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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2010**

**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning , and ending

| B Check if applicable | C Name of organization | D Employer identification number |
|---|---|---|
| [X] Address change | PUBLIC HEALTH INSTITUTE OF METROPOLITAN C | |
| [X] Name change | Doing Business As | 36-3959353 |
| [ ] Initial return | Number and street (or P O. box if mail is not delivered to street address) / Room/suite: 180N Michigan Ave. / 1200 | E Telephone number: (312) 629-2988 |
| [ ] Terminated | City or town, state or country, and ZIP + 4: CHICAGO IL 60601 | G Gross receipts $ 4,549,026 |
| [ ] Amended return | | |
| [ ] Application pending | F Name and address of principal officer | H(a) Is this a group return for affiliates? [ ] Yes [X] No |
| | | H(b) Are all affiliates included? [ ] Yes [ ] No |
| | | If "No," attach a list (see instructions) |
| I Tax-exempt status | [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no ) [ ] 4947(a)(1) or [ ] 527 | H(c) Group exemption number ▶ |
| J Website: ▶ | | |
| K Form of organization | [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ | L Year of formation / M State of legal domicile |

## Part I Summary

| | | | |
|---|---|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: The orgnization was formed to cooperate with organizations in the public and private secters in developing innovative programs, projects and opportunities to improve the availability and quality of public health, personal health and mental health services. | |
| | 2 | Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 5 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 5 |
| | 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 37 |
| | 6 | Total number of volunteers (estimate if necessary) | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 3,372,166 | 4,457,836 |
| | 9 | Program service revenue (Part VIII, line 2g) | 26,110 | 81,490 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,537 | 1,788 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 627 | 7,912 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,402,440 | 4,549,026 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 302,249 | 911,601 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 3,028,624 | 3,448,920 |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,330,873 | 4,360,521 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | 71,567 | 188,505 |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 906,576 | 1,359,940 |
| | 21 | Total liabilities (Part X, line 26) | 724,286 | 998,238 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 182,290 | 361,702 |

## Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

**Sign Here**

Signature of officer Oliver Nichols — Date

Type or print name and title: Oliver Nichols — Chief Financial Officer

**Paid Preparer's Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [ ] if self-employed | PTIN |
|---|---|---|---|---|
| MIRZA BAIG | | 7/21/2011 | | |

Firm's name ▶ MIRZA BAIG & COMPANY — Firm's EIN ▶ 36-4211016

Firm's address ▶ 333 N. MICHIGAN AVE., CHICAGO, IL 60601 — Phone no (312) 236-2077

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

**For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2010)

(HTA)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:
The orgnization was formed to cooperate with organizations in the public and private secters in developing innovative programs, projects and opportunities to improve the availability and quality of public health, personal health and mental health services.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 1,280,995 including grants of $ 0 ) (Revenue $ 1,283,114 )
HIV / AIDS Rapid Testing : To reduce morbidity by preventing cases and complications of sexually transmitted diseases. Project grants awarded to State and local Health departments emphasize the development and implementation of nationally uniform prevention and control programs which focus on disease intervention activities designed to reduce the incidence of these diseases:

4b (Code: ) (Expenses $ 2,047,503 including grants of $ 0 ) (Revenue $ 2,168,619 )
COMMUNITY PUTTING PREVENTION TO WORK: ARRA funding to reduce Chronic Diseases risk factors, prevent and delay chronic diseases, promote wellness, and better manage chronic conditions in Suburban Cook County. This initiative will address the following: Increased levels of physical activity and Improved nutrition.

4c (Code: ) (Expenses $ 741,009 including grants of $ 0 ) (Revenue $ 829,127 )
HIV/AIDs Re-Entry: To provide a program through seven subcontractors will develop and implement services designed to help inmates from the jails to their prospective Illinois communities.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 0 including grants of $ 0 ) (Revenue $ 0 )

4e **Total program service expenses** ► 4,069,507

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | | X |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No | | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O. | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . | 1a | 30 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . | 1c | | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . | 2a | 37 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . | 2b | | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . . . | 3b | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . | 4a | | | X |
| b | If "Yes," enter the name of the foreign country: ► ---------- See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . | 5b | | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? . . . . | 6a | | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . | 7a | | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . | 7c | | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . | 7e | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . | 7h | | | X |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . | 8 | | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the organization make any taxable distributions under section 4966? . . . . | 9a | | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . | 9b | | | X |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? . . . | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? . . . . | 13a | | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

**Part VI** **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . X

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . | 1a | 5 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . | 1b | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . | | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . | | 5 | | X |
| 6 | Does the organization have members or stockholders? . . . | | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . | | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . | | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? . . . | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . | | 9 | | X |

## Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? . . . | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* . . . | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* . . . | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? . . . | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? . . . | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official. . . . | 15a | X | |
| b | Other officers or key employees of the organization . . . | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . | 16b | | |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Oliver Nichols (312) 566-0285
28 E. Jackson Blvd., 60622

**Part VII** **Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Dr. Rossana E. Barren<br>Chairman | 2. | X | | | | | | 0 | 0 | 0 |
| (2) Mark S Grach<br>Secretary/Treasurer | 2. | X | | | | | | 0 | 0 | 0 |
| (3) Dale Galssie<br>Board Member | 1 | X | | | | | | 0 | 0 | 0 |
| (4) Carmen Velasquez<br>Board Member | 1. | X | | | | | | 0 | 0 | 0 |
| (5) Sidney Thomas<br>Board Member | 1. | X | | | | | | 0 | 0 | 0 |
| (6) Patrick Lenihan<br>Executive Director | 40. | | | X | | | | 116,900 | 0 | 0 |
| (7) Oliver Nichols<br>CFO | 40. | | | X | | | | 50,314 | 0 | 0 |
| (8) | | | | | | | | | | |
| (9) | | | | | | | | | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| 1b Sub-total ▶ | | | | | | | | 167,214 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 0 | 0 | 0 |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 167,214 | 0 | 0 |

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

| | | Yes | No |
|---|---|---|---|
| 3 | Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* | | X |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | | X |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |
| | | 0 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

**Part VIII Statement of Revenue**

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | 0 | | | | |
| | b Membership dues | 1b | 0 | | | | |
| | c Fundraising events | 1c | 0 | | | | |
| | d Related organizations | 1d | 0 | | | | |
| | e Government grants (contributions) | 1e | 4,423,711 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 34,125 | | | | |
| | g Noncash contributions included in lines 1a-1f: | $ | 0 | | | | |
| | h **Total.** Add lines 1a–1f | | | 4,457,836 | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a Management fee | 561000 | | 81,490 | | | |
| | b | | | 0 | | | |
| | c | | | 0 | | | |
| | d | | | 0 | | | |
| | e | | | 0 | | | |
| | f All other program service revenue | | | 0 | | | |
| | g **Total.** Add lines 2a–2f | | | 81,490 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,788 | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| | 5 Royalties | | | 0 | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross Rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | 0 | 0 | | | | |
| | d Net rental income or (loss) | | | 0 | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 0 | 0 | | | | |
| | b Less: cost or other basis and sales expenses | 0 | 0 | | | | |
| | c Gain or (loss) | 0 | 0 | | | | |
| | d Net gain or (loss) | | | 0 | | | |
| | 8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 | a | 0 | | | | |
| | b Less: direct expenses | b | 0 | | | | |
| | c Net income or (loss) from fundraising events | | | 0 | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | 0 | | | | |
| | b Less: direct expenses | b | 0 | | | | |
| | c Net income or (loss) from gaming activities | | | 0 | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | 0 | | | | |
| | b Less: cost of goods sold | b | 0 | | | | |
| | c Net income or (loss) from sales of inventory | | | 0 | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| | 11a Miscellaneous income | | | 7,912 | | | |
| | b | | | 0 | | | |
| | c | | | 0 | | | |
| | d All other revenue | | | 0 | | | |
| | e **Total.** Add lines 11a–11d | | | 7,912 | | | |
| | 12 **Total revenue.** See instructions | | | 4,549,026 | 0 | 0 | 0 |

## Part IX Statement of Functional Expenses

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.*
*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

| ***Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.*** | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 0 | | | |
| 2 Grants and other assistance to individuals in the U S. See Part IV, line 22 | 0 | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | 0 | | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 714,826 | 663,086 | 51,740 | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 Other employee benefits | 123,368 | 114,966 | 8,402 | |
| 10 Payroll taxes | 73,407 | 67,314 | 6,093 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 224,703 | 199,801 | 24,902 | 0 |
| b Legal | 80,403 | 80,403 | 0 | 0 |
| c Accounting | 32,500 | 32,500 | 0 | 0 |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 0 | | | |
| f Investment management fees | 0 | | | |
| g Other | 0 | | | |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 17,444 | 12,037 | 5,407 | 0 |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 122,167 | 95,174 | 26,993 | 0 |
| 17 Travel | 46,746 | 44,437 | 2,309 | 0 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 8,857 | 4,744 | 4,113 | 0 |
| 20 Interest | 0 | | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 12,413 | 10,551 | 1,862 | 0 |
| 23 Insurance | 15,861 | 15,591 | 270 | 0 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a Payroll processing | 2,997 | 698 | 2,299 | 0 |
| b Telephone | 34,142 | 29,364 | 4,778 | 0 |
| c Contractual services | 2,587,081 | 2,554,949 | 32,132 | 0 |
| d Program expenses | 219,829 | 219,829 | 0 | 0 |
| e Repairs and Maintenance | 5,080 | 4,733 | 347 | 0 |
| f All other expenses (See Schedule Attached) | 38,697 | 22,564 | 16,133 | 0 |
| 25 **Total functional expenses.** Add lines 1 through 24f | 4,360,521 | 4,172,741 | 187,780 | 0 |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X Balance Sheet**

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash—non-interest-bearing | 94,781 | 1 | 356,545 |
| | 2 | Savings and temporary cash investments | 0 | 2 | |
| | 3 | Pledges and grants receivable, net | 781,941 | 3 | 852,451 |
| | 4 | Accounts receivable, net | 7,518 | 4 | 16,124 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 0 | 6 | |
| | 7 | Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | 0 | 8 | |
| | 9 | Prepaid expenses and deferred charges | 16,632 | 9 | 23,758 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 124,512 | | | |
| | b | Less: accumulated depreciation — 10b: 13,450 | 5,704 | 10c | 111,062 |
| | 11 | Investments—publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments—other securities. See Part IV, line 11 | 0 | 12 | 0 |
| | 13 | Investments—program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | 0 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 0 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 906,576 | 16 | 1,359,940 |
| Liabilities | 17 | Accounts payable and accrued expenses | 679,403 | 17 | 936,802 |
| | 18 | Grants payable | 0 | 18 | 0 |
| | 19 | Deferred revenue | 60,500 | 19 | 29,651 |
| | 20 | Tax-exempt bond liabilities | 0 | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0 | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities. Complete Part X of Schedule D | -15,617 | 25 | 31,785 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 724,286 | 26 | 998,238 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 182,290 | 27 | 361,702 |
| | 28 | Temporarily restricted net assets | 0 | 28 | |
| | 29 | Permanently restricted net assets | 0 | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | 0 | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0 | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | -18,154 | 32 | |
| | 33 | Total net assets or fund balances | 182,290 | 33 | 361,702 |
| | 34 | Total liabilities and net assets/fund balances | 906,576 | 34 | 1,359,940 |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,549,026 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,360,521 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 188,505 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 182,290 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -9,093 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 361,702 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | X | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO | 36-3959353 |

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | | Yes | No |
|---|---|---|---|
| (i) | A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | 11g(i) | |
| (ii) | A family member of a person described in (i) above? | 11g(ii) | |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col. (i) organized in the U S ? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | 0 |
| (B) | | | | | | | | | 0 |
| (C) | | | | | | | | | 0 |
| (D) | | | | | | | | | 0 |
| (E) | | | | | | | | | 0 |
| Total | | | | | | | | | 0 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 165,348 | 171,904 | 2,409,029 | 3,372,166 | 4,423,711 | 10,542,158 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | | | | | 0 |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | | | | | 0 |
| 4 **Total.** Add lines 1 through 3 | 165,348 | 171,904 | 2,409,029 | 3,372,166 | 4,423,711 | 10,542,158 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 10,542,158 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 165,348 | 171,904 | 2,409,029 | 3,372,166 | 4,423,711 | 10,542,158 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 0 | | | | | 0 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 0 | | | | | 0 |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 10,542,158 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00% |
| 15 | Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 100.00% |

16a **33 1/3% support test–2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☒

b **33 1/3% support test–2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test–2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test–2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ▶ ☐

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 0 | | | | | 0 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 0 | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | 0 | | | | | 0 |
| 6 **Total.** Add lines 1 through 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | 0 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 0 | | | | | 0 |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12) | 0 | 0 | 0 | 0 | 0 | 0 |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 | Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | 0.00% |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 | Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | 0.00% |

19a **33 1/3% support tests–2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests–2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

Employer Identification number

36-3959353

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Tax Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ----------

4 Number of states where property subject to conservation easement is located ▶ ----------

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

(ii) Assets included in Form 990, Part X ▶ $ ----------

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

b Assets included in Form 990, Part X ▶ $ ----------

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ----------

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | 0 |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | 0 |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 0 | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 0 | 0 | 0 | | |

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► ---------- %
b Permanent endowment ► ---------- %
c Term endowment ► ---------- %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

| | Yes | No |
|---|---|---|
| (i) unrelated organizations 3a(i) | | |
| (ii) related organizations 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 0 | 0 | | 0 |
| b Buildings | 0 | 0 | 0 | 0 |
| c Leasehold improvements | 0 | 0 | 0 | 0 |
| d Equipment | 0 | 124,512 | -17,598 | 111,062 |
| e Other | 0 | 0 | 0 | 0 |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ► | | | | 111,062 |

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | 0 | |
| (2) Closely-held equity interests | 0 | |
| (3) Other | 0 | |
| (A) | 0 | |
| (B) | 0 | |
| (C) | 0 | |
| (D) | 0 | |
| (E) | 0 | |
| (F) | 0 | |
| (G) | 0 | |
| (H) | 0 | |
| (I) | 0 | |
| Total. *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 0 | |

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) | 0 | |
| (2) | 0 | |
| (3) | 0 | |
| (4) | 0 | |
| (5) | 0 | |
| (6) | 0 | |
| (7) | 0 | |
| (8) | 0 | |
| (9) | 0 | |
| (10) | 0 | |
| Total. *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | 0 | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| (1) | 0 |
| (2) | 0 |
| (3) | 0 |
| (4) | 0 |
| (5) | 0 |
| (6) | 0 |
| (7) | 0 |
| (8) | 0 |
| (9) | 0 |
| (10) | 0 |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15 )* ▶ | 0 |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Amount |
|---|---|
| (1) Federal income taxes | 0 |
| (2) Funds held for others | 31,785 |
| (3) | 0 |
| (4) | 0 |
| (5) | 0 |
| (6) | 0 |
| (7) | 0 |
| (8) | 0 |
| (9) | 0 |
| (10) | 0 |
| (11) | 0 |
| Total. *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 31,785 |

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

## Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 4,549,026 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 4,360,521 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 188,505 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 188,505 |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,549,026 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,549,026 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 4,549,026 |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,360,521 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,360,521 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 4,360,521 |

## Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIV Supplemental Information** *(continued)*

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.**
**► Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO | 36-3959353 |

Form 990 Part VI Section A Line 6 -- Public Health Institute of Metropolitan Chicago has an independent board of governing body (See form 990 Part VII A)

Form 990 Part VI Section A Line 7a & 7b --- The board elect one or more other board members from various sources. All decisions of governing body are subject to approval by the mejority vote of members in the board meetings.

Form 990 Part VI Section A Line 10 --- The Executive Director first review carefully Form 990 then it passes out to governing body for approval before it was filed.

Form 990 Part VI Section B Line 12c --- Public Health Institute of Metropolitan Chicagoannually sent a quetionnaire to each member of governing body that includes the name, title, date, and signature of each person's reporting information and containing the pertinent instructions and definitions for line 1b to determine whether the member is or is not in compliance. All document files are maintained by the Executive Director in the Corporate Office.

Form 990 Part VI Section B Line 15b --- Public Health Institute of Metropolitan Chicago's Board review and approve compensations of their Officers, Directors , and key employees using data comparable compensation for similarly qualified person in functionally comparable position at similarly situated organizations and keep contemporaneous documentations and record with respect to deliberations regarding the compensation arrangemnets

Form 990 Part VI Section C Line 9 --- Upon reguest Public Health institutes of Metropolitan Chicago makes available its governing body documentations, Conflict of interest policy, and audited financial statements to the public at the Corporate Office.

| Name of the organization | Employer identification number |
|---|---|
| PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO | 36-3959353 |

**MIRZA BAIG & COMPANY**
*Certified Public Accountants*

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

FINANCIAL STATEMENTS

December 31, 2010 and 2009

TOGETHER WITH INDEPENDENT AUDITOR'S REPORT

AND

FEDERAL FINANCIAL AWARD REPORTS

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

FINANCIAL STATEMENTS
December 31, 2010 and 2009

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PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

FINANCIAL STATEMENTS
December 31, 2010 and 2009

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# MIRZA BAIG & COMPANY

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## INDEPENDENT AUDITOR'S REPORT ON FINANCIAL STATEMENTS AND SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Board of Directors
Public Health Institute of Metropolitan Chicago
Chicago, Illinois

We have audited the accompanying statements of financial position of Public Health Institute of Metropolitan Chicago (the Institute) as of December 31, 2010 and 2009, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Institute's management. Our responsibility is to express an opinion on these financial statements based on our audits. The prior year summarized comparative information has been derived from Public Health Institute of Metropolitan Chicago's 2008 financial statements and, in our report dated July 30, 2009 we expressed an unqualified opinion on those financial statements.

We conducted our audits in accordance with auditing standards generally accepted in the USA and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Public Health Institute of Metropolitan Chicago as of December 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the USA.

In accordance with Government Auditing Standards, we have also issued our reports dated July 10, 2011 on our consideration of Public Health Institute of Metropolitan Chicago's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

Our audits were performed for the purpose of forming an opinion on the basic financial statements of Public Health Institute of Metropolitan Chicago taken as a whole. The accompanying schedule of expenditures of federal awards for the purposes of additional analysis as required by U. S. Office of Management and Budget Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

Chicago, Illinois
July 10, 2011

Mirza Baig & Company

PUBLIC HEALTH INSTITUTE OF METROPOLITIAN CHICAGO

STATEMENTS OF FINANCIAL POSITION
As of December 31, 2010 and 2009

| ASSETS: | 2010 | 2009 |
|---|---|---|
| Current Assets: | | |
| Cash and cash equivalents | $ 356,545 | $ 94,781 |
| Grants and contracts receivable | 852,451 | 781,941 |
| Prepaid expenses | 23,758 | 16,632 |
| Other receivables | 16,124 | 7,518 |
| Total current assets | 1,248,878 | 900,872 |
| Property and Equipment: | | |
| Furniture and equipment | 124,512 | 37,858 |
| Less accumulated depreciation | (13,450) | (32,154) |
| Net property and equipment | 111,062 | 5,704 |
| Total assets | $ 1,359,940 | $ 906,576 |
| LIABILITIES AND NET ASSETS: | | |
| Liabilities: | | |
| Accounts payable and accrued expenses | $ 936,802 | $ 679,403 |
| Refundable advances | - | 60,500 |
| Deferred rent | 29,651 | - |
| Funds held for others | 31,785 | (15,617) |
| Total liabilities | 998,238 | 724,286 |
| Net assets: | | |
| Unrestricted net assets | 361,702 | 182,290 |
| Total net assets | 361,702 | 182,290 |
| Total liabilities and net assets | $ 1,359,940 | $ 906,576 |

See accompanying notes to financial statements

PUBLIC HEALTH INSTITUTE OF METROPOLITIAN CHICAGO

STATEMENTS OF ACTIVITIES
For the years ended December 31, 2010 and 2009

| REVENUE: | 2010 | 2009 |
|---|---|---|
| Grant/contract support | $ 4,423,711 | $ 3,372,166 |
| Program income | 34,125 | - |
| Grant management fees | 81,490 | 26,110 |
| Interest and investment income | 1,788 | 3,537 |
| Other income | 7,912 | 627 |
| TOTAL REVENUE | 4,549,026 | 3,402,440 |
| EXPENSES: | | |
| Program services: | | |
| AmeriCorp | 52,090 | 39,486 |
| HIV/AIDS Prevention - Rapid Testing | 1,280,995 | 1,993,941 |
| HIV/AIDS Prevention - Re-Entry | 741,009 | 751,332 |
| Community Putting Prevention to Work | 2,047,503 | 243,356 |
| Enhanced Comprehensive HIV Prevention Planning | 51,144 | 169,369 |
| Total program services | 4,172,741 | 3,197,484 |
| Supporting services: | | |
| Management and general | 187,780 | 133,389 |
| Total supporting services | 187,780 | 133,389 |
| Total expenses | 4,360,521 | 3,330,873 |
| Increase in unrestricted net assets | 188,505 | 71,567 |
| Net assets, beginning of year - as previously reported | 182,290 | 128,877 |
| Prior period adjustment | (9,093) | (18,154) |
| Net assets, beginning of year - as restated | 173,197 | 110,723 |
| Unrestricted net assets, end of year | $ 361,702 | $ 182,290 |

See accompanying notes to financial statements

PUBLIC HEALTH INSTITUTE OF METROPOLITIAN CHICAGO

STATEMENTS OF CASH FLOWS
For the years ended December 31, 2010 and 2009

| | 2010 | 2009 |
|---|---|---|
| CASH FLOW FROM OPERATING ACTIVITIES: | | |
| Changes in net assets | $188,505 | $71,567 |
| Adjustments to reconcile increase in net assets to net cash provided by operating activities: | | |
| Depreciation | 12,413 | 37,939 |
| (Increase) in grant receivable | (70,510) | (167,224) |
| (Increase) in prepaid insurance | (7,126) | (2,982) |
| (Increase) Decrease in other receivables | (8,606) | 73,096 |
| Increase in accounts payable and accrued expenses | 258,415 | 141,354 |
| (Decrease) in accrued payroll and taxes | (1,016) | (160) |
| Increase (Decrease) in funds held for others | 16,168 | (27,235) |
| Increase in deferred rent | 29,651 | - |
| (Decrease) in refundable advance | (60,500) | (152,387) |
| Prior period adjustments | (9,093) | (18,154) |
| Net cash used by operating activities | 348,301 | (44,186) |
| CASH FLOWS FROM INVESTING ACTIVITIES: | | |
| Net additions to property and equipment | (86,537) | (6,811) |
| Net cash used by investing activities | (86,537) | (6,811) |
| Net Increase (Decrease) in Cash and Cash Equivalents | 261,764 | (50,997) |
| CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR | 94,781 | 145,778 |
| CASH AND CASH EQUIVALENTS, END OF YEAR | $356,545 | $94,781 |

See accompanying notes to financial statements

PUBLIC HEALTH INSTITUTE OF METROPOLITIAN CHICAGO

STATEMENTS OF FUNCTIONAL EXPENSES
For the years ended December 31, 2010 and 2009

| | AmeriCorp | HIV/AIDS Prevention Rapid Testing | HIV/AIDS Prevention Re- Entry | Community Putting Prevention to work | Enhanced Comp HIV Prevention Planning | TOTAL PROGRAM SERVICES | Management and General | TOTAL EXPENSES 2010 | TOTAL EXPENSES 2009 |
|---|---|---|---|---|---|---|---|---|---|
| Salaries and related expenses | | | | | | | | | |
| Salaries | $ 29,220 | $ 63,723 | $ 15,719 | 548,658 | $ 5,766 | $ 663,086 | $51,740 | $ 714,826 | $ 237,678 |
| Payroll taxes | 2,235 | 7,365 | 1,587 | 55,602 | 525 | 67,314 | 6,093 | 73,407 | 16,652 |
| Employees benefits | 3,466 | 11,174 | 1,973 | 97,257 | 1,096 | 114,966 | 8,402 | 123,368 | 47,919 |
| Total salaries and related expenses | 34,921 | 82,262 | 19,279 | 701,517 | 7,387 | 845,366 | 66,235 | 911,601 | 302,249 |
| Contractual Services | 8,167 | 916,171 | 712,468 | 917,654 | -489 | 2,554,949 | 32,132 | 2,587,081 | 2,410,662 |
| Payroll processing fee | | - | - | 698 | - | 698 | 2,299 | 2,997 | 2,411 |
| Travel | 2,254 | 3,059 | 651 | 34,738 | 3,735 | 44,437 | 2,309 | 46,746 | 14,316 |
| Web hosting | | 55 | - | 87 | - | 142 | 476 | 618 | 7,499 |
| Conference and Seminars | 687 | 970 | 1,287 | 1,800 | - | 4,744 | 4,113 | 8,857 | 5,117 |
| Supplies and expense | 84 | 567 | 510 | 10,876 | - | 12,037 | 5,407 | 17,444 | 9,955 |
| Professional fees | 3,501 | 31,000 | 6,000 | 233,560 | 38,643 | 312,704 | 24,902 | 337,606 | 79,325 |
| Program Supplies and expense | - | 219,829 | - | | - | 219,829 | - | 219,829 | 281,545 |
| Postage and Deliveries | 54 | 492 | 16 | 1,865 | 35 | 2,462 | 791 | 3,253 | 1,236 |
| Insurance | - | | - | 15,591 | - | 15,591 | 270 | 15,861 | 14,556 |
| Dues and subscriptions | - | | - | 425 | - | 425 | 3,710 | 4,135 | 4,670 |
| Bank service charge | - | | - | - | - | - | 207 | 207 | 164 |
| Miscellaneous | 723 | | - | 1,795 | - | 2,518 | 2,818 | 5,336 | 2,138 |
| Repairs and Maintenance | - | 647 | - | 4,086 | - | 4,733 | 347 | 5,080 | 5,734 |
| Telephones | 135 | 3,638 | 8 | 25,437 | 146 | 29,364 | 4,778 | 34,142 | 9,993 |
| Contributions | - | - | - | | - | - | 6,468 | 6,468 | 9,995 |
| Occupancy | 1,483 | 21,054 | 296 | 71,748 | 593 | 95,174 | 26,993 | 122,167 | 43,865 |
| Equipment rental and Purchases | 81 | 1,251 | 494 | 15,075 | 116 | 17,017 | 1,663 | 18,680 | 87,504 |
| Total expenses before depreciation | 52,090 | 1,280,995 | 741,009 | 2,036,952 | 51,144 | 4,162,190 | 185,918 | 4,348,108 | 3,292,934 |
| Depreciation | - | - | - | 10,551 | - | 10,551 | 1,862 | 12,413 | 37,939 |
| TOTAL EXPENSES | $ 52,090 | $ 1,280,995 | $ 741,009 | $ 2,047,503 | $ 51,144 | $ 4,172,741 | $ 187,780 | $ 4,360,521 | $ 3,330,873 |

See accompanying notes to financial statements

## NOTE 1 – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES

### (a) Nature of Activities

The Public Health Institute of Metropolitan Chicago (the Institute) is a not-for-profit Illinois corporation exempt from income tax under Section 501 (c) (3) of the U.S. Internal Revenue Code. The Institute is not considered to be a private foundation. The Institute was formed in 1994 to cooperate with organizations in the public and private sectors in developing innovative programs, projects and opportunities to improve the availability and quality of public health, personal health and mental health services.

The Institute provides the following major programs:

- HIV/AID Prevention Project
  This Project works to integrate routine, rapid HIV testing into a variety of clinical settings including emergency departments, STD clinics, and a jail-based clinic. This project seeks to conduct 50,000 HIV tests per year and indentify 200 HIV- positive persons.

- Community Putting Prevention to Work
  This Funding was appropriated under the American Recovery and Reinvestment Act of 2009 to reduce Chronic Disease risk factors, prevent and delay chronic disease, promote wellness, and better manage chronic conditions in Suburban Cook County. This initiative will address the following:

  Increased levels of physical activity
  Improved nutrition (e.g. increased fruit/vegetable consumption, reduced salt and transfats)

  The Institute working in partnership with the Cook County Department of Public Health (CCDPH), seeks to promote healthy lifestyle policy changes in schools, the workplace, and community environments. The Institute and CCDPH will be working with community organizations and local government entities, engaging in health campaigns, offering policy advocacy trainings to communities, and awarding grants to communities and schools that are willing to further the Grant goals.

### (b) Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

### (c) Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Non-Profit Organizations. Under SFAS No. 117, the Institute is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, if applicable.

NOTE 1 – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(d) Revenue Recognition

The Institute recognizes contract revenue from its contracts either on a pro-rata basis over a twelve month period, which represents the service period for certain contracts, or to the extent of expenses. Revenue recognition depends on the contract. The funding agencies may at their discretion, request reimbursement for expenses or return of funds, or both, as a result of non-compliance by the Institute with the terms of the grants/contracts.

(e) Contributions

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. The Institute had no temporarily or permanently restricted net assets.

Contributions of donated non-cash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received.

(f) Refundable Advances

The Institute records grant/contract revenue as a refundable advance until it is expended for the purpose of the grant/contract, at which time it is recognized as revenue. The balance in refundable balances at December 31, 2009 represents amounts received under cost reimbursable contracts that will be expended in the next fiscal year in accordance with the grant/contract period.

(g) Fixed Assets

Fixed assets acquired by the Institute are considered to be owned by the Institute except for the property acquired with funds received from the Funding Agencies. Such property shall not be disposed off without written approval from the Funding Agencies. The Funding Agencies may have a reversionary interest in the property as well as the determination of use of any proceeds from the sale of these assets.

The Institute follows the practice of capitalizing all expenditures for property, furniture, fixtures and office equipment in excess of $500. Depreciation or amortization of all such items is computed on a straight-line basis over the estimated useful lives of the assets, which range from three to five years.

(h) Income Taxes

The Institute is exempt from Federal income taxes under Section 501(c) (3) of the Internal Revenue Code and therefore has made no provision for Federal income taxes in the accompanying financial statements.

NOTE 1 – NATURE OF ACTIVITIES AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(i) Cash Equivalents

Cash equivalents consist of highly liquid investments with an initial maturity of three months or less. Fair value approximates carrying amounts.

(j) Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of management's estimates.

(k) Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

NOTE 2 - CASH AND CASH EQUIVALENT

As of December 31, 2010 and 2009, Cash and cash equivalent consists of:

| | 2010 | 2009 |
|---|---|---|
| Checking accounts | $234,490 | $(439,331) |
| Now Account | 122,056 | 534,112 |
| | $356,545 | $ 94,781 |

The Institute maintains its cash balances in one financial institution. Under the Wall Street Reform and Consumer Protection Act, all of the Institutes funds are insured in full by the Federal Deposit Insurance Corporation (FDIC) from December 31, 2010 through December 31, 2012. This temporary unlimited coverage is in addition to, and separate from, the coverage of at least $250,000 available to depositors under the FDIC's general deposit insurance rules.

NOTES 3 - GRANTS AND CONTRACTS RECEIVABLE

Grants and contracts receivable at December 31, 2010 and 2009 consist of:

| | 2010 | 2009 |
|---|---|---|
| U.S. Department of Health &Human Services | $532,519 | $389,077 |
| State of Illinois Department of Public Health | 263,108 | 392,864 |
| The Health Federation of Philadelphia | 22,699 | - |
| AmeriCorp-Host Sites | 34,125 | - |
| | $852,451 | $781,941 |

## NOTES 4 - FIXED ASSETS

As of December 31, 2010 and 2009, fixed assets consist of:

| | 2010 | 2009 |
|---|---|---|
| Office equipment | $25,064 | $21,087 |
| Furniture and Fixtures | 61,601 | 13,071 |
| Computer equipment | 37,847 | |
| Leasehold Improvement | - | 3,700 |
| | 124,512 | 37,858 |
| Less: accumulated depreciation | (13,450) | (32,154) |
| | $111,062 | $5,704 |

## NOTE 5 - FUNDS HELD FOR OTHERS

During the fiscal year the Institute served as the fiscal agent for several agencies. At December 31, 2010 and 2009, the Institute held cash accounts with corresponding payables to the following Organizations:

| | 2010 | 2009 |
|---|---|---|
| Healthy South Chicago | $(29,105) | $ (29,341) |
| Northern Ill Public Health Consortium | (26,960) | (12,472) |
| HIV/AIDS Surveillance (Cook county) | 81,731 | 31,631 |
| Community Health Care Access | 10,014 | 9,386 |
| Chicago Department of Public Health | (3,659) | (14,821) |
| | $ 31,785 | $ (15,617) |

## NOTE 6 - GRANTS/CONTRACTS SUPPORT

Grants/Contracts Support consists of the following:

| | 2010 | 2009 |
|---|---|---|
| City of Chicago Department of Public Health | $1,283,114 | $1,746,114 |
| Illinois Department of Public Health | 896,071 | 1,160,018 |
| The Otho S.A. Sprauge Memorial Institute | - | 266,034 |
| Northern Illinois Public Health Constorium | - | 200,000 |
| U.S. Department of Health & Human Services | 2,221,827 | - |
| Health Federation of Philadelphia | 22,699 | - |
| | $4,423,711 | $3,372,166 |

## NOTE 7 – OPERATING LEASE

The Institute entered into a lease agreement on June 18, 2010 for its office space at 180 N. Michigan Ave., suite 1200. The lease commences on August 1, 2010 and expires on January 31, 2021. Monthly base rent shall abate for first six full calendar months of the term. SFAS No. 13 requires that rental expense for operating leases be recognized on a straight-line basis when the minimum lease payments are not level. During the current year contingent lease expense amounted to $29,651. The future minimum rent payments under the noncancelable lease term in excess of one year as of December 31, 2010:

Year ending December 31,

| | |
|---|---|
| 2011 | $60,908 |
| 2012 | 68,190 |
| 2013 | 70,005 |
| 2014 | 71,836 |
| 2015 | 73,660 |
| Later years | 402,617 |
| Total minimum lease payments required | $747,216 |

## NOTE 8 – PRIOR PERIOD ADJUSTMENT

Unrestricted net assets at the beginning of the year have been adjusted to reclassify from grant revenue to deferred revenue account due to proper matching of revenue and expenses. The effect of these adjustments decreases the net assets by $9,093. Had the errors not been made, the change in net assets would have been increased by $9,093.

# SUPPLEMENTAL SCHEDULE

# MIRZA BAIG & COMPANY

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## INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTAL SCHEDULE

To the Board of Directors
Public Health Institute of Metropolitan Chicago

Our audit was performed for the purpose of forming an opinion on the basic financial statements of Public Health Institute of Metropolitan Chicago taken as a whole. The accompanying Supplemental Schedule of Revenue and Expenses by Program is presented for purposes of additional analysis, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects, in relation to the basic financial statements taken as a whole.

Mirza Baig & Company

Chicago, Illinois
July 10, 2011

## PUBLIC HEALTH INSTITUTE OF METROPOLITIAN CHICAGO

### SUPPLEMENTAL SCHEDULE OF REVENUE AND EXPENSES BY PROGRAMS
**For the year ended December 31, 2010**

| | AmeriCorp | HIV/AIDS Prevention Rapid Testing | HIV/AIDS Prevention Re- Entry | Community Putting Prevention to work | Enhanced Comp. HIV Prevention Planning | TOTAL PROGRAM SERVICES | Management and General | TOTAL |
|---|---|---|---|---|---|---|---|---|
| **REVENUES:** | | | | | | | | |
| Grant/contract support | $ 22,699 | 1,350,058 | $ 829,127 | $ 2,168,619 | $ 53,208 | $ 4,423,711 | $ - | $ 4,423,711 |
| Program income | 34,125 | - | - | - | - | 34,125 | - | 34,125 |
| Grant management fee | - | - | - | - | - | - | 81,490 | 81,490 |
| Interest and Investment income | - | - | - | - | - | - | 1,788 | 1,788 |
| Miscellaneous income | - | - | - | - | - | - | 7,912 | 7,912 |
| **TOTAL REVENUES** | **$ 56,824** | **1,350,058** | **829,127** | **$ 2,168,619** | **53,208** | **$ 4,457,836** | **$ 91,190** | **$ 4,549,026** |
| **EXPENSES:** | | | | | | | | |
| Salaries and related expenses | | | | | | | | |
| Salaries | $ 29,220 | $ 63,723 | $ 15,719 | 548,658 | $ 5,766 | $ 663,086 | $51,740 | $ 714,826 |
| Payroll taxes | 2,235 | 7,365 | 1,587 | 55,602 | 525 | 67,314 | 6,093 | 73,407 |
| Employees benefits | 3,466 | 11,174 | 1,973 | 97,257 | 1,096 | 114,966 | 8,402 | 123,368 |
| Total salaries and related expenses | 34,921 | 82,262 | 19,279 | 701,517 | 7,387 | 845,366 | 66,235 | 911,601 |
| Contractual Services | 8,167 | 916,171 | 712,468 | 917,654 | 489 | 2,554,949 | 32,132 | 2,587,081 |
| Payroll processing fee | | - | - | 698 | - | 698 | 2,299 | 2,997 |
| Travel | 2,254 | 3,059 | 651 | 34,738 | 3,735 | 44,437 | 2,309 | 46,746 |
| Web hosting | | 55 | - | 87 | - | 142 | 476 | 618 |
| Conference and Seminars | 687 | 970 | 1,287 | 1,800 | - | 4,744 | 4,113 | 8,857 |
| Supplies and expense | 84 | 567 | 510 | 10,876 | - | 12,037 | 5,407 | 17,444 |
| Professional fees | 3,501 | 31,000 | 6,000 | 233,560 | 38,643 | 312,704 | 24,902 | 337,606 |
| Program Supplies and expense | - | 219,829 | - | | - | 219,829 | - | 219,829 |
| Postage and Deliveries | 54 | 492 | 16 | 1,865 | 35 | 2,462 | 791 | 3,253 |
| Insurance | - | | - | 15,591 | - | 15,591 | 270 | 15,861 |
| Dues and subscriptions | - | | - | 425 | - | 425 | 3,710 | 4,135 |
| Bank serive charge | - | | - | - | - | - | 207 | 207 |
| Miscellaneous | 723 | | - | 1,795 | - | 2,518 | 2,818 | 5,336 |
| Repairs and Maintenance | - | 647 | - | 4,086 | - | 4,733 | 347 | 5,080 |
| Telephones | 135 | 3,638 | 8 | 25,437 | 146 | 29,364 | 4,778 | 34,142 |
| Contributions | - | | - | | - | - | 6,468 | 6,468 |
| Occupancy | 1,483 | 21,054 | 296 | 71,748 | 593 | 95,174 | 26,993 | 122,167 |
| Equipment rental and Purchases | 81 | 1,251 | 494 | 15,075 | 116 | 17,017 | 1,663 | 18,680 |
| Total expenses before M & G and Depreciation | 52,090 | 1,280,995 | 741,009 | 2,036,952 | 51,144 | 4,162,190 | 185,918 | 4,348,108 |
| Management and General (M & G) | - | 30,688 | 60,549 | 70,675 | 2,657 | 164,569 | (164,569) | - |
| Purchase of furniture & equipment | - | - | | 121,402 | - | 121,402 | - | 121,402 |
| **TOTAL EXPENSES** | **$ 52,090** | **$ 1,311,683** | **$ 801,558** | **$ 2,229,029** | **$ 53,801** | **$ 4,448,161** | **$ 21,349** | **$ 4,469,510** |

# REPORTS REQUIRED BY

# OMB CIRCULAR A-133

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

SCHEDULE OF EXPENDITURE OF FEDERAL AWARDS
For the year ended December 31, 2010

| Federal Grantor/Pass-Through Grantor/Program Title | CFDA Number | Contract/ PO Number | Contract Period | Revenues | Expenditures |
|---|---|---|---|---|---|
| **U.S. Department of Health and Human Services:** | | | | | |
| Center for Disease Control and Prevenion | | | | | |
| ARRA - Prevention and Wellness - | | | | | |
| Community Putting Prevention to Work ** | 93 724 | 1U58DP002623-01 | 3/19/10-3/18/12 | $ 2,168,619 | $ 2,168,619 |
| | | | | 2,168,619 | 2,168,619 |
| Center for Disease Control and Prevenion | | | | | |
| The Affordable Care Act Human Immunodeficiency Virus | | | | | |
| (HIV) Prevention and Public Health Fund Activities | 93 523 | 1U65PS003267-01 | 9/30/10-9/29/11 | 53,208 | 53,208 |
| | | | | 53,208 | 53,208 |
| Pass-Through the City of Chicago Department of Public Health | | | | | |
| HIV Prevention Projects Grant** | 93 940 | | | | |
| HIV Rapid Testing | | 16020 | 9/30/09 - 9/29/10 | 1,283,114 | 1,283,114 |
| | | | | 1,283,114 | 1,283,114 |
| Pass-Through the Illinois Department of Public Health | | | | | |
| HIV Rapid Testing | | 95780746 | 9/30/09 - 9/29/11 | 66,944 | 66,944 |
| | | | | 66,944 | 66,944 |
| Total U S Department of Health and Human Services | | | | 3,571,885 | 3,571,885 |
| **Corporation for National community Service** | | | | | |
| Pass-Through Health Federation od Philedalphia | | | | | |
| AmeriCorps | 94 006 | 10ND112067 | 9/1/10-8/31/11 | 22,699 | 22,699 |
| | | | | 22,699 | 22,699 |
| **TOTAL FEDERAL GRANTS** | | | | **$ 3,594,584** | **$ 3,594,584** |

**Major Program

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended December 31, 2010

## NOTE 1 - BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards includes the federal grant activity of Public Health Institute of Metropolitan Chicago (the Institute) and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with requirements of OMB Circular A-133, "Audits of State, Local Governments, and Non-Profit Organizations." Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

## NOTE 2 – SUBRECIPIENTS

Of the federal expenditures presented in the schedule, the Institute provided federal awards to subrecipients as follows:

| Program Title | Federal CFDA Number | Amount Provided to Subrecipients |
|---|---|---|
| ARRA – Prevention and Wellness - Community Putting Prevention to Work | 93.724 | $ 917,654 |
| HIV Prevention Projects Grant HIV Rapid Testing | 93.940 | $ 916,171 |

## NOTE 3 – NON-CASH ASSISTANCE

None.

## NOTE 4 - LOAN GUARANTEES/INSURANCE

None.

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## INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Public Health Institute of Metropolitan Chicago
Chicago, Illinois

We have audited the financial statements of Public Health Institute of Metropolitan Chicago (the Institute) as of and for the year ended December 31, 2010, and have issued our report thereon dated July 10, 2011. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Institute's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Institute's internal control over financial reporting.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Institute's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

This report is intended solely for the information and use of management of Public Health Institute of Metropolitan Chicago, others within the entity, the board of directors, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Mirza Baig & Company

Chicago, Illinois
July 10, 2011

# MIRZA BAIG & COMPANY

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## INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE WITH REQUIREMENTS THAT COULD HAVE A DIRECT AND MATERIAL EFFECT ON EACH MAJORPROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

Board of Directors
Public Health Institute of Metropolitan Chicago
Chicago, Illinois

Compliance

We have audited Public Health Institute of Metropolitan Chicago (the Institute) with the types of compliance requirements described in the (OMB) Circular A-133 Compliance Supplement that could have a direct and material effect on each of the Organization's major federal programs for the year ended December 31, 2010. The Institute's major federal programs are identified in the summary of auditor's result section of the accompanying schedule of findings and questioned costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of the Institute's management. Our responsibility is to express an opinion on the Center's compliance based on our audit.

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Institute's compliance with those requirements and performing such other procedures, as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination of the Institute's compliance with those requirements.

In our opinion, Public Health Institute of Metropolitan Chicago, complied in all material respects, with the requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2010.

Internal Control over Compliance

Management of Public Health Institute of Metropolitan Chicago is responsible for establishing and maintaining effective internal control over compliance with the requirements of laws, regulations, contracts and grants applicable to federal programs. In planning and performing our audit, we considered the Institute's internal control over compliance with the requirements that could have a direct and material effect on a major federal program to determine the auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with (OMB) Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Institute's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A material weakness in internal control over compliance is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be deficiencies, significant deficiencies, or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above.

This report is intended solely for the information and use of management of Public Health Institute of Metropolitan Chicago, the board of directors, others within the entity, federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties.

Chicago, IL
July10, 2011

Mirza Baig & Company

# SCHEDULE OF FINDINGS AND QUESTIONED COSTS

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
For the Year Ended December 31, 2010

## Section I - Summary of Audit Results

***Financial Statements***

Type of auditor's report issued: Unqualified Opinion

Internal control over financial reporting:

- Material weakness(es) identified? ___ yes _x_ no
- Significant deficiency(s) identified that are not Considered to be material weakness(es)? ___ yes _x_ None noted

Noncompliance material to financial statements noted? ___ yes _x_ no

***Federal Awards***

Internal control over major programs:

- Material weakness(es) identified? ___ yes _x_ no
- Significant deficiency(s) identified that are not Considered to be material weakness(es)? ___ yes _x_ None noted

Noncompliance material to financial statements noted? ___ yes _x_ no

Types of auditor's report issued on compliance for major Program: Unqualified Opinion

Any audit findings disclosed that are required to be reported? ___ yes _x_ no

**Identification of Major Programs:**

CFDA # 93.724 – U.S. Department of Health and Human services – ARRA – Prevention and Wellness-Community Putting Prevention to Work

CFDA # 93.940 - U.S. Department of Health and Human services - HIV Prevention Projects Grant

Dollar threshold used to distinguish between Type A and type B programs: $300,000

Auditee qualified as low-risk auditee? ___ yes _x_ no

## Section II - Financial Statements Findings

None

## Section II - Federal Award Findings and Questioned Costs

None

PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO

SUMMARY OF PRIOR YEAR FINDINGS
For the Year Ended December 31, 2010

Findings and resolutions -

None

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing *(e-file).*** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

| Type or print | Name of exempt organization | Employer identification number |
|---|---|---|
| File by the due date for filing your return See instructions | PUBLIC HEALTH INSTITUTE OF METROPOLITAN CHICAGO | 36-3959353 |
| | Number, street, and room or suite no If a P O box, see instructions<br>180N. Michigan Ave., Room No. 1200 | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions.<br>CHICAGO IL 60601 | |

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ Oliver Nichols

Telephone No. ▶ (312) 566-0285 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ [ ]. If it is for part of the group, check this box. . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| 3a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions. | 3a | $ |
| b | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | 3c | $ 0 |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.