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Form

990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.





OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015, and ending 12-31-2015

Name of foundation AbbVie Foundation		A Employer identification number 46-0827839	
Number and street (or P O box number if mail is not delivered to street address) 1 NORTH WAUKEGAN ROAD		Room/suite	B Telephone number (see instructions) (847) 938-8188
City or town, state or province, country, and ZIP or foreign postal code NORTH CHICAGO, IL 60064		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 115,987,783		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	645,882			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	323	323		
	4 Dividends and interest from securities	1,655,606	1,655,606		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	0			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____ 0				
Operating and Administrative Expenses	b Less Cost of goods sold 0				
	c Gross profit or (loss) (attach schedule)	0			
	11 Other income (attach schedule)	0	0	0	
	12 Total. Add lines 1 through 11	2,301,811	1,655,929	0	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule). 	47,628	0	0	14,288
	b Accounting fees (attach schedule). 	22,500	1,800	0	0
	c Other professional fees (attach schedule)	0	0	0	0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) 	27,000	0	0	0
	19 Depreciation (attach schedule) and depletion	0	0	0	
	20 Occupancy				
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule). 	466,038	2,000	0	204,499
	24 Total operating and administrative expenses. Add lines 13 through 23	563,166	3,800	0	218,787
	25 Contributions, gifts, grants paid	12,750,509			13,308,332
	26 Total expenses and disbursements. Add lines 24 and 25	13,313,675	3,800	0	13,527,119
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-11,011,864			
	b Net investment income (if negative, enter -0-)		1,652,129		
	c Adjusted net income (if negative, enter -0-)			0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	70,850,243	59,283,419	59,283,419
	3	Accounts receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____	0	0	0
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____		0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).		0	0
	7	Other notes and loans receivable (attach schedule) ▶ _____ 0			
		Less allowance for doubtful accounts ▶ _____ 0	0	0	0
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	0	0	0
	b	Investments—corporate stock (attach schedule)	420,920	420,920	56,704,364
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis ▶ _____ 0			
	Less accumulated depreciation (attach schedule) ▶ _____ 0	0	0	0	
12	Investments—mortgage loans.				
13	Investments—other (attach schedule)	0	0	0	
14	Land, buildings, and equipment basis ▶ _____ 0				
	Less accumulated depreciation (attach schedule) ▶ _____ 0	0	0	0	
15	Other assets (describe ▶ _____)	0	0	0	
16	Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)		71,271,163	59,704,339	115,987,783
Liabilities	17	Accounts payable and accrued expenses	0	351,417	
	18	Grants payable	4,811,253	3,973,585	
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21	Mortgages and other notes payable (attach schedule).	0	0	
	22	Other liabilities (describe ▶ _____)	1,194,378	1,125,669	
	23	Total liabilities(add lines 17 through 22)	6,005,631	5,450,671	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	65,265,532	54,253,668	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	65,265,532	54,253,668	
	31	Total liabilities and net assets/fund balances(see instructions)	71,271,163	59,704,339	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 65,265,532
2	Enter amount from Part I, line 27a	2 -11,011,864
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 54,253,668
5	Decreases not included in line 2 (itemize) ▶ _____	5 0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 54,253,668

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1a				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	0

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	12,726,592	90,865,119	0 140060
2013	8,109,563	72,678,630	0 111581
2012	0	2,995,784	0
2011			0
2010			0

2	Total of line 1, column (d).	2	0 251641
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 083880
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	124,853,790
5	Multiply line 4 by line 3.	5	10,472,736
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	16,521
7	Add lines 5 and 6.	7	10,489,257
8	Enter qualifying distributions from Part XII, line 4.	8	13,527,119

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

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____
(attach copy of letter if necessary—see instructions)

b

Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b

c

All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

2

3

Add lines 1 and 2.

3

16,521

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)

4

5

Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

5

16,521

6

Credits/Payments

a

2015 estimated tax payments and 2014 overpayment credited to 2015

6a

40,066

b

Exempt foreign organizations—tax withheld at source

6b

c

Tax paid with application for extension of time to file (Form 8868).

6c

d

Backup withholding erroneously withheld

6d

7

Total credits and payments. Add lines 6a through 6d.

7

40,066

8

Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.

8

9

Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

9

10

Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

10

23,545

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 23,545 Refunded

11

0

Part VII-A

Statements Regarding Activities

1a

During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

1a

No

b

Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.

1b

No

c

Did the foundation file Form 1120-POL for this year?

1c

No

d

Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:
(1) On the foundation \$ _____ (2) On foundation managers \$ _____

e

Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____

2

Has the foundation engaged in any activities that have not previously been reported to the IRS?
If "Yes," attach a detailed description of the activities.

2

No

3

Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes

3

No

4a

Did the foundation have unrelated business gross income of \$1,000 or more during the year?

4a

No

b

If "Yes," has it filed a tax return on Form 990-T for this year?

4b

5

Was there a liquidation, termination, dissolution, or substantial contraction during the year?
If "Yes," attach the statement required by General Instruction T.

5

No

6

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:
• By language in the governing instrument, or
• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?

6

Yes

7

Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.

7

Yes

8a

Enter the states to which the foundation reports or with which it is registered (see instructions):
IL

b

If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .

8b

Yes

9

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?
If "Yes," complete Part XIV

9

No

10

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.

10

No

Form 990-PF (2015)

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12	Yes	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶N/A	13	Yes	
14	The books are in care of ▶Tracie Haas Located at ▶1 North Waukegan Rd North Chicago IL Telephone no ▶(847) 935-1112 ZIP+4 ▶60064			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? <input type="checkbox"/>	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/>	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.</i>) <input type="checkbox"/>	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

☒ Yes ☐ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2


Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances

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

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
RIGHTPOINT 29 N WACKER DRIVE 4TH FLOOR CHICAGO,IL 60606	FOUNDATION WEBSITE DEVELOPMENT	328,248
KPMG 345 PARK AVENUE NEW YORK,NY 10154		
CATALYSIS LLC 2520 SW HAMILTON CT PORTLAND,OR 97239	STRATEGY SUPPORT	105,000
	PROGRAM DEVELOPMENT	98,966
Total number of others receiving over \$50,000 for professional services. 		0


Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 DEVELOP GLOBAL SCIENCE (STEM) EDUCATION PROGRAM THAT SERVES PRIMARY AND SECONDARY SCHOOL CHILDREN IN COMMUNITIES	99,499
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 	0

Part X

Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations,see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	58,754,668
b	Average of monthly cash balances.	1b	68,000,449
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	126,755,117
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	126,755,117
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	1,901,327
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	124,853,790
6	Minimum investment return. Enter 5% of line 5.	6	6,242,690

Part XI

Distributable Amount

(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	6,242,690
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	16,521
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	16,521
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	6,226,169
4	Recoveries of amounts treated as qualifying distributions.	4	5,155
5	Add lines 3 and 4.	5	6,231,324
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	6,231,324

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 5	1a	13,527,119
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	13,527,119
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	16,521
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	13,510,598
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				6,231,324
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				4,444,721
e From 2014.				8,211,402
f Total of lines 3a through e.	12,656,123			
4 Qualifying distributions for 2015 from Part XII, line 4				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				6,231,324
e Remaining amount distributed out of corpus	7,295,796			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	19,951,919			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	19,951,919			
10 Analysis of line 9				
a Excess from 2011.	0			
b Excess from 2012.	0			
c Excess from 2013.	4,444,721			
d Excess from 2014.	8,211,402			
e Excess from 2015.	7,295,796			

Part XIV

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling. . . . ▶

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

• 85% of line 2a

Qualifying distributions from Part XII,
line 4 for each year listed

Amounts included in line 2c not used
directly for active conduct of exempt
activities

e. Qualifying distributions made directly for active conduct of exempt activities
Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon

"Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying
under section 4942(j)(3)(B)(i)

• "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .

(3) Largest amount of support from an exempt organization

(4) Gross investment income

[illegible]

Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

• List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	13,308,332
b <i>Approved for future payment</i> Baylor College of Medicine International Pediatric Aids Initiative 1102 Bates Street 630 Houston, TX 77030	N/A	SO I	KAMUZU CENTRAL HOSPITAL PEDIATRIC WARDS RENOVATION/Malawi	90,000
Indiana University 400 E 7th Street Poplars Room 501 Bloomington, IN 474053001	N/A	PC	HIV/AIDS program in Kenya	285,000
Total			3b	375,000

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments.						
3 Interest on savings and temporary cash investments			14	323		
4 Dividends and interest from securities.			14	1,655,606		
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue a _____						
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e).		0		1,655,929		0
13 Total. Add line 12, columns (b), (d), and (e).			13		1,655,929	

(See worksheet in line 13 instructions to verify calculations)

[illegible]

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

[illegible]

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

* * * * *

2016-05-13

* * * * *

Signature of officer or trustee

Date

Title

May the IRS discuss this return with the preparer shown below
(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name JOHN WOODHULL	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01305268
	Firm's name <input checked="" type="checkbox"/> CROWE HORWATH LLP			Firm's EIN <input checked="" type="checkbox"/> 35-0921680	
	Firm's address <input checked="" type="checkbox"/> 225 West Wacker Drive Suite 2600 Chicago, IL 606061224			Phone no (312) 899-7000	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
RICHARD A GONZALEZ	DIRECTOR 1 000	0	0	0
1 NORTH WAUKEGAN ROAD D-V392/AP34 NORTH CHICAGO,IL 60064				
LAURA SCHUMACHER	DIRECTOR 1 000	0	0	0
1 NORTH WAUKEGAN ROAD D-V364/AP34 NORTH CHICAGO,IL 60064				
JENNIFER SMOTER	DIRECTOR 1 000	0	0	0
1 NORTH WAUKEGAN ROAD D-ZZ06/AP34 NORTH CHICAGO,IL 60064				
TRACIE HAAS	DIRECTOR & PRESIDENT 10 000	0	0	0
1 North Waukegan Road D-ZZ02/AP34 NORTH CHICAGO,IL 60064				
CATHY ACKERMAN	VICE PRESIDENT 20 000	0	0	0
1 North Waukegan Road D-ZZ02/AP34 NORTH CHICAGO,IL 60064				
JOHN (JEFF) RICHARDSON	VICE PRESIDENT 39 000	0	0	0
1 North Waukegan Road D-ZZ02/AP34 NORTH CHICAGO,IL 60064				
TABITHA SKARBEK	TREASURER 1 000	0	0	0
1 North Waukegan Road D-V312/AP34 NORTH CHICAGO,IL 60064				
DENIS TIAN	ASSISTANT TREASURER 4 000	0	0	0
1 North Waukegan Road D-V312/AP34 NORTH CHICAGO,IL 60064				
KATHLEEN SCHEIDT	SECRETARY 1 000	0	0	0
1 North Waukegan Road D-V2MP/AP34 NORTH CHICAGO,IL 60064				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Direct Relief 27 S LA PATERA LN SANTA BARBARA,CA 931173214	N/A	PC	PMTCT Program 2015	1,145,980
Direct Relief 27 S LA PATERA LN SANTA BARBARA,CA 931173214	N/A	PC	Families with Pediatric Cancer Patients in States of Chiapas, Oaxaca, Mexico	200,000
Direct Relief 27 S LA PATERA LN SANTA BARBARA,CA 931173214	N/A	PC	Family Emergency Care Kits Program	54,000
Direct Relief 27 S LA PATERA LN SANTA BARBARA,CA 931173214	N/A	PC	Nepal 2015 Disaster Response	50,000
Direct Relief 27 S LA PATERA LN SANTA BARBARA,CA 931173214	N/A	PC	PMTCT Program 2015	491,131
International Medical Corps 12400 WILSHIRE BLVD STE 1500 LOS ANGELES,CA 900251030	N/A	PC	2015 Emergency Response to Nepal	100,000
International Medical Corps 12400 WILSHIRE BLVD STE 1500 LOS ANGELES,CA 900251030	N/A	PC	Emergency Response to Refugee Crisis in Europe	250,000
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	58,064
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	237,494
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	150,000
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	5,108
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	2,463,200
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	21,163
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	35,304
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	78,800
Total				13,308,332

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SILICON VALLEY COMMUNITY FOUNDATION 2440 WEST EL CAMINO REAL MOUNTAIN VIEW,CA 940401497	N/A	PC	Donor Advised Fund Matching Grants	10,000
AmeriCares Foundation Inc 88 Hamilton Ave Stamford,CT 06902	N/A	PC	2015 General Disaster Support Relief Efforts in Nepal	50,000
The Heart of America Foundation 2270 Beaver Road Landover,MD 20785	N/A	PC	READesign School Library, Cafeteria and Professional Development Makeovers	996,960
The Heart of America Foundation 2270 Beaver Road Landover,MD 20785	N/A	PC	Redwood City Pharmacyclics WOP Volunteer Projects	22,692
MAP International 4700 Glynco Parkway Brunswick,GA 31525	N/A	PC	Buruli ulcer program in Cote d'Ivoire	157,507
MAP International 4700 Glynco Parkway Brunswick,GA 31525	N/A	PC	Disaster Relief to Respond to the 2015 Earthquake in Nepal	50,000
MAP International 4700 Glynco Parkway Brunswick,GA 31525	N/A	PC	Chagas Disease Prevention and Control in Bolivia- Morochata & Tiquipaya	205,400
American Red Cross 2200 W Harrison St Chicago,IL 60612	N/A	PC	Disaster Relief	10,000
American Red Cross 2200 W Harrison St Chicago,IL 60612	N/A	PC	Disaster Relief for Texas Flooding	10,000
Beacon Place NFP 603 South McAlister St Waukegan,IL 60085	N/A	PC	Beacon Place Core Staff and Programming Enrichment Project	100,000
Bernard P Floriani Foundation 985 MAPLEWOOD RD LAKE FOREST,IL 600452469	N/A	PC	general mission support	50,000
Boys & Girls Club of Lake County 1801 SHERIDAN RD STE 202 NORTH CHICAGO,IL 600642262	N/A	PC	general mission support	10,000
CASA Lake County 700 FOREST EDGE DR VERNON HILLS,IL 600613172	N/A	PC	General Mission Support	25,000
Chicago Cares Inc 2 N RIVERSIDE PLZ STE 2200 CHICAGO,IL 606062606	N/A	PC	Week of Possibilities/community volunteer project	314,504
Erie Family Health Center 1701 W Superior Street 3rd Floor Chicago,IL 60622	N/A	PC	general mission support	55,000
Total				13,308,332

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
GlobeMed 601 University Place Evanston,IL 60208	N/A	PC	General mission support	75,000
IMSA Fund for Advancement of Education 1500 SULLIVAN RD AURORA,IL 605061067	N/A	PC	IMSA Fusion in North Chicago	40,000
IMSA Fund for Advancement of Education 1500 SULLIVAN RD AURORA,IL 605061067	N/A	PC	Boundless Learning	93,000
Lake County Cares 400 E ILLINOIS RD LAKE FOREST,IL 600452355	N/A	PC	Read with Me program	22,145
Lake County Crisis Center 2710 17TH STREET ZION,IL 600991543	N/A	PC	General Mission Support	10,000
North Chicago Community Partners 855 Skokie Highway North Suite D Lake Bluff,IL 60044	N/A	POF	Adopt-a-Community School - North Elementary School	237,889
North Chicago School District 187 2000 LEWIS AVE NORTH CHICAGO,IL 600642532	N/A	GOV	Greenbay Playground Build	100,600
Northern Illinois Food Bank 273 DEARBORN CT GENEVA,IL 601343587	N/A	PC	Food for Health & Wellness Open Houses	15,000
PADS Lake County Inc 1800 Grand Avenue Waukegan,IL 60085	N/A	PC	PADS Homeless Shelter Project	10,000
Prairie State Legal Services Inc 303 N MAIN ST STE 600 ROCKFORD,IL 611011050	N/A	PC	Civil Legal Services in Lake County	25,000
Reading Power Inc 736 N Western Ave Suite 226 Lake Forest,IL 60045	N/A	PC	North School	40,000
Rosalind Franklin University of Medicine and Science 3333 GREEN BAY RD NORTH CHICAGO,IL 600643037	N/A	PC	(INSPIRE) Summer Program	65,120
United Way of Lake County 330 S GREENLEAF ST GURNEE,IL 600313389	N/A	PC	Success By 6 in North Chicago	80,000
University of Chicago 5801 S ELLIS AVENUE CHICAGO,IL 606375418	N/A	PC	Professorship	1,000,000
YBLC Inc 1812 Morrow Ave NORTH CHICAGO,IL 600643210	N/A	PC	general mission support	15,000
Total				13,308,332

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Indiana University 400 E 7th Street Poplars Room 501 Bloomington,IN 474053001	N/A	PC	HIV Programs in Western Kenya	665,000
Indiana University 400 E 7th Street Poplars Room 501 Bloomington,IN 474053001	N/A	PC	AMPATH Oncology/Kenya	150,000
ALS THERAPY DEVELOPMENT FOUNDATION INC 300 TECHNOLOGY SQUARE ST CAMBRIDGE,MA 021393515	N/A	PC	General Mission Support	5,160
Asian University for Women Support Foundation 1100 MASSACHUSETTS AVENUE Suite 300 CAMBRIDGE,MA 021385218	N/A	PC	Scholarships	50,000
Family Reach Foundation 142 Berkeley Street Boston,MA 02116	N/A	PC	Lifeline Grants / Hands of Hope	300,000
Global Health Corps One Penn Plaza Suite 6271 NEW YORK,NY 10119	N/A	PC	Global Health Corps Fellowship Class 2015-2016	100,000
MEMORIAL SLOAN KETTERING CANCER CENTER 1275 York Avenue New York,NY 10065	N/A	PC	Pediatric Family Assistance Fund at MSK	100,000
Invent Now Inc 3701 HIGHLAND PARK NW NORTH CANTON,OH 447204535	N/A	PC	Collegiate Inventors Competition 2015	225,000
Baylor College of Medicine International Pediatric AIDS Initiative 1102 Bates Street Suite 630 HOUSTON,TX 770302399	N/A	SO I	BIPAI Romania HCV Program	50,000
Baylor College of Medicine International Pediatric AIDS Initiative 1102 Bates Street Suite 630 HOUSTON,TX 770302399	N/A	SO I	BIPAI Romania Hepatitis	306,000
Baylor College of Medicine International Pediatric AIDS Initiative 1102 Bates Street Suite 630 HOUSTON,TX 770302399	N/A	SO I	BIPAI HIV/AIDS program	1,280,000
Baylor College of Medicine International Pediatric AIDs Initiative 1102 Bates FC-630 Houston,TX 77030	N/A	SO I	Kamuzu Central Hospital Pediatric Wards Renovation/Malawi	252,333
Baylor College of Medicine International Pediatric AIDs Initiative 1102 Bates FC-630 Houston,TX 77030	N/A	SO I	Kamuzu Central Hospital Pediatric Wards Renovation/Malawi	588,778
Total			3a	13,308,332

TY 2015 Accounting Fees Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting Fees	22,500	1,800		

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2015 Expenditure Responsibility Statement

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
Albert B Sabin Vaccine Institute Inc	2000 Pennsylvania Ave NW Ste 7100 Washington, DC 200061894	2014-09-26	99,000	Improving coverage for the prevention, control and elimination of five prioritized neglected tropical diseases (NTDs) in Vaupes province, in the Amazon region of Columbia	99,000	0	02/18/2015, 03/11/2016		Secondary Grantee Sinergias 16#39 78 Oficina 202 Bogota, Columbia To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports
Baylor College of Medicine International Pediatric AIDS Initiative	1102 Bates Street Suite FC-630 Houston, TX 770303411	2014-05-22	528,973	Preventing, testing and caring for patients with viral hepatitis	528,973	0	03/18/2015, 02/15/2016		Secondary Grantee Fundatia Baylor-Marea Neagra (Baylor Black Sea Foundation) Str Prelungirea Liliacului, Nr 10, Km 4-5 Constanta, Romania To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports Grant Amendment for \$50,000 on 12/9/2015
Baylor College of Medicine International Pediatric AIDS Initiative	1102 Bates Street Suite FC-630 Houston, TX 770303411	2015-09-18	306,000	Preventing, testing and caring for patients with viral hepatitis	306,000	0	02/15/2016		Secondary Grantee Fundatia Baylor-Marea Neagra (Baylor Black Sea Foundation) Str Prelungirea Liliacului, Nr 10, Km 4-5 Constanta, Romania To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports
Caring Ambassadors	PO Box 1748 Oregon City, OR 97045	2014-12-02	253,282	Supporting hepatitis awareness through program enhancement	164,891	0	02/18/2015, 03/11/2016		To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports
Lake County Cares	400 E Illinois Road Lake Forest, IL 600452355	2015-12-10	22,145	Read with Me Program	0	0	Report pending-1st report not due until FYE 6/30/2016		To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports
North Chicago Community Partners	855 Skokie Highway North Suite D Lake Bluff, IL 60044	2014-12-02	246,833	Adopt-A-School Project-North Elementary	220,023	0	08/06/2015		*Balance of \$26,810 transferred to 2015 grant To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports
North Chicago Community Partners	855 Skokie Highway North Suite D Lake Bluff, IL 60044	2015-12-18	264,699	Adopt-A-School Project-North Elementary	0	0	Report pending-1st report not due until FYE 6/30/2016		To the knowledge of the Foundation, the grantee did not divert any portion of the grant funds from the purpose of the grant Further, the Foundation had no reason to doubt the accuracy or reliability of the grantee's reports and therefore conducted no independent verification of the grantee's reports

TY 2015 General Explanation Attachment**Name:** AbbVie Foundation**EIN:** 46-0827839**Software ID:** 15000238**Software Version:** 2015v2.1

Identifier	Return Reference	Explanation
	Part VII-A DISTRIBUTION TO DONOR ADVISED FUND	THE FOUNDATION MAKES GRANTS TO A DONOR-ADVISED FUND ("DAF") AT SILICON VALLEY COMMUNITY FOUNDATION ("SVCF") OVER WHICH THE FOUNDATION HAS ADVISORY PRIVILEGES. SVCF USES THE FUNDS IN THE DAF SOLELY TO MAKE GRANTS TO ORGANIZATIONS DESCRIBED IN, OR TREATED AS DESCRIBED IN, SECTION 509(A)(1), (2), OR (3), OR 4942(J)(3) OF THE INTERNAL REVENUE CODE TO BE USED TO ACCOMPLISH ONE OR MORE PURPOSES DESCRIBED IN SECTION 170(C)(2)(B) OF THE CODE ("ELIGIBLE RECIPIENT ORGANIZATIONS"). SVCF USES THE FUNDS RECEIVED FROM THE FOUNDATION TO MAKE GRANTS TO ELIGIBLE RECIPIENT ORGANIZATIONS ON A QUARTERLY BASIS, THUS ENSURING THAT THE FOUNDATION'S GRANTS ARE USED PROMPTLY TO ACCOMPLISH PURPOSES DESCRIBED IN SECTION 170(C)(2)(B) OF THE CODE. SVCF SELECTS THE ELIGIBLE RECIPIENT ORGANIZATIONS BASED ON INDEPENDENT CONTRIBUTIONS MADE TO SUCH ORGANIZATIONS BY ABBVIE EMPLOYEES, PROVIDED SUCH CONTRIBUTIONS ARE ELIGIBLE TO BE MATCHED UNDER THE FOUNDATION'S MATCHING GRANT PROGRAMS.

TY 2015 Investments Corporate Stock Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ABBOTT LABORATORIES	201,937	24,451,205
ABBVIE	218,983	32,253,159

TY 2015 Investments - Land Schedule**Name:** AbbVie Foundation**EIN:** 46-0827839**Software ID:** 15000238**Software Version:** 2015v2.1

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land				
Building			0	
LeasholdImprovement			0	
Equipment			0	
Other			0	

TY 2015 Land, Etc. Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Land				
Building			0	
LeasholdImprovement			0	
Equipment			0	
Other			0	

TY 2015 Legal Fees Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	47,628			14,288

TY 2015 Other Expenses Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	2,000	2,000		
OUTSIDE SERVICES	433,248			105,000
SCIENCE EDUCATION EXPENSE	99,499			99,499
Deferred Taxes	-68,709			

TY 2015 Other Liabilities Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAXES	1,194,378	1,125,669

TY 2015 Taxes Schedule

Name: AbbVie Foundation

EIN: 46-0827839

Software ID: 15000238

Software Version: 2015v2.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Federal Taxes	27,000			

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>AbbVie Foundation</div>	<div>Employer identification number</div> <div>46-0827839</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AbbVie Foundation	Employer identification number 46-0827839
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABBVIE PURCHASING COMPANY	\$ 645,882	Person <input checked="" type="checkbox"/>
	1 N WAUKEGAN RD		Payroll <input type="checkbox"/>
	NORTH CHICAGO, IL 60064		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number
46-0827839

Part II **Noncash Property**
(see instructions) Use duplicate copies of Part II if additional space is needed

[illegible]

Name of organization AbbVie Foundation	Employer identification number 46-0827839
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	--		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
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