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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury

Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Advocate Charitable Foundation

% JAMES DOHENY

Doing business as

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

3075 HIGHLAND PARKWAY SUITE 600

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

DOWNERS GROVE, IL 60515

F Name and address of principal officer

Randy Varju

3075 HIGHLAND PARKWAY

DOWNERS GROVE, IL 60515

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

36-3297360

E Telephone number

(630) 929-6965

G Gross receipts \$ 162,500,465

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.advocatehealth.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

See Schedule O

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

21

4 Number of independent voting members of the governing body (Part VI, line 1b)

17

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

75

6 Total number of volunteers (estimate if necessary)

278

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

30,582,477

9 Program service revenue (Part VIII, line 2g)

0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

1,914,647

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

-752,634

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

31,744,490

34,028,411

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

24,992,890

27,421,741

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

7,629,775

7,891,358

16a Professional fundraising fees (Part IX, column (A), line 11e)

60,316

64,423

b Total fundraising expenses (Part IX, column (D), line 25) ▶10,818,009

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

3,557,298

4,139,561

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

36,240,279

39,517,083

19 Revenue less expenses Subtract line 18 from line 12

-4,495,789

-5,488,672

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

189,557,669

198,139,410

21 Total liabilities (Part X, line 26)

8,957,025

9,611,014

22 Net assets or fund balances Subtract line 21 from line 20

180,600,644

188,528,396

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2018-11-13

Date

JAMES DOHENY Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

TAMARA TARAZI

Preparer's signature

TAMARA TARAZI

Date

Check ☐ if self-employed

PTIN

P01266026

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 155 N Wacker Drive

Phone no (312) 879-2000

Chicago, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

TO EMBRACE THE MISSION OF ADVOCATE HEALTH CARE (A NON-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.

<b>4a</b>	(Code ) (Expenses \$ 25,474,913 including grants of \$ 25,319,291 ) (Revenue \$ 0 )
	See Additional Data

<b>4b</b>	(Code ) (Expenses \$ 981,631 including grants of \$ 975,634 ) (Revenue \$ 0 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ 1,107,669 including grants of \$ 1,100,902 ) (Revenue \$ 0 )
	See Additional Data

<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ 29,091 including grants of \$ 28,914 ) (Revenue \$ 0 )

<b>4e</b>	<b>Total program service expenses</b> ▶ 27,593,304
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b>	No
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b> Yes	
<b>18</b> 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	<b>18</b> Yes	
<b>19</b> 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	<b>19</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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> . . . . .	Yes	
<b>22</b> 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> . . . . .		No
<b>23</b> 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> . . . . .	Yes	
<b>24a</b> 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> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a 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> . . . . .		No
<b>b</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> . . . . .		No
<b>26</b> 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> . . . . .		No
<b>27</b> 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> . . . . .		No
<b>28</b> 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) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b> 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> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> 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> . . . . .		No
<b>33</b> 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> . . . . .		No
<b>34</b> 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> . . . . .	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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> . . . . .		
<b>36 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> . . . . .		No
<b>37</b> 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> . . . . .		No
<b>38</b> 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 . . . . .	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	44
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	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 . . . . .	<b>2a</b>	75
<b>b</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)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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 . . . . .	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	21	
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			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	17	
<b>2</b>	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?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	Yes	
<b>15b</b>	Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>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?		

**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.  
☐ Own website ☐ Another's website ☒ Upon request ☐ 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**

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

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

Form **990** (2017)

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								2,114,926	14,327,169	2,979,352

**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 ► 23

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> 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? If "Yes," complete Schedule J for such individual . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		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
WESTPORT ENTERTAINMENT ASSOCIATES L, 1120 W STATE ROUTE 89A SUITE B1 SEDONA, AZ 86336	ENT / TALENT SVCS	714,000
CHICAGO SIGNATURE SERVICES LLC, 600 E GRAND AVENUE CHICAGO, IL 60611	CATERING SERVICES	188,159

**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 ► 2



**Part VIII** **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	0			
	<b>b</b> Membership dues . . .	<b>1b</b>	0			
	<b>c</b> Fundraising events . . .	<b>1c</b>	5,331,806			
	<b>d</b> Related organizations	<b>1d</b>	11,000,000			
	<b>e</b> Government grants (contributions)	<b>1e</b>	15,926			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,450,998			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		1,821,087			
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		28,798,730			
<b>Program Service Revenue</b>	<b>2a</b> _____	Business Code				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		0			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,832,973		
<b>4</b> Income from investment of tax-exempt bond proceeds ▶			0			
<b>5</b> Royalties . . . . . ▶			0			
<b>6a</b> Gross rents		(i) Real (ii) Personal				
<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)		0 0				
<b>d</b> Net rental income or (loss) . . . . . ▶			0			
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)		4,370,544				
<b>d</b> Net gain or (loss) . . . . . ▶			4,370,544			4,370,544
<b>8a</b> Gross income from fundraising events (not including \$ 5,331,806 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>			1,004,373			
<b>b</b> Less direct expenses . . . . . <b>b</b>			2,995,898			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			-1,991,525			-1,991,525
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>			74,614			
<b>b</b> Less direct expenses . . . . . <b>b</b>			56,925			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			17,689			17,689
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>			0			
<b>b</b> Less cost of goods sold . . . . . <b>b</b>		0				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		0				
Miscellaneous Revenue		Business Code				
<b>11a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		0				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		34,028,411				5,229,681

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	27,421,741	27,421,741		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,144,626	86,703	34,681	1,023,242
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
<b>7</b> Other salaries and wages.	5,295,246	38,348	20,140	5,236,758
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	350,133	6,798	2,981	340,354
<b>9</b> Other employee benefits.	676,908	13,143	5,762	658,003
<b>10</b> Payroll taxes.	424,445	8,242	3,613	412,590
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	0			
<b>c</b> Accounting.	18,500		18,500	
<b>d</b> Lobbying.	310		310	
<b>e</b> Professional fundraising services. See Part IV, line 17.	64,423			64,423
<b>f</b> Investment management fees.	724,661		724,661	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
<b>12</b> Advertising and promotion.	0			
<b>13</b> Office expenses.	426,133			426,133
<b>14</b> Information technology.	243,906			243,906
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	141,585		141,585	
<b>17</b> Travel.	98,556			98,556
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	21,598			21,598
<b>20</b> Interest.	0			
<b>21</b> Payments to affiliates.	305,448			305,448
<b>22</b> Depreciation, depletion, and amortization.	17,509		17,509	
<b>23</b> Insurance.	27,482		27,482	
<b>24</b> 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):				
<b>a</b> BAD DEBT	1,010,801			1,010,801
<b>b</b> FUNDRAISING MEETING	901,617			901,617
<b>c</b> BANK FEES	108,546		108,546	
<b>d</b> DEVELOPMENT	91,316	18,329		72,987
<b>e</b> All other expenses	1,593			1,593
<b>25</b> Total functional expenses. Add lines 1 through 24e.	39,517,083	27,593,304	1,105,770	10,818,009
<b>26</b> 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).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,000	<b>1</b>	1,000
	<b>2</b> Savings and temporary cash investments . . . . .	9,180,816	<b>2</b>	12,433,275
	<b>3</b> Pledges and grants receivable, net . . . . .	21,132,055	<b>3</b>	16,524,539
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	148,338	<b>9</b>	174,843
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,810,885		
	<b>b</b> Less: accumulated depreciation	1,795,481		
		32,913	<b>10c</b>	15,404
	<b>11</b> Investments—publicly traded securities . . . . .	130,240,468	<b>11</b>	140,398,731
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	28,822,079	<b>15</b>	28,591,618
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	189,557,669	<b>16</b>	198,139,410
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,524,859	<b>17</b>	1,363,607
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	7,432,166	<b>25</b>	8,247,407
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	8,957,025	<b>26</b>	9,611,014
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	19,855,254	<b>27</b>	21,275,129
	<b>28</b> Temporarily restricted net assets . . . . .	107,770,108	<b>28</b>	113,807,538
	<b>29</b> Permanently restricted net assets . . . . .	52,975,282	<b>29</b>	53,445,729
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	180,600,644	<b>33</b>	188,528,396
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	189,557,669	<b>34</b>	198,139,410

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,028,411
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	39,517,083
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-5,488,672
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	180,600,644
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,416,424
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	188,528,396

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> 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
<b>b</b> 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	
<b>c</b> 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	
<b>3a</b> 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
<b>b</b> 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 (2017)

**Form 990, Part III, Line 4a:**

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

### **Form 990, Part III, Line 4b:**

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

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### **Form 990, Part III, Line 4c:**

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 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

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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			
James Skogsbergh ..... Director	1 0 ..... 43 0	X						0	10,051,752	1,676,704
Randy Varju ..... President & Chief Development	40 0 ..... 0 0	X		X				447,441	0	48,497
Terry Graber ..... Chairperson, Director	1 0 ..... 0 0	X		X				0	0	0
John Chapman ..... Director	1 0 ..... 1 0	X						0	4,050	0
Rev Dr Robert Davis ..... Director	1 0 ..... 0 0	X						0	0	0
Joseph Giangrasso MD ..... Director	1 0 ..... 0 0	X						0	0	0
Kerry Nelson ..... Director	1 0 ..... 0 0	X						0	0	0
Darrell W Hill ..... Director	1 0 ..... 0 0	X						0	0	0
Frank Igleski ..... Director	1 0 ..... 0 0	X						0	0	0
William Keyser ..... Director	1 0 ..... 0 0	X						0	0	0



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			
Cory Lichtenberger ..... Director	1 0 ..... 0 0	X						0	0	0
Ronald Mallicoat Jr ..... Director	1 0 ..... 0 0	X						0	0	0
Nate Hinch ..... Director	1 0 ..... 0 0	X						0	0	0
Cheryl Kehl ..... Director	1 0 ..... 0 0	X						0	0	0
Julie Melvin ..... Director Dec '17	1 0 ..... 0 0	X						0	0	0
Vern McGinnis ..... Director	1 0 ..... 0 0	X						0	0	0
Richard Molehouse ..... Director	1 0 ..... 0 0	X						0	0	0
Kimberly Boike ..... Director	1 0 ..... 0 0	X						0	0	0
Francesca Popper MD ..... Director	1 0 ..... 40 0	X						0	332,415	47,072
Caroline Smith ..... Director	1 0 ..... 0 0	X						0	0	0

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			
David Sheehan ..... Director Nov '17	1 0 ..... 0 0	X						0	0	0
Nathaniel Sher ..... Director	1 0 ..... 0 0	X						0	0	0
Daniel Sullivan ..... Director	1 0 ..... 0 0	X						0	15,000	0
Jeanne Varwig ..... Director March '17	1 0 ..... 0 0	X						0	0	0
James Doheny ..... Treasurer	1 0 ..... 48 0			X				0	494,892	51,892
Gail D Hasbrouck ..... Secretary Jan '17	1 0 ..... 47 0			X				0	901,912	108,754
Earl J Barnes II ..... Secretary	1 0 ..... 47 0			X				0	637,319	239,712
Dominic J Nakis ..... Assistant Treasurer	1 0 ..... 45 0			X				0	1,623,475	429,664
Mary Matthews ..... Assistant Secretary	1 0 ..... 42 0			X				0	266,354	57,197
Ina Owens ..... VP, OFFC OF GRANTS & PRGM DEVL	40 0 ..... 0 0			X				154,168	0	48,410

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			
Joe Skvara ..... VP, Operations	40 0 ..... 0 0			X				183,784	0	28,367
Susan Mongillo ..... VP, Planned Giving	40 0 ..... 0 0			X				193,524	0	30,186
Pat Smith-Calascibetta ..... VP, Finance	40 0 ..... 0 0			X				165,711	0	39,510
Douglas Hutchings ..... VP, Development	40 0 ..... 0 0					X		240,178	0	45,526
Susan Abderholden ..... VP, Development	40 0 ..... 0 0					X		200,302	0	17,337
Jo Amick ..... VP, Development	40 0 ..... 1 0					X		198,428	0	23,510
Christopher Toft ..... VP, Development	40 0 ..... 1 0					X		167,879	0	46,245
Allyson Regnier ..... VP, Development	40 0 ..... 0 0					X		163,511	0	40,769

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Advocate Charitable Foundation

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

2017

Open to Public Inspection

Employer identification number

36-3297360

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 12, 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 (Form 990 or 990-EZ) )
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

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 )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	39,774,879	33,811,310	34,660,724	30,582,477	28,798,730	167,628,120
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	<b>Total.</b> Add lines 1 through 3	39,774,879	33,811,310	34,660,724	30,582,477	28,798,730	167,628,120
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)						54,786,749
6	<b>Public support.</b> Subtract line 5 from line 4						112,841,371

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	39,774,879	33,811,310	34,660,724	30,582,477	28,798,730	167,628,120
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,081,469	4,021,492	3,398,593	3,329,320	2,832,973	16,663,847
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0		0			0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0		0			0
11	<b>Total support.</b> Add lines 7 through 10						184,291,967
12	Gross receipts from related activities, etc. (see instructions)					12	5,765,663
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 61.230 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 62.721 %
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>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).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</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?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI 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.</i>		
	<b>1</b>	
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>	

**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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

	Yes	No
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
	<b>2a</b>	
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	



**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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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)			

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3297360

**Name:** Advocate Charitable Foundation

**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

**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

**2017**

**Open to Public Inspection**

If the organization answered "Yes" on 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" on 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" on 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
--	--

**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

**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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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-
1				
2				
3				
4				
5				
6				

**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

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?

☐ **Yes** ☐ **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		310
<b>j</b>	Total. Add lines 1c through 1i			310
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

**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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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	SUPPLEMENTAL LOBBYING INFORMATION 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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2017

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" on 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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	49,848,404	47,439,233	51,746,286	50,920,066	45,523,317
b Contributions . . . . .	1,152,311	930,299	994,837	922,127	2,526,148
c Net investment earnings, gains, and losses	7,288,476	2,904,907	-3,327,190	1,766,308	4,569,949
d Grants or scholarships . . . . .	85,902	88,660	90,147	86,174	83,455
e Other expenditures for facilities and programs . . . . .	1,887,103	1,337,375	1,884,553	1,776,040	1,615,893
f Administrative expenses . . . . .					
g End of year balance . . . . .	56,316,186	49,848,404	47,439,233	51,746,287	50,920,066

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 80 180 %

c

Temporarily restricted endowment ▶ 19 820 %

The percentages on 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 . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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" on 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 . . . . .			0	
c Leasehold improvements		354,511	347,344	7,167
d Equipment . . . . .		1,456,374	1,448,137	8,237
e Other . . . . .			0	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				15,404

Schedule D (Form 990) 2017



Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTEREST ON EXTERNAL TRUST	18,501,231
(2) FARMLAND	7,711,844
(3) ESTATE RECEIVABLES	1,775,000
(4) OTHER ACCOUNTS RECEIVABLE	278,702
(5) DUE FROM AFFILIATES	270,290
(6) PREPAID EXECUTIVE INSURANCE	54,551
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	28,591,618

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
DUE TO AFFILIATES	5,250,562
ANNUITIES AND TRUSTS LIABILITIES	2,996,845
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	8,247,407

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,672,649
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,672,649
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	724,661
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	30,631,101
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	31,355,762
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	34,028,411

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	12,223,788
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,223,788
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	724,661
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	26,568,634
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	27,293,295
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	39,517,083

**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
See Additional Data Table	

**Part XIII**   **Supplemental Information** *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3297360  
**Name:** Advocate Charitable Foundation

**Supplemental Information**

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS AT 12/31/2017, ADVOCATE CHARITABLE FOUNDATION HAD 82 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 ENDOWMENT'S 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 ENDOWMENT'S SHARE OF THE PORTFOLIO'S 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

## Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XI, LINE 4B	RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN INDIRECT PUBLIC SUPPORT TREATED AS INCREASE IN NET ASSETS \$11,000,000 DIRECT PUBLIC SUPPORT TREATED AS INCREASE IN NET ASSETS \$10,932,497 Gain(LOSS) FROM SALES OF SECURITIES TREATED AS AN \$4,370,544 INCREASE IN NET ASSETS-REALIZED INVESTMENT INCOME (INCLUDES DIVIDENDS & INTEREST) \$2,108,312 SPECIAL EVENT NON-CASH GIFTS \$1,255,683 NET SURPLUS FROM SPECIAL EVENTS TREATED AS \$685,321 INCREASE IN NET ASSETS ON THE AUDITED FINANCIAL STATEMENTS PLEDGE DISCOUNT \$262,818 GOVERNMENT GRANTS \$15,926 ===== Total \$30,631,101

# Supplemental Information

Return Reference	Explanation
FORM 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 ASSETS \$27,459,271 CONTRIBUTIONS TO EXTERNAL 501C3 ORGANIZATIONS \$28,914 EVENT EXPENSES \$(2,995,898) GAMING EXPENSES \$(56,925) EXPENSES FROM USE OF NON-CASH GIFTS IN KIND, NOT BOOKED, USED FOR EVENTS/GAMING \$ 1,255,680 BAD DEBT EXPENSE \$ 1,010,801 FUNDRAISING EXPENSE \$(133,209) ===== TOTAL \$26,568,634

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

2017

Open to Public  
Inspection

Name of the organization  
Advocate Charitable Foundation

Employer identification number  
36-3297360

Part I Fundraising Activities.

Complete if the organization answered "Yes" on 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 Jascula Terman Assoc 730 N Franklin Suite 510  Chicago, IL 60654	Events		No	2,925,258	64,423	2,860,835
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				2,925,258	64,423	2,860,835

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2017

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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)
		LGH Gala (event type)	GOOD Shepherd (event type)	44 (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	393,247	1,988,491	3,904,681	6,286,419
	<b>2</b> Less Contributions . . . . .	283,738	1,854,404	3,143,904	5,282,046
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	109,509	134,087	760,777	1,004,373
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	39,473	199,403	296,884	535,760
	<b>7</b> Food and beverages . . . . .	104,040	140,562	499,594	744,196
	<b>8</b> Entertainment . . . . .	11,990	714,000	48,756	774,746
	<b>9</b> Other direct expenses . . . . .	77,231	330,605	533,360	941,196
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				2,995,898
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-1,991,525

**Part III Gaming.** Complete if the organization answered "Yes" on 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	<b>1</b> Gross revenue . . . . .			74,614	74,614
	<b>2</b> Cash prizes . . . . .			760	760
Direct Expenses	<b>3</b> Noncash prizes . . . . .			56,165	56,165
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 15 000 % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				56,925
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				17,689

**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 activity 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 60515

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 ▶

Employee/Independent

☐ 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	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 CHARITYS STAFF.
FORM 990, SCHEDULE G, PART II	THE CHARITY WAS THE SPONSOR OF 7 GOLF EVENTS, 10 DINNER DANCES, 3 WALKS/RUNS, AND 16 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 \$1,991,525, HOWEVER THAT EXCLUDES \$5,331,806 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 G (Form 990 or 990-EZ) 2017

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," on 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

2017

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

9

3

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

0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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 Organizations 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 sites 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 Funds 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 ACFs 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 Cares 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 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 CORP 3075 Highland Parkway Downers Grove, IL 60515	36-2169147	501(C)(3)	19,257,008				CLINICAL & GENERAL SUPPORT
ADVOCATE NORTHSIDE HEALTH NETWORK 3075 Highland Parkway Downers Grove, IL 60515	36-3196629	501(C)(3)	4,880,099				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 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 CORP 3075 Highland Parkway Downers Grove, IL 60515	36-2169147	501(C)(3)	1,098,002				Medical Research
ADVOCATE HEALTH & HOSPITALS CORP 3075 Highland Parkway Downers Grove, IL 60515	36-2169147	501(C)(3)	753,482				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 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)	525,668				CLINICAL & GENERAL SUPPORT
ADVOCATE CONDELL MEDICAL CENTER 3075 Highland Parkway Downers Grove, IL 60515	26-2525968	501(C)(3)	324,034				Clinical & gENERAL, sCHOLSHP & eDUC

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 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 NETWORK 3075 Highland Parkway Downers Grove, IL 60515	36-3196629	501(C)(3)	221,973				SCHOLARSHIPS & EDUCATION
HISPANOCARE 3075 Highland Parkway Downers Grove, IL 60515	36-3606486	501(C)(3)	173,370				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 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
MERIDIAN HOSPICE 3075 Highland Parkway Downers Grove, IL 60515	36-3158667	501(C)(3)	69,703				CLINICAL & GENERAL SUPPORT
ADVOCATE HOME HEALTH SERVICES 3075 Highland Parkway Downers Grove, IL 60515	36-2913108	501(C)(3)	58,183				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 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 WEST COURT 3075 Highland Parkway Downers Grove, IL 60515	36-2167920	501(C)(3)	31,299				CLINICAL & GENERAL SUPPORT
FIRST LOOK FOR CHARITY 18 W 200 Butterfield Rd Oak Brook, IL 60181	26-0092209	501(C)(3)	5,570				SUPPORT EXEMPT MISSION

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on 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).**

Name of the organization  
Advocate Charitable Foundation

Employer identification number

36-3297360

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel                        | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**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.

**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?

**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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

**Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on 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?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on 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.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

No

**4b**

Yes

**4c**

No

**5a**

No

**5b**

No

**6a**

No

**6b**

No

**7**

Yes

**8**

No

**9**

For each individual whose compensation must be reported on 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.

See Additional Data Table

[illegible]

**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, SCHEDULE J, PART I, LINE 1A	DOUGLAS HUTCHINGS, VICE PRESIDENT-DEVELOPMENT, RECEIVED A TAX GROSS-UP IN 2017. THE GROSS-UP WAS INCLUDED IN INCOME AND REPORTED ON HIS 2017 FORM W-2. FORM 990, SCHEDULE J, PART I, LINE 4B GAIL D. 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 \$34,190. 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 \$684,846, DOMINIC J. NAKIS \$210,951, GAIL D. HASBROUCK \$119,188 AND RANDY VARJU \$56,795. THE FOLLOWING EMPLOYEE HAS NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION: EARL J. BARNES II \$47,573.
FORM 990, SCHEDULE J, 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1James Skogsbergh Director	(i)	0	0	0	0	0	0	0
	(ii)	1,536,274	2,484,514	6,030,964	1,652,575	24,129	11,728,456	3,923,100
1Randy Varju President & Chief Development	(i)	269,756	91,989	85,696	24,688	23,809	495,938	0
	(ii)	0	0	0	0	0	0	0
2Francesca Popper MD Director	(i)	0	0	0	0	0	0	0
	(ii)	282,000	42,865	7,550	24,688	22,384	379,487	0
3James Doheny Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	345,367	115,083	34,442	24,688	27,204	546,784	0
4Gail D Hasbrouck Secretary Jan '17	(i)	0	0	0	0	0	0	0
	(ii)	360,146	313,772	227,994	92,303	16,451	1,010,666	106,321
5Earl J Barnes II Secretary	(i)	0	0	0	0	0	0	0
	(ii)	480,769	125,000	31,550	204,240	35,472	877,031	0
6Dominic J Nakis Assistant Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	680,607	581,990	360,878	402,023	27,641	2,053,139	226,308
7Mary Matthews Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	212,548	44,790	9,016	23,540	33,657	323,551	0
8Ina Owens VP, OFFC OF GRANTS & PRGM DEVL	(i)	143,638	24,403	-13,873	14,412	33,998	202,578	0
	(ii)	0	0	0	0	0	0	0
9Joe Skvara VP, Operations	(i)	161,249	21,036	1,499	7,344	21,023	212,151	0
	(ii)	0	0	0	0	0	0	0
10Susan Mongillo VP, Planned Giving	(i)	165,977	30,094	-2,547	17,162	13,024	223,710	0
	(ii)	0	0	0	0	0	0	0
11Pat Smith-Calascibetta VP, Finance	(i)	147,839	25,567	-7,695	14,973	24,537	205,221	0
	(ii)	0	0	0	0	0	0	0
12Douglas Hutchings VP, Development	(i)	213,086	35,322	-8,230	12,742	32,784	285,704	0
	(ii)	0	0	0	0	0	0	0
13Susan Abderholden VP, Development	(i)	166,662	31,646	1,994	17,291	46	217,639	0
	(ii)	0	0	0	0	0	0	0
14Jo Amick VP, Development	(i)	166,932	29,531	1,965	17,318	6,192	221,938	0
	(ii)	0	0	0	0	0	0	0
15Christopher Toft VP, Development	(i)	150,557	28,191	-10,869	15,491	30,754	214,124	0
	(ii)	0	0	0	0	0	0	0
16Allyson Regnier VP, Development	(i)	148,522	25,536	-10,547	10,585	30,184	204,280	0
	(ii)	0	0	0	0	0	0	0

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As Filed Data -

DLN: 93493318043898

SCHEDULE M  
(Form 990)

Noncash Contributions

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

►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)

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	7	82,368	OPINIONS OF EXPERTS
2	Art—Historical treasures . . . . .				
3	Art—Fractional interests . . . . .				
4	Books and publications . . . . .	X		4,261	OTHER
5	Clothing and household goods . . . . .	X		443,287	OTHER
6	Cars and other vehicles . . . . .				
7	Boats and planes . . . . .				
8	Intellectual property . . . . .				
9	Securities—Publicly traded . . . . .	X	28	565,404	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	4,026	OTHER
19	Food inventory . . . . .	X	3	1,029	OTHER
20	Drugs and medical supplies . . . . .				
21	Taxidermy . . . . .				
22	Historical artifacts . . . . .				
23	Scientific specimens . . . . .				
24	Archeological artifacts . . . . .				
25	Other ► ( GIFT CERT ) . . . . .	X	25	27,327	COST OR SALE PRICE
26	Other ► ( EVENT SUPPORT ) . . . . .	X	417	362,022	OTHER
27	Other ► ( EQUIPMENT ) . . . . .	X	3	331,363	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	
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				30a No
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 Yes
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a 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 graphic services and catering for solicitation and stewardship events Form 990, Schedule M, Part I, Line 25 Other (Equipment) Equipment included furniture, piano, computers and an apheresis machine

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

Department of the Treasury

Internal Revenue Service

Name of the organization  
Advocate Charitable Foundation

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

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

**Employer identification number**

36-3297360

**990 Schedule O, Supplemental Information**

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 DONORS PURPOSE ACF WILL USE 100% OF ALL DONATIONS FOR DONORS 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 SHEPHERD HOSPITAL, ADVOCATE HOME HEALTH SERVICES, MERIDIAN HOSPICE, HISPANO CARE, AND VARIOUS SYSTEM-WIDE PROGRAMS



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 16B	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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	<p>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 2017 FORM 990, PART VI, SECTION A, LINE 2 BUSINESS RELATIONSHIPS AS EARL BARNES, JAMES DOHENY, GAIL HASBROUCK 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, SECTION A, LINE 4 THE ADVOCATE HEALTH CARE NETWORK AND AURORA HEALTH CARE, INC SYSTEMS ENTERED INTO AN AFFILIATION AGREEMENT DECEMBER 4, 2017, AND THE TRANSACTION OCCURRED ON APRIL 1, 2018 Form 990, Part VI, SECTION A, LINE 6 Bylaws</p> <p>Bylaws provided for corporate members Form 990, Part VI, SECTION A, LINE 7A Advocate health care network is parent corporation UNDER ITS BYLAWS, 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, SECTION A, LINE 7</p> <p>B AHCN Has Reserve Powers Over ACF the following reserve powers identified in the bylaws require the approval of the corporate member, advocate health care network approval of enactments/amendments of bylaws, 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 to the goals and programmatic objectives of the foundation</p>

# 990 Schedule O, Supplemental Information

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. For 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>

**990 Schedule O, Supplemental Information**

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 CORPORAT ION IN ESTABLISHING COMPENSATION Opportunities FOR EXECUTIVES, MANAGERS, PROFESSIONALS AND ALL EMPLOYEES IN THIS STRATEGY, SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIR ED 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 OUTLINE D TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED T HESE ELEMENTS ARE - A SOLID, RELIABLE AND TESTED JOB EVALUATION METHODOLOGY, - ACCURATE, QUALITY AND RELEVANT COMPENSATION SURVEY INFORMATION, - A CONSISTENT ANNUAL PROCESS FOR UP DATING THE COMPENSATION LEVELS, - AN ACTIVE BOARD REVIEW PROCESS INCLUDING REVIEW BY A COM PENSATION COMMITTEE THAT ENSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING RE VIEW 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 A</p> <p>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 GOVE RNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A	CURRENT EMPLOYEES RESPONSIBLE FOR ACF THE FOLLOWING INDIVIDUALS ARE EMPLOYEES OF ADVOCATE HEALTH & 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 S KOGSBERGH, JAMES DOHENY, EARL BARNES, MARY S MATTHEWS, DOMINIC J NAKIS Form 990, Part V Ill, 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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 UNRESTRICT ED FUNDS TRANSFERRED TO THE BENEFICIARY CHARITIES ADVOCATE HEALTH AND HOSPITALS CORPORATI ON INCLUDES EIGHT HOSPITALS AND A NUMBER OF SYSTEM-WIDE COMMUNITY HEALTH PROGRAMS SEE PAR T III OF THE AHHC FORM 990 AND THE RELATED NARRATIVE FOR MORE INFORMATION ON USES OF GIFTS

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Lines 5 & 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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11b	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 P RIMARY ROLE IS AS A FUNDRAISING ORGANIZATION, ALL OF THOSE EXPENSES WERE MADE IN FURTHERAN CE OF FUNDRAISING LEGAL EXPENSES WERE ALL RELATED TO STRUCTURING AND REVIEWING COMPLEX TR UST/ESTATE GIFTS



**990 Schedule O, Supplemental Information**

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Advocate Charitable Foundation

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

2017

Open to Public Inspection

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.

See Additional Data Table

(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

**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) 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	
<b>(1) DREYER MERCY AMBULATORY SURG</b> 2357 SEQUOIA DRIVE AURORA, IL 60506 36-3890298	MEDICAL SERVI	IL	NA					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

**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 . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>		No
<b>1p</b>		No
<b>1q</b>		No
<b>1r</b>		No
<b>1s</b>		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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

**Part VII** **Supplemental Information**

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

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
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196629	HEALTH CARE	IL	501(c)(3)	3	AHHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2169147	HEALTH CARE	IL	501(c)(3)	3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(c)(3)	10	AHHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(c)(3)	10	EHSHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3606486	HEALTH CARE	IL	501(c)(3)	10	ANSHN		No
3075 Highland Parkway Ste 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(c)(3)	3	AHCN		No
3075 Highland Parkway Ste 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(c)(3)	10	ASH		No
3075 HIGHLAND PARK STE 600 DOWNERS GROVE, IL 60515 36-3196628	FUNDRAISING	IL	501(C)(3)	12-II	NA		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4397387	FUNDRAISING	IL	501(C)(3)	12-I	MFHS		No
3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 60515 26-2525968	HEALTH CARE	IL	501(C)(3)	3	AHHC		No
3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 60515 36-2167779	PARENT CORP	IL	501(C)(3)	12-III-FI	NA		No
3075 HIGHLAND PKWY STE 600 DOWNERS GROVE, IL 60515 82-4184596	SUPPORT ORG	DE	501(C)(3)	12-III-FI	NA		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
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	MGMT SERVICES	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
PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER ST PARK RIDGE, IL 60068 36-3452486	PROPERTY MGMT	IL	NA	C Corp					No
DREYER CLINIC INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 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
THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST MGMT	IL	NA	C Corp					No
SHERMAN VENTURES INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4292309	HOLDING COMPANY	IL	NA	C Corp					No
ADVOCATE HPN NFP 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 81-0893878	HEALTH IMPRV MGMT	IL	NA	C CORP					No
ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117	HEALTH CARE MGMT	IL	NA	C CORP					No
ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384	HEALTH CARE MGMT	IL	NA	C CORP					No
ADVOCATE PHYSICIAN PARTNERS RISK PURCH 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 38-3914173	GROUP MALPRACTICE	IL	NA	C CORP					No



Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ADVOCATE HEALTH & HOSPITALS CORP	B	21,108,492	COST
ADVOCATE NORTH SIDE HEALTH NETWORK	B	5,102,072	COST
ADVOCATE SHERMAN HOSPITAL	B	525,668	COST
ADVOCATE CONDELL MEDICAL CENTER	B	324,034	COST
HISPANOCARE INC	B	173,370	COST
MERIDIAN HOSPICE	B	69,703	COST
EHS HOME HEALTH CARE SERVICE INC	B	58,183	COST
ADVOCATE HEALTH CARE NETWORK	C	11,000,000	COST