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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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.

| | |
|---|--|
| A For the 2013 calendar year, or tax year beginning , and ending | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) Room/suite 100 EAST WALTON 600W City or town, state or province, country, and ZIP or foreign postal code CHICAGO IL 60611 |
| D Employer identification number 45-4607769 | E Telephone number 312-864-6820 |
| F Group Exemption Number | |
| G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ | |
| H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | |
| I Website: www.cchealthfoundation.org | |
| J Tax-exempt status (check only one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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. \$ | |

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 | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | 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 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| 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 | |
| Expenses | 10 | Grants and similar amounts paid (attach in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | |
| | 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 |
| Net Assets | 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 |
| | 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)

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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 | 341,338 |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 350,000 | 24 | 7,259 |
| 25 Total assets | 350,000 | 25 | 348,597 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 2,248 |
| 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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 N/A

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

28a

29

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

29a

30

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

30a

31 Other program services (describe in Schedule O)

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

31a

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

32

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. BATTS 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 | | |
| b Did the organization file Form 1120-POL for this year? | 37b | 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? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 Section 501(c)(7) organizations Enter | 39a | |
| a Initiation fees and capital contributions included on line 9 | 39b | |
| 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 40a , section 4912 40a , section 4955 40a | | |
| 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 | 40b | X |
| 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 40c | | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d | | |
| 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. BATTS Telephone no 312-864-6820 100 E WALTON STE 600W Located at CHICAGO IL ZIP + 4 60611 | | |
| 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 42b 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 | 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

| | | |
|----|--|---|
| 48 | | X |
|----|--|---|

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

| | | |
|-----|--|---|
| 49a | | X |
|-----|--|---|

- b If "Yes," was the related organization a section 527 organization?

| | | |
|-----|--|--|
| 49b | | |
|-----|--|--|

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

Sign Here Date 12/9/14
 Signature of officer WARREN L. BATTS
 Type or print name and title CHAIR OF BOARD

| | | | | | |
|------------------------|----------------------------|---|----------|---|--------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARTIN SANDOVAL, CPA | MARTIN SANDOVAL, CPA | 11/26/14 | | P00510962 |
| | Firm's name ▶ | Compass Associates LLC | | Firm's EIN ▶ | 26-0524215 |
| | Firm's address ▶ | 3362 S Halsted St Chicago, IL 60608-6742 | | Phone no | 773-847-4300 |

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?

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | | (vii) Amount of 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** ► ☐**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 ► ☐**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 ► ☐**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 ► ☐**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 ► ☐**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 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 ▶ ☒

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 ▶ ☐

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

Part IV Supplemental Information. 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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

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

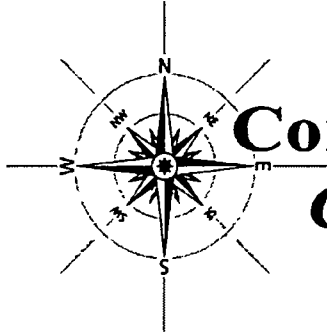
Name of the organization

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



Compass Associates LLC
CPA's & Consultants

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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 PLLC
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 | <u>\$ 348,597</u> |
| LIABILITIES AND NET ASSETS | |
| LIABILITIES | |
| Accounts Payable | <u>\$ 2,248</u> |
| TOTAL LIABILITIES | <u>\$ 2,248</u> |
| NET ASSETS | |
| Unrestricted | \$ 346,349 |
| Temporarily Restricted | - |
| TOTAL NET ASSETS | <u>\$ 346,349</u> |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 348,597</u> |

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 | 350,000 | (350,000) | - |
| TOTAL SUPPORT AND REVENUE | \$ 350,000 | \$ (350,000) | \$ - |
| EXPENSES | | | |
| Program Services | \$ - | \$ - | \$ - |
| Development | - | - | - |
| General & Administrative | 3,651 | - | (3,651) |
| TOTAL EXPENSES | \$ 3,651 | \$ - | \$ - |
| CHANGE IN NET ASSETS | \$ 346,349 | \$ (350,000) | \$ (3,651) |
| NET ASSETS, Unrestricted | | | |
| Beginning of year | \$ - | \$ 350,000 | \$ 350,000 |
| End of year | \$ 346,349 | \$ - | \$ 346,349 |

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 | <u>2,248</u> |
| Net Cash Provided By (Used In) Operating Activities | \$ 341,338 |
| CASH FLOWS FROM INVESTING ACTIVITIES | |
| Purchase of Fixed Assets | <u>\$ -</u> |
| 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> |
|--------------------------------|---------------|
| | <u>Amount</u> |
| Accounts Receivable | \$ - |
| Less: Reserve for Bad Debts | - |
| Net Accounts Receivable | <u>\$ -</u> |
| 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> |
|--------------------------------|---------------|
| | <u>Amount</u> |
| Equipment | \$ - |
| Furniture & Fixtures | - |
| Software | - |
| Total | <u>-</u> |
| Less: Accumulated depreciation | <u>-</u> |
| Net Property and Equipment | <u>\$ -</u> |

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