875	1,281	594	

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	23,030	1,911		21,119

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
EXCISE & INCOME TAX DEPOSITS	35,500	54,400	54,400
BENEFICIAL INTEREST IN TRUSTS	5,630,982	4,622,401	4,622,401
OTHER RECEIVABLE	19,435	0	0

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Description	Amount
UNREALIZED GAINS/(LOSSES)	29,502,363
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	1,008,581

## TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMPUTER SUPPLIES AND OTHER EXPENSES	51,180	4,248		46,932
INSURANCE	31,503	0		31,503
OFFICE SUPPLIES AND EXPENSE	24,237	100		24,137
DUES AND SUBSCRIPTIONS	47,874	0		47,874
BANK CHARGES	6,065	0		6,065
OTHER EXPENSES - PASSTHROUGH K-1	659,017	1,279,222		0

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	905,934	0	0
MISCELLANEOUS INCOME	2,413	0	0
PASSTHROUGH K-1 INCOME	0	2,187,433	0

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED FIT	0	402,067

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	243,136	20,180		222,956

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

**Explanation:** THIS RETURN WAS ORIGINALLY PAPER-FILED, POSTMARKED MAY 5, 2023 AND RECEIVED BY THE IRS ON JUNE 9, 2023. A COPY OF THE CERTIFIED MAIL RECEIPT IS AVAILABLE IF NEEDED. WE WERE NOT AWARE THAT THE FILING HAD NOT BEEN ACCEPTED UNTIL WE RECEIVED A NOTICE DATED NOVEMBER 17, 2023. PER THAT NOTICE, WE SHOULD HAVE E-FILED THE RETURN FOR THE YEAR ENDED JUNE 30, 2022. HOWEVER, BECAUSE THE ORGANIZATION WAS IN THE FIVE-YEAR PERIOD TO CHANGE ITS STATUS FROM A PRIVATE FOUNDATION TO A PUBLIC CHARITY, THE INSTRUCTIONS FOR THE FORM 990-PF REQUIRED THAT WE ATTACH THE FORM 872-B EXTENDING THE STATUTE OF LIMITATIONS FOR ASSESSING ANY TAX THAT MIGHT BE DUE. THAT INSTRUCTION CAN BE FOUND ON PAGE 13 OF THE 2021 FORM 990-PF INSTRUCTIONS, ITEM V. WE WERE UNABLE TO ATTACH THE FORM VIA .PDF IN OUR SOFTWARE SO WE PAPER FILED THE RETURN. UPON RECEIVING THE NOTICE IN NOVEMBER 2023, WE CONTINUED CALLING THE SERVICE TO DETERMINE HOW TO FIX THE SITUATION AS WE HAD THE SAME SITUATION, FOR THE SAME REASON, WITH THE 990-PF FILED FOR THE YEAR ENDED JUNE 30, 2021. PLEASE NOTE THAT WE WERE NOT NOTIFIED THAT THERE WAS AN ISSUE WITH THE JUNE 30, 2021 RETURN UNTIL JUNE OF 2023, AFTER THE MAY 15, 2023 DEADLINE FOR FILING THE JUNE 30, 2022 RETURN. NUMEROUS TIMES, WE RECEIVED EITHER THE VOICEMAIL TELLING US TO CALL BACK AT A LATER TIME BECAUSE ALL THE PHONES WERE BUSY OR WE WERE ABLE TO USE THE AUTOMATED SYSTEM TO BE PLACED ON HOLD ONLY TO WAIT FOR UP TO AN HOUR AND HAVE THE LINE HANG UP WITH NO ONE ANSWERING. ON SIX DIFFERENT OCCASIONS, WE REACHED AGENTS TO WHOM WE EXPLAINED THE SITUATION. IN EACH CASE THEY RESPONDED THAT THEY COULD NOT HELP US AND WE NEEDED TO SPEAK TO SOMEONE IN TAX LEGAL. OUR CALL WAS FORWARDED, WE WAITED ON HOLD AND THE LINE HUNG UP WITH NO ONE ANSWERING. FINALLY, ON JANUARY 24, 2024, MISS TAYLOR (#1000270691) TOLD US THE ATTACHMENT REFERENCED IN THE INSTRUCTIONS WAS NOT NEEDED AND THE RETURN SHOULD BE FILED ELECTRONICALLY. WE REACHED OUT TO BOTH THE IRS E-HELP DESK AND OUR SOFTWARE PROVIDER FOR ASSISTANCE IN MAKING THIS HAPPEN. THE PENALTY FOR LATE FILING SHOULD NOT APPLY TO THIS FILING. WE TAKE THE IRS FILING REQUIREMENTS VERY SERIOUSLY AND UNDERSTAND THE EFILE MANDATE. THE ONLY REASON THE RETURN WAS PAPER FILED WAS BECAUSE THE INSTRUCTIONS REQUIRED AN ATTACHMENT WE COULD NOT ATTACH IN OUR SOFTWARE. FUTURE FORMS 990 WILL BE FILED ELECTRONICALLY.

# TY 2021 IRS 990 e-File Render

**Name:** MICHAEL REESE HEALTH TRUST

**EIN:** 36-2170910

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	276,028	0		0