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<div>Form <b>990</b></div> <div></div> <div>Department of the Treasury Internal Revenue Service</div>	<div><b>Return of Organization Exempt From Income Tax</b></div> <div><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></div> <div><div> Do not enter social security numbers on this form as it may be made public</div><div> Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div></div>	<div>OMB No 1545-0047</div> <div><b>2014</b></div> <div><b>Open to Public Inspection</b></div>
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<b>A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014</b>		<b>C Name of organization</b> ADVOCATE CHARITABLE FOUNDATION		<b>D Employer identification number</b>  36-3297360	
<input type="checkbox"/> Address change		<input type="checkbox"/> % James Doheny		<b>E Telephone number</b>  (630) 929-6965	
<input type="checkbox"/> Name change		<input type="checkbox"/> Doing business as			
<input type="checkbox"/> Initial return		<input type="checkbox"/> Number and street (or P O box if mail is not delivered to street address) Room/suite 3075 HIGHLAND PARKWAY SUITE 600		<b>G Gross receipts \$</b> 103,052,299	
<input type="checkbox"/> Final return/terminated		<input type="checkbox"/> City or town, state or province, country, and ZIP or foreign postal code DOWNERS GROVE, IL 60515			
<input type="checkbox"/> Amended return		<b>F Name and address of principal officer</b> Randy Varju 3075 Highland Parkway Downers Grove, IL 60515		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Application pending				<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I Tax-exempt status</b> <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				<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ www.advocatehealth.com					
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1984		<b>M State of legal domicile</b> IL	

Part I		Summary	
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities See Schedule O		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	20
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	81
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	289	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
Revenue		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	39,774,879	33,811,310
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	6,739,686	9,801,864
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-545,209	-821,154
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	45,969,356	42,792,020
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	17,657,462	20,916,854
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,882,239	7,237,153
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	496,079	129,564
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 8,736,841		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	2,245,015	2,589,699
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	28,280,795	30,873,270
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	17,688,561	11,918,750
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	184,671,974	193,528,485
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	7,774,594	8,394,718
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	176,897,380	185,133,767

<b>Part II Signature Block</b>	
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	
<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div> <div> <div></div> <div>James Doheny Treasurer</div> </div>
	<div> <div></div> <div>Date</div> </div> <div> <div></div> <div>2015-11-11</div> </div>
<b>Paid Preparer Use Only</b>	<div> <div>Print/Type preparer's name</div> <div>TAMARA TARAZI</div> </div> <div> <div>Preparer's signature</div> <div>TAMARA TARAZI</div> </div> <div> <div>Date</div> <div></div> </div> <div> <div>Check <input type="checkbox"/> if self-employed</div> <div>PTIN</div> </div> <div> <div>P01266026</div> </div>
	<div> <div>Firm's name</div> <div>▶ ERNST &amp; YOUNG US LLP</div> </div> <div> <div>Firm's address</div> <div>▶ 155 N Wacker Drive</div> </div> <div> <div>Chicago, IL 60606</div> </div>
	<div> <div>Firm's EIN</div> <div>▶</div> </div> <div> <div>Phone no</div> <div>(312) 879-2000</div> </div>
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>For Paperwork Reduction Act Notice, see the separate instructions.</b> <div> <div>Cat No</div> <div>11282Y</div> </div> <div> <div>Form</div> <div>990 (2014)</div> </div>	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1

Briefly describe the organization's mission

TO EMBRACE THE MISSION OF ADVOCATE HEALTH CARE (A NOT-FOR-PROFIT FAMILY OF HOSPITALS AND CAREGIVERS), CULTIVATE PHILANTHROPIC PARTNERSHIPS, AND INCREASE CHARITABLE SUPPORT OF ADVOCATE HEALTH CARE'S CLINICAL, EDUCATION AND RESEARCH PROGRAMS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O






















4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code ) (Expenses \$ 19,146,256 including grants of \$ 18,932,260 ) (Revenue \$ )
	GENERAL AND CLINICAL SUPPORT DONOR GIFTS WERE USED TO SUPPORT CLINICAL PROGRAMS BY REIMBURSING OPERATING EXPENSES AND BY PROVIDING CAPITAL EXPENDITURES FOR EQUIPMENT AND FACILITIES RENOVATION AND CONSTRUCTION PROGRAMS FOR SPECIAL NEEDS PATIENTS SUPPORT INCLUDED AN ADULT DOWN SYNDROME CLINIC, DENTAL CARE FOR THE DISABLED, CHILDHOOD SEXUAL TRAUMA THERAPY, OLDER ADULT SERVICES, PEDIATRIC DEVELOPMENT EVALUATIONS AND TREATMENTS, AND NEONATAL BEREAVEMENT COUNSELING CLINIC PROGRAMS WERE ENHANCED THROUGH CAPITAL PURCHASES SUCH AS EQUIPPING EMERGENCY ROOMS, RENOVATIONS OF SURGICAL SUITES, EXPANSIONS OF CARDIAC AND CANCER CARE CENTER, DIAGNOSTIC IMAGING EQUIPMENT, AND REMODELING OF NEONATAL INTENSIVE CARE UNITS COMMUNITY OUTREACH PROGRAMS SUPPORTED BY GIFTS INCLUDED SCHOOL-BASED HEALTH CLINICS, DENTAL PROGRAMS FOR SPECIAL NEEDS POPULATIONS, FAITH COMMUNITY PARTNERSHIPS INCLUDING PARISH NURSING, CHILDHOOD IMMUNIZATIONS, CHILD DEVELOPMENT EDUCATION, SAFETY PROGRAMS, PATIENT FAMILY SUPPORT, ADDICTION COUNSELING, HEALTH COMMUNICATION FOR THE DEAF, AND ASTHMA MANAGEMENT
4b	(Code ) (Expenses \$ 1,070,264 including grants of \$ 1,058,302 ) (Revenue \$ )
	SCHOLARSHIPS AND EDUCATION PROGRAMS DONOR GIFTS WERE USED TO SUPPORT EDUCATION OF MEDICAL STUDENTS, RESIDENTS AND FELLOWS, CONTINUING EDUCATION OF MEDICAL STAFF PHYSICIANS, PASTORAL CARE (HOSPITAL CHAPLAIN) EDUCATION, ADMINISTRATIVE FELLOWSHIPS, ACCREDITATION TRAINING FOR PARAMEDICS, FELLOWSHIPS IN HEALTH CARE ADMINISTRATION, A NURSING RESIDENCY, AND CONTINUING EDUCATION OF ADVOCATE AND COMMUNITY CAREGIVERS ESPECIALLY NURSES AND CLINICAL TECHNICIANS MEDICAL LIBRARIES AND CLINICAL EDUCATION LEARNING CENTERS WERE ENHANCED BY DONOR GIFTS THE SYSTEM EDUCATED ABOUT 1,400 MEDICAL STUDENTS, ABOUT 600 MEDICAL RESIDENTS AND FELLOWS, ABOUT 100 PASTORAL CARE STUDENTS, AND MORE THAN 10,000 NURSES AND OTHER CAREGIVERS SCHOLARSHIPS ARE PROVIDED FOR CONTINUING EDUCATION OF EMPLOYEES AND TO STUDENTS IN HIGH SCHOOL AND COLLEGE INTERESTED IN HEALTH CARE OCCUPATIONS
4c	(Code ) (Expenses \$ 926,112 including grants of \$ 915,761 ) (Revenue \$ )
	MEDICAL RESEARCH DONOR GIFTS WERE USED TO SUPPORT BOTH BASIC RESEARCH IN PEDIATRIC ONCOLOGY AND CLINICAL RESEARCH IN THE AREAS OF ADULT ONCOLOGY, CARDIOLOGY, ADDICTION MEDICINE, RENAL DISEASE, NEONATAL CARE, EMERGENCY MEDICINE, NURSING CLINICAL PROCEDURES, AND PEDIATRIC ONCOLOGY FORM 990, PART III - PROGRAM SERVICE, LINE 4D OTHER PROGRAM SERVICES SMALL GIFTS ARE MADE TO UNRELATED 501 (C)(3) CHARITIES AS MEMORIAL GIFTS FOR DECEASED MEMBERS OF FAMILIES OF DONORS AND ADVOCATE ASSOCIATES ALSO INCLUDED ARE THE TAX DEDUCTIBLE PORTION OF TICKETS TO EVENTS SPONSORED BY RELATED 501 (C)(3) CHARITIES WHICH DONATE TO ADVOCATE PROGRAMS
4d	Other program services (Describe in Schedule O )
	(Expenses \$ 10,651 including grants of \$ 10,531 ) (Revenue \$ )
4e	Total program service expenses 21,153,283

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	33	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	81	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	FL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records James Doheny 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 (630) 929-5543	

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	2,105,416	9,672,002	3,125,938

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 22

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Renaissance Hotel, 1551 N Thoreau Drive Schaumburg, IL 60173	Banquet Services	100,778

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	4,152,163			
	d	Related organizations . . . . . 1d	9,300,000			
	e	Government grants (contributions) 1e	4,500			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	20,354,647			
	g	Noncash contributions included in lines 1a-1f \$	960,954			
	h	Total. Add lines 1a-1f . . . . .	33,811,310			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	4,021,492			4,021,492
	4	Income from investment of tax-exempt bond proceeds . . . . .	0			
	5	Royalties . . . . .	0			
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)	0			0
	d	Net rental income or (loss) . . . . .	0			
	7a	Gross amount from sales of assets other than inventory	64,054,414			
	b	Less cost or other basis and sales expenses	58,274,042			
	c	Gain or (loss)	5,780,372			
	d	Net gain or (loss) . . . . .	5,780,372			5,780,372
	8a	Gross income from fundraising events (not including \$ 4,152,163 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	a		1,073,703			
	b	Less direct expenses . . . . . b	1,890,562			
	c	Net income or (loss) from fundraising events . . . . .	-816,859			-816,859
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	a		91,380			
	b	Less direct expenses . . . . . b	95,675			
	c	Net income or (loss) from gaming activities . . . . .	-4,295			-4,295
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	a					
	b	Less cost of goods sold . . . . . b				
	c	Net income or (loss) from sales of inventory . . . . .	0			
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue . . . . .				
	e	Total. Add lines 11a-11d . . . . .	0			
	12	Total revenue. See Instructions . . . . .	42,792,020			8,980,710

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	20,916,854	20,916,854		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	0	0		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,326,029	130,872	52,349	1,142,808
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	4,463,079	39,232	39,496	4,384,351
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	368,822	10,837	5,851	352,134
9	Other employee benefits . . . . .	691,177	20,309	10,966	659,902
10	Payroll taxes . . . . .	388,046	11,402	6,156	370,488
11	Fees for services (non-employees)				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	0	0	0	0
c	Accounting . . . . .	8,975	0	8,975	0
d	Lobbying . . . . .	678	0	678	0
e	Professional fundraising services See Part IV, line 17	129,564			129,564
f	Investment management fees . . . . .	477,687	0	477,687	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	0			
12	Advertising and promotion . . . . .	30,500	0	0	30,500
13	Office expenses . . . . .	314,885	0	0	314,885
14	Information technology . . . . .	181,849	0	0	181,849
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	221,036	0	221,036	0
17	Travel . . . . .	93,676	0	0	93,676
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	29,901	0	0	29,901
20	Interest . . . . .	0	0	0	0
21	Payments to affiliates . . . . .	341,771	0	0	341,771
22	Depreciation, depletion, and amortization . . . . .	54,823	0	54,823	0
23	Insurance . . . . .	13,704	0	13,704	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Fundraising Meeting	335,823	0	0	335,823
b	Training and Development	206,857	23,777	0	183,080
c	BAD DEBT	182,685	0	0	182,685
d	Bank Fees	91,425	0	91,425	0
e	All other expenses	3,424			3,424
25	Total functional expenses. Add lines 1 through 24e	30,873,270	21,153,283	983,146	8,736,841
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,000	1	1,000
	2	Savings and temporary cash investments		8,370,012	2	9,939,969
	3	Pledges and grants receivable, net		18,103,135	3	22,283,782
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		177,543	9	152,844
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a1,804,143	162,028	10c	112,585
	b	Less: accumulated depreciation	10b1,691,558			
	11	Investments—publicly traded securities		131,126,419	11	130,825,971
	12	Investments—other securities. See Part IV, line 11.		2,533,342	12	2,613,224
	13	Investments—program-related. See Part IV, line 11.		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11.		24,198,495	15	27,599,110
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34).		184,671,974	16	193,528,485
Liabilities	17	Accounts payable and accrued expenses		1,864,048	17	1,518,715
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		5,910,546	25	6,876,003
	26	<b>Total liabilities.</b> Add lines 17 through 25.		7,774,594	26	8,394,718
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets		19,280,869	27	19,344,143
	28	Temporarily restricted net assets		110,050,266	28	117,770,845
	29	Permanently restricted net assets		47,566,245	29	48,018,779
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	<b>Total net assets or fund balances</b>		176,897,380	33	185,133,767
	34	<b>Total liabilities and net assets/fund balances</b>		184,671,974	34	193,528,485

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	42,792,020
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	30,873,270
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	11,918,750
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	176,897,380
5	Net unrealized gains (losses) on investments . . . . .	5	-3,490,656
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	-191,707
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	185,133,767

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . .

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

Additional Data

Software ID:

Software Version:

EIN: 36-3297360

Name: ADVOCATE CHARITABLE FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Skogsbergh ..... Director	1 0 ..... 43 0	X						0	5,592,968	2,089,788
(1) Terry Graber ..... Chairperson, Director	1 0 ..... 0 0	X		X				0	0	0
(2) John Chapman ..... Director	1 0 ..... 1 0	X						0	0	0
(3) Rev Dr Robert Davis ..... Director	1 0 ..... 0 0	X						0	0	0
(4) Joseph Giangrasso MD ..... Director	1 0 ..... 0 0	X						0	0	0
(5) Raj Gupta ..... Director	1 0 ..... 0 0	X						0	0	0
(6) Darrell W Hill ..... Director	1 0 ..... 1 0	X						0	0	0
(7) Frank Igleski ..... Director	1 0 ..... 0 0	X						0	0	0
(8) William Keyser ..... Director	1 0 ..... 0 0	X						0	0	0
(9) Tricia Snyder Lewis ..... Director	1 0 ..... 0 0	X						0	0	0
(10) Ronald Mallicoat Jr ..... Director	1 0 ..... 1 0	X						0	0	0
(11) Ed Malysiak ..... Director	1 0 ..... 0 0	X						0	0	0
(12) Larry Manson ..... Director	1 0 ..... 0 0	X						0	0	0
(13) Julie Melvin ..... Director	1 0 ..... 0 0	X						0	0	0
(14) Vern McGinnis ..... Director	1 0 ..... 0 0	X						0	0	0
(15) Richard Molehouse ..... Director	1 0 ..... 0 0	X						0	0	0
(16) Conrad Von Peterfly ..... Director	1 0 ..... 0 0	X						0	0	0
(17) Francesca Popper MD ..... Director	1 0 ..... 40 0	X						0	390,692	51,628
(18) Elaine Schmitt ..... Director	1 0 ..... 0 0	X						0	0	0
(19) David Sheehan ..... Director	1 0 ..... 0 0	X						0	0	0
(20) Nathaniel Sher ..... Director	1 0 ..... 0 0	X						0	0	0
(21) Daniel Sullivan ..... Director	1 0 ..... 40 0	X						0	56,465	46
(22) Jeanne Varwig ..... Director	1 0 ..... 0 0	X						0	0	0
(23) Randy Varju ..... President & CDO, Director	40 0 ..... 0 0			X				453,377	0	53,293
(24) James Doheny ..... Treasurer	1 0 ..... 49 0			X				0	454,164	54,251

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Gail D Hasbrouck ..... Secretary	1 0 ..... 48 0			X				0	1,150,732	188,617
(1) Dominic J Nakis ..... Assistant Treasurer	1 0 ..... 46 0			X				0	1,774,769	348,593
(2) Mary S Matthews ..... Assistant Secretary	1 0 ..... 42 0			X				0	252,212	43,518
(3) Barbara Giloith ..... VP, Offc of Grants & Prgm Devl	40 0 ..... 0 0			X				178,870	0	27,118
(4) Tamara Lemke ..... VP, Operations	40 0 ..... 0 0			X				173,210	0	35,560
(5) Susan Mongillo ..... VP, Planned Giving	40 0 ..... 0 0			X				178,493	0	39,031
(6) Patricia S-Calascibetta ..... VP, Finance	40 0 ..... 0 0			X				150,604	0	36,472
(7) Susan Aberholden ..... VP, Development	40 0 ..... 0 0					X		189,948	0	16,908
(8) Jo Amick ..... VP, Development	40 0 ..... 0 0					X		171,575	0	23,628
(9) Scott Ford ..... VP, Development	40 0 ..... 0 0					X		166,705	0	43,854
(10) Anedra Kerr ..... VP, Development	40 0 ..... 0 0					X		176,147	0	24,250
(11) Chrntopher Toft ..... VP, Development	40 0 ..... 1 0					X		158,621	0	40,293
(12) James M Hohner ..... Officer	0 0 ..... 0 0						X	107,866	0	9,090

SCHEDULE A  
(Form 990 or 990EZ)

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ADVOCATE CHARITABLE FOUNDATION	Employer identification number 36-3297360
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

☐

Enter the number of supported organizations . . . . . \_\_\_\_\_

g

☐

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						



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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	20,972,795	32,021,516	38,543,606	39,774,879	33,811,310	165,124,106
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge				0		0
4 Total. Add lines 1 through 3	20,972,795	32,021,516	38,543,606	39,774,879	33,811,310	165,124,106
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)						61,808,018
6 Public support. Subtract line 5 from line 4						103,316,088

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	20,972,795	32,021,516	38,543,606	39,774,879	33,811,310	165,124,106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,568,721	3,465,264	3,503,342	3,081,469	4,021,492	16,640,288
9 Net income from unrelated business activities, whether or not the business is regularly carried on				0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				0		0
11 Total support. Add lines 7 through 10						181,764,394
12 Gross receipts from related activities, etc. (see instructions)					12	5,621,222
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 2014 (line 6, column (f) divided by line 11, column (f))	14	56.841 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	53.572 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ADVOCATE CHARITABLE FOUNDATION	Employer identification number 36-3297360
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-



Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		678
j	Total. Add lines 1c through 1i.			678
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Form 990, Schedule C, Part II-B, Line 1i	Lobbying Expenses The amount of lobbying expenses reported on Schedule C, Part II-B, Line 1i is the amount of ACF's membership dues to the Association of Fundraising Professionals allocated towards advocacy efforts

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization ADVOCATE CHARITABLE FOUNDATION	Employer identification number  36-3297360
--	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

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

2

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

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

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	50,920,066	45,523,317	35,117,758	35,626,071	23,662,363
b Contributions . . . . .	922,127	2,526,148	6,763,590	722,153	9,464,311
c Net investment earnings, gains, and losses	1,766,308	4,569,949	4,656,314	-95,982	3,652,240
d Grants or scholarships . . . . .	86,174	83,455	79,899	73,262	75,423
e Other expenditures for facilities and programs . . . . .	1,776,040	1,615,893	934,446	1,061,222	1,077,420
f Administrative expenses . . . . .					
g End of year balance . . . . .	51,746,287	50,920,066	45,523,317	35,117,758	35,626,071

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

81 420 %

c

Temporarily restricted endowment

18 580 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  |                                      |                                |                              |                |
| b Buildings . . . . .  |                                      |                                |                              |                |
| c Leasehold improvements . . . . .   |                                      | 354,511                        | 308,354                      | 46,157         |
| d Equipment . . . . .  |                                      | 1,449,632                      | 1,383,204                    | 66,428         |
| e Other . . . . .  |                                      |                                |                              |                |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 112,585        |
- Schedule D (Form 990) 2014



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,667,701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains (losses) on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	1,667,701
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	41,124,319
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	477,687
b	Other (Describe in Part XIII ) . . . . .	4b	40,646,632
c	Add lines 4a and 4b . . . . .	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	42,792,020

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	10,890,345
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	10,890,345
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	19,982,925
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	477,687
b	Other (Describe in Part XIII ) . . . . .	4b	19,505,238
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	30,873,270

Part XIII

Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS AT 12/31/2014, ADVOCATE CHARITABLE FOUNDATION HAD 76 ACTIVE ENDOWMENTS THE PURPOSE OF EACH ENDOWMENT IS BASED EITHER ON THE PROGRAM/PROJECT BENEFICIARY DESIGNATED BY THE LEAD DONOR OR BY A PUBLIC SOLICITATION FOR GIFTS THROUGH ACF EXCEPT FOR OLDER ENDOWMENTS, EACH ENDOWMENTS PURPOSE IS DOCUMENTED IN A MEMO OF UNDERSTANDING SIGNED BY THE SITE PRESIDENT, THE FOUNDATION PRESIDENT, AND THE LEAD DONOR IF APPLICABLE ALL OF THE ENDOWMENTS ARE IN A SINGLE INVESTMENT PORTFOLIO WHICH ALLOCATES INVESTMENT INCOME AND RELATED EXPENSES TO EACH ENDOWMENT BASED ON THE ENDOWMENTS SHARE OF THE PORTFOLIOS INVESTMENTS A SPENDING POLICY BY THE ACF BOARD DEFINES ANNUAL TRANSFERS TO A SPENDING FUND FOR EACH ENDOWMENT BASED ON 4% OF EACH ENDOWMENT'S MARKET VALUE THE ENDOWMENTS ARE SUBJECT TO THE "UNIFORM MANAGEMENT OF INSTITUTIONAL FUNDS ACT" OF THE STATE OF ILLINOIS
FORM 990, SCHEDULE D, PART XI, LINE 4B	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN Direct public support treated as increase in net assets \$19,780,026 Pledge discount \$ 33,806 Special event non-cash gifts \$ 540,816 Indirect public support treated as increase in net assets \$ 9,300,000 Investment income (includes dividends & interest) \$ 3,543,805 Gain (loss) from sales of securities treated as an increase in net assets-realized \$ 5,780,372 Government grants \$ 4,500 Net surplus from special events treated as increase in net assets on the audited financial statements \$ 1,663,307 ----- Total \$40,646,632 FROM 990, SCHEDULE D, PART XII, LINE 4B RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH EXPENSES PER RETURN Other grants treated as decreases in net asset \$20,979,502 Contributions to external 501c3 organizations \$ 10,532 Event expenses \$(1,890,561) Gaming expenses \$ (95,675) Expenses from use of non-cash gifts in kind, not booked, used for events/gaming \$ 540,816 Bad debt expense \$ 182,685 Fundraising expense \$ (222,061) ----- Total \$19,505,238

[illegible]



SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
Attach to Form 990 or Form 990-EZ.  
Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVOCATE CHARITABLE FOUNDATION

Employer identification number  
36-3297360

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Community Counseling SVCS PO Box 82 PO Box 824885  Philadelphia, PA 19182	Campaign - Good Sam		No	1,821,962	40,000	1,781,962
2 JasculaTerman Assoc 730 N Frankl 730 N Franklin  Chicago, IL 60610	Some events		No	2,803,670	80,940	2,722,730
3 Darwill POBx 5998 Carol Stream IL PO Box 5998  Carol Stream, IL 60197	Newsletter		No	0	8,624	-8,624
4						
5						
6						
7						
8						
9						
10						
Total . . . . .				4,625,632	129,564	4,496,068

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AZ, FL, IL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHRIST GALA (event type)	GOOD SHEP GALA (event type)	3 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	873,456	381,800	3,964,283
	2	Less Contributions . . . .	731,044	300,946	3,113,846
	3	Gross income (line 1 minus line 2) . . . .	142,412	80,854	850,437
Direct Expenses	4	Cash prizes . . . .		-720	-720
	5	Noncash prizes . . . .	4,262	-4,262	
	6	Rent/facility costs . . . .	5,000	64,972	468,259
	7	Food and beverages . . . .	216,381	4,718	348,682
	8	Entertainment . . . .	10,800	7,800	80,282
	9	Other direct expenses . . . .	48,841	30,412	605,135
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			(1,890,562)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . .			-816,859

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .		91,380	91,380
Direct Expenses	2	Cash prizes . . . . .		9,857	9,857
	3	Non-cash prizes . . . . .		85,488	85,488
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . .		330	330
	6	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input checked="" type="checkbox"/> Yes 15,000 % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .			95,675
	8	Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .			-4,295

9 Enter the state(s) in which the organization conducts gaming activities IL

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☒ Yes ☐ No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☒ No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☒ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activities conducted in

a	The organization's facility	13a	5 000 %
b	An outside facility	13b	95 000 %

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Pat Smith-Calascibetta

Address

3075 Highland Parkway Suite 600  
Downers Grove,IL 605151288

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

ACF Events Team Staff Members

Gaming manager compensation

\$

Description of services provided

Counting Receipts, Supervise volunteers and staff

☐ Director/officer

☒ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
FORM 990, SCHEDULE G, PART I	SUPPLEMENTAL INFORMATION NO VENDORS ARE PAID A PERCENTAGE OF DONATIONS GENERATED, BUT ARE REIMBURSED FOR THEIR PROFESSIONAL SERVICES AND RELATED EXPENSES (E G POSTAGE AND PRINTING) THROUGH INVOICES ALL DONATIONS GENERATED ARE SENT DIRECTLY BY THE DONOR TO THE CHARITY AND ARE RETAINED IN FULL BY THE CHARITY PAYMENTS FOR PROFESSIONAL SERVICES AND EXPENSES ARE SEPARATELY IDENTIFIED IN CONTRACTS AND BILLED INVOICES DEPENDING ON THE SPECIFIC MAIL APPEAL, OTHER VENDORS MAY PROVIDE GRAPHIC DESIGN, PRINTING, OR MAILING SERVICES REMINDERS FOR PROMISED PAYMENTS ARE SENT TO THE DONOR BY THE CHARITY AND THOSE PAYMENTS GO DIRECTLY TO THE CHARITY NO PHONE APPEALS HAVE BEEN MADE SINCE 2010 MAIL APPEALS AND EVENTS ARE IMPORTANT SOURCES OF NEW DONORS AND THE COST TO ATTRACT A NEW DONOR CAN BE SUBSTANTIAL THE EVENTS PLANNING CONSULTANT WORKS WITH STAFF AND VOLUNTEER GALA COMMITTEES TO CREATE THE EVENT THEME, IDENTIFY VENUES, PLAN THE MENU, AND HELP IMPLEMENT THE EVENT ALL DECISIONS ARE MADE BY THE CHARITY'S STAFF FORM 990, SCHEDULE G, PART II THE CHARITY WAS THE SPONSOR OF 8 GOLF EVENTS, 10 DINNER DANCES, 2 WALKS/RUNS, AND 20 OTHER EVENTS (CONCERTS, SPORTS, LUNCHEONS, FASHION SHOWS AND SANTA BREAKFAST) THE EXCLUSION OF EVENT CONTRIBUTIONS FROM SCHEDULE G UNDERSTATES THE PROFITABILITY OF EVENTS THE NET INCOME FROM EVENTS (SCHEDULE G, PART II, LINE 11 AS WELL AS FORM 990, PART VIII, LINE 8C) SHOW A LOSS OF \$816,859, HOWEVER THAT EXCLUDES \$4,152,163 OF RELATED DONATIONS (FORM 990, PART VIII, LINE 1C) EVENTS REVENUE FOR SCHEDULE G REPRESENT ONLY THAT PORTION FOR WHICH THE DONOR RECEIVES VALUE (COST OF AUCTION ITEM AND MARKET VALUE FOR FOOD/ENTERTAINMENT RECEIVED) REVENUES FROM DONATED GIFTS-IN-KIND FOR USE IN AUCTIONS ARE ALSO EXCLUDED FROM SCHEDULE G, PART II, LINE 11, BUT THE RELATED EXPENSES FOR USE OF THOSE AUCTION "PRIZES ARE INCLUDED" ALSO INCLUDED AS EXPENSE FOR SCHEDULE G ARE EXPENSE ITEMS NOT "OF VALUE" TO THE DONOR (E G INVITATIONS PRINTING/POSTAGE AND TENTS FOR CATERERS) WHICH HAVE TO BE COVERED BY THE DONATIONS TO THE EVENT EXCLUDED FROM SCHEDULE G THE CHARITY REPORTS THE TAX DEDUCTIBLE AMOUNTS FOR TICKETS AND AUCTION PURCHASES AS REQUIRED BY THE IRS FORM 990, SCHEDULE G, PART III GAMING GAMING BY THE CHARITY CONSISTED OF ONLY RAFFLE TICKETS WHICH ARE SOLD AT EVENTS OR SOLD AT SITES OF CARE FOR SPECIFIC PROGRAMS MANY RAFFLES PROVIDE THE WINNER WITH 50% OF THE GROSS PROCEEDS OTHER RAFFLES GIVE PRIZES DONATED AS GIFTS-IN-KIND (GIK) BY BUSINESSES AND INDIVIDUALS THE EXCLUSION OF REVENUES FROM GIK FOR RAFFLE PRIZES FROM SCHEDULE G UNDERSTATES THE PROFITABILITY OF RAFFLE EVENTS AS GIK REVENUES ARE EXCLUDED RAFFLE REVENUES ARE REPORTED TO DONORS AS NON-TAX DEDUCTIBLE GIFTS FOLLOWING IRS RECEIPTING REQUIREMENTS THE CHARITY REPORTS WINNERS TO THE IRS AND WITHHOLDS WINNINGS AS REQUIRED AND DOES NOT MAIL RAFFLE TICKETS OR ORDER FORMS AS SUCH USE OF THE U S MAIL IS PROHIBITED BY FEDERAL LAW RAFFLE LICENSES ARE OBTAINED AS REQUIRED BY STATE AND LOCAL LAWS FORM 990, SCHEDULE G, PART III, LINE 16 GAMING STAFF THE STAFF RESPONSIBLE FOR GAMING MANAGER FUNCTION HAS NO PART OF THEIR COMPENSATION SPECIFICALLY IDENTIFIED FOR SUCH ACTIVITIES FOR ANY PARTICULAR STAFF MEMBER, THEIR DUTIES WOULD BE AT MOST ONE TO TWO HOURS PER YEAR

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVOCATE CHARITABLE FOUNDATION

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
36-3297360

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

7

3

Enter total number of other organizations listed in the line 1 table

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I	Description of Organization's Procedures for Monitoring the Use of Grants The donor determines both the hospital and the program which benefit from the gift and ACF serves as the philanthropic agent for gifts until used for the donors' purposes The Fund Administrator (appointed by the site's Chief Executive) and ACF have a joint fiduciary responsibility to use all gifts consistent with the donors' intent The Fund Administrators approve transfers from Restricted Funds They are provided with monthly accounting reports showing each Fund's assets, liabilities, new gifts and transfers out Any transfer from a Restricted Fund of \$5,000 or more must have an approval from an ACF Vice President verifying that the use is consistent with donors' intent Restricted gifts are directly to ACF's separate bank account for accounting within an appropriate restricted fund from the time of receipt Within a few days of deposit of each gift, for all gifts of \$5 or more, the donor receives a letter from ACF with the amount of the gift and the name of the restricted fund for the gift, including the name of the related hospital No payment is made directly from a restricted fund and all purchases have to be made through Advocate Health Care's accounts payable staff subject to system policies and internal controls Operating expenses are charged to a hospital department and are subject to review through the monthly accounting reports No compensation is paid to an Advocate employee except through the payroll system Capital expenditures are reviewed and controlled by the site VP/Director of Finance Transfers are reviewed for appropriate use Internal Audit periodically conducts internal control audits of the gifts processing and fund accounting processes Copies of the fund transfer requests and related documentation are retained in an imaging system

Additional Data

Software ID:  
Software Version:  
EIN: 36-3297360  
Name: ADVOCATE CHARITABLE FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Health & Hospitals Corp3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-2169147	501(c)(3)	14,366,682		FMV		Clinical & General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Health & Hospitals Corp3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-2169147	501(c)(3)	918,670		FMV		Scholarships & Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Health & Hospitals Corp3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-2169147	501(c)(3)	915,761		FMV		Medical Research



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Condell Medical Center3075 Highland Parkway SUITE 600 Downers Grove, IL 60515	26-2525968	501(c)(3)	264,376		FMV		Clinical & General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HispanoCare3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-3606486	501(c)(3)	41,000		FMV		Clinical & General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Home Health Services3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-2913108	501(c)(3)	7,528		FMV		Clinical & General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Hospice3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-3158667	501(c)(3)	126,127		FMV		CLINICAL & GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Northside Health Network3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-3196629	501(c)(3)	4,107,677		FMV		CLINICAL & GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Northside Health Network3075 Highland Parkway SUITE 600 Downers Grove,IL 60515	36-3196629	501(c)(3)	89,220		FMV		Scholarships & Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Sherman Hospital 3075 Highland Parkway Downers Grove, IL 60515	36-2167920	501(c)(3)	20,909		FMV		Clinical & General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Sherman Hospital 3075 Highland Parkway Downers Grove, IL 60515	36-2167920	501(c)(3)	48,372		FMV		Scholarships & Education



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
ADVOCATE CHARITABLE FOUNDATION

Employer identification number  
36-3297360

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	5b		No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III.	6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
FORM 990, PART I, LINE 4A	SEVERANCE PAYMENTS JAMES HOHNER, FORMER VICE PRESIDENT, FINANCE, TERMINATED HIS EMPLOYMENT WITH ACF IN 2013 AND RECEIVED SEVERANCE OF \$94,570 IN 2014 OF THIS AMOUNT, \$90,669 WAS REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION AND IS LISTED AS A COMPONENT OF COLUMN (F) FORM 990, PART I, LINE 4B SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN GAIL HASBROUCK, SENIOR VICE PRESIDENT-GENERAL COUNSEL AND CORPORATE SECRETARY, IS VESTED IN A NON-QUALIFIED RETIREMENT PLAN AS SUCH ANY CONTRIBUTIONS ARE TAXED CURRENTLY THERE IS NO DEFERRED COMPONENT THE CURRENT YEAR CONTRIBUTION AMOUNT IS \$44,003 ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2 JAMES SKOGSBERGH \$724,471, DOMINIC NAKIS \$216,494, GAIL HASBROUCK \$134,329 AND RANDY VARJU \$57,436 JAMES SKOGSBERGH PARTICIPATES IN A SECTION 457(F) RETENTION INCENTIVE BENEFIT PLAN THE PLAN IS CURRENTLY NOT VESTED THE PLAN IS CONTINGENT ON EMPLOYMENT AND VESTS WHEN THE PARTICPANT REACHES 60 YEARS OF AGE THE CURRENT YEAR AMOUNT EARNED IS \$747,465 FORM 990, PART I, LINE 7 INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-3297360  
**Name:** ADVOCATE CHARITABLE FOUNDATION

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> James Skogsbergh, Director	(i) 0	0	0	0	0	0	0
	(ii) 1,463,355	2,891,534	1,238,079	2,060,036	29,752	7,682,756	765,371
<b>1</b> Randy Varju, President & CDO, Director	(i) 251,293	117,158	84,926	24,011	29,282	506,670	0
	(ii) 0	0	0	0	0	0	0
<b>2</b> Francesca Popper MD, Director	(i) 0	0	0	0	0	0	0
	(ii) 321,769	64,478	4,445	24,011	27,617	442,320	0
<b>3</b> James Doheny, Treasurer	(i) 0	0	0	0	0	0	0
	(ii) 315,161	109,226	29,777	24,011	30,240	508,415	0
<b>4</b> Gail D Hasbrouck, Secretary	(i) 0	0	0	0	0	0	0
	(ii) 469,637	392,669	288,426	166,445	22,172	1,339,349	154,711
<b>5</b> Dominic J Nakis, Assistant Treasurer	(i) 0	0	0	0	0	0	0
	(ii) 622,258	773,328	379,183	325,841	22,752	2,123,362	323,744
<b>6</b> Mary S Matthews, Assistant Secretary	(i) 0	0	0	0	0	0	0
	(ii) 198,347	42,214	11,651	22,443	21,075	295,730	0
<b>7</b> Barbara Giloth, VP, Offc of Grants & Prgm Devl	(i) 155,763	26,692	-3,585	16,257	10,861	205,988	0
	(ii) 0	0	0	0	0	0	0
<b>8</b> Tamara Lemke, VP, Operations	(i) 157,768	26,414	-10,972	8,892	26,668	208,770	0
	(ii) 0	0	0	0	0	0	0
<b>9</b> Susan Mongillo, VP, Planned Giving	(i) 151,670	32,298	-5,475	16,408	22,623	217,524	0
	(ii) 0	0	0	0	0	0	0
<b>10</b> Patricia S-Calascibetta, VP, Finance	(i) 135,380	22,527	-7,303	13,802	22,670	187,076	0
	(ii) 0	0	0	0	0	0	0
<b>11</b> Susan Aberholden, VP, Development	(i) 155,196	33,310	1,442	16,862	46	206,856	0
	(ii) 0	0	0	0	0	0	0
<b>12</b> Jo Amick, VP, Development	(i) 145,368	28,148	-1,941	15,363	8,265	195,203	0
	(ii) 0	0	0	0	0	0	0
<b>13</b> Scott Ford, VP, Development	(i) 139,805	29,810	-2,910	15,234	28,620	210,559	0
	(ii) 0	0	0	0	0	0	0
<b>14</b> Anedra Kerr, VP, Development	(i) 155,839	19,764	544	15,863	8,387	200,397	0
	(ii) 0	0	0	0	0	0	0
<b>15</b> Christopher Toft, VP, Development	(i) 138,714	29,578	-9,671	14,840	25,453	198,914	0
	(ii) 0	0	0	0	0	0	0
<b>16</b> James M Hohner, Officer	(i) 0	15,177	92,689	0	9,090	116,956	90,669
	(ii) 0	0	0	0	0	0	0

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.  
▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
ADVOCATE CHARITABLE FOUNDATION

Employer identification number  
36-3297360

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	3	19,210	Opinions of experts
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		3,551	Other
5 Clothing and household goods . . . . .	X		110,270	Other
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	30	420,138	Cost or Sale price
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	4	4,310	Other
19 Food inventory . . . . .	X	24	25,904	Other
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Gift Certificate )	X	50	9,030	Cost or sale price
26 Other ▶ ( Event Support )	X	865	347,002	Cost or sale price
27 Other ▶ ( Equipment )	X	19	21,539	Other
28 Other ▶ ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29		0	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .				Yes
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Form 990, Schedule M, Part I, Line 1	Art - Works of Art Art works of significant value have independent appraisals Form 990, Schedule M, Part I, Line 4 Books and Publications Includes used books Form 990, Schedule M, Part I, Line 5 Clothing and Household Goods Miscellaneous small gifts for hospital programs including toys, games, bakery goods, clothing, linen goods, and appliances Form 990, Schedule M, Part I, Line 9 and 32b Securities - Publicly Traded The Charity has a brokerage account with The Northern Trust Company As soon as a gift of securities is confirmed, the brokerage account is instructed to sell the security Gifts of mutual fund shares are transferred by the mutual fund company from a donor's account to an account owned by the Charity Except for immaterial amounts, all cash is transferred monthly from the brokerage account to the Charity Form 990, Schedule M, Part I, Line 18 Collectibles Includes Beanie Babies and Precious Moments All items are sold or distributed to patient families Form 990, Schedule M, Part I, Line 19 Food Inventory Food for meeting
Form 990, Schedule M, Part I, Line 25	Other (Gift Certificates) Gift certificates were for restaurants, sporting events, personal services, and retail stores Form 990, Schedule M, Part I, Line 25 Other (Event Support) Event support includes donated invitations and catering for solicitation and stewardship events Form 990, Schedule M, Part I, Line 25 Other (Equipment) Equipment included furniture, appliances, piano, computers and a powered wheelchair

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2014**

**Open to Public  
Inspection**

Name of the organization  
ADVOCATE CHARITABLE FOUNDATION

**Employer identification number**

36-3297360

Return Reference	Explanation
FORM 990, PART I, LINE 1	COMPOSITION OF ADVOCATE HEALTH CARE ADVOCATE CHARITABLE FOUNDATION ("ACF") RAISES FUNDS FOR ADVOCATE HEALTH CARE. THE DONOR DETERMINES BOTH PROGRAM AND HOSPITAL WHICH BENEFIT FROM THE GIFT. THE FOUNDATION SERVES AS THE FIDUCIARY AGENT FOR THE GIFTS UNTIL USED FOR THE DONOR'S PURPOSE. ACF WILL USE 100% OF ALL DONATIONS FOR DONOR'S INTENDED PURPOSES AND PROGRAMS. ADVOCATE HEALTH CARE CONSISTS OF ADVOCATE HEALTH & HOSPITALS CORPORATION (INCLUDING ADVOCATE CHRIST MEDICAL CENTER, ADVOCATE GOOD SAMARITAN HOSPITAL, ADVOCATE GOOD SHEPHERD HOSPITAL, ADVOCATE LUTHERAN GENERAL HOSPITAL, ADVOCATE SOUTH SUBURBAN HOSPITAL, ADVOCATE TRINITY HOSPITAL, ADVOCATE BROMENN MEDICAL CENTER, ADVOCATE EUREKA HOSPITAL, AND ADVOCATE MEDICAL GROUP), ADVOCATE NORTH SIDE HEALTH NETWORK, ADVOCATE CONDELL MEDICAL CENTER, ADVOCATE SHERMAN HOSPITAL, ADVOCATE HOME HEALTH SERVICES, ADVOCATE HOSPICE, HISPANO CARE, AND VARIOUS SYSTEM-WIDE PROGRAMS.

Return Reference	Explanation
FORM 990, PART I, LINE 16B	<p>FUNDRAISING EXPENSES INCURRED BY ACF ARE REIMBURSED BY AHCN AS ADVOCATE CHARITABLE FOUNDATION INCURS ITS EXPENSES TO RAISE BOTH PHILANTHROPIC AND OTHER FUNDING FOR THE ADVOCATE HEALTH CARE NETWORK AND ITS NOT-FOR-PROFIT SUBSIDIARIES, AND AS ADVOCATE HEALTH CARE NETWORK HAS EITHER PAID FOR THESE EXPENSES DIRECTLY OR INDIRECTLY THROUGH REIMBURSEMENTS TO ADVOCATE CHARITABLE FOUNDATION IN THE PAST, IT IS ANTICIPATED THAT THE ADVOCATE CHARITABLE FOUNDATION WILL BE REIMBURSED BY THESE ORGANIZATIONS FOR THE MANAGEMENT AND GENERAL FUNDRAISING EXPENSES IN THE FUTURE. FORM 990, PART VI, SECTION A, LINE 1A DISCRETIONARY COMMITTEE THE PRESIDENT OF ACF IS A MEMBER OF THE BOARD OF DIRECTORS, BUT DOES NOT HAVE A VOTE. THE BYLAWS PROVIDE FOR DISCRETIONARY COMMITTEE FORMATION, BUT DO NOT SPECIFICALLY IDENTIFY AN EXECUTIVE COMMITTEE OR SIMILAR COMMITTEE WITH BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD. NO SUCH EXECUTIVE COMMITTEE HELD AUTHORITY AT ANY TIME DURING 2014.</p>



Return Reference	Explanation
FORM 990, PART VI, LINE 2	<p>BUSINESS RELATIONSHIPS AS GAIL HASBROUCK, JAMES DOHENY, AND DOMINIC NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 FORM 990, PART VI, LINE 6 BY LAWS BY LAWS PROVIDE FOR CORPORATE MEMBERS FORM 990, PART VI, LINE 7A ADVOCATE HEALTH CARE NETWORK IS PARENT CORPORATION UNDER ITS BY LAWS, ADVOCATE CHARITABLE FOUNDATION HAS ADVOCATE HEALTH CARE NETWORK, A 501 (C)(3) ILLINOIS CHARITY, AS ITS "SOLE MEMBER" ADVOCATE HEALTH CARE NETWORK IS THE ULTIMATE PARENT CORPORATION FOR THE NOT-FOR-PROFIT CORPORATIONS OF ADVOCATE HEALTH CARE INCLUDING THE FOUNDATION FORM 990, PART VI, LINE 7B AHCN HAS RESERVE POWERS OVER ACF THE FOLLOWING RESERVE POWERS IDENTIFIED IN THE BY LAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBER, ADVOCATE HEALTH CARE NETWORK APPROVAL OF ENACTMENTS/AMENDMENTS OF BY LAWS, APPROVAL OF MISSION STATEMENTS AND THEIR AMENDMENTS, APPOINTMENTS TO THE FOUNDATION BOARD INCLUDING DESIGNATION OF OFFICERS WHO ARE EX OFFICIO, REMOVAL OF MEMBERS OF THE FOUNDATION BOARD, APPOINTMENT OF THE CHAIR OF THE FOUNDATION BOARD, APPOINTMENT OF THE PRESIDENT OF THE FOUNDATION, APPROVAL, BEFORE IT BECOMES EFFECTIVE, OF ANY CESSATION OF OPERATIONS OF THE FOUNDATION, APPROVAL OF ALL OPERATING AND CAPITAL BUDGETS OF THE FOUNDATION, AND APPROVAL OF ANY CHANGES OT THE GOALS AND PROGRAMMATIC OBJECTIVES OF THE FOUNDATION</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	<p>REVIEW OF FORM 990 ADVOCATE'S TAX PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990. THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE, TAX, AND LEGAL ASSOCIATES AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990. THE FORM 990 IS REVIEWED BY FINANCE MANAGEMENT, THE TAX MANAGER, THE VP OF FINANCE / CORPORATE CONTROLLER, AND ADVOCATE'S OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL. THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM 990. A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE THE FORM 990 WAS FILED. FORM 990, PART VI, SECTION B, LINE 12C CONFLICT OF INTEREST DISCLOSURE. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO VARIOUS PEOPLE, INCLUDING MEMBERS OF ADVOCATE'S BOARD OF DIRECTORS, GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS WITH ADMINISTRATIVE RESPONSIBILITIES. ANNUALLY, THE COMPLIANCE DEPARTMENT SENDS THIS POLICY AND THE ADVOCATE CODE OF BUSINESS CONDUCT TO A RANGE OF INDIVIDUALS WHO MAY BE IN A POSITION TO EXERCISE SUBSTANTIAL INTEREST OVER A PARTICULAR MATTER (DEFINED AS "INTERESTED PERSONS"). THEY ARE REQUIRED TO READ THE POLICIES AND PROVIDE A DISCLOSURE STATEMENT TO THE COMPLIANCE DEPARTMENT, WHICH IDENTIFIES ACTIVITIES AND RELATIONSHIPS THAT COULD POTENTIALLY GIVE RISE TO A CONFLICT OF INTEREST. THE CHIEF COMPLIANCE OFFICER REVIEWS THE DISCLOSURES AND PROVIDES A REPORT TO THE SYSTEM BUSINESS CONDUCT (COMPLIANCE) COMMITTEE, EXECUTIVE MANAGEMENT TEAM AND THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW. THE REPORT IS THEN PROVIDED, IN RELEVANT PART, TO THE SITE CHIEF EXECUTIVE OFFICERS. POTENTIAL CONFLICTS ARE REVIEWED BY THE COMPLIANCE DEPARTMENT ON A CASE BY CASE BASIS. FOLLOW UP PROCEDURES CONDUCTED ARE UNIQUE TO THE GIVEN CIRCUMSTANCE, AND MAY INCLUDE REVIEWING THE POTENTIAL CONFLICT WITH THE INTERESTED PERSON'S SUPERVISOR AND/OR SITE MANAGEMENT. IN CIRCUMSTANCES WHERE THE INTERESTED PERSON IS NOT A MEMBER OF THE BOARD, OR GOVERNING COUNCIL, OR A COMMITTEE THEREOF, OR A PERSON OF INTEREST, IF IT IS DETERMINED THAT THERE IS AN ACTUAL CONFLICT OF INTEREST, THE SUPERVISOR OF THE INDIVIDUAL IS RESPONSIBLE FOR MAKING AN APPROPRIATE RESPONSE, POTENTIALLY INCLUDING A RESTRICTION OF THE INDIVIDUAL'S JOB DUTIES WITH RESPECT TO THE MATTER GIVING RISE TO THE CONFLICT.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>EXECUTIVE COMPENSATION STRATEGY EXECUTIVE COMPENSATION AT ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES IS BASED ON A BOARD OF DIRECTORS' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPURTUNITIES FOR EXECUTIVES, MANAGERS, PROFESSIONALS AND ALL EMPLOYEES IN THIS STRATEGY , SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIRED LEVEL OF COMPETITIVENESS IN THOSE MARKETS SPECIFIED IN ADDITION, LINKAGE OF EXECUTIVE PAY TO PERFORMANCE IS ARTICULATED AND HOW THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY , FIVE BASIC ELEMENTS ARE UTILIZED THESE ELEMENTS ARE - A SOLID, RELIABLE AND TESTED JOB EVALUATION METHODOLOGY , - ACCURATE, QUALITY AND RELEVANT COMPENSATION SURVEY INFORMATION, - A CONSISTENT ANNUAL PROCESS FOR UPDATING THE COMPENSATION LEVELS, - AN ACTIVE BOARD REVIEW PROCESS INCLUDING REVIEW BY A COMPENSATION COMMITTEE THAT ENSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING REVIEW OF THE PERFORMANCE OF THE ORGANIZATION, AND - ACTIVE, EXTERNAL REVIEW AND AUDITING OF COMPENSATION BY EXTERNAL INDEPENDENT CONSULTANTS FORM 990, PART VI, SECTION C, LINE 19 AVAILABILITY TO THE PUBLIC THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING WEBSITES DACBOND.COM (DIGITAL ASSURANCE CERTIFICATION LLC) EMMA.MSRB.ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC</p>

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	<p>CURRENT EMPLOYEES RESPONSIBLE FOR ACF THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF ADVOCATE HEALTH &amp; HOSPITALS CORPORATION AND GENERALLY WORK 40 HOURS PER WEEK APPROXIMATELY 5 HOURS OF THEIR REGULAR WORK WEEK ARE SPENT PROVIDING SERVICES TO RELATED ORGANIZATIONS, JAMES SKOGSBERGH, JAMES DOHENY , GAIL D HASBROUCK, MARY S MATTHEWS, DOMINIC J NAKIS FORM 990, PART VIII, LINE 1E GOVERNMENT GRANTS THE ADVOCATE CHARITABLE FOUNDATION ENDEAVORS TO RAISE PHILANTHROPIC FUNDS FOR THE USE OF ADVOCATE HEALTH CARE NETWORK AND ITS NOT-FOR-PROFIT SUBSIDIARIES, THE RESULTS OF WHICH ARE RECORDED AS DIRECT PUBLIC SUPPORT IN PART VIII LINES 1A TO 1H OF THE ADVOCATE CHARITABLE FOUNDATION FORM 990 THE ADVOCATE CHARITABLE FOUNDATION ALSO PARTICIPATES IN SOURCING AND WRITING GRANT PROPOSALS TO GOVERNMENT ENTITIES FOR ADVOCATE HEALTH CARE NETWORK AND ITS NOT-FOR-PROFIT SUBSIDIARIES, THE RESULTS OF WHICH ARE RECORDED AS DIRECT PUBLIC SUPPORT IN PART VIII LINE 1E ON THE FORM 990 OF THE NOT-FOR-PROFIT SUBSIDIARY WHICH WAS GRANTED THE AWARD FORM 990, PART IX ALLOCATION OF EXPENSES THE SCHEDULE FOLLOWS THE PAST PRACTICE OF CONSIDERING CERTAIN TYPES OF EXPENSES AS MANAGEMENT AND GENERAL EXPENSES (LINE 11B LEGAL, LINE 13 OFFICE (BANK FEES), LINE 16 OCCUPANCY, LINE 19 CONFERENCE, LINE 22 DEPRECIATION), BUT AS THE FOUNDATION'S PRIMARY ROLE IS AS A FUNDRAISING ORGANIZATION, ALL OF THOSE EXPENSES WERE MADE IN FURTHERANCE OF FUNDRAISING FORM 990, PART IX, LINE 1 GRANTS AND OTHER ASSISTANCE GRANTS AND OTHER ASSISTANCE INCLUDE A) USE OF RESTRICTED GIFTS, B) RECEIPTS OF UNRESTRICTED GIFTS, AND C) INVESTMENT INCOME ON RESTRICTED AND UNRESTRICTED FUNDS TRANSFERRED TO THE BENEFICIARY CHARITIES ADVOCATE HEALTH AND HOSPITALS CORPORATION INCLUDES EIGHT HOSPITALS AND A NUMBER OF SYSTEM-WIDE COMMUNITY HEALTH PROGRAMS SEE PART III OF THE AHHC FORM 990 AND THE RELATED NARRATIVE FOR MORE INFORMATION ON USES OF GIFTS FORM 990, PART IX, LINES 5 &amp; 10 ALLOCATION OF FOUNDATION STAFF SALARIES AND BENEFITS SOME FOUNDATION STAFF ASSIST ADVOCATE AND ITS PROGRAMS IN THE USE OF RESTRICTED GIFTS A PORTION OF THEIR SALARIES AND BENEFITS (LINES 5 AND 10) ARE ALLOCATED TO PROGRAM SERVICE EXPENSES SIMILARLY, SOME FOUNDATION STAFF ASSIST ADVOCATE IN THE ACCOUNTING AND INVESTMENT MANAGEMENT OF FUNDS HELD BY THE FOUNDATION FOR THE BENEFIT OF ADVOCATE'S PROGRAMS A PORTION OF THEIR SALARIES AND BENEFITS (LINES 5 AND 10) ARE ALLOCATED TO MANAGEMENT AND GENERAL EXPENSES</p>

Return Reference	Explanation
FORM 990, PART IX, LINE 25	TOTAL FUNCTIONAL EXPENSES THE FOUNDATION'S MANAGEMENT, GENERAL, AND FUND-RAISING EXPENSES ARE REIMBURSED BY ADVOCATE HEALTH CARE. THIS ALLOWS 100% OF EVERY CONTRIBUTION TO BE USED FOR THE PURPOSE SPECIFIED BY THE DONOR. FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES FAIR VALUE OF ASSETS ACQUIRED (\$191,707)

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
ADVOCATE CHARITABLE FOUNDATION

Employer identification number  
36-3297360

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DREYER MERCY AMBULATORY SURG  1221 N HIGHLAND AURORA, IL 60506 36-3890298	MEDICAL SERVICES	IL	NA					No			No	
(2) ADVOCATE SW AMB SUR CTR  18200 LA GRANGE RD TINLEY PARK, IL 60487 36-4437931	MEDICAL SERVICES	IL	NA					No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ADVOCATE HEALTH CARE NETWORK	C	9,300,000	COST



**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 36-3297360

Name: ADVOCATE CHARITABLE FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ADVOCATE HEALTH CARE NETWORK  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167779	Parent Corp	IL	501(C)(3)	11-III-FI	NA		No
(1) ADVOCATE CONDELL MEDICAL CENTER  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2525968	HEALTH CARE	IL	501(c)(3)	3	AHHC		No
(2) ADVOCATE NORTH SIDE HEALTH NETWORK  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196629	HEALTH CARE	IL	501(c)(3)	3	AHHC		No
(3) ADVOCATE HEALTH & HOSPITALS CORPORATION  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2169147	HEALTH CARE	IL	501(c)(3)	3	AHCN		No
(4) EHS HOME HEALTH CARE SERVICE INC  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(c)(3)	9	AHHC		No
(5) MERIDIAN HOSPICE  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(c)(3)	9	EHHSHCS		No
(6) HISPANOCARE INC  3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3606486	HEALTH CARE	IL	501(c)(3)	9	ANSHN		No
(7) ADVOCATE SHERMAN HOSPITAL  3075 Highland Parkway Ste 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(c)(3)	3	AHCN		No
(8) SHERMAN WEST COURT  3075 Highland Parkway Ste 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(c)(3)	9	ASH		No
(9) SHERMAN HOME HEALTH CARE CORPORATION  901 Center Street Suite 2001A Elgin, IL 60120 36-3330085	HOME CARE	IL	501(c)(3)	9	ASH		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
<b>Yes</b>	<b>No</b>							
ADVOCATE HEALTH CENTERS INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4217291	MEDICAL SERVICES	IL	NA	C Corp				No
EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3208101	MANAGEMENT SVCS	IL	NA	C Corp				No
ADVOCATE INSURANCE SPC 878 West Bay Road PO Box 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	NA	C Corp				No
ADVOCATE HOME CARE PRODUCTS 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3315416	HEALTH SERVICES	IL	NA	C Corp				No
HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3368224	MEDICAL SERVICES	IL	NA	C Corp				No
MIDWEST HEART SPECIALISTS LTD 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2841923	MEDICAL SERVICES	IL	NA	C CORP				No
PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER ST PARK RIDGE, IL 60068 36-3452486	PROPERTY MGMT	IL	NA	C Corp				No
DREYER CLINIC INC 1877 W DOWNER PLACE AURORA, IL 60506 36-2690329	MEDICAL SERVICES	IL	NA	C Corp				No
BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 37-1313150	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMAN HEALTH INSURANCE COMPANY LTD 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0703036	INSURANCE	CJ	NA	C Corp				No
HEALTH VISIONS INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3780082	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMAN GROUP PRACTICE INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2891035	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMAN PHYSICIAN GROUP INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-4800497	MEDICAL SERVICES	IL	NA	C Corp				No
SHERMANCHOICE INC 1425 N Randall Road Elgin, IL 60123 36-4058392	PHYS-HOSP-ORG	IL	NA	C Corp				No
THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST MGT	IL	NA	C Corp				No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
SHERMAN VENTURES INC 934 Center Street ELGIN, IL 60120 36-4292309	HOLDING COMPANY	IL	NA	C Corp				No