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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

COOK COUNTY HEALTH FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)

100 EAST WALTON

Room/suite

600W

D Employer identification number

45-4607769

E Telephone number

312-864-6820

F Group Exemption
Number ►City or town, state or province, country, and ZIP or foreign postal code
CHICAGO IL 60611G Accounting Method Cash Accrual Other (specify) ►I Website: ► www.cchealthfoundation.orgJ Tax-exempt status (check only one) 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c Less direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0
	10 Grants and similar amounts paid (not in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	2,160
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	1,491
	17 Total expenses. Add lines 10 through 16	17	3,651
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,651
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	350,000
Net Assets	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	346,349

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	350,000	24
25 Total assets	350,000	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	350,000	27
		346,349

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 N/A

(Grants\$) If this amount includes foreign grants, check here

29

(Grants\$) If this amount includes foreign grants, check here

30

(Grants\$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)

(Grants\$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
WARREN L. BATTES BOARD PRESIDENT	2.00	0	0	0
FRED LEBED BOARD VICE CHAIR	1.00	0	0	0
ISABELLE GOOSSEN BOARD TREASURER	1.00	0	0	0
LESTER CROWN DIRECTOR	1.00	0	0	0
MICHAEL W. GONZALEZ DIRECTOR	1.00	0	0	0
KAREN BATIA DIRECTOR	1.00	0	0	0
JOSEPH FLANAGAN DIRECTOR	1.00	0	0	0
MARK GRACH DIRECTOR	1.00	0	0	0
ARNIE HARRIS DIRECTOR	1.00	0	0	0
LORI MONTANA DIRECTOR	1.00	0	0	0
JOAN POULESON DIRECTOR	1.00	0	0	0
MARGIE SCHAPS DIRECTOR	1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► IL		
42a The organization's books are in care of ► WARREN L. BATTES	Telephone no ► 312-864-6820	
100 E WALTON STE 600W	IL ZIP + 4 ► 60611	
Located at ► CHICAGO		
b 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)? If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

	Yes	No
48		X

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X

b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000 ► _____

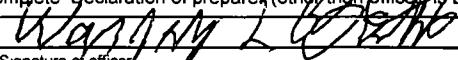
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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) based on all information of which preparer has any knowledge

Sign Here	 Signature of officer WARREN L. BATTES, CHAIR OF BOARD Type or print name and title		Date 12/9/14
Paid Preparer Use Only	Print/Type preparer's name MARTIN SANDOVAL, CPA Firm's name ► Compass Associates LLC Firm's address ► 3362 S Halsted St Chicago, IL 60608-6742	Preparer's signature MARTIN SANDOVAL, CPA Firm's EIN ► 26-0524215 Phone no 773-847-4300	Date 11/26/14 Check <input type="checkbox"/> if self-employed PTIN P00510962

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COOK COUNTY HEALTH FOUNDATION

Employer identification number
45-4607769

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—Non-functionally integrated
 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. 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	► <input type="checkbox"/>	
b 33 1/3% support test—2012. 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	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2013. 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	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test—2012. 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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				350,000		350,000
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5				350,000		350,000
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						350,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6				350,000		350,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)				350,000		350,000
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2012. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supplemental Information. 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 O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**

► Attach to Form 990 or 990-EZ.

Open to Public
Inspection

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

COOK COUNTY HEALTH FOUNDATION**45-4607769****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	
OFFICE EXPENSES	\$ 179
INSURANCE	\$ 660
BANK SERVICE CHARGES	\$ 344
BUSINESS LICENSE/PERMITS	\$ 308
Total \$	1,491

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Grants Receivable	\$ 350,000	\$ 0
Prepaid Expenses and Deferred Charges	\$ 0	\$ 7,259
Total \$	350,000	\$ 7,259

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 0	\$ 2,248

Form 990-EZ, Part III - Primary Exempt Purpose

To promote, encourage and foster charitable, benevolent and eleemosynary purposes and activities, to promote and encourage educational, research and scientific purposes within the meaning of Section 501c3 of the Internal Revenue Code such purposes including, without limitation, to solicit and receive contributions and other financial support to be used in a manner

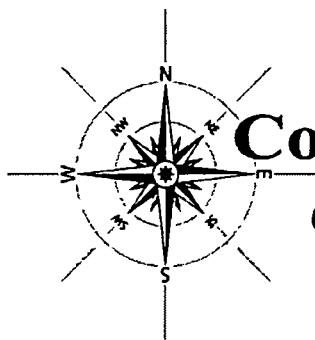
Name of the organization

COOK COUNTY HEALTH FOUNDATION

Employer identification number

45-4607769

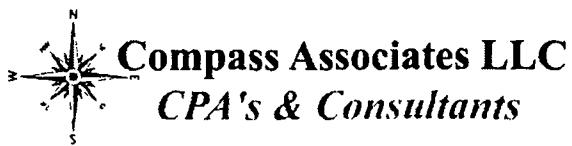
that assists in carrying out the mission of the Cook County Health and Hospitals System.



Compass Associates LLC
CPA's & Consultants

Accountant's Compilation Report

**Cook County Health Foundation
For the Year Ended December 31, 2013**



3362 South Halsted St Suite 100 Chicago, IL 60608
T. 773 847 4300 F. 312 893 2156
www.compass-cpas.com

To the Board of Directors
Cook County Health Foundation
100 E. Walton, Ste. 600W
Chicago, IL 60611

We have compiled the accompanying Statement of Financial Position of the Cook County Health Foundation "CCHF" (an Illinois Not-for-Profit-Corporation) as of December 31, 2013, and the related statements of activities and cash flow for the twelve months then ended. We have not audited or reviewed the accompanying financial statements and, accordingly do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair representation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Chicago, Illinois
November 26, 2014

Compass Associates LLC
COMPASS ASSOCIATES LLC

COOK COUNTY HEALTH FOUNDATION

STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2013

ASSETS	<u>2013</u>
Cash and Cash Equivalents	\$ 341,338
Accounts Receivable – net	-
Property and Equipment – net	-
Prepaid Expenses	7,259
Other Assets	-
TOTAL ASSETS	\$ 348,597

LIABILITIES AND NET ASSETS

LIABILITIES	
Accounts Payable	\$ 2,248
TOTAL LIABILITIES	\$ 2,248
NET ASSETS	
Unrestricted	\$ 346,349
Temporarily Restricted	-
TOTAL NET ASSETS	\$ 346,349
TOTAL LIABILITIES AND NET ASSETS	\$ 348,597

The accompanying notes are an integral part of these statements.

COOK COUNTY HEALTH FOUNDATION

STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2013

	2013		
	Unrestricted	Temporarily Restricted	Total
SUPPORT AND REVENUE			
Corporate Grants	\$ -	\$ -	\$ -
Foundation Grants	- -	- -	- -
Government Grants	- -	- -	- -
Individual Contributions	- -	- -	- -
In-Kind Contributions	- -	- -	- -
Interest	- -	- -	- -
Net assets released from restrictions	<u>350,000</u>	<u>(350,000)</u>	<u>-</u>
TOTAL SUPPORT AND REVENUE	<u>\$ 350,000</u>	<u>\$ (350,000)</u>	<u>\$ -</u>
EXPENSES			
Program Services	\$ -	\$ -	\$ -
Development	- -	- -	- -
General & Administrative	<u>3,651</u>	<u>-</u>	<u>(3,651)</u>
TOTAL EXPENSES	<u>\$ 3,651</u>	<u>\$ -</u>	<u>\$ -</u>
CHANGE IN NET ASSETS	<u>\$ 346,349</u>	<u>\$ (350,000)</u>	<u>\$ (3,651)</u>
NET ASSETS, Unrestricted			
Beginning of year	<u>\$ -</u>	<u>\$ 350,000</u>	<u>\$ 350,000</u>
End of year	<u>\$ 346,349</u>	<u>\$ -</u>	<u>\$ 346,349</u>

The accompanying notes are an integral part of this statement.

COOK COUNTY HEALTH FOUNDATION

STATEMENT OF CASH FLOWS DECEMBER 31, 2013

<u>2013</u>		
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$	(3,651)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation		-
Amortization		-
Provision for Uncollectible Receivables		-
(Increase) Decrease in Accounts Receivable		350,000
(Increase) Decrease in Prepaid Expenses		(7,259)
Increase (Decrease) in Accounts Payable		2,248
Net Cash Provided By (Used In) Operating Activities	\$	341,338
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Fixed Assets	\$	-
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS		
	\$	341,338
CASH AND CASH EQUIVALENTS		
Beginning of year	\$	-
End of year	\$	<u>341,338</u>
Interest Paid in 2013	\$0	

The accompanying notes are an integral part of these statements.

COOK COUNTY HEALTH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

1. NATURE OF ACTIVITIES AND ORGANIZATION

The Cook County Health Foundation (CCHF) was formed in 2011 as a not-for-profit corporation to promote, encourage and foster charitable, benevolent and eleemosynary purposes and activities, to promote and encourage educational, research and scientific purposes and activities. CCHF will operate exclusively for charitable, scientific or educational purposes within the meaning of Section 501c3 of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any subsequent federal tax laws, without limitation, to solicit and receive contributions and other financial support to be used in a manner that assists in carrying out the mission of the Cook County Health and Hospitals System.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF PRESENTATION

These financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

CLASSIFICATION OF NET ASSETS

Net assets of the CCHF are classified as unrestricted, temporarily restricted or permanently restricted depending on the presence and characteristics of donor-imposed restrictions limiting the CCHF's ability to use or dispose of contributed assets or the economic benefits embodied in those assets.

Donor-imposed restrictions that expire with the passage of time or can be removed by meeting certain requirements result in temporarily restricted net assets. Permanently restricted net assets result from donor-imposed restrictions that limit the use of net assets in perpetuity.

The CCHF currently has no permanently restricted net assets.

CASH AND EQUIVALENTS

Cash equivalents consist of cash in banks. Bank account balances exceed the federally insured amount. The CCHF maintains its cash and cash equivalents primarily in JP Morgan Chase accounts which at times may exceed federally insured limits. The CCHF has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash.

COOK COUNTY HEALTH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

PUBLIC SUPPORT AND REVENUE RECOGNITION

Public support and revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions. Expenses are reported as decreases in unrestricted net assets. Gains and losses on investments and other assets or liabilities are reported as increases or decreases in unrestricted net assets unless explicit donor stipulation or law restricts their use. Expiration of temporary restrictions on net assets (i.e. the donor-stipulated purposes has been fulfilled or the stipulated time period has elapsed) are reported as reclassifications between applicable classes of net assets.

Contributions of cash and other assets, including unconditional promises to give in the future, are reported as revenue when received, measured at fair value. Donor promises to give in the future are recorded at the present value of estimated cash future cash flow. All contributions are available for unrestricted use unless specifically restricted by the donor. Conditional promises to give are recognized when the conditions in which they depend are substantially met. An allowance for uncollectible contributions is recorded when receipt is doubtful. Promises to give noncash assets are recorded at their fair value.

PROPERTY AND EQUIPMENT

Property and equipment are recorded at cost when purchased or at fair value at the date of donation. The CCHF capitalizes fixed asset additions over \$3,000. Depreciation is computed on a straight-line basis over the useful lives of the assets generally as follows:

Software	3 years
Equipment	5 years
Furniture & Fixtures	7 years

Costs of maintenance and repairs are charged to expense when incurred. Gains or losses on dispositions of property and equipment are included in income.

COOK COUNTY HEALTH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

FUNCTIONAL ALLOCATION OF EXPENSES

Expenses are charged to each program based on direct expenditures incurred. Certain indirect expenditures that benefit more than one program are allocated to the benefited programs based on allocation formulas developed in accordance with OMB Circular A-122, Cost Principles for Non-profit Organizations. Although the methods of allocation used are considered reasonable, other methods could be used that would produce a different amount.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses and other changes in net assets during the reporting period. Actual results could differ from those estimates.

SUBSEQUENT EVENTS

The financial statements and related disclosures included evaluation of events up through and including November 26, 2014, which is the date the financial statements were available to be issued.

INCOME TAXES

The CCHF is exempt from income tax under provisions of Internal Revenue Code Section 501(c)(3). Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the CCHF and recognize a tax liability if the CCHF has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. Management has analyzed the tax positions taken by the organization, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The CCHF is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

COOK COUNTY HEALTH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

3. ACCOUNTS RECEIVABLE

A summary of Accounts Receivable and the related bad debt reserve at December 31, 2013 is as follows:

	<u>2013</u>
	Amount
Accounts Receivable	\$ -
Less: Reserve for Bad Debts	-
 Net Accounts Receivable	 \$ -
 Receivable Due within One Year	 \$ -

4. PROPERTY AND EQUIPMENT

A summary of fixed assets and accumulated depreciation at December 31, 2013 is as follows:

	<u>2013</u>
	Amount
Equipment	\$ -
Furniture & Fixtures	-
Software	-
Total	-
 Less: Accumulated depreciation	 -
 Net Property and Equipment	 \$ -

Depreciation expense for 2013 was \$0.

COOK COUNTY HEALTH FOUNDATION

NOTES TO FINANCIAL STATEMENTS

5. TEMPORARILY RESTRICTED NET ASSETS RELEASED

During the years ended December 31, 2013, net assets released from restrictions by incurring expenses satisfying the restricted purposes for the following programs:

	<u>2013</u>
	Amount
Time-Restricted Program	\$ 350,000
Total	<u>\$ 350,000</u>

6. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following:

	<u>2013</u>
	Amount
Time-Restricted	\$ -
Total	<u>\$ -</u>