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SCANNED SEP 1

Return of Organization Exempt From Income Tax

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.

OMB No 1545-0047 Inspection

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service A For the 2014 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Address Chicago Cubs Charities Nam Cubs Charities 36-3443543 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1060 West Addison Street 773-404-2827 termi 4,371,896. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende Chicago, IL 60613-0000 H(a) Is this a group return Applica F Name and address of principal officer Jonathan Griefenkamp Yes 🗓 No for subordinates? 1060 West Addison, Chciago, IL H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 527 501(c) () ◀ (insert no.) 」 4947(a)(1) or If "No," attach a list (see instructions) Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1986 M State of legal domicile: IL Trust | Part I | Summarv Briefly describe the organization's mission or most significant activities To provide grants to charitable Governance organizations. If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ► L 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 60 6 6 Total number of volunteers (estimate if necessary) 685,037. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 46,205. b Net unrelated business taxable income from Form 990-T, line 34 RECEIVED **Prior Year Current Year** 1,309,005 1,317,898. Contributions and grants (Part VIII, line 1h) 500 244 737. 112,606 Program service revenue (Part VIII, line 2g) Rd 70,SEP 0 1 2015 95 217. 10 Investment income (Part VIII, column (A), lines 3, 4, 918,704 1,262,619. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,340,410 Total revenue - add lines 8 through 11 (must equal Part VII) County (A) line (2) 2,825,471. 3,571,325, 2,035,543 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 60,000 60,000. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 86,879. **b** Total fundraising expenses (Part IX, column (D), line 25) 195,275 267,749. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,290,818. 3,899,074. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 49,592 -1,073,603. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 4,237,670 2,778,813. 20 Total assets (Part X, line 16) 1,227,504. 842,250. 21 Total liabilities (Part X, line 26) Net / 1,936,563. 22 Net assets or fund balances Subtract line 21 from line 20 3,010,166. 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 Signature of officer Sign Jon Greifenkamp, Treasurer Here Type or print name and title Date Print/Type preparer's name Preparer's signature Hillespie 8/26/15 00855604 Laura Gillespie Jama 9 Paid 86-1065772 Firm's name Deloitte Tax LLP Firm's EIN Preparer Firm's address 111 South Wacker Drive Use Only

Phone no. (312) 486-1000

Chicago, IL 60606

Form	1990 (2014) Chicago Cubs Charities	36-3443543	Page 2
	rt 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		
•	Chicago Cubs Charities is committed to harnessing the passion of Cubs		
	fans to improve the lives of children and families across Chicago.		
	Goal is to provide increased access to sports opportunities and target		
	improvements in health, fitness and education for those in need.		
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 X 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 X 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	massured by eyno	aneae
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
		rs, the total expen	ses, and
	revenue, if any, for each program service reported		100 044
4a	(Code) (Expenses \$ 3,812,195. including grants of \$ 3,571,325.) (Revenue)	e\$	109,944.)
	Chicago Cubs Charities ("CCC") provides funding support for charitable		
	organizations and institutions across Chicago and in other locations.		
			_
4b		 _	
4D	(Code) (Expenses \$) (Revenue)	e\$,
			
4c			
40	(Code) (Expenses \$ including grants of \$) (Revenue		,
		_	
		<u> </u>	
			<u>_</u>
			_
		_	
44	Other program postupos (Decembe in Cabadillo O.)		
4d			
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,812,195.		
12200	^	Fo	orm 990 (2014)

Form 990 (2014) Chicago Cubs Chari
Part IV Checklist of Required Schedules

			Yes	No
4	In the avanagation decombed in section 501/a)(2) or 4047/a)(1) (ather than a private foundation)?		162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	į
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9	-	Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	-		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
.	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	Ha		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>	ļ	1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	l	
		_	$\Omega \Omega \Omega$	

Page 4

Pai	t IVi Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	<u> </u>
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? If "Yes," complete	256		x
~	Schedule L, Part I	25b	 	-
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	-	
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ŀ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	 		
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
b	O MINOR IN CONTRACT OF THE CON	28b		Х
	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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33	ļ	X.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	Х	<u> </u>
35a	· · · · · · · · · · · · · · · · · · ·	35a	-	Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			"
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			"
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		1

Form **990** (2014)

Note. All Form 990 filers are required to complete Schedule O

Check if Schedule C contains a response or note to any line in this Part V Is Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable Enter the number of Forms W 25 included in line 1a Enter 0 if not applicable Enter the number of Forms W 25 included in line 1a Enter 0 if not applicable Did the organization comply with backey withholding rules for reportable payments to vendors and reportable gamming (gambling) with minings to prize were recovered by the return of the form of the programming of the organization of the programming of the programming with ording rules for reportable payments to vendors and reportable gamming (gambling) with own with the vest covered by this return If I all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a in greater than 250, you may be required to 6-file (see instructions) If I Yes, 1 and 1 file a form 950 Tric this year? If Yeo, 1 of line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) If Yes, 1 and 1 file a form 950 Tric this year? If Yeo, 1 of line 3b, provide an exclanation in Schedule O As at any time during the calendar year, did the organization have an interest in or a signature or other authority over, a display of the signature or other authority over, a display of the signature of the authority over, a display of the signature of the authority over, a display of the signature of the authority over, a display of the signature of the authority over, a display of the signature of the authority over, a display of the signature of the authority over, a signature or other authority over, a display of the signature of the signature or other authority over, a s	Par				
to Enter the number reported in Box 3 of Form 1098 Enter 0- if not applicable be Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross some of \$1,000 or more during the year? b if 1'Yes, 1's stiffled a Form 980-1' for this year? If 1'No, 1' to line 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country to the same of the foreign country. If 1'Yes, 1' enter the name of the foreign country. If 1'Yes, 1' enter the name of the foreign country. If 1'Yes, 1' enter the name of the foreign country. If 1'Yes, 1' enter the reamen of the foreign country. If 1'Yes, 1' enter the reamen of the foreign country. If 1'Yes, 1' enter the reamen of the organization that it was or is a party to a prohibited tax shelter transaction? 5b If 1'Yes, 1' enter the name of the organization that it was or is a party to a prohibited tax shelter transaction? 6c If 1'Yes, 1' enter the reamen of the organization that it was or is a party to a prohibited tax shelter transaction? 6c If 1'Yes, 1' enter the reamen of the organization that it was or is a party to a prohibited tax shelter transaction? 6c If 1'Yes, 1' enter the reamen of the organization that it was or is a party to a prohibited tax shelter transaction? 6c If 1'Yes, 1' enter the reamen of the organization th	1a Enter the number reported in Box 3 of Form 1006 Enter -0 in not applicable 1b Enter the number of Forms WS (an included in line 1a Enter -0 in not applicable 1c Did the organization comply with backup witholding rules for reportable psyments to vendors and reportable gamining (gambing) with making with backup witholding rules for reportable psyments to vendors and reportable gamining (gambing) with making with backup witholding rules for reportable psyments to vendors and reportable gamining (gambing) with making without the part of the call of the calendary year ending with or within the year covered by this return. 2E Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field of the calendary year ending with or within the year covered by this return. 3 If all sead one is reported on the 2a, did the organization file all required folderal employment tax returns? Note, if the sum of lines 1s and 2a in greater than 250, you may be required to e-/fec (see instructions) 3 If Yes, a line is filed a Form 980°T for the year? If Y6, for large 3b, provide an explanation or Schedule 0 3 If Yes, a line during the calendary ear, did the organization have an enterest in, or a significant or other financial accounts? 4 If Yes, a line the name of the foregran country by See instructions for filing requirements for FincSin Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 If Yes, a line the same of the foregran country by See instructions for filing requirements for FincSin Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 If Yes, a line to said of Sis Report Bank and Financial Accounts (FBAR) 5 If Yes, a line to said of Sis Report Bank and Financial Accounts (FBAR) 5 If Yes, a line to said of Sis Report Bank Bank Bank Bank Bank Bank Bank Bank		Check if Schedule O contains a response or note to any line in this Part V			ليا
Enter the number of Forms W-26 included in line 1a. Enter-0 if not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendary year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required decreal employment tax returns? 2b. Mote, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. X. John Mote, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d. X. John Mote, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3d. At any time during the calendary year, did the organization are interest, no a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 4d. At any time the the name of the foreign Country (such as a bank account, securities account, or other financial accounts? 5d. If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited and shelfer transaction? 5d. If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited that well and the foreign country (such as a party to a prohibited that well on the form 88861? 5d. Did the organization near on tax deductible as charitable contributions? 5d. If Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d. Did the organization shall may receive deductible as c	Enter the number of Forms W2G included in line 1a. Enter 0 of not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with marking with rules of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with marking with or within the year covered by this return If I all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lane 1 and 2 as greater than 250, you may be required to e-Me (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If 1'ves, 1 as a filed a Form 900 To fro they say "I "Not, 7 for 83, 92, rowed an avigation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b. If "ves," either the name of the foreign country be seen instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a. Did any taxabile party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b. I "ves," did the organization have aminual gross receipts that are normally greater than \$100,000, and did the organization solicit any orithrotivons that were not as deductible as charabele contributions? 7b. If "ves," did the organization norciude with every solicitation an express statement that such contributions or gifts were not tax deductible as charabele contributions? 7c. I were not tax deductible as charabele contributions are party for goods and services provided to the payor? 7c. I were not seen as a service of the payor of the very service a		1.1	_	Yes	
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b if at least one is reported on ine 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross norm of \$1,000 or more duming the year? b if Yes, is set if filed a Form 990 P5 Tor this year? If No., *to ine 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country such as a bank account, securities account, or other financial account)? b if Yes, *the tree maine of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the varies of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if Yes, *indicate the number of Forms 8282 filed during the year b if Yes, *indicate the number of Forms 8282 filed during the year c bit the organization received a contribution of or the value of the goods or services provided? b if Yes, *indicate the number of Forms 8282 filed during the year g if the organization received a co	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if all least one is reported on line 28, did the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to 6-file (see instructions) 3b If the vest manufaction have unreaded bisuness gross income of \$10,000 or more dumpt the year? 5c If Ves, "has if filed a Form 990-T for this year? If No," to film 3b, provide an explanation in Schedule O 5c If Ves, "has if filed a Form 990-T for this year? If No," to film 3b, provide an explanation in Schedule O 5c If Ves, "has if filed a Form 990-T for the year? If No," to film 3b, provide an explanation in Schedule O 5c If Ves, "has the organization a party to a prohibited to miteration," and the schedule of the companization of the foreign country of years. 5c If Ves, "to like the name of the foreign country of years. 5c If Ves," to like 5a or 5b, did the organization file Form 8886-T? 5d Dos the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions under section 170(c). a Del the organization receive an ordity the donor of the value of the goods or services provided? 5c If Ves, "to like organization manual gross receipts that are normally greater than \$100,000, and did the organization solicit any ortification are provided to the payor? 5c If Ves, "to like the organization neithy the donor of the value of the goods or services provided? 5c If Ves, "to like the organization receive a contribution of cause of the value of the goods or services provided? 5c If the organization services and capital contributions. Enter or		Little the Hamber reported in Box 0 or 1 or 11 1000 Erica 0 in 100 applicable	4 1		₩;
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Form 990 (2014) Chicago Cubs Charities 36-3443543 Page
Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response

	to line 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			Х				
Sec	tion A. Governing Body and Management		_					
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6	40						
	If there are material differences in voting rights among members of the governing body, or if the governing	26.	* G	`				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2	X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х				
6	Did the organization have members or stockholders?	6		х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		****					
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	-				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	 				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	x					
12	Did the organization have a written whistleblower policy?	12c 13	×	-				
13 14	Did the organization have a written document retention and destruction policy?	14	-	x				
15	Did the process for determining compensation of the following persons include a review and approval by independent		ξ.					
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 40						
•	The organization's CEO, Executive Director, or top management official	15a	##. ## .	×				
	Other officers or key employees of the organization	15b		х				
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	7. *	192	**				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1,4					
	taxable entity during the year?	16a	>+%	X				
ь								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	space".	À.	M.				
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶IL							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X 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	i finan	cıal					
	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							
	Theresa Bacholzky - 773-404-4056							
	1060 West Addison Street, Chicago, IL 60613-0000							

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	nor any related	orga	nıza	tion	CO	mpe	nsat	ted any current officer, of	director, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(40	not c	Pos	itior	l than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	\vdash	cer an	id a d	irecto	or/trus	100)	from	from related	other	
	(list any	ecto		i		İ		the .	organizations	compensation	
	hours for	p .o	98			sated	l	organization	(W-2/1099-MISC)	from the	
	related organizations	nstee	trust		8	ben		(W-2/1099-MISC)		organization and related	
	below	ual fr	hona		yold	وة الأوقا	١_			organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			o gamaanomo	
(1) Laura M. Ricketts	1.00	-	┢	۲	Ť	1					
Director	0.00	х		ļ				0.	0.	0.	
(2) Thomas S. Ricketts	1.00										
Director	0.00	х				ŀ		0.	0.	0.	
(3) Todd M. Ricketts	1.00									,	
Director	0.00	х						0.	0.	0.	
(4) J. Peter Ricketts	1.00										
Director	0.00	х						0.	0.	0.	
(5) Ceclia Ricketts	1.00										
Director	0.00	X						0.	0.	0.	
(6) Susanne Shore	1.00										
Director	0.00	x						0.	0.	0.	
(7) Crane H. Kenney	1.00										
President	0.00			х	ļ	L		0.	0.	0.	
(8) Michael R. Lufrano	1.00	j			ŀ						
Vice Pres and Secretary	0.00			Х		L	L	0.	0.	0.	
(9) Jonathan Greifenkamp	1.00]									
Treasurer	0.00		L.	х		L		0.	0.	0.	
(10) Mark E. McGuire	1.00]			1		İ				
Vice President	0.00	<u> </u>	L_	Х	╙	lacksquare	┖	0.	0.	0.	
(11) Connie Falcone	1.00	1	İ		l						
Vice President - Development	0.00	╙		х	_	<u> </u>		0.	0.	0.	
		4	l								
	·	├			├	├					
		1									
		L	<u> </u>		L	<u> </u>	_				
		$\left\{ \right.$									
		\vdash	\vdash	\vdash	H		\vdash				
		L			<u> </u>						
		1	1	1	1	1	ı	1	I	I	

Form 990 (2014)	Chicago Cubs	Charities								36-3443	543_	Page 8
Part VII Section A. Officers	s, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title Average hours per week (list any					Pos heck ss pe	more	than o	h an	(D) Reportable compensation from the	(E) Reportable compensatior from related organizations		(F) Estimated amount of other compensation
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		from the organization and related organizations
				_								
				_		_						
				_								
1b Sub-total c Total from continuation	sheets to Part V	II, Section A						▶	0.		0.	0
d Total (add lines 1b and 2 Total number of individual compensation from the o	als (including but n	not limited to th	nose	liste	ed al	bove	e) wh	no re	eceived more than \$100),000 of reportable	0. e	0
3 Did the organization list a	iny former officer,			e, ke	ey er	nplo	yee,	, or	highest compensated e	mployee on		Yes No
Ine 1a? If "Yes," completFor any individual listed of and related organizations	on line 1a, is the si	um of reportab	le c						•	the organization	-	3 X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
5 Did any person listed on rendered to the organizat	line 1a receive or a tion? If "Yes," com	accrue compe	nsat	ion 1	from	any	unr/			idual for services		5 X
Section B. Independent Con 1 Complete this table for you		mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensat	tion from
the organization Report	compensation for	-	-						n the organization's tax			
Na Na	(A) ame and business	address	NO	NE				_	(B) Description of s	services	Co	(C) mpensation
				_							-	-
2 Total number of independ		_	not li	mite	ed to	tho		stec	d above) who received r	nore than		
\$100,000 of compensation	on from the organi	zation					0		·	*	<u>å</u> . F	orm 990 (2014

			Cubs Charit	ies			36-3443543	Page 9
	rt VI		nue					
		Check if Schedule O conf	tains a response	or note to any lin	(A)	(B)	(C)	(D) Revenue excluded
			28.		Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a				*	*
Contributions, Gifts, Grants and Other Similar Amounts	þ	Membership dues	1b					
Am's	¢	Fundraising events	1c	809,732.				
ᄪᇸ	d	Related organizations	1d	96,216.	*	\$,	*
δ̈̈́Ë	е	Government grants (contribut	tions) 1e	24,932.				
ISE	f	All other contributions, gifts, gran	nts, and			<u></u>		i.
호		similar amounts not included abo	ove 1f	387,018.	•	*		**
털	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8 ೯</u>	h	Total. Add lines 1a-1f		<u> </u>	1,317,898.		-(C - 1	
		-		Business Code	***			
8	2 a	Ornaments		900099	134,793.		134,793.	
Program Service Revenue	b	Messageboard Revenues		900099	104,444.	104,444.		_
Suna	c	Photo Revenues		900099	5,500.	5,500.		
eve eve	d	l						
6	е	•						
ت	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	244,737.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		▶	217.			217
ļ	4	Income from investment of ta	x-exempt bond	proceeds 🕨				
	5	Royalties		•				
			(i) Real	(ıı) Personal				k `
	6 a	Gross rents		ļ			* ***	***
	b	Less rental expenses						
	С	Rental income or (loss)				. ,	کند بعضه	.ý
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory			,		.%	*
i	b	Less cost or other basis						
		and sales expenses	ļ		*			4
ļ		Gain or (loss)		<u> </u>		A symptomer a company of the con-	mma semena Am	
i	d	Net gain or (loss)	-					
ne	8 a	Gross income from fundraisin	-		à			۵. ۶ .
Other Revenu		<u> </u>	732. of		*			
æ		contributions reported on line				·		
ě		Part IV, line 18	а	4 4 5 0 0 5 4	* ,	N		1
ᇂ		Less direct expenses	t.	1,158,051.	740 555			
		Net income or (loss) from fund	-		712,557.	₩ ×/	182.	712,375
	9 a	Gross income from gaming a		020 426	&# *`;	**	**	£
		Part IV, line 19	a				,	
		Less direct expenses					EE0 062	. Salar ar mont were as a .
		Net income or (loss) from gan			550,062.	<u> </u>	550,062.	
	10 a	Gross sales of inventory, less						
		and allowances	a .		<u> </u>	· 546.7	" <u>*</u> "	
		Less cost of goods sold	b)'	7) PETER			× × × × × × ×
	<u>c</u>	Net income or (loss) from sale		<u> </u>	2 33.3		*	<u> </u>
-	44	Miscellaneous Revenu	Je	Business Code	": % ".&	. (.	s with the property and the
	11 a							
	b					_		
	0						 	
ļ	d					· · · · · ·		
		Total Add lines 11a-11d			2,825,471.	<u>≸</u> 109,944.	685,037.	712,592
	12	Total revenue. See instructions.		>	2,023,9/1.	100,044.	1 205,057.	,12,332

Form **990** (2014)

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 (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. **expenses** generăl expenses expenses Grants and other assistance to domestic organizations 3,571,325 3,571,325 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,000 60,000 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees) a Management **b** Legal 63,965 63,965 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 : 16 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 3,016 3,016 column (A) amount, list line 11g expenses on Sch O.) 6,250 6,250. 12 Advertising and promotion 13,205, 13,205. Office expenses 13 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,390 8,390 Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) ar Ì amount, list line 24e expenses on Schedule O.) 86,879. 0 Fundraising 86,879 0. 83,678. 0 83,678 Programs b 2,366. 0 ٥. 2,366 Credit Card Fees C d All other expenses 86,879. 3,899,074 3,812,195. 0 Total functional expenses Add lines 1 through 24e 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 if following SOP 98-2 (ASC 958-720)

Chicago Cubs Charities 36-3443543 Form 990 (2014) Page 11 Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 2,707,648. 4,187,728. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 27,000 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 22,942 1,000. 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 70,165. 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 4,237,670 2,778,813. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 85,871. 23,636. 17 Accounts payable and accrued expenses 17 919,337. 419,941. 18 18 Grants payable 250,560. 105.044. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 33,971 231,394. Schedule D 25 842,250. 1,227,504 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,936,563. 3,010,166, Unrestricted net assets ٥. Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 2,778,813. Form 990 (2014)

1,936,563.

32

33

3,010,166

4,237,670.

33

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

orm	990 (2014) Chicago Cubs Charities	36-3443543	Pa	<u>ige 12</u>				
Pa	rt XI Reconciliation of Net Assets	-						
	Check if Schedule O contains a response or note to any line in this Part XI							
			2 025	474				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	2,825					
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,899					
3	Revenue less expenses Subtract line 2 from line 1	3	-1,073					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,010	,166.				
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,936	,563.				
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		7.	3 3				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	-93					
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b X	7				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,	基料	45.50				
	consolidated basis, or both			35				
	X Separate basis Consolidated basis Both consolidated and separate basis							
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audrt.		NEC 2				
Ī	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	X X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O							
32	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Ja	Act and OMB Circular A-133?		3a	X				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ured audit		T				
,	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	466.1	3b					
	or addits, explain mity in our edule of and describe any steps taken to didding south addits		Form 990	(2014)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Inspection

Inspection

Employer identification number

OMB No 1545-0047

Open to Public Minspection

36-3443543

Name of the organization

Chicago Cubs Charities

Pa	irt I	Reason for Public 0	Charity Status (All organizations must co	omplete th	is part) Se	e instructions						
The	organ	ization is not a private found	lation because it is	(For lines 1 through 11, o	heck only	one box)							
1		A church, convention of ch	urches, or associate	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in secti	•										
3		A hospital or a cooperative			ection 170	Xb)(1)(A)(ii	ii).						
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	х												
		section 170(b)(1)(A)(vi). (Complete Part II)											
8	$ \Box $	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	严	An organization that norma				contribute	one mambarehin faas s	and arose receints from					
٠		-	•	•	•		•	-					
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organization organized a	•	analy to toot for public or	afety Soo	caction 50)Q(a)(4)						
11	Ħ	An organization organized a	•	•	•			nurnoses of one or					
••		more publicly supported or		-									
		lines 11a through 11d that	•					Meck the box in					
		Type I. A supporting orga						, anuna					
ć	_	the supported organization	•	•		-		•					
					a majority	or the dire	ciois of trustees of the s	supporting					
		organization You must o	-		tion with d	to ounnort	ad arganization(s), by ha	uuna					
t	,	☐ Type II. A supporting org	•					=					
		control or management o			anie perso	טווס נוומנ טנ	or manage the sup	ported					
		organization(s) You mus	· , ·			ب طفینہ مصنف	and franctionally intograte	and with					
•	·							eu with,					
		its supported organization						t(-)					
•	! L	☐ Type III non-functionally	, .	· -									
		that is not functionally int	-			_		iveness					
		requirement (see instruct	•	•									
•	• _	Check this box if the orga					турет, турет, турет						
		functionally integrated, or	- '	onally integrated support	ing organi	zation							
1		er the number of supported of	•	- d									
		vide the following information (i) Name of supported	about the support	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
	,	organization	(11, 2.11	(described on lines 1-9	listed	in your	support (see	other support (see					
		3		above or IRC section	governing of Yes	No No	Instructions)	Instructions)					
_			<u> </u>	(see instructions))	165	- NO							
_			<u> </u>					<u>-</u>					
			}	}	j	ļ		j					
_								 					
_		 -				 							
_					 	 							
			}		<u> </u>			<u> </u>					
			* : *2 {		į.								
Tot	al		,	144 8	* & &.·	**************************************		<u> </u>					

Page 2

Schedule A (Form 990 or 990-EZ) 2014 Chicago Cubs Charities 36-3443543

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support		-				
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	ınclude any "unusual grants ")	530,500.	860,654.	479,591.	1,309,005.	1,317,898.	4,497,648.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					_	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	530,500.	860,654.	479,591.	1,309,005.	1,317,898.	4,497,648.
5	The portion of total contributions				'AL 11.	S.	
	by each person (other than a					Ĭ,	
	governmental unit or publicly	}					
	supported organization) included	. 37.	*				
	on line 1 that exceeds 2% of the		•			. 8	
	amount shown on line 11,			*			
	column (f)		·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1,177,270.
6	Public support. Subtract line 5 from line 4	-6	,*	1 X x'			3,320,378.
	ction B. Total Support	main amira.	·	, .,			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	530,500.	860,654.	479,591.	1,309,005.	1,317,898.	4,497,648.
8	Gross income from interest,	<u> </u>					· · · · · · · · · · · · · · · · · · ·
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	2,472.	589.		95.	217.	3,373.
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on					46,205.	46,205.
10	Other income Do not include gain					,	,
10	or loss from the sale of capital						
44	assets (Explain in Part VI)		<i>}</i> :			3 4 3	4.547.226.
	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·	4 % 46 888 2		12	495,682.
	Gross receipts from related activities		•	d fourth or fifth to	av voor op a poetig		,
13	First five years. If the Form 990 is for organization, check this box and stop	=	s mst, second, um	a, louren, or mar te	ax year as a section	11 30 1(0)(3)	
Sec	ction C. Computation of Pub	ic Support Pe	rcentage				
_	Public support percentage for 2014 (column (fl)		14	73.02 %
	Public support percentage from 2013			Joidinin (1))		15	63.32 %
	33 1/3% support test - 2014. If the			n line 13 and line	1/ ie 33 1/3% or r		
100	stop here. The organization qualifies				14 13 33 17070 01 1	nore, check and be	► X
	33 1/3% support test - 2013. If the		_		l line 15 is 33 1/3%	or more check th	-
L	and stop here. The organization qual				1 11116 13 13 33 1737	o or more, ericon a	▶ □
47-					n 12 16a ar 16h	and line 14 is 10%	or more
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					it viriow the organ	► □
	meets the "facts-and-circumstances"					17a and line 15 :-	100/ 07
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						` . .
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17l		and see instruction	

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, piease com	piete Fart ii)			 -	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and	(0, 20,0	(5)2011	10,2012	(5,2010	(0) 20 17	
membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions.				 		
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513				ı		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf				:		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge		1	ł			
6 Total. Add lines 1 through 5						•
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support	,			X		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(a) 2010	(0) 2011	(0) 2012	(4) 2010	(6) 2014	(i) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources						•
b Unrelated business taxable income						-
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						_
13 Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	L			
14 First five years. If the Form 990 is for t	he organization	's tirst, second, thu	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and stop here	- Cupe and Di					▶└
Section C. Computation of Public					45	
15 Public support percentage for 2014 (Ir	,	•	column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Invest				•	47	
17 Investment income percentage for 201	•		ne 13, column (f))		17	
18 Investment income percentage from 20			on line 44	o 45 to many that 0	18	
19a 33 1/3% support tests - 2014. If the c						r is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2013. If the co	-	-	· ·			nd _
line 18 is not more than 33 1/3%, chec	k this box and s	stop here. The orga	anızatıon qualıfıes	as a publicly suppo	orted organization	. ▶⊑
20 Private foundation. If the organization	did not check a	box on line 14 19	a or 19b check t	his hox and see ins	structions	▶ .

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		No
2	*	
3a		٠
3b	allindragen ,	
3c	***	
		ž
4a		
<u>4c</u>		
5a	.51	<u>م</u> ريڌ
5b 5c		-
	50 888000000000000000000000000000000000	
7		
8	L	
9a	> .	Ÿ
9b	*	Řú. Ł
9c	à.	
10a	l	; ***,
10a 10b	luáz	

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov 20, 1970 See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must con	nplete	Sections A through E	
Santi	on A. Adjusted Not Income		(A) Prior Year	(B) Current Year
Secu	on A - Adjusted Net Income		(A) Filor real	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	č		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		. <u></u>
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1 14 4	
2	Enter 85% of line 1	2	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	/·integi	rated Type III supporting org	anization (see
-	instructions)		,, ., J	·

Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Or	rganizations (continued)	
Secti	on D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
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	he organization is respons	sive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Casti	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
<u> </u>	on E - Distribution Allocations (see instructions)	·	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	* **		.
	(reasonable cause required-see instructions)	·		
3	Excess distributions carryover, if any, to 2014			
a		\$. X		
<u> </u>	1			
с	v			,
d				****
ее	From 2013			,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			Nine.
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4	Distributions for 2014 from Section D,			*
	line 7 \$,
a	Applied to underdistributions of prior years	Ž.*		*
<u>b</u>	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			<u> </u>
5	Remaining underdistributions for years prior to 2014, if	*		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
	any Subtract lines 3g and 4a from line 2 (if amount	7		
	greater than zero, see instructions)	,		
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	"	:	
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j		* **	```
	and 4c		*	
8_	Breakdown of line 7			
a		*	***	
b	*			
c		,		
<u>d</u>	Excess from 2013	·#	<u> </u>	*
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 Chicago Cubs Charities	36-3443543	Page 8
Part VI	(Form 990 or 990-EZ) 2014 Chicago Cubs Charities Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	7a or 17b, and Part III, lin	e 12
	Also complete this part for any additional information (See instructions)		
			
		_	
			<u> </u>
		<u> </u>	
		 ,	
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		<u> </u>	
			

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

Department of the Treasury Internal Revenue Service

	Chicago Cubs Charities		36-3443543
Pai		ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
	3	(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 fi	unds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pai	till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure 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, re	eleased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	$\mbox{\sc violations},$ and enforcement of the conservation easements	rt holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements during	the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the o	organization's accounting for
	conservation easements	(4) 11: 1 : 17:	· Oissilan Assata
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex	•	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public s	service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets; continued) 3	Page 2
Check all that apply a	ıed)
a Public exhibition d Loan or exchange programs b Scholarly research	rtems
b Scholarly research e Other Preservation for future generations 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?	
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII 5 During the year, did the organization's collections and explain how they further the organization's content similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance C Beginning balance Distributions during the year 1 Ending balance Distributions during the year 1 Ending balance Distributions during the year 1 Ending balance Distributions during the year 1 Ending balance Distributions during the pear of the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X line 10 Description of year balance Other expenditures for facilities and programs 1 Administrative expenses General Endowment Funds and the current year end balance (line 1g, column (ai)) held as a Board designated or quasi-endowment Funds. T Administrative expenses General Endowment Funds and the current year end balance (line 1g, column (ai)) held as a Board designated or galasiendowment Funds and the current year end balance (line 1g, column (ai)) held as a Board designated or galasiendowment Funds and the current year end balance (line 1g, column (ai)) held as a Board designated or galasiendowment Funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations b If "Yes" to 3a(h), are the related organizations listed as required on Schedule R? Describen Pa	
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 air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	
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? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1c	
to be sold to raise funds rather than to be maintained as part of the organization's collection?	
Part IV	
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? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year 1 1d	<u></u> No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	
on Form 990, Part X? 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 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years and programs 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	
b if "Yes," explan the arrangement in Part XIII and complete the following table Amount	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Distributions during the year f Ending balance b Corresponding to regarization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Ves," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years [a] Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	L∐ No
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes to lif "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10 Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 21, line 11a See Form 990, Part X, line 10 Part V Endowment Funds. See Form 990, Part IV, line 11a See Form 990, Part X, line 10 Part V Endowment Funds. See Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds Part V Endowment Funds. See Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds Part V Endowment Funds. See Form 990, Part IV, line 11a See Form 990, Part X, line 10 Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's endowment funds Describe in Part XIII the intended uses of the organization's	
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(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (d) Four years (d) Three years back (e) Four years (d) Three years back (e) Four years (d) Three years back (e) Four years (d) Three years back (e) Four years (d) Three years back (e) Four years (d) Four years (d) Four years (d) Four years (e) Four yea	
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 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 ▶ % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part Y Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings	Cars Dack
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and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment	
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶	
a Board designated or quasi-endowment ▶	
b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part V Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings	
The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations 3a(ii) 3a(i	
The percentages in lines 2a, 2b, and 2c should equal 100% 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" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1a Land b Buildings	
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" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings	
by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other)	
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI	Yes No
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) 1 Land B Buildings	
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Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) Land Buildings (d) Book value b Buildings	\neg
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10 Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings (
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings	
basis (investment) basis (other) depreciation 1a Land b Buildings	
basis (investment) basis (other) depreciation 1a Land b Buildings	value
b Buildings	
b Buildings	
d Equipment	
e Other	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)	0.

Schedule D (Form 990) 2014 Chicago Cubs Cha	rities		36-3443543	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 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 marke	t value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			_	
(B)				
(C)				
(D)				
(E)	_	-	 	
(F)				
(G)				-
(H)				_
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			· * · ·	1.16
Part VIII Investments - Program Related.	<u>. </u>	\$*** _ '99***	d dist	* 55.
Complete if the organization answered "Yes"	to Form 000 Part IV lin	a 11c. Saa Form 990. Part Y line 13		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-vear marke	et value
(1)	(5) 2001. 12.00	(c) manea or valuation occi-		
		-		
(2)		 		
(3)				
<u>(4)</u>				
(5)				
(6)	-			-
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			7	
Part X Other Assets.		₩ ₩ ' ₩A	· / 88/ %	* • # "
V 10 4	to Form 000 Bort IV In	a 11d See Form 000 Port V line 15		
Complete if the organization answered "Yes"	Description	e IId See Folili 990, Falt A, line 13	(b) Book	value
	Description		(5) 5001	74140
(1)				
(2)				
(3)		· · -		
(4)		 		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) III Part X Other Liabilities.	ne 15)		<u> </u>	
Complete if the organization answered "Yes"	to Form 990, Part IV, lin	e 11e or 11f See Form 990, Part X, li	ne 25	
1. (a) Description of liability		(b) Book value	i i	
(1) Federal income taxes				* * * * * * * * * * * * * * * * * * * *
(2) Due to Chicago Cubs		231,394.		
(3)				r . Lätter
(4)				
(5)		* 2.2	* *	
(6)				:
(7)				
(8)		last.		K: Will

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

Schedule D (Form 990) 2014

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

231,394.

Sche	dule D (Form 990) 2014 Chicago Cubs Charities			36-3 44 35 4 3	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	enue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	4,581,896.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a		<i>?</i> *	
b	Donated services and use of facilities	2b	210,000.		
С	Recoveries of prior year grants	2c		, ,	
d	Other (Describe in Part XIII)	2d	1,546,425.	. 4	
е	Add lines 2a through 2d			2e	1,756,425.
3	Subtract line 2e from line 1			3	2,825,471.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b		ìś	•
С	Add lines 4a and 4b			4c	0.
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	With For		5 Datum	2,825,471.
Ра	T XII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	enses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		-	I —	F 655 400
1	Total expenses and losses per audited financial statements			1	5,655,499.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما	210,000.		
a	Donated services and use of facilities	2a	210,000.		
ь	Prior year adjustments	2b			
c	Other losses	2c	1,546,425.	ľ	
đ	,	2d	1,340,423.	0-	1,756,425.
e	Add lines 2a through 2d			2e	3,899,074.
3	Subtract line 2e from line 1			3	3,033,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	ا مه ا			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	,	4b		1 40	0.
_	Add lines 4a and 4b			4c 5	3,899,074.
5 202	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			[5]	3,033,011
. 200	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV lines 1b and 2	h Part V line	4 Part X line 2	Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add			4, 1 alt X, iii e 2.	, i ait Ai,
111163	20 and 4b, and 1 art An, lines 20 and 4b Association peter this part to provide any add	itional information			
		• **	-		
Par	X, Line 2:				
From	the audited financial statements: "CC is a not-for-profit				
ora	unization exempt from federal income taxes under Section 501(c)	(3) of			
OI g	miration exempt from reductal facoust dates and society			-	
the	Internal Revenue Code and from Illinois state income tax. CC:	follows			
gui	lance issued by the FASB with respect to accounting for uncertain	inty in			
inc	ome taxesA tax position is recognized as a benefit only if i	t is			
mor	e likely than not that the tax position would be sustained in a	tax			
exa	mination, with a tax examination being presumed to occur. The	amount	<u> </u>		
		an 509			
rec	ognized is the largest amount of tax benefit that is greater the	<u> </u>			
1ik	ely of being realized on examination. For tax positions not me	eting			
the	more likely than not test, no tax benefit is recorded." No us	ncertain			
	positions are recorded for CC in the financial statements for	the year			
43205 10-01	4 -14		_	Schedule D (F	orm 990) 2014

Schedule D (Form 990) 2014 Chicago Cubs Charities		36-3443543	_ Page 5
Part XIII Supplemental Information (continued)			
ended December 31, 2014.			
Part XI, Line 2d - Other Adjustments:			
Fundraising Expenses	1,158,051.		
Gaming Expenses	388,374.		
Total to Schedule D, Part XI, Line 2d	1,546,425.		
Part XII, Line 2d - Other Adjustments:			
Fundraising Expenses	1,158,051.		
Gaming Expenses	388,374.		
Total to Schedule D, Part XII, Line 2d	1,546,425.		
			<u> </u>
			
			
		<u>.</u>	
			

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization	bout Schedule G (Form 990 or 990-EZ)	and its	ilisuu	CHOIS IS ALWWW.I/S.O	OV/IC		ntification number
	os Charities					36-3443543	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet	red "Y	es" to	Form 990, Part IV, i	ne 1	7 Form 990-EZ	filers are not
Indicate whether the organization rais Mail solicitations	sed funds through any of the following			Check all that apply overnment grants			
b Internet and email solicitations			_	nment grants			
c Phone solicitations	g Special						
d In-person solicitations			•				
2 a Did the organization have a written of	or oral agreement with any individual	(ınclud	ding of	fficers, directors, tru	stees	or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	onal f	undraising services?	1	L Yes	No
b If "Yes," list the ten highest paid indi- compensated at least \$5,000 by the		uant to	agre	ements under which	the f	undraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		-				<u>. </u>	-
						,	
							_
·							
Tatal	·						
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	outions	L sor has been notified	d it is	exempt from re	egistration
or licensing							
							··
· · · · · · · · · · · · · · · · · · ·							
1 3 (- 1 -	*						

36-3443543 Schedule G (Form 990 or 990-EZ) 2014 Chicago Cubs Charities Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through **Gala** Convention col (c)) (event type) (event type) (total number) 2,680,340. 465,196 897,251 1,317,893 1 Gross receipts 35,000 809,732. 774,732 2 Less Contributions 543,161 465,196 862,251 1,870,608. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 511,412, 1,158,051. 359,017. 287,622 9 Other direct expenses 1,158,051. ▶ 10 Direct expense summary Add lines 4 through 9 in column (d) 712,557, 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 938,436 938,436. Gross revenue 332,645. 332,645 2 Cash prizes Direct Expenses Noncash prizes 45,109 45,109. Rent/facility costs 10,620 10,620. Other direct expenses % Yes % Yes % Yes 6 Volunteer labor 388,374. 7 Direct expense summary Add lines 2 through 5 in column (d) 550,062. 8 Net gaming income summary Subtract line 7 from line 1, column (d)

9 Enter the state(s) in which the organization conducts gaming activities IIL a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain	X Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain	Yes X No

Schedule G (Form 990 or 990-EZ) 2014

Sch	edule G (Form 990 or 990-EZ) 2014 Chicago Cubs Charities	36-344	3543	Page 3
	Does the organization conduct gaming activities with nonmembers?		X 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	X No
13	Indicate the percentage of gaming activity conducted in			
	The organization's facility		13a	.00 %
	An outside facility			.00.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds		
	Name Theresa Bacholzky			
	Address > 1060 West Addison - Chicago, IL 60613			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization > \$	ount		
	of gaming revenue retained by the third party >\$			
С	If "Yes," enter name and address of the third party			
	Nama 🏲			
	Name	. ——		
	Address >			
16	Gaming manager information			
	Name Kisty Allen			
	Gaming manager compensation ▶ \$0.			
	Caming manager compensation > \$\psi			
	Description of services provided			
				
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		X Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
_	organization's own exempt activities during the tax year \$\infty\$ \$ 550,062.	iii u ie		
Pa	int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III lir	nes 9 9h 1	0h 15h
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)	u ,	100 0, 00, 1	05, 105,
				<u>-</u>
	- · · · · · · · · · · · · · · · · · · ·			
			<u> </u>	

Schedule G (Form 990 or 990-EZ) Chicago Cubs Charities	30-3443343	Page 4
Part W. Supplemental Information (continued)		
Part IV Supplemental Information (continued)		
		_
	<u> </u>	

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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Schedule I (Form 990) (2014) 2 _ 23. (h) Purpose of grant or assistance ce Bucket Challenge 36-3443543 Went Sponsorship X Yes General Support General Support General Support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Jubs Scholars onation 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) O.FMV O.FMV O.FMV O.FMV O.FMV O.FMV (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 10,000 10,000 8,000, 83,700, 15,000, (d) Amount of 10,442 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 51-0140419 501(c)(3) Enter total number of other organizations listed in the line 1 table 36-3297360 36-4447457 36-2852762 54-2126575 45-5636633 General Information on Grants and Assistance (p) EIN Chicago Cubs Charities criteria used to award the grants or assistance? ALS Association of Greater Chicago Academy of Urban School Leadership 1 (a) Name and address of organization Anthony Rizzo Family Foundation Advocate Charitable Foundation 78 East Washington -5th Floor 220 West Huron, Suite 4003 or government Chicago Children's Choir Downers Grove, IL 60515 Coconut Creek, FL 33073 Black Ensemble Theater 6574 North State Road 3075 Highland Parkway Name of the organization Chicago, IL 60654 3400 North Austin Chicago, IL 60634 Chicago, IL 60640 Chicago, IL 60602 4450 North Clark Part II Part

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Schedule (Form 990) chicago cubs Charities Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	harities Assistance to Go	overnments and Organ	nizations in the U	nited States (Scho	edule I (Form 990), Par		36-3443543 Page 1
(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
Chicago Park District 541 North Fairbanks Chicago, IL 60611	36-6005822	3ov't Entity	2,200,000.	0	PMV		Little League Field
Creighton University 2500 California Plaza Omaha, NE 68178	47-0376583	501(c)(3)	25,000.	• 0	PMV		General Support
David Dejesus Foundation 222 West Adams - 28th FL Chicago, IL 60606	45-2492356	501(c)(3)	27,637.	0	РМV		ALS
Family Reach Foundation 2001 Route #46 Parsippany, NJ 07054	91-2192211	501(c)(3)	8,000.	0.0	FMV		General Support
Fergie Jenkins Foundation 165 Portage Road Lewiston, NY 14092	87-1025920	501(c)(3)	5,400.	0.	PMV		Golf Tournament Sponsorship
Flying Kites 4 Pearl Street Dedham, MA 02026	20-5946832	501(c)(3)	10,000.	0	FMV		General Support
GiGi's Playhouse 2350 West Higgins Hoffman Estates, IL 60169	20-8411320	501(c)(3)	15,250.	.0	FMV		General Support
Jackie Robinson West Little League 10827 South Morgan Chicago, IL 60643	52-1234877	501(c)(3)	20,000.	.0	PMV		Little League World Series
LaRabida Children's Hospital 6501 South Promontory Drive Chicago, IL 60649	36-2170143	501(c)(3)	5,600.	°	PMV		Award Dinner Sponsorship Schedule I (Form 990)

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Schedule I (Form 990) Chicago Cubs Charities Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	harities Assistance to Go	vernments and Organ	izations in the Ur	nited States (Sche	dule I (Form 990), Par	:	36-3443543 Page 1
(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
LISC Chicago 135 South LaSalle Chicago, IL 60603	13-3030229	501(c)(3)	358,485.	0. FMV	AW.		General Support
Marwen Foundation 833 North Orleans Chicago, IL 60610	36-3523622	501(c)(3)	5,380.	0	PMV		General Support
McCormick Foundation 205 North Michigan Ave #4300 Chicago, IL 60601	36-3689171	501(c)(3)	583,614.	0	РМV		Donation to Cubs Care Fund
Misericordia Home 6300 North Ridge Chicago, IL 60660	53-0196617	501(c)(3)	10,720.	0	FMV		General Support
National Runaway Safeline 300 North Lincoln Chicago, IL 60602	36-2726331	501(c)(3)	7,500.	0	PMV		General Support
The Boston Astros Baseball Club 11 Walnut Park Roxbury, MA 02119	46-1856641	501(c)(3)	15,000.	0	FMV		General Support
Urban Alliance 1327 14th Street NW Washington DC, DC 20005	52-1938443	501(c)(3)	12,500.	0	FMV		Winter Warm Up Sponsorship
Wood Family Foundation 858 West Armitage #290 Chicago, IL 60614	45-1256875	501(c)(3)	10,000.	0	FMV		Winter Warm Up Donations
,							Schedule I (Form 990)

Page 2

36~3443543

Chicago Cubs Charities

Schedule I (Form 990) (2014)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

36-3443543 Chicago Cubs Charities Part T Types of Property (a) (b) (c) (d) Noncash contribution Number of Method of determining Check if amounts reported on applicable contributions or noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art · Fractional interests Books and publications 滋 Clothing and household goods 5 Cars and other vehicles Boats and planes 7 Intellectual property 8 х 122,958. Fair Market Value Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other 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?

- b If "Yes," describe the arrangement in Part II
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
 - If "Yes," describe in Part II b
- If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

	Yes	No
30a		X
31	Ä	x
32a		х

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

Schedule N	1(Form 990)(2014) Chicago Cubs Charities	36-3443543	Page 2
Part II	M (Form 990) (2014) Chicago Cubs Charities Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution that is part for any additional information.	33, and whether the organ mbination of both Also co	nization
Schedule	M, Part I, Column (b):		
Part I, 1	Line 9 - 3 stock contributions were made		
			
	· <u></u>		
			·
			_
*191		-	

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

Chicago Cubs Charities	36-3443543
Form 990, Part VI, Section A, line 2:	
The following members have family and business relationships: Ceclia	
Ricketts, Laura M. Ricketts, J. Peter Ricketts, Thomas S. Ricketts, Todd M.	
Ricketts, and Susanne Shore.	
Form 990, Part VI, Section B, line 11:	
The Form 990 is prepared by Deloitte Tax LLP using information provided by	1911 - 1912-
the finance department of Chicago Baseball Holdings, LLC. The completed	
return is reviewed by an accounting manager and provided to Chicago Cubs	
Charities Board of Directors prior to filing.	
Form 990, Part VI, Section B, Line 12c:	
Directors are asked to annually complete and sign a conflict statement and	
to recuse themselves from voting on any agenda item that represents	
potential conflict.	
Form 990, Part VI, Section C, Line 19:	
Governing documents not available to the public. Audited financials are	
available through the Illinois Attorney General's office.	

SCHEDULE R

(Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2014
Open to Public

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Employer identification number

36-3443543

*Part I * Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Chicago Cubs Charities

	(a)	(q)	(0)	(p)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
Chicago	Chicago Baseball Holdings, LLC - 27-0508718					
1060 W	1060 W Addison Street					Chicago Entertainment
Chicago	Chicago, IL 60613	Holding Company	Delaware			Ventures, LLC
Chicago	Chicago Cubs Baseball Club, LLC - 27-0952177					
1060 W	1060 W Addison Street					Chicago Baseball
Chicago	Chicago, IL 60613	Sports Franchise	Delaware			Holdings, LLC
PartII	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	tions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	t had one or more I	elated tax-exempt

(g) Section 512(b)(13) controlled entity? ŝ Yes Direct controlling entity Public charity status (if section 501(c)(3)) Exempt Code section Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

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

See Part VII for Continuations

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Schedule R (Form 990) 2014

36-3443543

Chicago Cubs Charities Schedule R (Form 990) 2014

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)	<u>a</u>	ပ	<u>©</u>	(e)	£	(<u>6</u>)	Ē	=	8	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General o managing partner?	General or Percentage managing ownership
		toreign country)		sections 512-514)		dosers	Yes No		Yes No	
Chicago Entertainment										
Ventures, LLC - 27-0508718,	Ī									
1060 W Addison Street,	Spectator									
Chicago, IL 60613	Sports	DE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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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 conociation or frust during the tax year	rganizations Taxable a	is a Corport	oration or Trust Cor	nplete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line (34 because it had or	ie or mo	re related

۳(<u>ق</u>	٥ N										914
(i) Section 512(b)(13) controlled entity?	Yes										990) 2
(h) Percentage ownership				_						•	Schedule R (Form 990) 2014
(g) Share of end-of-year	633613										Sche
(f) Share of total income											
(C corp, S corp,	OI HUSE)										
(c) (d) (e) (e) Legal domicile Direct controlling Type of entity (Coepp, Scorp, Coepp, Scorp, Coepp, Scorp,											
(C) Legal domicile (state or foreign	country)										43
(b) Primary activity			,			:					
(a) Name, address, and EIN of related organization											432162 08-14-14

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*Part V" Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	ŝ
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?	s with one or more re	lated organizations listed	ın Parts II-IV?	the state of the s		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	^			1a		×
b Gift, grant, or capital contribution to related organization(s)				1p		×
c Gift, grant, or capital contribution from related organization(s)				10	X	
				14		×
e Loans or loan guarantees by related organization(s)				<u>4</u>		×
				4 (>
T Dividends from related organization(s)				=		ا
g Sale of assets to related organization(s)				1g		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				ij.		×
j Lease of facilities, equipment, or other assets to related organization(s)				F		×
k pase of facilities, equinoment, or other assets from related organization(s)				<u> </u>	-	×
	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) non			1n	×	
o Sharing of paid employees with related organization(s)				10	×	
				,		/*** /**
p Reimbursement paid to related organization(s) for expenses				<u></u>	×	
q Reimbursement paid by related organization(s) for expenses				₽		×
					,	; ;
 Other transfer of cash or property to related organization(s) 				÷		٠
ام			:	1\$		×
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	who must complete the	as line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) Chicago Cubs Baseball Club, LLC	×	210,000.FMV	FMV			
(2) Chicago Cubs Baseball Club, LLC	υ	96,216.	FMV			
(3) Chicago Cubs Baseball Club, LLC	ъ	231,394.	FMV			
(4) Chicago Cubs Baseball Club, LLC	0	60,000.	FMV			
(5)			·			
(9) .						
432163 08-14-14	44		Schedule R (Form 990) 2014	R (Forn) 990)	2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name address and EIN	Primary activity	Legal domicile	(a) (e) Predominant income	sec Share of	(g) Share of	(r) Dispropor-	(i) Code V-UBI	(J) ieneral or	رم) Percentage
of entity	מממונא מכונאונא	(state or foreign country)	(related, unrelated, 5016)3 excluded from tax under ougs? sections 512-514)		end-of-year assets	allocations?	of Schedule K-1 (Form 1065)	managing partner? Yes NO	ownership
								+	
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Schedule R (Form 990) 2014 Chicago Cubs Charities	36-3443543	Page 5
Part VIII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions)		
Part I, Identification of Disregarded Entities:		·
		
Name, Address, and EIN of Disregarded Entity:		
Chicago Baseball Holdings, LLC		
TTV 07 0700740		
EIN: 27-0508718		
1060 W Addison Street		
Chicago, IL 60613		
Primary Activity: Holding Company		<u> </u>
Pincet Code 111 - Patit - Older - Patrick - Arguer - Tra		
Direct Controlling Entity: Chicago Entertainment Ventures, LLC		
Name, Address, and EIN of Disregarded Entity:		
		•
Chicago Cubs Baseball Club, LLC		
EIN: 27-0952177		
1060 W Addison Street		
Chicago, IL 60613		
Primary Activity: Sports Franchise		
Direct Controlling Entity: Chicago Baseball Holdings, LLC		
Part III, Identification of Related Organizations Taxable as Partnership:		
Name of Related Organization:		
Chicago Entertainment Ventures, LLC		
Direct Controlling Entity: N/A		
	<u> </u>	
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Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.
 ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

	are filing for an Automatic 3-Month Extension, are filing for an Additional (Not Automatic) 3-M						> X
	complete Part II unless you have already been						m 8868.
a corpor 8868 to Return f	nic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of the	nal (not auto forms liste al Benefit (omatic) 3-month ext d in Part I or Part II Contracts, which m	ension of time. You ca with the exception o ust be sent to the II	an ele f For RS ir	ectronic m 8870 n paper	ally file Form , Information format (see
	Automatic 3-Month Extension of Time ration required to file Form 990-T and reque				s bo	x and	complete
	ly						
All other	corporations (including 1120-C filers), partnersl come tax returns.			use Form 7004 to req	uest	an extei	nsion of time
				Enter filer's identifyin			
Type or					numt	oer (EIN)	or
print	Number, street, and room or suite no. If a P.O. box, see instructions. Social security numbers			36-3443543	(0.01)		
File by the				Social security number	(SSN)	
due date for fling your City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
return. See Instructions		or a toreign a	adress, see instruction	s.			
Enter the	Return code for the return that this application	is for (file a	separate application	n for each return) .			. 01
Application Return Application Is For Code Is For						Return Code	
Form 990 or Form 990-EZ 01 Form 990-T (corporation)					07		
Form 990-BL 02 Form 1041-A						08	
	720 (individual)	03	Form 4720 (other t	han individual)			09
Form 99		04	Form 5227				10
	90-T (sec. 401(a) or 408(a) trust)	05					
	90-T (trust other than above)	06	Form 8870				12
Teleph	THERESA BACHOLZ 1060 West Addisone No. ► 773-404-4056 rganization does not have an office or place of the state of the s	on Stree	ax No. ►the United States, c	heck this box			
	s for a Group Return, enter the organization's for	_					his is
a list with	hole group, check this box ▶ □ . If the names and EINs of all members the extens	ion is for.				and a	ittacn
ui fo ▶	request an automatic 3-month (6 months for a centil August 17, 20, 15, to file the exert the organization's return for: Calendar year 20, 14, or	mpt organi:	zation return for the	organization named a	bove		
•	tax year beginning	, 20	, and ending			, 20	o
	tax year beginning the tax year entered in line 1 is for less than 12 lacks of the counting period	months, ch	eck reason: Initia	al return 🔲 Final retur	'n		
	this application is for Forms 990-BL, 990-PF, 99	90-T, 4720.	or 6069, enter the to	entative tax, less anv			
	onrefundable credits. See instructions.	.,,		,	3a	\$	0
	this application is for Forms 990-PF, 990-T,	4720. or 6	6069, enter any refe	undable credits and			
es	stimated tax payments made. Include any prior y alance due. Subtract line 3b from line 3a. Include	year overpa	yment allowed as a	credit.	3b_	\$	0
E	FTPS (Electronic Federal Tax Payment System).	See instruc	ctions.		3с		0
Caution. I	f you are going to make an electronic funds withdrawas.	al (direct deb	it) with this Form 8868	, see Form 8453-EO and	Form	8879-E	O for payment

Form 8868 (Rev 1-2014)