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# Form **990-PF**

**Return of Private Foundation** 

OMB No 1545-0052

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Department of the Treasury Internal Revenue Service For calendar year 2013 or tax year beginning , and ending

		foundation					A Employer identification	n number
I	11:	inois Children's Health	car	e				
F	ou	ndation					03-0503425	<u> </u>
Nun	nber a	nd street (or P O box number if mail is not delivered to street	address	5)		Room/suite	B Telephone number	<del>.</del>
1	20	O Jorie Blvd				301	(630) 571-	-2555
City	or to	own, state or province, country, and ZIP or foreign p	ostal c	ode			C If exemption application is	pending, check here
0	<u>ak</u>	Brook, IL 60523						
G	heck	all that apply: Initial return		Initial return of a fo	rmer public (	charity	D 1. Foreign organization	s, check here
		Final return		Amended return				
		Address change		Name change			<ol><li>Foreign organizations m check here and attach c</li></ol>	eeting the 85% test, omputation
H (	heck	type of organization: X Section 501(c)(3) ex	empt p	rivate foundation			E If private foundation sta	atus was terminated
	] Se			taxable private founda	tion		under section 507(b)(1	
I Fa	ır ma	rket value of all assets at end of year   J   Accounting	ng met	hod: Cash	X Acci	ual	F If the foundation is in a	
(fr	om F	Part II, col. (c), line 16)	her (sp	ecify)			under section 507(b)(1	
Þ		136,293,450. (Part I, colu	mn (d,	) must be on cash b	asis.)		,	
Pa	ırt I	Analysis of Revenue and Expenses		a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		rpenses per books		ome	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received					N/A	
	2	Check If the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments		57.		57.		Statement 2
2014	4	Dividends and interest from securities	2	,933,597.	2,93	3,601.		Statement 3
20	5a	Gross rents						
27	Ь	Net rental income or (loss)						
Š	6a	Net gain or (loss) from sale of assets not on line 10	2	,144,126.				Statement 1
<u> </u>	Ь	Gross sales price for all assets on line 6a 9,369,820.		•				
evenue evenue	7	Capital gain net income (from Part IV, line 2)			2,14	4,491.		
صية الم	8	Net short-term capital gain			_			
SCANNEL	9	Income modifications						
Ž	10a	Income modifications Gross sales less returns and allowances  RECEIVED						
₹	Ι.	Less Cost of goods sold	18					_
n N		Gross profit or (loss) AUG 27 2014	0.88					
	11	Other income 121 AUU 8	一篇	11,521.	1	1,521.		Statement 4
	12	Total. Add lines 1 through 11	5		5,08	9,670.		
	13	Compensation of officers, directors, mustees, etc.		93,616.		3,527.		114,062.
	14	Other employee salaries and wages		201,036.		0.		201,036.
	15	Pension plans, employee benefits		52,726.		402.		52,324.
nses	16a	Legal fees Stmt 5		30,613.		4,748.		13,750.
ĕ	Ь	Accounting fees Stmt 6		47,119.	3	4,744.		12,375.
Ä	C	Other professional fees Stmt 7		645,688.	22	1,700.		413,988.
ķ	17	Interest						
rati	18	Taxes Stmt 8		96,484.	<del> </del>	0.		0.
nist	19	Depreciation and depletion		9,903.		0.		
<u>=</u>	20	Occupancy		48,723.		277.		48,446.
Ad	21	Travel, conferences, and meetings		46,207.		0.		46,207.
and B	22	Printing and publications		26,769.		0.		26,769.
g	23	Other expenses Stmt 9		45,330.		93.		45,237.
Operating and Administrative Expe	24	Total operating and administrative						
per		expenses. Add lines 13 through 23	1	,344,214.	26	5,491.		974,194.
0	25	Contributions, gifts, grants paid	6	,497,633.				4,669,253.
	26	Total expenses and disbursements.						
		Add lines 24 and 25	_ 7	,841,847.	26	5,491.		5,643,447.
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements	<2	,752,546.				
	b	Net investment income (if negative, enter -0-)			4,82	4,179.		
		Adjusted net income (if negative, enter -0-)					N/A	<u> </u>
3235	01		· <b>-</b>	A!			- 0	5 000 DE (0010)

10-10-13 LHA For Paperwork Reduction Act Notice, see instructions



· _		Illinois Children's Hea	lthcare	0.5		500405
		0-PF (2013) Foundation	Degraping of year			503425 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		nd of y	
$\overline{}$		· - · · · · · · · · · · · · · · · · · ·	(a) Book Value	(b) Book Value		(c) Fair Market Value
		Cash - non-interest-bearing	2 004 747	2 245 505	-	2 245 505
		Savings and temporary cash investments	2,894,747.	3,245,595	<u> </u>	3,245,595.
	3	Accounts receivable	1			
		Less: allowance for doubtful accounts ▶ Pledges receivable ▶				
	4		-		-	
	_	Less: allowance for doubtful accounts  Grants receivable			-	<del></del>
	5					
	0	Receivables due from officers, directors, trustees, and other			- 1	
	,	disqualified persons Other notes and loans receivable				
	7	Less: allowance for doubtful accounts	-			
<b>.</b>		Inventories for sale or use				
Assets	1 -		6,425.	20 125		20 125
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations Stmt 12	28,791,522.	28,135	2 -	28,135.
•			81,011,343.	27,415,552	4.	27,415,552.
		·	10,057,305.	95,761,561 9,697,339		
	1	_	10,037,303.	7,031,333	<del>?•</del>  -	9,697,339.
	11	Investments - land, buildings, and equipment basis	-			
		Less accumulated depreciation		<del></del>		
		Investments - mortgage loans				
	13	Investments - other			_	<del></del>
	14	Land, buildings, and equipment: basis ► 104,866.  Less accumulated deprecation Stmt 15► 88,760.	19,857.	16 100	ا ء	16 106
	45		150,013.		3 •	
			150,013.	149,104	<del></del>	129,162.
	16	Total assets (to be completed by all filers - see the	122,931,212.	136 202 450	١.	126 202 450
_	47	Instructions. Also, see page 1, item 1)	37,894.			130,293,450.
		Accounts payable and accrued expenses Grants payable	4,743,675.	6,572,055		
	18		4,143,013.	0,374,035	•	
Liabilities	19	Deferred revenue			-	
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			$\dashv$	
Ë	21	Mortgages and other notes payable  Other liabilities (describe ► Statement 17)	48,980.	1,484	1	
	22	Other nabilities (describe Deacement 17)	40,000.	1,409	=+	
	23	Total liabilities (add lines 17 through 22)	4,830,549.	6,631,808	3	
_	-	Foundations that follow SFAS 117, check here	2703073130	070327000	_	
		and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted	118,100,663.	129.661.642	2.	
anc	25	Temporarily restricted				
Bal	26	Permanently restricted				
5		Foundations that do not follow SFAS 117, check here		-	_	
Ē		and complete lines 27 through 31.			ŀ	
Š	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund		• •		
As	29	Retained earnings, accumulated income, endowment, or other funds		,		
Net Assets or Fund Balances	30	Total net assets or fund balances	118,100,663.	129,661,642	2.	
_						
_	31	Total liabilities and net assets/fund balances	122,931,212.	136,293,450	).	
P	art	Analysis of Changes in Net Assets or Fund E	alances			
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		[	
		st agree with end-of-year figure reported on prior year's return)			1	118,100,663.
2		amount from Part I, line 27a			2	<2,752,546.>
		r increases not included in line 2 (itemize)	See St		3	14,313,525.
		lines 1, 2, and 3				129,661,642.
5	Decr	eases not included in line 2 (itemize)			5	0.

323511 10-10-13

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6 129,661,642.

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	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col. (b) divided by col. (c))
	2012	5,912,153.	114,803,897.		.051498
	2011	5,312,669.	114,160,899.		.046537
	2010	5,124,141.	107,679,129.		.047587
	2009	5,617,709.	96,083,433.		.058467
_	2008	7,459,143.	118,656,842.		.062863
2		se period - divide the total on line 2 by 5	or by the number of years	2	.266952
Ū	the foundation has been in existence if less		or by the number of years	3	.053390
4	Enter the net value of noncharitable-use as	ssets for 2013 from Part X, line 5		4	124,422,262.
5	Multiply line 4 by line 3			5	6,642,905.
6	Enter 1% of net investment income (1% of	f Part 1, line 27b)		6	48,242.
7	Add lines 5 and 6			7_	6,691,147.

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

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5,643,447.

8 Enter qualifying distributions from Part XII, line 4

Illinois Children's Healthcare

Form 990-PF (2013) Foundation Part VI Excise Tax Based on Investment Income (	03-050 Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here				<del>,</del>
Date of ruling or determination letter: (attach co				
b Domestic foundations that meet the section 4940(e) requirements in Part 1		9	6.4	84.
of Part I, line 27b			<u> </u>	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organ	nizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable for				0.
3 Add lines 1 and 2	3	9	6.4	84.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable for				0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or le		9	6.4	84.
6 Credits/Payments:				
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a 95,000.			
b Exempt foreign organizations - tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c 13,484.			
d Backup withholding erroneously withheld	6d			
7 Total credits and payments. Add lines 6a through 6d	7	10	8,4	84.
8 Enter any penalty for underpayment of estimated tax. Check here X if F	Form 2220 is attached 8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owe	ed 🕨 9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the am	ount overpaid ▶ 10	1	2,0	00.
11 Enter the amount of line 10 to be: Credited to 2014 estimated tax	12,000. Refunded ► 11			0.
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, st	tate, or local legislation or did it participate or intervene in		Yes	No
any political campaign?		1a		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for	or political purposes (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of t	the activities and copies of any materials published or			
distributed by the foundation in connection with the activities.				
c Did the foundation file Form 1120-POL for this year?		10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) im				
(1) On the foundation. ► \$ (2) On four	ndation managers. > \$0 .			
e Enter the reimbursement (if any) paid by the foundation during the year for	r political expenditure tax imposed on foundation			
managers. $\blacktriangleright$ \$				
2 Has the foundation engaged in any activities that have not previously been	reported to the IRS?	2	<u> </u>	X
If "Yes," attach a detailed description of the activities.			1	
3 Has the foundation made any changes, not previously reported to the IRS,	• • •	İ		ĺ
bylaws, or other similar instruments? If "Yes," attach a conformed cop	· ·	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or mo	• •	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction	during the year?	_ 5		X
If "Yes," attach the statement required by General Instruction T	10.151			
6 Are the requirements of section 508(e) (relating to sections 4941 through	4945) satisfied either:			
By language in the governing instrument, or	shahan mandahan dunahan dibahan dibahan dilah di			
By state legislation that effectively amends the governing instrument so the second of the seco	that no mandatory directions that conflict with the state law		.,	
remain in the governing instrument?	-0.4.11.4	6_	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year	ar: If "Yes," complete Part II, col. (c), and Part XV	7_	X	<del></del>
On Fater the states to which the foundation remains as with which it is resistant.	and /ann implementations.)			
8a Enter the states to which the foundation reports or with which it is registered	ed (see instructions)			
IL	a 000 DE to the Atterney Consent (or downstate)			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form	, , ,		v	
of each state as required by General Instruction G? If "No," attach exp		8b	X	
9 Is the foundation claiming status as a private operating foundation within the year 2013 or the taxable year beginning in 2013 (see instructions for Part Year).				₩.
year 2013 of the taxable year beginning in 2013 (see instructions for Part 2  10 Did any persons become substantial contributors during the tax year? if "Yo		9		X
The pip any hersons necome substantial continuitors during the tax year? It "Ye	es, aπach a schedule listing their names and addresses	10	DE	

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Illinois Children's Healthcare Foundation 03-0503425 <u>Page 5</u> Part VII-A | Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► www.ilchf.org Telephone no.  $\triangleright$  (630) 571-2555 14 The books are in care of ▶ The Foundation  $ZIP+4 \rightarrow 60523-2218$ Located at ▶ 1200 Jorie Blvd, Oak Brook, IL 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here **▶** | 15 | and enter the amount of tax-exempt interest received or accrued during the year No 16 At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, Yes securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country > Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? X 1b Organizations relying on a current notice regarding disaster assistance check here

c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected

2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation

a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2013)

had not been removed from jeopardy before the first day of the tax year beginning in 2013?

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Х

X

10

2b

3b

4a

Yes X No

Yes X No

N/A

N/A

before the first day of the tax year beginning in 2013?

defined in section 4942(j)(3) or 4942(j)(5)):

before 2013?

during the year?

If "Yes," list the years

statement - see instructions.)

Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued)	on managoro, ruginy	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NTI Upstream/Children Research Triangle - 180	Program Consultat:	ion
North Michigan Avenue, Suite 700, Chicago, IL	and Evaluation	158,747.
	Program Consultati	
2709 Laguna Way, Naples, FL 34109	and Evaluation	95,000.
<u> Hewitt Ennis Knupp, an AON Company - 10 South</u>	Investment	
Riverside Plaza, Suite 1600, Chicago, IL	Consultant	78,000.
<u>Jim Durkan - 410 W. Burlington Ave., #205,</u>		
LaGrange, IL 60525	Interim Director	66,946.
	Employment Search	
Suite 2220, Chicago, IL 60606	Firm	66,686.
Total number of others receiving over \$50,000 for professional services	_ <del></del>	▶ 0
Part IX-A Summary of Direct Charitable Activities		<del>_</del> .
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1		
See Statement 19		0.
2		
3		
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	127,181,430.
	Average of monthly cash balances	1b	2,884,279.
	Fair market value of all other assets	1c	
d		1d	130,065,709.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	130,065,709.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) Stmt 20	4	5,643,447.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	124,422,262.
6	Minimum investment return. Enter 5% of line 5	6	6,221,113.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certain	1
1	Minimum investment return from Part X, line 6	1	6,221,113.
2a	Tax on investment income for 2013 from Part VI, line 5		
ь	Income tax for 2013. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	96,484.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,124,629.
4	Recoveries of amounts treated as qualifying distributions	4	1,938.
5	Add lines 3 and 4	5	6,126,567.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,126,567.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,643,447.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	5,643,447.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0 <u>.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,643,447.
	Note: The amount on line 6 will be used in Part V, column (b) in subsequent years when calculating whether the foundation of	uralifice f	or the control

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4940(e) reduction of tax in those years.

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## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	· · · · · · · · · · · · · · · · · · ·	·		
line 7				6,126,567.
2 Undistributed income, if any, as of the end of 2013		1 1		
a Enter amount for 2012 only			4,845,646.	
b Total for prior years:				
g reminer prior yearst		0.		
3 Excess distributions carryover, if any, to 2013:			-	
a From 2008				
<b>b</b> From 2009				
c From 2010				
d From 2011				
e From 2012				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2013 from				<del></del>
Part XII, line 4: ▶\$ 5,643,447.				
a Applied to 2012, but not more than line 2a			4,845,646.	
<b>b</b> Applied to undistributed income of prior			1,015,010	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2013 distributable amount				797,801.
e Remaining amount distributed out of corpus	0.			777,001.
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				<u> </u>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014				5,328,766.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2008				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				
				Form 900- PE (2012)

year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

### None

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

### See Statement 21

- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2013)

Form 990-PF (2013) Foundation

03-0503425 Page 11

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year Board of Trustees of Southern ÞС None Adams County Illinois University Children's Mental Health Partnership Mail Code 6829 Carbondale IL 62901 557,500. Board of Trustees of Southern None ÞС SIUCARES: Southern Illinois University Illinois Underserved Mail Code 6829 Children's Access Carbondale, IL 62901 through Rotational Education and Service 225,550. Chicago Children's Advocacy Center None PC Providing Access 1240 South Damen Avenue Toward Hope and Healing (PATHH) Chicago, IL 60608 Collaboration 125,000. PC Donors Forum of Chicago None General Operating 208 S LaSalle Street, Suite 1540 Chicago, IL 60604 10 455. DuPage County Health Department None NC - GovernmentReady, Set, Smile 111 North County Farm Road Agency Wheaton IL 60187 174 623. See continuation sheet(s) Total ▶ 3a 4 669 253 b Approved for future payment NC - GovernmentReady, Set, Smile None DuPage County Health Department 111 North County Farm Road Agency Wheaton, IL 60187 317,625. None PC Erie Family Health Center Inc Erie Evanston/Skokie 1701 West Superior Street Health Center Oral Chicago, IL 60622 Health Initiative 100,000. Erie Family Health Center Inc None ÞС Erie Waukegan Health 1701 West Superior Street Center Oral Health Chicago IL 60622 300,000. <u>[nitiative</u> See continuation sheet(s) 4 415 692. Total **▶** 3b

-13

Form **990-PF** (2013)

<sup>\*\*</sup> See Purpose of Grant continuations

### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
<del>-</del>	Code		1		<del></del>
a		<u></u>	1		<del></del> .
b	-		<del>                                     </del>	<del></del>	<del> </del>
<u> </u>					<del> </del>
d					
e			<del>  -</del>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					** **
3 Interest on savings and temporary cash			<del>   </del>		
investments			14	57	
4 Dividends and interest from securities			14	57. 2,933,597.	
•			14	2,933,3910	
5 Net rental income or (loss) from real estate:	<del> </del>		<u> </u>		
a Debt-financed property			<del>  </del>		
b Not debt-financed property			<del>  </del>		
6 Net rental income or (loss) from personal					
property			1.4	11 501	
7 Other investment income			14	11,521.	
8 Gain or (loss) from sales of assets other			1	0 144 106	
than inventory	ļ		18	2,144,126.	
9 Net income or (loss) from special events			<del>├</del>		
10 Gross profit or (loss) from sales of inventory			┼ -		· · · · · · · · · · · · · · · · · · ·
11 Other revenue:					
a			<del>                                     </del>		
b			1		
c			<del>                                     </del>		
d			<del> </del>		
e			<b>├</b>		
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>	5,089,301.	
13 Total. Add line 12, columns (b), (d), and (e)				13	5,089,301.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acc	omplishment of Ex	cempt	Purposes	
1. No Comban balanchan and activity for orbital man		un national (a) of Dort VIII A	t-:b:		
Explain below how each activity for which incomplete the foundation's exempt purposes (other than			CONTINU	ned importantly to the accom-	plishment of
★ the foundation's exempt purposes (other than N/A)	by providing it	mas for sacir parposes).			
N/A		<del></del>			
					<del></del>
		<del>-</del>			
		<del></del>			<del></del>
		<del></del>		·	<del>_</del>
		<del></del>			
		<del></del>			
	<del>-</del>				
				<del></del>	
	<del></del>			<del></del>	
		<del></del>			<del> </del>
				· · · · · · · · · · · · · · · · · · ·	
					· <del></del>

Part XVII	Information Re Exempt Organ	•	isfers To a	and Transactions a	and Relationsl	hips With Noncha	ritable	•	
1 Did the or		· · ·	of the followin	g with any other organization	on described in secti	on 501(c) of	1	Yes	No
	-			7, relating to political organ		011 30 1(0) 01			<del></del>
	from the reporting found				nzationo				
(1) Cash		ation to a nonchant	abic excilipt of	gamzation of.			1a(1)		х
(2) Other							1a(2)		X
<b>b</b> Other tran							12(2)	-	
_	of assets to a noncharita	able exempt organiza	ation				1b(1)		<u>x</u>
	hases of assets from a no						1b(2)		X
• •	al of facilities, equipment,		ŭ				1b(3)		X
• •	bursement arrangements						1b(4)		X
(5) Loan	s or loan guarantees						1b(5)		X
	ormance of services or me	embership or fundra	ısıng solicitatio	ns			1b(6)		X
c Sharing o	f facilities, equipment, ma	ailing lists, other ass	ets, or paid em	ployees			1c_		X
d If the ans	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should al	ways show the fair m	arket value of the goods,	other ass	ets,	
				ed less than fair market vali	ue in any transaction	or sharing arrangement,	show in		
column (e	i) the value of the goods,			·	·				
(a) Line no	(b) Amount involved	(c) Name o		exempt organization	(d) Description	of transfers, transactions, and	sharing arr	angeme	nts
			N/A		ļ				
					-				
<del></del>	-								
		<del> </del>							
						<del>-</del> .			
	•			or more tax-exempt organ	izations described	_			_
	501(c) of the Code (other	•	c)(3)) or in sect	ion 527?		L	Yes	X	No
b If "Yes," c	omplete the following sch			(h) Time of accompation	<del>1</del>	- \ Dana - at - at - alat - a -	h		
	(a) Name of org	yanızanon		(b) Type of organization		c) Description of relations	nib		
	N/A								
					<del></del>				
				g accompanying schedules and			y the IRS d	diagram t	bio
Sign	elief, it is true, correct, and co	mplete Declaration of p	reparer (other than	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge ret	urn with the	e prepare	er
Here	Herber !	TOGETS U	Dura	_ 18-14-14	Presid	// · / -   -	X Yes		] No
Sig	nature of officer or truster	e <i>()</i> *		Date	Tıtle				
	Print/Type preparer's n		Preparer's si	ignature //	Date	Check if PTIN			
	Elizabeth		Elad.	the and the	8/12/14	self- employed			
Paid	Vaccariell		1 Janes		0/12/14		0357		
Preparer	Firm's name ► Var	ey & Vaco	cariell	o CPAs PC		Firm's EIN ► 36-3	9948	38	
Use Only			16 -	a a '	•				
				d, Suite 107	,	045 0	20 6	022	
	ı AI	<u>. rrngton i</u>	rerducs	, IL 60005		Phone no. 847-2	<u> </u>		(2012)
						г	コロロ シンし	,- F F	(20 IO)

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient Erie Family Health Center Inc None PC PLANNING GRANT: 1701 West Superior Street Healthy Minds, Healthy Chicago, IL 60622 Children, Healthy Chicago (H3) 170,000. Erie Family Health Center Inc None ÞС Erie Evanston/Skokie 1701 West Superior Street Health Center Oral Chicago, IL 60622 Health Initiative 300,000. Erie Family Health Center Inc None ÞC Erie Waukegan Health 1701 West Superior Street Center Oral Health Chicago, IL 60622 Initiative 100,000. Erie Family Health Center Inc ÞС None Westside H3: 1701 West Superior Street Developing a Seamless Chicago, IL 60622 Approach to Behavioral Health Screening and <u> Preatment for Children</u> 300,000. Grantmakers In Health None PC General Operating 1100 Connecticut Ave, NW Suite 1200 Washington DC 20036 7,000. Heartland Health Outreach Inc None РC Healthy Smile Healthy 1015 West Lawrence Avenue Growth 2013-2014 Chicago, IL 60640 62.783. Illinois Action for Children ÞС Oral Health Initiative None 4753 N Broadway St Ste 1200 Chicago IL 60640 197,000. NC - GovernmentLivingston County Illinois State University None Children's Network Campus Box 4625 Agency Normal IL 61790 521,100. Loyola University of Chicago None PC Community-Based 820 North Michigan Ave Dentistry Pipeline Chicago, IL 60611 Initiative -Evaluation Component 28 162. MCHC-Chicago Hospital Council ₽C None My Child Ate 222 S Riverside Plaza 19th Floor Chicago IL 60606 10,000. Total from continuation sheets 3 576 125

Part XV Supplementary Information 3 Grants and Contributions Paid During the N				
Recipient	If recipient is an individual,			<del></del> .
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Mental Health Centers of Central	None	PC	The Children's MOSAIC	
Illinois, Memorial Health System			Project	
Affiliate				
710 North 8th Street				
Springfield, IL 62702				395,000
				•
Metropolitan Family Services	None	PC	PLANNING GRANT:	
One North Dearborn			Healthy Minds, Healthy	
Chicago, IL 60602			Children, Healthy	
			Chicago (H3)	150,000
Metropolitan Family Services	None	1	Healthy Minds, Healthy	
One North Dearborn		1	Children, Healthy	
Chicago, IL 60602			Chicago (H3)	300,00
NAMI of DuPage County Illinois	None	PC	Ending the Silence	
2100 Manchester Road, Bldg B Ste 925			(ETS)	
Wheaton, IL 60187				10.00
Northern Illinois Food Bank	None	₽C	Barb Food	
273 Dearborn Court			Mart-Providing Healthy	
Geneva IL 60134			Food and Dental Kits	25,000
OSF Healthcare System	None	PC	Peoria Tri-County	
800 NE Glen Oak Avenue			Dental Services	
Peoria, IL 61063			Assessment for	
			Children with Special	20.00
			Healthcare Needs	30,000
			[	
Pike County Health Department	None		Pike County Dental	
1113 East Jefferson		Agency	Clinic	050.00
Pittsfield, IL 62363				250,000
Sinnissippi Centers Inc	None	₽C	The Community That	
325 Illinois Route 2			Cares Project	
Dixon, IL 61021				290,00
Ocuphama Tilimaia Wasiahasaa	Yeno	ng.	Danamaria V 2	
Southern Illinois Healthcare	None		Panoramic X-Ray	
Foundation Inc			Equipment for Olney	
2041 Goose Lake Road			Clinic	45 44
Sauget IL 62206	Mana	DG.	A Deserged to Tourse	43,14
Southern Illinois Healthcare	None	PC	A Proposal to Increase	
Foundation Inc			Oral Health Services	
2041 Goose Lake Road			for Special Needs	
Sauget, IL 62206			Children through a	004 54
Total from continuation sheets	<del></del>		Continuum of Care	201,93

# Illinois Children's Healthcare Foundation

03-0503425 **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor Southern Illinois Healthcare None PC Expanding Dental Foundation Inc Access in the Wabash 2041 Goose Lake Road Region Sauget IL 62206 185 000 Total from continuation sheets

03-0503425

3 Grants and Contributions Approved for I	Future Payment (Continuation)	<u> </u>		
. Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Erie Family Health Center Inc	None	PC	Westside H3:	
1701 West Superior Street			Developing a Seamless	
Chicago, IL 60622			Approach to Behavioral	
			Health Screening and	
			Treatment for Children	1,700,00
Metropolitan Family Services	None	PC	Healthy Minds, Healthy	
One North Dearborn			Children, Healthy	
Chicago IL 60602			Chicago (H3)	1,700,00
Southern Illinois Healthcare	None	PC	A Proposal to Increase	, , <u>-</u>
oundation Inc			Oral Health Services	
2041 Goose Lake Road		-	for Special Needs	
Sauget, IL 62206			Children through a	
			Continuum of Care	298,06
		ı		
				<del></del>

# Illinois Children's Healthcare

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Foundation	03-0503425
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
Name of Recipient - Erie Family Health Center Inc	
Westside H3: Developing a Seamless Approach to Behavioral	Health
Screening and Treatment for Children on Chicago's Westside	
	<del></del>
	·

Form 990-PF	Gain or (Loss) f	rom Sale	of A	ssets		Statement	1
(a) Description of Property	<u>,                                     </u>			anner quired	Dat Acqu:	te ired Date	Sold
Publicly Traded Securit	ies		-	_			- · · · · ·
(b) Gross	(c) Cost or	(d) Expense	of	(e)		(f)	
Sales Price	Other Basis	Sale	O1	Depre	c.	Gain or Lo	SS
9,132,995.	7,206,726.		0.		0.	1,926,	269.
(a) Description of Property	7			anner quired	Dat Acqui	te ired Date	Sold
Non-Qualified Plan Publ	— Licly Traded Sec	curities					
(b) Gross Sales Price	(c) Cost or Other Basis	(d) Expense Sale	of	(e) Depre		(f) Gain or Lo	ss
18,968.	18,968.		0.	<del>_</del>	0.		0.
Capital Gains Dividends	s from Part IV	•				217,	857.
Total to Form 990-PF, I	Part I, line 6a				=	2,144,	126.
Form 990-PF Interest o	on Savings and T	emporary	Cash	Invest	ments	Statement	2
Source						Amount	
 Northern Trust - Checki	Ing						57.
Total to Form 990-PF, F	Part I, line 3,	Column A					57.

Form 990-PF Dividen	ds and	Inter	est	from	Secu	rities	St	atement	3
Source		Gross	Amo	ount		ital Gains ividends	C	olumn (A Amount	)
Aberdeen - Capital Gain	_								
Dividends			-	752.		73,752.		205.2	0.
Aberdeen - Dividends Aberdeen - Interest		-	306,	309.		0.		306,3	
Northern Trust - Capital Gai	n			1.		0.			1.
Dividends A/C 2219430	.11		25.	140.		25,140.			0.
Northern Trust - Capital Gai	.n		,			23,2100			•
Dividends A/C 2616085		1	118,	965.		118,965.			0.
Northern Trust - Dividends		2,6	527,	085.		0.		2,627,0	85.
Northern Trust - Interest				202.		0.		2	02.
Total to Fm 990-PF, Part I,	ln 4	3,1	151,	454.		217,857.		2,933,5	97.
	=								
Form 990-PF Other Income Statement				4					
Description		I	Rev	a) venue Books		(b) Net Invest ment Incom		(c) Adjuste Net Inco	
		-			<del></del> .				
Class Action Income Aberdeen - Other Income				11,5	4. 517.	11,51	4. 7.		
Total to Form 990-PF, Part I	, line	11		11,5	521.	11,52	1.		
Form 990-PF		Legal	Fee	s			St	atement	5
Description	Expe	a) nses Books		(b) Inve		(c) Adjusted Net Inco		(d) Charita Purpos	
Legal fees - Quarles & Brady LLP	3	0,613.		4,	748.		<del></del> .	13,7	50.
		0,613.			748.				50.

413,988.

Form 990-PF	Accounti	ng Fees	S	tatement	6
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charital Purpose	
Accounting fees - Varey & Vaccariello CPAs PC Audit fees - Crowe Horwath	30,619.	30,619.			0.
LLP	16,500.	4,125.		12,37	75.
To Form 990-PF, Pg 1, ln 16k	47,119.	34,744.		12,37	75.
Form 990-PF	Other Profes	sional Fees	S	tatement	7
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitab Purpose	
Payroll service fees I/S Support Investment consulting Northern Trust custody fee	6,995. 7,200. 78,000. 10,000.	78,000.		6,95 7,20	
Northern Trust investment fee Program consultation &	58,490.	58,490.			0.
evaluation - NTI Upstream/Children Research Communications and	158,747.	0.		158,74	17.
messaging plan consultant - Davidoff Communications Employment search firm -	10,329.	0.		10,32	29.
DHR International Aberdeen investment fees Program consultation & evaluation - Dr. Bennett	66,686. 75,173.			66,68	86. 0.
Leventhal Workshop consultant - ECRA	105,000.	0.		95,00	0.
Group Inc Interim director - Jim	2,122.	0.		2,12	22.
Durkan	66,946.	0.		66,94	l6.

645,688.

221,700.

To Form 990-PF, Pg 1, ln 16c

Form 990-PF	990-PF Taxes			tatement 8
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Section 4940 excise tax	96,484.	0.		0.
To Form 990-PF, Pg 1, ln 18	96,484.	0.		0.
Form 990-PF	Other E	xpenses	S	tatement S
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Equipment rental and maintenance Supplies	10,366. 4,256.	0.		10,366.
Postage, shipping and delivery Insurance Software maintenance Membership dues	10,199. 6,293. 10,402. 2,020.	0. 63. 0. 0.		10,199. 6,230. 10,402. 2,020.
Miscellaneous Licenses and fees Bank charges	1,739. 25. 30.	0. 0. 30.		1,739. 25. 0.
To Form 990-PF, Pg 1, ln 23	45,330.	93.		45,237.

Form 990-PF Other Increases in	Net Assets or Fu	nd Balances	Statement	11
Description			Amount	
Unrealized gain on investments ca Income Modification - Grants Retu		value	14,311,5 1,9	87. 38.
Total to Form 990-PF, Part III, 1	ine 3		14,313,5	25.
Form 990-PF U.S. and State	e/City Government	Obligations	Statement	12
Description	U.S. Other Gov't Gov't	Book Value	Fair Marke Value	t
MFO Vanguard Total Bond Market Index Fd	X	27,415,552.	27,415,5	52.
Total U.S. Government Obligations	3	27,415,552.	27,415,5	52.
Total State and Municipal Governm	ment Obligations			
Total to Form 990-PF, Part II, li	ne 10a	27,415,552.	27,415,5	52.
Form 990-PF C	Corporate Stock		Statement	13
Description		Book Value	Fair Marke Value	t
MFB NTGI Com Daily All Ctry World Fd MFO Vanguard Total Stk Mkt Indx F MFB NTGI ACW IMI Index Fund Aberdeen Global Equity Fund Aberdeen Global Stock Fund		20,577,866. 49,532,628. 13,257,181. 12,393,886. 0.	20,577,8 49,532,6 13,257,1 12,393,8	28. 81.
Total to Form 990-PF, Part II, li	ne 10b	95,761,561.	95,761,5	61.

0.

Form 990-PF C	orporate Bonds		Statement	14
Description		Book Value	Fair Marke Value	t
MFO PIMCO Fds PAC Invt Mgmt Ser Total Return Fd MFO Scout Fds Core Plus Bond Fd		4,785,101. 4,912,238.	4,785,103 4,912,238	
Total to Form 990-PF, Part II, li	ne 10c	9,697,339.	9,697,3	39.
Form 990-PF Depreciation of Ass	ets Not Held for	Investment	Statement	15
Description	Cost or Other Basis	Accumulated Depreciation	Book Valu	.e
HP LaserJet 2300N Printer Office Furniture	1,207. 12,226.	1,207. 12,226.		0. 0.
GIFTS Grants Management Software Quickbooks for Nonprofits	17,249.	17,249.		0.
Software Dell 2200 MP LCD Projector Office Furniture	497. 1,293. 4,924.	497. 1,293. 4,924.		0. 0.
GIFTS Grants Application Module Software Polycom Soundstation2 Speaker	6,381.	6,381.		0.
Phone Gifts Plus Pack Software	625. 945.	625. 945.		0.
Desktop Computer Office Furniture Smart Buy DL 360 - Two	921. 1,369. 4,524.	921. 1,190. 4,299.		0. 79. 25.
146GB 10K RPM Hard Drives - Six ASA 5505 8Port SSL	1,890. 384.	1,795. 366.		95. 18.
400/800GB LT03 960 Tape Drive Smart Buy 6730B P8400 - Three	2,795. 2,700.	2,655. 2,565.	1	40.
Smart Buy DC5800 SFF E8400 - Two Netshelter SX 24U Deep	1,450.	1,378.		72.
Enclosure APC Smart-UPS 1500VA Laserjet P4014N MONO LASER	1,025. 635. 815.	974. 603. 774.		51. 32. 41.
Catalyst 2960 20Port Gigabit Installation New Computer	1,900.	1,805.		95.
Equip EXP Backup Exec SBS Prem Ed 12.5 Win	3,887. 689.	3,691. 689.	1	96.

1,579. 1,579.

OLP Win Small Bus Svr Prem

2008

Illinois Children's Healthcare I	Foundatio		03-0503425
OLP Win Small Bus Svr Prem Cal	<del></del>		<del></del>
Ste 2008	786.	786.	0.
OLP Win Svr Std 2008 Sngl NL	690.	690.	0.
Ayaya Phone System	4,870.	4,383.	487.
Office Furniture - Two Chairs Office Furniture - Three Media	1,503.	932.	571.
Towers	2,137.	1,322.	815.
Office Furniture - 4 Cabinets	_•	-,	
with Custom Top	2,002.	1,239.	763.
Office Furniture	12,385.	6,192.	6,193.
Office Furniture - Cabinets	12,303.	0,132.	0,133.
with Glass Doors	1,674.	777.	897.
	757.	441.	316.
EX7200 Multimedia Projector			
HP EliteBook 8570p - Two	2,598.	476.	2,122.
HP Compag Elite 8300 - Two	1,598.	293.	1,305.
Microsoft Office PRO Plus 2013			
- Four	1,956.	598.	1,358.
Total To Fm 990-PF, Part II, ln 1	104,866.	88,760.	16,106.
Form 990-PF	Other Assets		Statement 16
Description	Beginning of Yr Book Value	End of Year Book Value	Fair Market Value
None of Transport	126 200	120 162	100 160
Accrued Income Investments - Non-Qualified Plans	126,398. 23,615.	129,162. 0.	129,162. 0.
investments - Non-Qualified Flans			
To Form 990-PF, Part II, line 15	150,013.	129,162.	129,162.
Form 990-PF Oth	ner Liabilities		Statement 17
Description		BOY Amount	EOY Amount
Deferred Compensation - Trust Section 4940 Excise Tax Payable		23,615. 25,365.	0. 1,484.

48,980.

1,484.

Total to Form 990-PF, Part II, line 22

	of Officers, Di Foundation Manag		State	ement 18
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense
Kathy L. Halloran ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Chair/Director 5.00	0.	0.	0.
J. Kevin Dorsey, MD PhD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Vice Chair/Dire 2.00	ctor 0.	0.	0.
Floyd D. Perkins ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Treasurer/Direct 5.00	tor 0.	0.	0.
Terry F. Hatch, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Secretary/Direction 5.00	tor 0.	0.	0.
Heather Higgins Alderman ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	President 40.00	68,116.	7,769.	0.
Tammy Lemke ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Former Presiden 40.00	t 25,500.	5,646.	0.
Tammy Lemke - 457 Plan Payout	0.00	23,973.	<23,973.>	0.
Charles E. Box ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Philip S. Cali ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Louise Coleman, PhD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 5.00	0.	0.	0.
Peter E. Doris, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.

Illinois Children's Healthcare F	oundatio		03	-0503425
Peter Flynn, EdD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
John Jasinski ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Rob Keith ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
George Maroney ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Marisol Morales ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Michael Parker ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Ruth B. Rosenthal, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Christine Rosso ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Kay L. Saving, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
James L. Schroeder, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
Billie Wright Adams, MD ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Director 2.00	0.	0.	0.
C. William Pollard ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Board Member 2.00	Emeritus 0.	0.	0.
James Ryan ICHF, 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523	Board Member 2.00	Emeritus 0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	117,589.	<10,558.>	0.

Form 990-PF Summary of Direct Charitable Activities Statement 19

### Activity One

The Illinois Children's Healthcare Foundation works to ensure that every child in Illinois has access to affordable and quality health care by making grants to other not-for-profit organizations that conduct programs designed to address a variety of access issues. Grantmaking is focused in two specific areas: improving the oral health of underserved children and addressing the mental health needs of children. In addition, the Foundation monitors other emerging health issues that the Board of Directors may select as focus areas in the future.

The Foundation has no direct charitable activities.

To Form 990-PF, Part IX-A, line 1 0.

Form 990-PF Cash Deemed Charitable Explanation Statement Statement 20
Part X, Line 4

### PART X - LINE 4 - MINIMUM INVESTMENT RETURN

The Illinois Children's Healthcare Foundation chooses to use the amount of adminstrative expenses and charitable disbursements, as shown in Part I, Line 26D of the return, as the cash deemed held for charitable activities due to the large distributions of the organization.

Form 990-PF	Grant Application Submission Information	Statement	21
	Part XV, Lines 2a through 2d		

Name and Address of Person to Whom Applications Should be Submitted

www.ilchf.org - All applicants must submit their proposals electronically

Telephone Number	Name of Grant Program
(630) 571-2555	RFPs - Request for Proposal
Email Address	

www.ilchf.org

Form and Content of Applications

Review the open RFP(s) on our website and determine whether your project is a match to the projects being sought for funding. Submit a Letter of Inquiry or Proposal (based on the specific RFP timeline) with the required information by the posting deadline. Be sure to attach all of the requested documentation - incomplete applications will be eliminated from consideration. All applicants must submit their proposals electronically including all required attachments.

### Any Submission Deadlines

Please visit our website for currently open RFPs. Submission deadlines vary from year to year.

### Restrictions and Limitations on Awards

You must be either (1) an organization that has been determined by the IRS to be an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), that is a public charity described in Section 509(a)(1), (2), or (3) of the Code and that is not a Type III supporting organization within the meaning of Section 4943(f)(5)(A) of the Code; or, (2) is a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Code. Your proposed activities must serve Illinois children.

### Name and Address of Person to Whom Applications Should be Submitted

Program Officer - Illinois Children's Healthcare Foundation 1200 Jorie Blvd, Suite 301 Oak Brook, IL 60523

Telephone Number

Name of Grant Program

(630) 571-2555

Innovation/Emerging Needs Funding

### Form and Content of Applications

To propose a project for consideration for Innovation/Emerging Needs Funding, please contact a member of the Foundation's Staff to discuss it. A short project write-up may be submitted to assist during the preliminary conversation.

### Any Submission Deadlines

There is no formal deadline to submit an application.

### Restrictions and Limitations on Awards

Eligible projects will be able to demonstrate: Innovation, Support of evidence-based research and/or best practices, Potential for statewide system change, and Impact on children's healthcare in Illinois. There is no specific dollar amount assigned to engagement funding projects, although it is anticipated that most grants will be less than \$250,000. You must be either (1) an organization that has been determined by the IRS to be an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (the "Code"), that is a public charity described in Section 509(a)(1), (2), or (3) of the Code and that is not a Type III supporting organization within the meaning of Section 4943(f)(5)(A) of the Code; or, (2) is a governmental entity described in Section 170(c)(1) or 511(a)(2)(B) of the Code.

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# 2013 DEPRECIATION AND AMORTIZATION REPORT FORM $990-PF\ Page\ 1$

990-PF

## LaserJet 2300M   Adjusted Base   Life   No.   Court Bases   Part   Court Bases   Part															_				
Prince   P	Current Year Deduction		.0		•	•	0	.0	.0	•	0	6		7	7	59	4	290.	205.
Printer   Descriptor   Date	Current Sec 179						1		ų.			_							
Passer   P	Accumulated Depreciation	, 207	2,226	7,249	97	,293	,924	,381	25	45	21	94	,394	,417	289.	960′	,025	-	769.
HP LaserJet 2300N	Basis For Depreciation	-	2,226	7,249	97	,293	,924	,381	7	4	921.	, 36	, 524	,890	384.	795	,700	-	1,025.
## Description Acquired Method Life Life CostOf Basis  ## LaserJet 2300N	Reduction In Basis						1												
HP LaserJet 2300N	Bus % Excl														•				
HP LaserJet 2300N	Unadjusted Cost Or Basis	-	2,22	,249	497.	-	4,924.	6,381.	625.	4	~	-	, 5	-	384.	2,795.	2,700.	•	1,025.
## LaserJet 2300N  7Printer  90ffice Furniture 032904SL  GIFTS Grants  0wanagement Software 042004SL  Quickbooks for  1Nonprofits Software 033104SL  Dell 2200 MP LCD  3Projector  100605SL  50ffice Furniture 083105SL  GIFTS Grants  7Application Module 091505SL  61ffice Furniture 122706SL  122707SL  122706SL  1	No			16															16
## Description Acquired   Printer	Life	5.00	7.00	3.00	3.00	5.00	7.00	3.00	5.00	3.00	5.00	7.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Thrinter  90ffice Furniture  GIFTS Grants  Owanagement Software  Quickbooks for  1Nonprofits Software  Ouickbooks for  1Nonprofits Software  Software  1200  Soundstation Module  Polycom  Polycom  Soundstation Speak  11270  Gifts Plus Pack  12270  12030  1205  Smart Buy DL 360 -  146GB 10K RPM Hard  400/800GB LT03 960  67ape Drive  Smart Buy 6730B  58art Buy 6730B  67ape Drive  Smart Buy 05800  67ape Drive  Smart Buy 6730B  788400 - Three  Smart Buy DC5800  68310  64180  68310  68310  64180	Method	SL	SL	SL	SL	SL	SI	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	$_{ m SI}$	SL
HP LaserJet TPrinter 90ffice Furn GIFTS Grant Ouickbooks 1Nonprofits Dell 2200 N 3Projector Folycom Polycom Polycom Polycom GIFTS Grant GIFTS Grant GIFTS Grant GIFTS Grant Application Folycom Soundstatic Gifts Plus Gifts Plus 1Desktop Com Software 11Desktop Com 146GB 10K R 146GB 10K R 146GB 10K R 146GB 10K R 17840 - Thr Smart Buy 6 5Mart Buy 1 5Mart Buy 1 5Mart Buy 1 5Mart Buy 1	Date Acquired	032904	032904	042004	033104	010605	083105	091505		2270	120307	122107	041809	041809	041809	041809	4180	041809	041809
Assert A Ass	Description	rJet	Office Furniture	Girls Grand Management	Vulckbooks Nonprofits		Office Furniture	lule	Folycom Soundstation2 Speak	Golfware	Desktop		Two	140GB 10A KFM AAIG Drives - Six	5505 8Port	ogs mios Trive		, - ;	Netsnelter SA Deep Enclosure
	Asset	7	· σ	10	11	13	15	17	19	20	21	22	23	24	25	26	27	28	29

328102 05-01-13

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF Page 1

990-PF

Current Year Deduction	127.	163.	380.	.777.	0	0	0	0	974.	215.	305.	286.	1,769.	239.	151.	476.	293.	598.
Current Sec 179						,					·							
Accumulated Depreciation	476.	611.	1,425.	2,914.	689	1,579.	786.	.069	3,409.	717.	1,017.	953.	4,423.	538.	290.			
Basis For Depreciation	635.	815.	1,900.	3,887.	689	1,579.	786.	.069	4,870.	1,503.	2,137.	2,002.	12,385.	1,674.	757.	2,598.	1,598.	1,956.
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	635.	815.	1,900.	3,887.	689.	1,579.	786.	· 069	4,870.	1,503.	2,137.	2,002.	12,385.	1,674.	757.	2,598.	1,598.	1,956.
No No	16	16	16	16	16	16	16	16	<u>1</u> 6	16	16	16	16	16	16	16	16	016
Life	5.00	5.00	5.00	5.00	3.00	3.00	3.00	3.00	5.00	7.00	7.00	7.00	7.00	7.00	5.00	5.00	5.00	36.00
Method	JS6	osi.	SL	SL	SL	SL	SL	SL	ЗГ	SL	SL	SL	SI	SL	SL	38L	3SL	SL
Date Acquired	041809	041809	041809SL	041809SL	041809SL	041809SL	20041809SL	041809SL	12606070	090209EL	090209SL	Cus090309SL	071910SL	100110	022211	020113	020113	Fou020113SL
Description		Laserjet P4014N 31MONO LASER	Catalyst 2960 20Port Gigabit	Installation New Computer Equip	Backup Exe	35Svr Prem 2008	Svr Prem Cal Ste	2008 Sngl NL	O		н	dirce rummicure 4 Cabinets with	Furniture	43Cabinets with Glass100110SL	44Projector	nr bilcebo	468300 - Two	Microsoit Oifice 47PRO Plus 2013 - Fou
Asset No	30	31	32	33.	34	35.	36	37	88	39	4	4 17	42	43.	44	4.5	46	4.70

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF Page 1

990-PF

Current Year Deduction	9,903.	ation Deduction
Current Sec 179	0	nercial Revitaliz
Accumulated Depreciation	78,857.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
Basis For Depreciation	104,866.	Section 179, Salv
Reduction In Basis	•	, ITC
Bus % Excl		
Unadjusted Cost Or Basis	104,866.	(D) - Asset disposed
Line		(a)
Life		
Method		
Date Acquired		
Description	* Total 990-PF Pg 1	
Asset No		328102 05-01-13

# Form **8868** (Rev January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			<b>▶</b> X		
If you are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	complete only Part II (on page 2 of	this form).				
Do not complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.			
Electronic filing (e-file). You can electronically file Form 8868 if you	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a c	orporation		
required to file Form 990-T), or an additional (not automatic) 3-mon	ith extens	sion of time. You can electronically fi	le Form 8	868 to request a	ın extension		
of time to file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for 1	Fransfers /	Associated With	Certain		
Personal Benefit Contracts, which must be sent to the IRS in pape	er format	(see instructions). For more details o	on the elec	ctronic filing of the	his form,		
visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits							
Part I Automatic 3-Month Extension of Time							
A corporation required to file Form 990-T and requesting an autom	natic 6-mo	onth extension - check this box and o	complete				
Part I only		•			▶ □		
All other corporations (including 1120-C filers), partnerships, REMI	Cs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time			
to file income tax returns.			Enter file	er's identifying	number		
Type or Name of exempt organization or other filer, see instruc			Employe	r identification n	umber (EIN) or		
print   Illinois Children's Healtho	are						
Foundation				03-0503	425		
due date for Number, street, and room or suite no. If a P O. box, se	e instruct	tions.	Social se	curity number (	SSN)		
return See 1200 DOLLE BIVG, NO. 301							
nstructions City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions					
Oak Brook, IL 60523				<del></del>			
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4		
A 11 12	D	[A					
Application	Return	Application			Return		
Is For	Code	Is For	_		Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07				
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)			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)  The Foundation	06	Form 8870			12		
_	i No	201 - Oak Brook	тт с	0500 001	0		
<ul> <li>The books are in the care of</li></ul>	L, NO	Fax No. $\triangleright$ (630) 571-		0523-221	.0		
If the organization does not have an office or place of business	ın tha l la		4500	<del></del>	<b>►</b> □		
<ul> <li>If this is for a Group Return, enter the organization's four digit 6</li> </ul>			f this is fo	r the whole are:	on obsolv thus		
box . If it is for part of the group, check this box .				_			
1 I request an automatic 3-month (6 months for a corporation				ers the extension	II IS IOI		
	•	tion return for the organization name		The extension			
is for the organization's return for:	organiza.	non rotom to the organization name	d abovo.	THE EXTENSION			
► X calendar year 2013 or							
tax year beginning	an	d ending					
	,··						
2 If the tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return [ ]	Fınal retur	n			
Change in accounting period							
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax, less any					
nonrefundable credits. See instructions.	•		3a	s 1	08,484.		
b If this application is for Forms 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 \$ 95							
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)			3c	\$	13,484.		
Caution. If you are going to make an electronic funds withdrawal (							
instructions							

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

LHA 323841 12-31-13