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## Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	<u>A</u>	For the	2014 cale	endar year, or tax ye	ar beginning	July 1	, 2	2014, and	d ending	Ju	ne 30	, 20 15	
	В	Check if	applicable	C Name of organization	n Big Shoulder	s Fund					D Employ	er identification n	umber
		Address	change	Doing business as								36-3490557	
		Name cl	nange	Number and street (c	or P.O. box if mail	s not delivered	o street addres	ss) F	Room/suite	)	E Telepho	ne number	
		Initial ret	tum	212 W Van Buren S	it				90	00		312-751-8337	
		Final retu	rn/terminated			, and ZIP or fore	ign postal code						
		Amende	d return	Chicago, IL 60607							<b>G</b> Gross re	eceipts \$ 2	5,316,169
		Applicat	on pending	F Name and address of	f principal officer	Joshua Hal	e			H(a) Is this a g	roup return for	subordinates? Yes	
				212 W Van Buren, S	Suite 900, Chic	ago, IL 60607				1		s included? Tes	_
		Tax-exe	mpt status	✓ 501(c)(3)	501(c) (	) ◀ (insert r	no.) 🔲 4947(a)	(1) or	527	] if "N	lo," attach a	a list, (see instructio	ns)
	J	Website	: ► ww	w.bigshouldersfund						H(c) Group	exemption	number ▶	
	K	Form of	organization	✓ Corporation ☐ Trus	t Associatio	n ☐ Other ►	-	L Year o	of formatio	n 1986	M State	of legal domicile	IL
,	P	art I	Summ	nary							•		
		1	Briefly de	escribe the organiza	ation's missio	n or most sig	nificant activ	vities:	Big Shou	ulders prov	rides fund	ls to support Ca	tholic
	9		schools v	who serve the poor a	and disadvanta	ged in Chicac	jo. Through s	strategic	progran	ns & invest	ments, B	SF helps provide	e access
	Activities & Governance			lity education for nea									
	тет	2		nis box ▶☐ if the o									
	õ	3		of voting members			-				3		29
	જ	4		of independent vot	_			-	ne 1b)		4		28
	ies	5		mber of individuals	-	_					5	_	25
	Ξ	6		mber of volunteers	•	•					6		4,281
	Act	7a	Total unr	elated business rev	venue from Pa	rt VIII. colum	n (G) dine 12	21V/E	<b>7</b>		7a		
	-	b		lated business taxa				:IA.⊏r	J		7b		
٠									<u>. 107</u>	Prior Ye		Current Ye	
		8	Contribut	tions and grants (Pa	art VIII line 1h	) <b>.</b> [S	APR 2	5 2018	6   <del> ♀</del>	2.	1,639,515		7,423,397
	nue	9		service revenue (P.		် က			160		0	12	,423,39 <i>1</i> 0
	Revenue	10	Investme	ent income (Part VIII	L column (Δ)	ines 3 4 and	770	<u></u>		1	355,731		
	Re	11	Other rev	venue (Part VIII, col	umn (Δ) lines	5 6d 8c 9c	1¦ÖGDE	EN; U	$\mathcal{W} \vdash$	1 (1			3,206,327
		12	Total rove	enue—add lines 8 th	arough 11 (mu	st equal Part	VIII. column	(A) line	12)		,005,280)		,151,035)
•		13		nd similar amounts				(A), III IC	12)		),989,966		9,478,689
		14		paid to or for memi		, , , ,	•		• ⊢	18	3,656,490		7,318,431
		15		other compensation	-		•	linon E	₁₀;		0		0
	ses	16a		-					· -		,701,630	2	2,238, <u>394</u>
	Expenses			onal fundraising fee			•				55,000	<del></del>	0
	Ĕ			draising expenses (				799,	570				
		17		penses (Part IX, col					• ⊢		362,751		(41,999)
		18		penses. Add lines 1			olumn (A), ili	ne 25)	• ⊢	20	,775,871		,514,826
•		19	Revenue	less expenses. Sul	otract line 181	rom line 12	· · · ·		.		214,095	F. 1 - ()(-	<u>(36,1</u> 37)
	sets or slances	00	T-4-1	-1- (D + 1)   40)					Ве	ginning of Cu	_ <del></del>	End of Yea	
	Bala			ets (Part X, line 16)					·  _	•	,222,152		2,078,549
	Net As Fund B			ulities (Part X, line 2					·		,282,054		<u>,784,180</u>
1				ts or fund balances	. Subtract line	21 from line	20	<u> </u>	•	65	,940,098	65	,294,369
ı		rt II		ture Block									
	Unc	ler penal	ties of perjui	in, I declare that I have elete. Declaration of prepa	examined this retu	rn, including acc	companying sch	nedules an	nd stateme	nts, and to the	ne best of m	ny knowledge and	belief, it is
		, сопсс	, and comple	die Deciaration on prepa	arer (other than on	icer) is based on	all illionnation	Of Which p	лерагег па	as any knowi	euge.		
	e:_	_									Y/_	9/16	
	Sig		l !	ature of officer						Da	, ,	′ ′	
ı	Her	е		oshua Hale,	_Preside	ent & Ch	ief Exe	ecuti	<u>.ve 0</u>	fficer			
-			, ,	or print name and title						_			
I	Pai	d	Print/Typ	pe preparer's hame	Pr	eparer's signatur	e		Date		Check [	J if PTIN	
I	Pre	pare	r				_	_			self-emp	loyed	
		e Only		ame ▶						Firm	's EIN ▶		
_			Firm's a	ddress ►						Pho	ne no		
Ī	May	the IR	S discuss	s this return with the	e preparer sho	own above? (	see instructi	ions) .		· • • •	<u> </u>		✓ No
Ē	For	Paperw	ork Reduc	ction Act Notice, see	the separate	instructions.			Cat No	11282Y		" Kil Form 9	90 (2014)

Form 99	
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The Big Shoulders Fund is organized for the purpose of developing, managing, and distributing funds for the educational system of the Archdiocese of Chicago.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 8,890,305 including grants of \$ 8,615,930 ) (Revenue \$ 0)
	Administer over 65 distinct scholarship programs that include mentoring, enrichment and other support
	activities. Scholarships were awarded to 5324 students at 114 schools to enable them to attend Catholic
	schools.
	See supporting schedule reconciling grant expenses and net expense. See also 2014/15 report attached on Schedule O.
	Sec also 2014/10 report attached on Schoolie O.
	······································
4b	(Code:) (Expenses \$ 2,212,288 including grants of \$ 2,039,875 ) (Revenue \$ 0)
	Distributed grants to 35 schools as part of the Patrons Program, an adopt-a-school Program which pairs financial resources with business expertise at over 61 schools.
	See supporting schedule reconciling grant expenses and net expense.
	See also 2014/15 report attached on Schedule O.
	<u></u>
4c	(Code: ) (Expenses \$ 6,492,082 including grants of \$ 5,524,922 ) (Revenue \$ 0)
70	Distribute grants and support to over 80 inner-city Catholic schools to ensure schools can continue to operate
	effectively and efficiently. Support includes operating grants that enable schools to continue to be
	accessible to students. In addition, Big Shoulders administers over 20 programs in 80 schools
	involving over 1,000 teachers to improve instruction and learning through leadership and professional
	development, graduate level course work and access to high quality curricula with focus on math,
	science and literacy. Support innovative, measurable outcomes through ongoing student enrichment programs and support. Provide a variety of other needed capital and programmatic
	support to ensure a safe, effective learning environment for nearly 21,000 students.
	See supporting schedule reconciling grant expenses and net expense.
	See also 2014/15 report attached on Schedule O.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 3,968 including grants of \$ 1,137,704) (Revenue \$ 0)
4e	Total program service expenses ► 17,598,643

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<b>/</b>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>/</b>	<u> </u>
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_		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		/
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	-	1
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	/	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	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	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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	1	
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	<b>v</b>	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	├ <del>`</del>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part I	V 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	1	
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
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 Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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 Schedule L, Part I	25b		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	- 10°	✓
	Schedule L, Part IV	28b		1
С	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		_	~ 000	1001

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 56			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	!		_
_	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 25	ا ا		ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	<u> </u>
3a	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?		-	- , -
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3a 3b		<b>-</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		<u> </u>
Ta	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			!
_	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services proyuded to the payor?	<u>-</u>	,	
	and services provided to the payor?	7a	<b>√</b>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	✓	
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	/*C		_
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .   Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	igsquare		<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		truct	ions.
Ai	Check if Schedule O contains a response or note to any line in this Part VI		•	. [✓]
Section	on A. Governing Body and Management		Yes	No
4.0	Enter the number of voting members of the governing hady at the end of the tay year.		162	140
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 29  If there are material differences in voting rights among members of the governing body, or	ł		İ
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 28			
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	1	İ
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6		✓_
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		✓
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
a	The governing body?	8a	<b>√</b>	
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
·	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	/	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			_ ,
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	<b>✓</b>	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		.	
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filled ► Illinois  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501/	0/(3/0	00/2
13	available for public inspection. Indicate how you made these available. Check all that apply.	JU 1 (	2(د)را	OHIY)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intermediate of the described in the conflict of intermediate of the described in the conflict of intermediate of the described in the conflict of intermediate of the conflict of intermediate of the conflict of intermediate of the conflict of intermediate of the conflict of intermediate of the conflict of	erest :	ooliev	, and
	financial statements available to the public during the tax year.		<b>.</b> y	,
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	ords	<b>•</b>	
	Linda Rossi, 212 W Van Buren, Suite 900, Chicago, IL, 60607, 312-751-8337			

Form 990 (2014)

Form 990 (2014)

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

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 no	r any relate	d org	anız	atic	on c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
	1			(6	C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)						compensation from	compensation from related	
	week (list any hours for	or Ind	Inst	Officer	<u>6</u>	Hig	Former	the	organizations	other compensation
	related	Individual trustee or director	Institutional trustee	cer	Key employee	hest	T er	organization	(W-2/1099-MISC)	from the
	organizations below dotted	tor t	ona		plo	ee		(W-2/1099-MISC)		organization and related
	line)	l st	ŧ		/ee	npe				organizations
		8	stee			Highest compensated employee				
	<u> </u>				<u> </u>	8				
(1) James Compton	1.00		i							
Executive Committee		✓						o	0	0
(2) Frank Considine	1.00									
Executive Committee		✓						0	0	0
(3) Mary Brian Costello	1.00									
Executive Committee		✓						0	0	0
(4) Lester Crown	1.00									
Executive Committee		✓						0	0	0
(5) Kent Dauten	1.50									
Executive Committee		✓						0	0	0
(6) Mary Dempsey	1.00			l						
Executive Committee		✓						0	0	0
(7) William Devers	1.50									
Executive Committee		✓	<u></u>				<u> </u>	0	0	
(8) Daniel Doherty	1.40									
Executive Committee		✓	L				_	0	0	0
(9) David Dury	1.00									
Executive Committee		<b>✓</b>					_	0	0	0
(10) Michael W. Ferro	1.00									
Executive Committee		<b>✓</b>						0	0	0
(11) James A. Gordon	1.00									
Executive Committee		✓	_		L		_	0	0	0
(12) Peter H. Huizenga	1.00									
Executive Committee		✓					ļ	0	0	0
(13) Leigh-Anne Kazma	1.00									
Executive Committee		✓			_		<u> </u>	0	0	0
(14) Christine E. Kelly	1.50						1			
Executive Committee		✓		L.			L	0	0	0

Part VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (co	ontini	ıed)		
				•	C)								
(A)	(B)	/do n	at ah		ition	than 4	nno.	(D)	(E)		(	F)	
Name and title	Average					than one is both		Reportable	Reportable	- 1	Estir	nated	
	hours per					or/trus		compensation	compensation f	rom		unt of	
	week (list any hours for	악	lng.	Off	Κey	a'≆	Fo	from the	related organization:	s		her ensation	1
	related	Individual trustee or director	🛱	Officer	Q Q	ples	Former	organization	(W-2/1099-MIS			n the	•
	organizations	S La	g	_	employee	ee c	٦	(W-2/1099-MISC)				ization	
	below dotted line)	֓֞֓֓֓֟֟֝ <u>֚֟</u>	a *		) Ye	ặ	İ					elated zations	
		št	Institutional trustee		"	Highest compensated employee							
			🎳			ated							
(15) Stephen King	1.15												
Executive Committee		✓	Щ		L.		L	0		0			0
(16) Thomas E. Lanctot	1.00												
Executive Committee		<b>-</b>					_	0		0			0
(17) William T. Lynch	1.80	,						_					
Executive Committee	4.40	<b>✓</b>	Н			-	-	0		_0			0
(18) Anthony M. Mandolini	1.40	1											•
Executive Committee (19) Michael E. Murphy	1.00	-	$\vdash$				$\vdash$	0	-	0			0
Executive Committee	1.00	1						0		0			0
(20) Alan F. Myers	1.00		$\vdash$		-			-		╣			
Executive Committee		1						0		٥			0
(21) Thomas A. Reynolds	1.00												
Executive Committee		1						0		0			0
(22) Giancarlo Turano	1.75	-	П			·							
Executive Committee		✓						0		0			0
(23) Christopher Valenti	1.00												
Executive Committee		✓						0		0			0
(24) Arthur R. Velasquez	1.00												
Executive Committee		<b>✓</b>					<u> </u>	0		0			0
(25) John Croghan	1.00	,		,	ļ.								
Executive Committee, Vice Chair		<b>✓</b>		✓			L	0		0			0
1b Sub-total	 VII Soctio	 n A	•	•		•		0		0		40-	0
	·		٠	•	٠.	•		843,171 843,171		0			7,955
2 Total number of individuals (including but						ahove	2) 10/	<del> </del>	ore than \$100		l of	121	7,95 <u>5</u>
reportable compensation from the organi		100	1036	1131	.cu a	above	<i>5)</i> <b>VV</b>	no received in	JI & Man \$100	,,000	. 01		
	<u>*</u> _											Yes	No
3 Did the organization list any former of							emp	loyee, or high	est compens	sated	ı 🦳		1
employee on line 1a? If "Yes," complete	Schedule J	for su	ıch i	ındı	vidu	ıal					3	1	1
4 For any individual listed on line 1a, is the													1
organization and related organizations	greater tha	an \$1	150,0	000	? //	"Ye	s, "	complete Sch	edule J for	such	'		
individual			٠.	•		•				•	. 4	<b>✓</b>	
5 Did any person listed on line 1a receive of											- t	-	,
for services rendered to the organization	rii res, c	ompi	ete .	SCI	ieat	ile J i	or s	such person	· · · ·	<u> </u>	5	L	<u>✓</u>
1 Complete this table for your five highest of	compensate	ed inc	dene	and	ent	contr	acto	ore that receive	d more than	\$100	000 of		
compensation from the organization. Rep												n's tar	¥
year.	p						<b></b> ,	, oa. o. a		o o. g	, ar ii za ii o		•
(A)								(B)			(C)		
Name and business add	ress							Description of si	ervices		Compensa	ation	
Loyola University, 820 N. Michigan Ave Chicago IL								of development				190	),35 <u>8</u>
University of Chicago, 1362 E 59th Street Chicago IL 60637 prof development - teachers 304,142													
Ziemke Consulting LLC, 4709 N. Rockwell, Unit 3 C								of development	- teachers				0,000
Olympia Fields Country Club, 2800 Country Club D		a Fiel	ds, I	L 6	046	1		f outing	_		<del>.</del>		,626
Hilton Chicago, 720 S. Michigan Avenue Chicago IL 60605 award dinner venue 118,542  2 Total number of independent contractors (including but not limited to those listed above) who													
received more than \$100,000 of compens								5	,				

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, a	nd F	lighe	st C	ompensated E	mployees (c	ontin	iued)		
	(A) Name and title	(B) Average	box,	unles	Pos neck ss pe	more	e than o	n an	(D) Reportable compensation	(E) Reportable			(F) imated ount of	
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-M	ns	comp fro orga and	other pensation om the inization related nization	on n I
(15) A	ndrew J. McKenna	1.00												
	tive Committee, Vice Chairman	45.00	<b>✓</b>		✓	-	-	-	0		0			
	ohn A. Canning ,Jr. tive Committee, Co-Chairman	15.00	/		1	1		ĺ	o		0			,
	imes J. O'Connor	30.00	<u> </u>		Ť						┪			
	tive Committee, Co-Chairman		1		✓				o		0			c
(18) K	enneth J. Velo	25.00												
	tive Committee, Co-Chairman		✓		✓			<u> </u>	4,425		0			
	oshua Hale	60.00	i		/						_			
	ent & CEO nda Rossi	40.00	<del> </del>		-		-	_	388,118		0			31,510
CFO	ilua Kussi	140.00	1		1				114,642		0		:	22,486
	ebecca Lindsay-Ryan	40.00					_							,
Senior	Director, Academic Programs			Ш			<b>✓</b>		118,791		0		2	29,480
	hn Moran  Director, Patrons Program	40.00				<u> </u>	1		110,051		0	<b>.</b>		32,834
	nomas Zbierskı	40.00	ļ				١,							
Senior (24)	Director, School Relations			$\vdash$			<b>✓</b>		107,144		0			11,645
<u> </u>			i											
(25)														
1b	Sub-total				•	<u>.                                    </u>		<b></b>	843,171		0		17	27,955
С	Total from continuation sheets to Part	-						▶						
d	Total (add lines 1b and 1c)							<u> </u>						
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed	above	e) w	ho received m	ore than \$10	00,00	0 of		
	repertable compensation from the organi	Zation								<del></del>			Yes	No
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete to										ısate	ed	-	
4	For any individual listed on line 1a, is the organization and related organizations	greater that	an \$1	150,	000	? 1	f "Ye	s, "	complete Sch	edule J for	suc	h .		
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsat	ion	fro	m any	un un	related organiz	ation or indi	ıvıdua		-	
Section	on B. Independent Contractors	: // /03, 0	.0,,,,		-	-		0, 3	- Person	· · · · ·	<u>· · ·</u>	5	<u>l</u>	
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	lress							(B) Description of s	ervices		(C) Compens		
						_								
								<u> </u>						
													,	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (C) Unrelated (D) (B) Related or Revenue excluded from tax exempt business under sections 512-514 Grants Federated campaigns . . . Contributions, Gifts, Grants and Other Similar Amounts 31,848 1b Membership dues . . . . 0 Fundraising events . . . . 1c 599,006 Related organizations . . . 1d 0 Government grants (contributions) 1e 12,000 All other contributions, gifts, grants, and similar amounts not included above 1f 16,780,543 Noncash contributions included in lines 1a-1f: \$ 909,969 Total. Add lines 1a-1f . . . 17,423,397 Business Code Program Service Revenue 2a All other program service revenue. Total. Add lines 2a-2f . . . . 3 Investment income (including dividends, interest, and other similar amounts) . . . . . . . ▶ 401,061 401,061 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties . . . . (i) Real (ii) Personal 6a Gross rents . . Less rental expenses Rental income or (loss) C d Net rental income or (loss) (II) Other (i) Securities Gross amount from sales of assets other than inventory 8,300,310 Less cost or other basis and sales expenses . 5,495,044 Gain or (loss) . . 2,805,266 Net gain or (loss) 2,805,266 0 2,805,266 Other Revenue Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . 370,521 Less: direct expenses . . . . 313,174 Net income or (loss) from fundraising events С 57,347 57,347 Gross income from gaming activities. See Part IV, line 19 . . . . . 75,100 Less: direct expenses . . . . 29,262 c Net income or (loss) from gaming activities . . > 45,838 0 45,838 Gross sales of inventory, less 10a returns and allowances . . . Less: cost of goods sold . . . Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a 900099 Agency Collections - see Sch O (1,256,420)0 (1,256,420)Other Income b 900099 2,200 2,200 C d All other revenue . . . Total. Add lines 11a-11d. (1,254,220)12 Total revenue. See instructions. 2,055,292 19,478,689 O Form **990** (2014)

Section Do not	IX Statement of Functional Expenses in 501(c)(3) and 501(c)(4) organizations must composite include amounts reported on lines 6b, 7b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  Grants and other assistance to domestic			s must complete colui	🗸
8b, 9b, 1	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.  Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A)	(B)		
•	and domestic governments. See Part IV, line 21		expenses	Management and general expenses	(D) Fundraising expenses
2	Grante and other assistance to domestic	8,666,650	8,666,650	general	
	individuals. See Part IV, line 22	8.651.781	8,651,781		1
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	630,593	181,769	286,015	162,809
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	1,332,703	670,849	384,491	277,363
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	41,691	23,732	10,167	7,792
9	Other employee benefits	110,093	55,115	33,131	21,847
10	Payroll taxes	123,314	54,558	42,520	26,236
11	Fees for services (non-employees):				
а	Management	0	o	o	0
b	Legal	17,020	. 0	17,020	0
С	Accounting	44,200	0	44,200	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	50,000	0	50,000	0
	(A) amount, list line 11g expenses on Schedule O.)	366,796	324,624	9,319	32,853
12	Advertising and promotion	30,550	16,006	6,915	7,629
	Office expenses	247,488	54,705	56,327	136,456
14	Information technology	63,003	3,218	53,694	6,091
15	Royalties	0	0	0	
16	Occupancy	114,757	48,786	41,487	24,484
17	Travel	175,732	141,653	15,919	18,160
	Payments of travel or entertainment expenses for any federal, state, or local public officials	o	0	0	0
19	Conferences, conventions, and meetings .	7,081	714	6,367	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	o	0	0
22	Depreciation, depletion, and amortization .	59,503	23,725	18,826	16,952
23	Insurance	9,698	2,429	6,032	1.237
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Credit Card Fees	26,060	0	0	26,060
	Food & Meals	106,499	38,715	34,183	33,601
c d	Agency Expense - see Sch O	(1,360,386)	(1,360,386)	0	0
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	19,514,826	17,598,643	1,116,613	799,570
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720)				,

P	art X	Balance Sheet			
-		Check if Schedule O contains a response or note to any line in this Pai	tX		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	589,064	1	683,817
	2	Savings and temporary cash investments	10,324,924	2	4,036,860
	3	Pledges and grants receivable, net	17,123,769	3	18,045,243
	4	Accounts receivable, net	. 0	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L	-	5	
so.	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	
set	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	70,979	<del></del>	151,128
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10a 478,844	70,070		101,120
	ь	Less: accumulated depreciation 10b 209,633	289,626	10c	269,211
	11	Investments—publicly traded securities	6,098,044		10,357,190
	12	Investments—other securities. See Part IV, line 11	37,714,410	-	35,122,265
	13	Investments—program-related. See Part IV, line 11	0		00,0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	11,336		3,412,835
	16	Total assets. Add lines 1 through 15 (must equal line 34)	72,222,152		72,078,549
	17	Accounts payable and accrued expenses	218,588		312,243
	18	Grants payable	5,881,116		6,229,887
	19	Deferred revenue	182,350		242,050
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0	22	0
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	<del></del>	0
	26	Total liabilities. Add lines 17 through 25	6,282,054	26	6,784,180
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	27,731,457		24,293,485
Ba	28	Temporarily restricted net assets	32,243,884	28	34,314,964
힏	29	Permanently restricted net assets	5,964,757	29	6,685,920
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	_		
ş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	65,940,098		65,294,369
_	34	Total liabilities and net assets/fund balances	72,222,152	34	72,078,549

Form **990** (2014)

Form 990 (2014) Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . . 1 19,478,689 2 Total expenses (must equal Part IX, column (A), line 25) 2 19,514,826 3 3 (36,137) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 4 65,940,098 5 5 (609, 592)Donated services and use of facilities 6 0 7 0 8 0 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 65,294,369 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . Yes No Accounting method used to prepare the Form 990. Cash Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . . . 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis ☐ Separate basis Were the organization's financial statements audited by an independent accountant? 2b 1 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in За If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b

Form **990** (2014)

### SCHEDULE A (Form 990 or 990-EZ)

### **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.

Department of the Treasury
Internal Revenue Service

Information about

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

OMB No 1545-0047

2014

Open to Public Inspection

lame	of the organization		<del></del> -			Employer identification	n number				
	houlders Fund					36-34					
Par							ons.				
ne o	organization is not a private foundar A church, convention of church		•		-	•					
2	A school described in section			ibeu iii se	scuon 17	O(D)(1)(A)(I).					
3	A hospital or a cooperative ho		•	n section	170(b)(1	D(A)(iii).					
4	A medical research organization						(iii). Enter the				
	hospital's name, city, and stat	e:									
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in				
6 7											
8				Part II.)							
9											
10	☐ An organization organized and	l operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).					
11											
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	janization vested in th			•	• •				
С	Type III functionally integra	<b>ited.</b> A supportir	ng organization operat				y integrated with,				
d	☐ Type III non-functionally in that is not functionally integral requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and					
е	Check this box if the organiz functionally integrated, or Ty						II, Type III				
f	Enter the number of supported of	organizations .									
g	Provide the following information	n about the supp	orted organization(s).								
	(i) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
,				Yes	No						
A)											
B)											
C)											
D)											
E)	***************************************										

Schedule A (Form 990 or 990-EZ) 2014

Part							
	(Complete only if you checked the						alify under
<del></del>	Part III. If the organization fails to	quality unde	r the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support						<del></del>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,513,475	18,839,721	21,260,590	21,639,515	17,423,397	90,676,698
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge	_	_	_	_	_i	_
4	_	0	0	0	0	0	0
4	Total. Add lines 1 through 3	11,513,475	18,839,721	21,260,590	21,639,515	17,423,397	90,676,698
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						16,458,952
6	Public support. Subtract line 5 from line 4.						74,217,746
	on B. Total Support	<u> </u>				1	74/217/740
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	11,513,475	18,839,721	21,260,590		17,423,397	90,676,698
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	246,044	203,738	458,432	364,151	401,061	1,673,426
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	0	0	91,133	0	102,985	194,118
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	2840	0	0	3,331	2,200	8,371
11	Total support. Add lines 7 through 10		\				92,552,613
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppor			<del></del>	<del></del>	· · · · ·	· · · ·
14	Public support percentage for 2014 (line 6			1 column (fl)	-	14	80.19 %
15	Public support percentage from 2013 Sch		-			15	81.93 %
16a	331/3% support test—2014. If the organi						
	box and stop here. The organization qua						
b	331/3% support test-2013. If the organ	nization did no	t check a box	on line 13 or	16a, and line	15 is 331/3%	
	check this box and stop here. The organ	zation qualifies	s as a publicly	supported org	anızatıon .		. ▶ 🗆
17a	10%-facts-and-circumstances test -20	014. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and l	ıne 14 is
	10% or more, and if the organization me	ets the "facts-a	and-circumsta	nces" test, che	eck this box an	d <b>stop here.</b> E	xplaın ın
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	st. The organiza	ation qualifies	as a publicly su	pported
	organization						. ▶ 🗆
b	10%-facts-and-circumstances test - 20	<b>013.</b> If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m	eets the "facts	-and-circumst	tances" test. T	he organizatio	n qualifies as a	publicly
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di	d not check a l	oox on line 13,	, 16a, 16b, 17a	i, or 17b, checl	k this box and :	see

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 qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5			_			
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			-			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	·					
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>				
	on B. Total Support		<b>,</b>				
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
	•						
	Add lines 10a and 10b		ļ				
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on			1			
10			-				
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,				<u> </u>		
. •	and 12.)						
14	First five years. If the Form 990 is for the	ıe organizatıor	ı's first. secon	d. third. fourth	ı. or fifth tax ve	ear as a section	on 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8			3, column (f))		15	%
16	Public support percentage from 2013 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2014 (	line 10c, colun	nn (f) divided b	y line 13, colui	mn (f))	17	%
18	Investment income percentage from 2013					18	%
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box		<del>-</del>	=			
b	331/3% support tests—2013. If the organiz						•
	line 18 is not more than 331/3%, check this l		_				_
20	Private foundation, if the organization di	d not check a	pox on line 14	19a or 19b o	check this box	and see instru	ctions 🕨 🗀

Schedule A (Form 990 or 990-EZ) 2014

### 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
----------------	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governir 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.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte 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) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(3 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig 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.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(t
- 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 Eli 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 actio 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 alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) 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 als support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantia contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percei controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943 (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng Dy		_	
us ed	1		
	2		
er	За		
nd ne	21.		
2)	3b		
lf	3c		<del></del> ,
	4a		
jn o <i>n</i>	4b		
on e <i>d</i> B)			
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h	9b		• • • • • • • • • • • • • • • • • • • •
fıt	9c		
(f) Ig	10a		
o	10b	-	
rm t	990 or 1	990-EZ	3 2014

Part	V Supporting Organizations (continued)		_	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	l	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			;
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	i		ĵ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			'
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
0 4		2		
Secti	on C. Type II Supporting Organizations			
1	Wars a majority of the expensionary dispeters or trustees during the tay year along a majority of the dispeters		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			]
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			'
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del></del>		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i		- 4 !	
' a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	istru(	Juons	o).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	tructi	ons).
_		ı		
2 a	Activities Test. Answer (a) and (b) below.		Yes	NO.
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		1	
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b		<del> </del>
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	зь 1		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	<del>-</del> -	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 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-functionall instructions).	y-ın	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity		_	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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	h the organization is res	ponsive	_
	(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			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	·			
b				
C	·			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>    i                                </u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7. \$			-
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			;
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

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Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)
Other Addit	onal Information:
Agency tran	sactions are recorded as contributions but are deducted from gross revenue - see Schedule O
Part II Line	10 - Other Income - Miscellaneous income
Part II Line	10 2010: 2,840
Part II Line	10. 2011: 0
Part II Line	10 2012: 0
Part II Line	10: 2013: 3,331
Part II Line	10: 2014: 2,200
	······································
	······································
	······································
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### **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.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name o	f the organization		Employer identification number
Big Sh	oulders Fund		36-3490557
Par			ds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? □ Yes □ No
6			or any other purpose
Par	Conservation Easements.		
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	·	
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	
	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 easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		
_	•		· · [2d]
3	Number of conservation easements modified, tran	isterred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, ii		
•	Land void recorded devoted to morntoring, in	nopositing, and chiefoling conscivation	casements during the year
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation ease	ements during the year
•	►\$	oung, and omoromy conservation dasc	Smorts during the year
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
-			· · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	
_	balance sheet, and include, if applicable, the text		•
	organization's accounting for conservation easem-		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar	r assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements tha	t describes these items.
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar public service, provide the following amounts relative	· · · · · · · · · · · · · · · · · · ·	ducation, or research in furtherance of
	(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		
	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1		
	Assets included in Form 990. Part X		<b>&gt;</b> \$

D	2

Dow	III Oznanizationa Maintainina	Callactions of	Art Hinto	winal 7		04	hau Cimilau A		/	i
	Organizations Maintaining									
3	Using the organization's acquisition,		ner record	ıs, cnec	k any of th	e tollow	ing that are a	signiti	cant us	se of its
	collection items (check all that apply):									
а	☐ Public exhibition		d [	Loan	or exchang	je progr	ams			
b	☐ Scholarly research		е [	Other	-					
С	Preservation for future generations	3								
4	Provide a description of the organizat		and explair	n how th	hev further	the ora	anızatıon's exe	empt p	ourpose	ın Part
	XIII.				,	3				
5	During the year, did the organization	solicit or receive	donations	of art	historical tr	eacures	or other sim	ular		
•	assets to be sold to raise funds rather								7 V	
Part					Organizati	011 3 00		<u>·                                     </u>	Yes	□ No
rart		•	» 4 -	000 0		_			. –	
	Complete if the organization	answered Yes	to Form	990, P	art IV, line	9, or r	epoπed an a	moun	on Fo	orm
	990, Part X, line 21.									
1a	Is the organization an agent, trustee,							not		
	included on Form 990, Part X?							. [	] Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the follo	owing ta	able.					
								Amou	nt	
С	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e	<del> </del>			•
f	Ending balance					1f				
	•								7 V	
2a	Did the organization include an amour							-		□ NO
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the exp	planation	n has been	provide	d in Part XIII		•	<u> </u>
Pari										
	Complete if the organization									
		(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Three years ba	ick (e)	Four yea	rs back
1a	Beginning of year balance	32,437,979	28,8	872,088	26,6	44,257	28,256,9	64	25,4	480,215
b	Contributions	721,163		330,000	3	30,000	93,5	92		30,200
С	Net investment earnings, gains, and									
	losses	1,906,491	4.6	665,596	3.2	38,568	-364,1	22	4.	102,904
ď	Grants or scholarships	388,692		363,286		08,307	335,5			299,752
e	Other expenditures for facilities and	000,002	·······	000,200		55,557	330,0	,,,,,		200,702
_	programs	1 055 041	1 /	016 410		.02 420	056.5		4 (	000 002
•	Administrative expenses	1,055,941	1,0	016,419		82,430	956,5		1,0	006,603
f	•	50,000		50,000		50,000	50,0	-		50,000
g	End of year balance	33,571,000		437,979		72,088	26,644,2	257	28,2	<u> 256,964</u>
2	Provide the estimated percentage of t	•		(line 1g	, column (a	)) neid a	ıs:			
а	Board designated or quasi-endowmer		4%							
b		9.9%								
C	Temporarily restricted endowment	15.7%								
	The percentages in lines 2a, 2b, and 2									
3a	Are there endowment funds not in the	e possession of th	ie organiza	ation tha	at are held a	and adr	ninistered for	the		
	organization by:								Ye	s No
	(i) unrelated organizations							. 3	a(i)	<b>I</b>
	(ii) related organizations							. 3	a(ii)	1
b	If "Yes" to 3a(II), are the related organi								3b	
4	Describe in Part XIII the intended uses		•							<del>''</del>
Part										
	Complete if the organization		" to Form	990 P	art IV line	11a S	ee Form 990	Part	X line	10
	Description of property	(a) Cost or ot	·		r other basis		ccumulated		Book va	
	bescription of property	(investme		•	ther)		preciation	(0)	DOUR VA	iue
4 :-	Lond	,								
1a	Land	·	0		0					0
b	Buildings	·	0		0		0			0
С	Leasehold improvements		0		123,219		59,795			63,424
d	Equipment		0		355,625		149,838		2	205,787
е	Other	,	o		0		0			0
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90, Part X,	column	(B), line 10	c.)	▶		7	269,211

Schedule D (Form 990) 2014

Part VII	Investments - Other Securities					
	Complete if the organization answ		m 990, Part IV, Im	e 11b.	See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	, —	(b) Book value			hod of valuation -of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other Be	rens Global Value Fund		1,836,864	4 FMV		
	son Kempner Inst Partners		3,202,870	6 FMV	_	
	omestic Opportunity Fund		1,699,498			
(C) Newpo	ort Asia Inst Fund		2,205,624			
(D) OZ Str	uctured Products		1,870,290	FMV		
<sup>(E)</sup> Palo A	Ito Healthcare		2,931,012	2 FMV		
<sup>(F)</sup> Raptor	Private Holdings		38,622	2 FMV		
	ard Dividend Growth		12,401,598	FMV		
(H) Other	- see supporting schedule		8,935,88°	1		
Total. (Column (t	o) must equal Form 990, Part X, col. (B) line 12.) ▶		35,122,26	5		
Part VIII	Investments—Program Related					
	Complete if the organization answ	wered "Yes" to For	m 990, Part IV, lin	e 11c.	See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value			thod of valuation -of-year market value
(1)						, <u>-</u>
(2)						
(3)						
(4)						
(5)						
(6)						
_(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 13 )					
Part IX	Other Assets.					
	Complete if the organization answ		m 990, Part IV, lin	e 11d.	See Form	
	(a	i) Description				(b) Book value
(1)			<del>.</del> .			
(2)						
(3)						
_(4)						
_(5)						
(6)						
(7)						
(8)						
(9)	mn (b) must equal Form 990, Part X, co	ol /D) (mo 15 )				
	Other Liabilities.	oi. (b) iirie 15.)	<del>· · · · · · · · · · · · · · · · · · · </del>	<u> </u>		
Part X	Complete if the organization answ	wared "Vee" to Fer	000 Dod IV I.a	. 11	116 Caa	Form 000 Part V
	line 25.		m 990, Part IV, IIII			
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	a) must aqual Form 000. Dayl V and /Di line 05 \ h					
	n) must equal Form 990, Part X, col. (B) line 25 )	do the tout of the fact-	oto to the assessed	nia 6	nool etekeer	nto that remains the
∠. LIADILITY for	uncertain tax positions. In Part XIII, provi	ue the text of the 100th	ote to the organization	nı sınar	ıcıai stateme	ints 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 Page **4** 

Part				Return.	
	Complete if the organization answered "Yes" to Form 990,  Total revenue, gains, and other support per audited financial statements			1	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	18,802,734
2	Net unrealized gains (losses) on investments	اموا	000 500		
a b	Donated services and use of facilities	2a 2b	-609,592		
C	Recoveries of prior year grants		17,895		
d	Other (Describe in Part XIII.)				
e	Add lines <b>2a</b> through <b>2d</b>			2e	-591,697
3	Subtract line 2e from line 1			3	19,394,431
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	İİ			10,004,401
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,000		
b	Other (Describe in Part XIII.)	4b	34,258		
С	Add lines <b>4a</b> and <b>4b</b>			4c	84,258
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	19,478,689
Part				r Retur	າ.
	Complete if the organization answered "Yes" to Form 990,				
1	Total expenses and losses per audited financial statements			1	19,448,463
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	17,895		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	17,895
3	Subtract line 2e from line 1	1		3	19,430,568
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,000		
b	Other (Describe in Part XIII.)		34,258		
С 5	Add lines <b>4a</b> and <b>4b</b>			4c	84,258
	XIII Supplemental Information.	ie 16.) .		5	19,514,826
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Dar	t IV lines 1b and 2b	Dart V I	ino 4: Part V. lino
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	Line 4 - Endowment Funds	10 p.01	ido any additional in		•
Pail V	Line 4 - Endownient Funds				
Donor	endowment funds are used as instructed by the donor which includes schola	rshins n	rograms and other e	ynenses :	ıs
55	origonition ratios are used as instructed by the dollor which mediates serious	. 3111 <b>P</b> 3, P	ograms, and other c	vbc113c3	13
needeo	by the Fund. Earnings on funds designated by the Executive Committee to a	act as en	dowments are used to	o pay the	Fund's
admini	strative expenses, which may include program, management, or fund-raising	expense	S.		
Part X	Line 2 - Liability for Uncertain Tax Positions				
The fol	lowing is the text of the financial statement note pertaining to uncertain tax p	ositions:			
The Fu	nd has received a determination letter from the Internal Revenue Service indi	cating th	at the Fund is exemp	t from inc	ome
tax und	ler Section 501(c)(3) of the Internal Revenue Code of 1986 and, except for taxe	es pertai	ning to unrelated bus	iness inco	me,
is exen	npt from federal and state income taxes. The Fund is classified as a public ch	arity und	ter Section 509(a)(1)	and Section	on
170/h)	1)(A)(vi) an arganization that normally receives a substantial next of its surround	ant france:	durant au imdunant a		from
110(0)	1)(A)(vi), an organization that normally receives a substantial part of its support	ort from (	airect or indirect cont	ributions	rrom
the ac-	neral public. No provision has been made for income taxes in the accompany	ina fino-	rial statements as th	o Fund ha	d no
e ye	ioral paulie. To provision has been made to income taxes in the accompany	yian	eigi atatementa 45 M	e runu 118	u 110
matori	at unrelated business income in fiscal years 2015 and 2014.				

Page 5

Part XIII Supplemental Information (continued)
Part X Line 2 - Liability for Uncertain Tax Positions - continued
The Fund recognizes a tax position as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax
examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is
greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax
benefit is recorded. The Fund does not expect the total amount of unrecognized tax benefits to significantly change in the next
twelve months.
The Fund has applied this criterion to all tax positions for which the statute of limitations remains open. Tax years open to
examination by tax authorities under the statute of limitations include fiscal years ending June 2012 through 2014. The Fund
recognizes interest and penalties related to unrecognized tax benefits in interest and income tax expense, respectively. The Fund
has no amounts accrued for interest or penalties as of June 30, 2015 and 2014. The Fund has determined that its tax provisions
satisfy the more likely than not criterion and that no provision for income taxes is required at June 30, 2015.
Part XI Line 4b - Other
Fund-raising expenses for events are netted against revenue on the financial statements but are reported as expenses on Form 990.
Additionally, certain gifts in kind which are passed through directly to schools are considered agency transactions and are not recorded on
the financial statements as either revenue or expense.
Part XII Line 4b - Other
Fund-raising expenses for events are netted against revenue on the financial statements but are reported as expenses on Form 990.
Additionally, certain gifts in kind which are passed through directly to schools are considered agency transactions and are not recorded on
the financial statements as either revenue or expense.

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

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

Inspection

100110	i the organization				, ,	imployer identification numb	Jei
	noulders Fund					36-3490557	
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organiz	ation answered "Yes" o	n
1	For grantmakers. Does the		maintain reco	ords to substantiate the am	ount of its grants a		
	assistance, the grantees' eli	gibility for the	e grants or as	sistance, and the selection			
	grants or assistance?					· · · □Yes □	No
2	For grantmakers. Describe	o in Dort V t	ho organizati	on's procedures for mon-	torna the use of	ite grants and other	
_	assistance outside the Unite		ile Organizati	on's procedures for mon	toring the use of	its grants and other	
3_	Activities per Region. (The fo	1 1	l, line 3 table o	can be duplicated if addition	nal space is neede	d.)	
	(a) Region	(b) Number of offices in the	<ul><li>(c) Number of employees,</li></ul>	(d) Activities conducted in region (by type) (e.g.,	(e) If activity listed a program serv	rice, expenditures for	
		region	agents, and independent	fundraising, program services, investments,	describe specific service(s) in reg	type of and investment gion in region	.s
			contractors in region	grants to recipients located in the region)			
(1)	Central America	0	0	investments	n/a	12,778,	438
(2)							
···							
(3)							
(4)							
( ' '					-		
(5)							
<i>(6)</i>							
(6)			· -				
(7)	_						
(0)							
(8)					<u>-</u>		
(9)							
(4.0)	<u>-</u>						
(10)					-	<u>-</u>	
(11)							
(4.0 <b>)</b>		:	_				
(12)				<del>-</del>			
(13)							
(4.4\							
(14)	<del></del>						—
(15)							
(16)							
(.0)							
(17)							
3a	Sub-total	0	0			12,778,4	138
b	Total from continuation sheets to Part I	0	0				^
С	Totals (add lines 3a and 3b)	0	0			12,778,4	<u>0</u> 438

Page 2

Big Shoulders Fund

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

							an a small a management		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ									
2									
(3)									
(4)									
(2)									
(9)									
5									
(8)									
(6)									
(10)									
(11)			-						
(12)									
(13)									
(14)									
(15)									
(16)		:							

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entitles

ဗ

Schedule F (Form 990) 2014  Part III Grants a	Grants and Other As	ssistance to Individua	als Outside t	he United States	s. Complete if the	organization answ	Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	Page <b>3</b> , Part IV, line 16.
	Part III can be duplice	Part III can be duplicated if additional space is needed.	e is needed.	•				
(a) Typ	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
E								
(2)								
(3)								
(4)								
(5)								
(9)								
6								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)			:				,	
(15)								
(16)								
(17)	:	ļ						
(18)								

Schedule F (Form 990) 2014

_	A

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	✓ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	☐ Yes	<b>☑</b> No

Schedule F (Form 990) 2014

Schedule F (F	orm 990) 2014 Page <b>5</b>
Part V	Supplemental Information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
No assista	nce is given outside the United States.

### **SCHEDULE G** (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	nent of the Treasury Revenue Service	► Information at		ttach to Form		990-EZ. instructions is at www	w ire gov/form990	Open to Public Inspection
	of the organization	iniormation at	out schedule & (F	OTTH 330 OF 330	J-EZ) allu its	mstructions is at ww	Employer identifi	
Bia SI	noulders Fund						36-	-3490557
Par	Eundraid	sing Activities.	Complete if the	ne organiza	ation ansv	vered "Yes" to F	orm 990, Part IV,	
Fai	Form 99	0-EZ filers are n	ot required to	complete	this part.			
1	Indicate wheth	er the organization	n raised funds t	through any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicita	ations		e [		on of non-govern	-	
b	☐ Internet and	d email solicitatio	ns	f		on of governmen	-	
C	☐ Phone solid			g [	Special f	fundraising events	3	
ď	In-person s							
2a							icers, directors, trus fundraising services	
L			-	-			-	
b		at least \$5,000 by			uraisers) pi	ursuant to agreen	ients under which th	ne fundraiser is to be
	(i) Name and address or entity (fun-		(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	·			Yes	No	-		<del> </del>
1					127	-		
2								
3								
4		•						
5							"	
6								
7								
8								
9								
10								
Total					▶			
3	List all states i	n which the orga			ensed to s	olicit contribution	s or has been notifi	ed it is exempt from

Schedule G (Form 990 or 990-EZ) 2014

Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
-		3-33-33-4-33-4-	(a) Event #1  Golf Outing  (event type)	(b) Event #2  Ball (event type)	(c) Other events  2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	771,073	118,275	79,579	968,927
Œ	2 3	Less: Contributions Gross income (line 1 minus	465,397	67,530	66,079	599,006
_		line 2)	305,676	50,745	13,500	369,921
	4	Cash prizes	0	0	0	
	5	Noncash prizes	4,075	0	0	4,075
sesue	6	Rent/facility costs	50,000	6,300	0	56,300
Direct Expenses	7	Food and beverages	45,000	51,251	12,715	108,966
Direc	8	Entertainment	0	1,499	0	1,499
	9	Other direct expenses .	116,477	25,219	638	142,334
	10 11	Direct expense summary. Ad Net income summary. Subtra				313,174
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer			reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Reve	1	Gross revenue			75,100	75,100
ses	2	Cash prizes			27,960	27,960
Expenses	3	Noncash prizes			350	350
Direct I	4	Rent/facility costs			0	0
	5	Other direct expenses .			952	952
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☑ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in co	olumn (d)		<b>29,262</b>
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		45,838
9	En	iter the state(s) in which the or	ganization conducts ga	ming activities: Illinois		
		the organization licensed to co 'No," explain:	onduct gaming activities		s?	🗹 Yes 🗌 No
10			aming licenses revoked			

Schedu	le G (Form 990 or 990-EZ) 2014 Page <b>3</b>
11 12	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► Linda Rossi
	Address ▶ 212 W Van Buren, Suite 900, Chicago, IL 60607
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ► \$
C	If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ▶ Joshua Hale
	Gaming manager compensation ► \$ 250
	Description of services provided ► President & CEO
	□ Director/officer □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	······
	······································
	•••••••••••••••••••••••••••••••••••••••

OMB No. 1545-0047

**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

Open to Public Inspection 2014

Employer identification number

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

% □ ✓ Yes 36-3490557 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance **Big Shoulders Fund** Part I Part II

	1000 d 0 1000 m	Simple Sign						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dom	nestic Governm Il can be duplica	ents. Complete in ated if additional	the organization answ space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization or government	( <b>b</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	
(1) Academy of St. Benedict (Laffin) 6020 S. Laffin St. Chicago,IL. 60636	36-2171119	501c3	133,683				PP LA IE	
(2) Augustus Tolton 7120 S Calumet Chicago. IL 60619	36-2170979	501c3	121,154				ON ON	
(3) Bridgeport Catholic Academy 3700 S Lowe Chicago, IL 60609	36-3377611	501c3	11,373					
(4) Children of Peace School/HT 1900 W Taylor Chicago,IL 60612	36-2212711	501c3	13,246				PP SM EC	
(5) Christ the King Jesuit College Pr 5058 W Jackson Chicago,IL 60644	26-0556958	501c3	16,182				CG FR	
(6) De La Salle Institute 3434 S. Michigan Chicago, IL 60616	36-2167047	50103	5,455				STEM	
(7) DePaul College Prep 3633 N California Chicago,IL 60618	36-2182169	501c3	25,970				AE FR	
(8) Epiphany Elementary School 4223 W. 25th St Chicago, IL 60623	36-2412597	501c3	175,828				DDG LA EC	
(9) Hales Franciscan High School 4930 S Cottage Grv Chicago,IL 60615	36-3885315	501c3	303,952				OP DDG MO	
(10) Holy Angels School 750 E. 40th Street Chicago,IL 60653	36-2747560	501c3	414,001				PP OP DDG	
(11) Holy Trinity High School 1443 W Division St. Chicago,IL. 60642	36-2171703	501c3	179,367				DDG STEM FR	
(12) Immaculate Conception - Exch 8739 S Exchange Chicago,IL 60617	36-3310936	501c3	71,295				STEM LA ED	
						•		

Schedule I (Form 990) (2014)

Cat No 50055P

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

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

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

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۲ Page 2 of

> SCHEDULE I (Form 990)

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

OMB No 1545-0047

Open to Public Inspection

**Employer Identification number** 

2014

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

Č			
Big Sn	Big Snoulders Fund	36-3490557	
Part	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and	
	the selection criteria used to award the grants or assistance?	· · · · ·	° □
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		
Part	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990	n answered "Yes" to Fo	orm 990
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		

· · · · · · · · · · · · · · · · · · ·							
1 (a) Name and address of organization or government	<b>(b)</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
(1) Josephinum Academy 1501 N. Oakley Chicago,IL 60622	36-2167764	501c3	30,619				AE FR
(2) Leo High School 7901 S Sangamon Chicago,IL 60620	36-2182061	501c3	191,939				DDG AE MO
(3) Maternity B.V.M. School 1537 N Lawndale Chicago,IL 60651	36-2171722	501c3	236,032				STEM PP PD
(4) Most Blessed Trinity School 510 Grand Ave Waukegan,IL 60085	47-0955784	501c3	76,794		-		PP DDG SPG
(5) Northside Catholic Academy 6216 N. Glenwood Chicago, IL 60660	36-3956710	501c3	62,029				STEM AR
(6) Our Lady of Grace School 2446 N. Ridgeway Chicago, IL 60647	36-2170886	501c3	75,172			÷	PP LA AE
(7) Our Lady of Guadalupe School 9050 S. Burley Chicago,IL 60617	36-2743254	501c3	182,899				SPG PP DDG
(8) Our Lady of Tepeyac Elem Sch 2235 S Albany Chicago,IL 60623	36-3409095	501c3	69,479				ED DDG LA
(9) Our Lady of Tepeyac High Sch. 2228 S Whipple Chicago, IL 60623	36-4202108	501c3	39,617				AE CG STEM
(10) Our Lady of the Snows School 4810 S Leamington Chicago, IL 60638	36-2401758	501c3	39,329				IE LA EC
(11) Pope John Paul II Sch 4325 S Richmond Chicago,IL 60632	36-2170859	501c3	307,199				PP PD IE
(12) Queen of the Universe 7130 S Hamlin Chicago,IL 60629	36-2583566	501c3	125,255				STEM AE MO
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li> <li>3 Enter total number of other organizations listed in the line 1 table</li> <li></li></ul>	501(c)(3) and gov ganızations listed	ernment organizat in the line 1 table	ions listed in the li	ine 1 table			
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ee the Instruction	s for Form 990.		Ö	Cat. No 50055P		Schedule I (Form 990) (2014)

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> **SCHEDULE 1** (Form 990)

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,

OMB No 1545-0047

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

Open to Public Inspection 2014

Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Inspect
Name of the organization		Employer identification number
Big Shoulders Fund		36-3490557
Part I General I	Part I General Information on Grants and Assistance	
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ssistance, and
the selection cri	the selection criteria used to award the grants or assistance?	☐ Xex ☐

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV line 21 for any recipient that received more than \$5,000. Part II can be dunicated if additional space is peeded. ° Z □ Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II N

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	recipient that	received more tr	ian \$5,000. Part I	l can be duplica	ated if additional s	space is needed.	
1 (a) Name and address of organization or government	( <b>p</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
(1) Sacred Heart School 2906 E 96th St Chicago,IL 60617	36-2171734	501c3	35,834				DDG LA ED
(2) Santa Lucia Elementary School							
3017 S. Wells St Chicago,IL 60616	36-2171069	501c3	14,341				OP EC SM
(3) St Agatha Catholic Academy							
3151 W. Douglas Chicago, IL 60623	36-2170923	501c3	39,414				STEM SM AE
(4) St Agnes of Bohemia School							
2643 S Central Park Chicago, IL 60623	36-3552287	501c3	35,016				SM LA STEM
(5) St Ailbe School							
9037 S Harper Chicago,IL 60619	36-2170926	501c3	150,953				STEM PP SD
(6) St Angela School							
1332 N Massasoit Chicago, IL 60651	36-4091553	501c3	161,150				PP STEM DDG
(7) St Ann School							
2211 W 18th PI Chicago,IL 60608	36-2284297	501c3	30,580				LA SM STEM
(8) St Barbara Elementary School							
2867 S Throop Chicago,IL 60608	36-2170943	501c3	64,525				STEM EC SM
(9) St Bartholomew School							
4941 W. Patterson Chicago, IL 60641	36-2170946	501c3	9,645				EC SPG DDG
(10) St Bede the Venerable School							
4440 W. 83rd St Chicago, IL 60652	36-4055633	501c3	58,470				STEM DDG AR
(11) St Benedict High School							
3900 N Leavitt St Chicago, IL 60618	36-2251918	501c3	10,500				SPG
(12) St Bruno School							
4839 S Harding Chicago, IL 60632	36-2170961	501c3	48,753				STEM MO EC
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organization	tions listed in the lii	ne 1 table			<b>A</b>
s Enter total number of other organizations listed in the line I	ganizations listed	In the line I table					<b>^</b>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2014)

OMB No 1545-0047

# SCHEDULE (Form 990)

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

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

2014

Open to Public Inspection

**Employer identification number** Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

3ig Sl	3ig Shoulders Fund	36-3490557	
Par	Part I General Information on Grants and Assistance		
-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, and	
	the selection criteria used to award the grants or assistance?	· · · · · Tes · · ·	0
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.		

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	sistance to Do	mestic Organiz	ations and Dom	lestic Governm Il can be duplica	ients. Complete if ated if additional s	the organization answ pace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(a)	(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
(1) St Catherine Siena/St. Lucy Sch 27 W Washington Oak Park,IL 60302	36-2170969	501c3	33,527				AE ED PD
(2) St Constance School 5841 W. Strong St Chicago. IL 60630	36-3965141	501c3	217.808			:	PP STEM DDG
(3) St Elizabeth Grade School 4052 S. Wabash Chicago,IL 60653	36-2170991	501c3	135,469				PP STEM DDG
(4) St Ethelreda School 8734 S Paulina St Chicago,IL 60620	36-2182112	501c3	291,862				OP STEM PP
(5) St Florian School 13110 S Baltimore Chicago,IL 60633	36-2170998	501c3	62,588				EC DDG OP
(6) St Francis DeSales High Sch 10155 S Ewing Chicago, IL 60617	36-2435876	501c3	1,017,682				OP DDG AE
(7) St Gall Elementary School 5515 S. Sawyer Chicago,IL 60629	36-2704905	501c3	217,156				PP STEM AE
(8) St Genevieve School 4854 W. Montana Chicago,IL 60639	36-2171008	501c3	137983				STEM LA PP
(9) St Helen School 2347 W. Augusta Chicago,IL 60622	36-2373447	501c3	219,240				PP CG DDG
(10) St John Berchmans School 2511 W. Logan Chicago,IL 60647	36-2171034	501c3	74,988				OP SM PP
(11) St John De La Salle Academy 10212 S. Vernon Chicago,IL 60628	36-2171032	501c3	41,021				SD PP EC
(12) St Ladislaus Elementary School 3330 N. Lockwood Chicago, IL 60641	36-2171059	501c3	191'66				AE MO OP
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	vernment organizat	lions listed in the li	ne 1 table			
l							

Schedule I (Form 990) (2014)

Cat No 50055P

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

OMB No 1545-0047

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

**Big Shoulders Fund** 

Part I

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

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

2014

Open to Public Inspection

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

**Employer identification number** 

36-3490557 General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ITII Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
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ו מונוץ, וווכ בין, וכן מון יכטייים ווומים וומים לכיסיים ווומים וומים לכיסיים וומים בין בין מסמונים וומים לכיסיים	iy iccipient tilat	ו מומו ביי	Idii 40,000. I di t	i cari pe dapile	מנכת וו מתחווים ותו	space is liceded.	
1 (a) Name and address of organization or government	( <b>b</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
(1) St Malachy School 2252 W Washington Chicago.IL 60612	36-4091553	501c3	192.102				PP STFM AF
(2) St Margaret Mary School							
7318 N. Oakley Chicago,IL 60645	36-2171066	501c3	20,565				PD SPG
(3) St Margaret of Scotland School	3001366 36	60403	030 036				90 90
(4) St Mary of the Angels School	2007-00		200				STEIR FF OF
1810 N. Hermitage Chicago, IL 60622	36-2171072	501c3	208,150				PP STEM OP
(5) St Mary of the Lake School							:
1026 W. Buena Chicago, IL 60613	36-2171076	50103	68,819				ED PP LO
(6) St Mary Star of the Sea School			1				
6424 S Kenneth Chicago,IL 60629	36-2848256	501c3	7,754				STEM ED
(7) St Matthias/Transfiguration Sch			•				
4910 N. Claremont Chicago, IL 60625	36-2171089	501c3	14,852				STEM SM EC
(8) St Michael School (South Shore)			•				
8231 S South Shore Chicago, IL60617	36-2171093	501c3	153,076				EC STEM AE
(9) St Nicholas of Tolentine School							
3741 W. 62nd StreetChicago,IL 60629	36-2182132	501c3	100,397				STEM LA PP
(10) St Nicholas Ukrainian Cathedral							
2200 W. Rice St Chicago, IL 60622	13-1026995	501c3	51,019				STEM EC AR
(11) St Pascal School	_						
6143 W Irving Park Chicago, IL 60634	36-2171099	50103	6,875				AR SM DDG
(12) St Philip Neri School							
2110 E. 72nd St Chicago,IL 60649	36-2171115	501c3	175,949				DDG STEM OP
2 Enter total number of section 501(c)(3) and government org	າ 501(c)(3) and gov	ernment organiza	lanizations listed in the line 1 table	ne 1 table			<b>.</b>
3 Enter total number of other organizations listed in the line	rganizations listed	In the line 1 table		•			<b>A</b> .

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

Cat No 50055P

Schedule I (Form 990) (2014)

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OMB No. 1545-0047

SCHEDULE (Form 990)

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

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

2014

Open to Public Inspection **Employer identification number** 

> Department of the Treasury Internal Revenue Service Name of the organization

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance □ Yes STEM SD FR 36-3490557 PP PD STEM AR PD DDG PP DDG SM PP DDG EC E DDG EC SM EC SD ED SM FR PP LA ED PP LA EC STEM Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and DDG . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed, . . . . . (f) Method of valuation (book, FMV, appraisal, other) . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 45,746 48,716 10,656 7,488 10,000 34,055 98,556 18,584 137,418 35,300 53,416 13,446 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance **501c3 501c3** 501c3 501c3 **501c3** 501c3 501c3 501c3 501c3 **501c3 501c3** 501c3 36-2171148 36-2171120 36-2235175 36-2171123 36-2240479 36-2240477 36-2171753 36-2171128 36-2171144 36-3352367 36-2430761 36-2488067 (b) EIN 6036 W. Eastwood Chicago,IL 60630 5467 S. Woodlawn Chicago, IL 60615 3027 W Palmer Sq. Chicago, IL 60647 1625 S. Allport St Chicago, IL 60608 7740 S. Western Chicago, IL 60620 1 (a) Name and address of organization (10) St Thomas the Apostle School 1919 S. Ashland Chicago, IL 60608 4140 W Addison Chicago, IL 60641 (4) St Rita of Cascia High School 7801 S. Throop Chicago,IL 60620 5025 S Kenneth Chicago, IL 60632 4120 W. 57th St Chicago, IL 60629 (5) St Robert Bellarmine School 247 W. 23rd St Chicago, IL 60616 (7) St Stanislaus Kostka School 1255 N. Noble Chicago, IL 60642 (6) St Sabina Academy (1) St Pius V School 12) St Viator Elem School (2) St Procopius School (8) St Sylvester School (11) St Turibius School (9) St Therese School (3) St Richard School Big Shoulders Fund Part I Part II

Schedule I (Form 990) (2014)

Cat No 50055P

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

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> SCHEDULE (Form 990)

Part I

Grants and Other Assistance to Organizations,

OMB No 1545-0047

2014

Open to Public Inspection **Employer identification number** 36-3490557 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. **Governments, and Individuals in the United States** ▶ Attach to Form 990. General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization **Big Shoulders Fund** 

. ▼ . Schedule I (Form 990) (2014		Cat. No 50055P		organizations listed in the line 1 table in 1 table in 1 table in 1 table in 1 table in 990.		501(c)(3) and govrganizations listed	2 Enter total number of section 501(c)(3) and government 3 Enter total number of other organizations listed in the life Por Paperwork Reduction Act Notice, see the Instructions for Forn
							(11)
							(10)
							(6)
							(8)
							ω)
							(9)
							(5)
							(4)
OP ED AE				33,250	50103	36-4378726	(3) San Miguel School 1949 W 48th Street Chicago, IL 60609
PP IE DDG				75,483	501c3	36-3648506	(2) Visitation School 900 W Garfield Chicago,IL 60609
OP DDG MO				116,136	501c3	36-2171154	(1) St William School 2559 N Sayre Chicago,IL 60707
(h) Purpose of grant or assistance	(g) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	<b>(b)</b> EIN	1 (a) Name and address of organization or government
ered "Yes" to Form 990	Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990 more than \$5,000. Part II can be duplicated if additional space is needed.	nents. Complete ated if additional	<b>estic Governm</b> Il can be duplica	ations and Dorrian \$5,000. Part	mestic Organiz	ssistance to Do	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
		States.	nds in the United	onitoring the use of grant funds in the United States.	es for monitoring	ization's procedur	2 Describe in Part IV the organization's procedures for m
e, and	for the grants or assistance	grantees' eligibility t	assistance, the g	unt of the grants or	stantiate the amou or assistance?	in records to subs award the grants	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Scholarships - elementary & high school students	5.324	8,615,930			
2 Scholarships- teachers -leadership/teacher develop	12	35,851			
3					
4	:				
5					
9					
Part IV Supplemental Information. Provide the information. Provide the information. Provide the information.	Ę  ;	equired in Part I, line	e 2, Part III, column	nation required in Part I, line 2, Part III, column (b), and any other additional information.	onal information.
Procedures for monitoring the use of grant funds differ based on the type of grant awarded. Schools eligible for support are reviewed each year to ensure they meet	pased on the type of	grant awarded. Schoo	Is eligible for support	are reviewed each year to ens	sure they meet
outlined criteria (in City of Chicago, student population has over 20% qualify for free or reduced lunch and participate in Title I programs). Overall schools report annually	nas over 20% qualify	for free or reduced lun	ch and participate in	ide I programs). Overall scho	ools report annually
on a number of indicators including financial viability, enrollment, student academic performance, and demographic characteristics of students served. Renewable	rollment, student a	ademic performance, a	ınd demographic char	acteristics of students served	1. Renewable
scholarship awards include regular progress monitoring and reporting by the individual schools on students. Patrons Program funds are only distributed upon	and reporting by th	e individual schools on	students. Patrons Pr	ogram funds are only distrib.	nted upon
agreement of Patron, Principal and Big Shoulders, and requires sub	equires substantiati	on through receipting o	r accounting of use of	stantiation through receipting or accounting of use of funds. Programmatic and capital support	pital support
requires a minimum of annual reports on use of funds and demonstrated measurable objectives met through the funding. Big Shoulders Fund staff members regularly	nd demonstrated me	asurable objectives me	t through the funding	Big Shoulders Fund staff me	mbers regularly
visit (at least 2-5 times each year) schools and meet with leadership		e schools are using fur	nds as indicated by the	to ensure schools are using funds as indicated by the requirements of each type of support.	of support.

Page 2 of 2 Page 2

Schedule I (F	Schedule I (Form 990) (2014)
Part III	Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

י מול ווו כמון כס מקווכמונים וו מסמוניסיומו	יומו ססמכני וס וונפסק	5			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
4					
9					
9				,	
7					
Part IV Supplemental Information. Provide the inform	de the information	ation required in Part I, line 2,	e 2, Part III, colum	Part III, column (b), and any other additional information.	litional information.
Part II - Other Information:					
Although Big Shoulders Fund prepares its financial statements on the	tatements on the acci	rual basis, this schedule	has been prepared on	the cash basis. We believ	ne accrual basis, this schedule has been prepared on the cash basis. We believe that this method is more informative
ss it shows actual cash outlays during the year, including both direct payments to schools and payments made on behalf of schools. On the accrual basis, multi year grants pledged but	ding both direct payn	nents to schools and pay	ments made on behal	of schools. On the accru	ıl basis, multı year grants pledged but
not paid in the current year would be included on this schedule, but		payments to schools as	a result of previous mu	llti-year grants would not b	cash payments to schools as a result of previous multi-year grants would not be included. This could cause a
nisunderstanding regarding the actual annual support that Big Shoulders provides to certain schools during each school year.	rt that Big Shoulders	provides to certain scho	ools during each schoo	ıl year.	
Part II, Line 1: Key for purpose of grant or assistance - column (h):	- column (h):				
AE - Academic Enrichment; AR - Alumni Records,		CG - Capital Grant;	DDG - Don	DDG - Donor Designated Grant,	EC - Early Childhood Program:
Extended Day Program; FR - Contribution to fund-raising event,	ınd-raısing event,	IE - Inclusive Education	n Program; LA - Lead	IE - Inclusive Education Program; LA - Leadership Award Program;	MO - Marketing/Operating Assistance
DP - Operating Grant; PD - Professional Development Program,	velopment Program,	PP - Patrons Program;	SD - Service Days;	ce Days;	SM - Stock Market Program;
SPG - Special Program Grant; STEM - Science, Technology, Engineering, Mathematics;	nology, Engineering,	Mathematics;			
					Schedule I (Form 990) (2014)

### **SCHEDULE J** (Form 990)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

**Employer identification number** 

Big Sh	oulders Fund		36-34905	57		
Part	Questions Regarding Compensation					
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part III to					
	☐ First-class or charter travel	☐ Housing allowance or residence f	or personal use			
	☐ Travel for companions	Payments for business use of per	sonal residence			
		✓ Health or social club dues or initial	ation fees			
	☐ Discretionary spending account	Personal services (e.g., maid, cha	uffeur, chef)			
b	If any of the boxes on line 1a are checked, did	the organization follow a written police	y regarding payment			
	or reimbursement or provision of all of the e	xpenses described above? If "No,"	complete Part III to			
	explain			1b	✓	
2	Did the organization require substantiation pri directors, trustees, and officers, including the Ci 1a?				<b>✓</b>	
	1a?			2	<b>*</b>	
3	Indicate which, if any, of the following the filing or organization's CEO/Executive Director. Check all related organization to establish compensation of	that apply Do not check any boxes for	methods used by a			
	✓ Compensation committee	☐ Written employment contract				Ì
	☐ Independent compensation consultant	Compensation survey or study				
	✓ Form 990 of other organizations	Approval by the board or comper	sation committee			
4	During the year, did any person listed in Form 990 organization or a related organization:	), Part VII, Section A, line 1a, with respe	ect to the filing			
а	Receive a severance payment or change-of-contr	ol payment?		4a		<b>√</b>
b	Participate in, or receive payment from, a supplen			4b		1
C	Participate in, or receive payment from, an equity-	· · · · · · · · · · · · · · · · · · ·		4c		1
	If "Yes" to any of lines 4a-c, list the persons and I	· · · · · · · · · · · · · · · · · · ·	h item in Part III.			_
	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5	_0			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of.					
а	The organization?			5a	•	
	3			5b		<b>V</b>
-	If "Yes" to line 5a or 5b, describe in Part III.			35		<b>-</b>
				Ì		
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of:	A, line 1a, did the organization pay or ac	ccrue any			
_				٠ ـ ـ		
a	S .			6a		<b>✓</b>
Ь	,			6b		✓
	If "Yes" to line 6a or 6b, describe in Part III.					
7	For pareons listed in Form 900 Part VIII Conti	on A line 1a did the erappingtion of	roudo onu non fued	┡ -┤		-
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7	1	
8	Were any amounts reported in Form 990, Part VII,			⊢ـــ́⊢	•	
J	to the initial contract exception described in	•	•		İ	
				,		1
				8		<b>-</b>
9	If "Yes" to line 8 did the organization also fo	allow the rebuttable presumption pro	cedure described in			

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2014

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

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

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

NOTE: HE SUIT OF COLUMNS (DM) (III) TO EACH INSTEAD HUMBOUR HILLS EQUAL HILLS SUIT OF COLUMNS (DM) (III) TO EACH INSTEAD (D) AND EACH INSTEAD (D) AND EACH INSTANCTION (D) AND EACH EACH EACH INSTANCTION (D) AND EACH EACH EACH EACH EACH EACH EACH EACH	Eac Eac	il listed iridividual filu	si equal ille total airii	odin of Folia 330, Fa	ir vii, section A, iii e	la, applicable colulli	חוטטוווג (ב) מווסטווג	of that individual.
		(B) Breakdown o	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base	(ii) Bonus & incentive	(iii) Other	other deferred	benefits	(a)-(a)	in column (B) reported as deferred in prior
				compensation				Form 990
	€	361,606	18,606	906'L	2,000	26,510	419,628	0
1 Joshua Hale, President & CEO	Ξ	0	0	6 1 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0		0
	€							
2	Ξ					; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
	€							:
6	€						; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	€							
4	€				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			) ) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
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5	€							
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	()							
8	Ξ							
	(3)							
6	(ii)							
	Θ							
10	(E)							
	8							
11	Ξ							
	8							
12	Ξ							
	8				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
13	3							
	ε						!	
14	(ii)							
	€							
15	Ξ							
	<b>E</b>							
16	Ξ							

Schedule J (Form 990) 2014

# Schedule J (Form 990) 2014 Part III Supplemental Information

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

for any additional information.
Part I, Line 1a Dues to a social club are paid on behalf of Joshua Hale, President, in order to have a place to conduct off-site board meetings and meetings with donors.
These dues are not included in the president's taxable income.
Part I, Line 1a. A car is provided for business and personal use for Monsignor Kenneth Velo, co-chairman, who is also a member of a religious organization. Because
the value of the personal use is reported on Form W-2, as required for officers of the organization, a small stipend is also provided which is calculated to cover

Part I, Line 7 An annual bonus was paid to all current employees, including those listed in Part VII, based upon reaching various organizational goals during the year. The bonus percentage is decided annually by the Co-chairmen. The same bonus percentage is used for all employees. The bonus percentage is multiplied

by each person's regular annual compensation to determine the dollar amount of the bonus.

the amount of any taxes which might be incurred by Monsignor Velo. The value of the personal use and the amount of the stipend vary from year to year based

on the actual mileage used and the tax laws in effect during the year. Both the personal use of the car and the stipend are included in his taxable income.

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2014

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

irs.gov/form990. Inspection
Employer identification number

Sig Shoulders Fund 36-3490557								
Part	Types of Property							
-		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art-Works of art	✓	1	495	sale of comp	arable	prop	erty
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household						_	
	goods	<b> </b>		8,269	sale of comp	arable	e prop	ertv
6	Cars and other vehicles				•			
7	Boats and planes	·						
8	Intellectual property							
9	Securities—Publicly traded .	1	23	820,849	average high	/low s	ales i	orice
10	Securities—Closely held stock .			·				
11	Securities-Partnership, LLC,			,				
	or trust interests							
12	Securities-Miscellaneous					-		
13	Qualified conservation							
	contribution-Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential		~					
16	Real estate—Commercial					•		
17	Real estate-Other							
18	Collectibles	1	20	5,454	sale of comp	arable	pron	ertv
19	Food inventory			97.0.7	0.000	- CI CI CI CI CI CI CI CI CI CI CI CI CI	, р. ор	
20	Drugs and medical supplies							
21	Taxidermy						-	
22	Historical artifacts		, , , , , , , , , , , , , , , , , , , ,					
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ( event food beverage )	· /	61	40.267	sale of comp	arable	prop	ertv
26	Other ► ( sporting goods )	1	14		sale of comp			
27	Other ► ( jewelry )	1	5		sale of comp			
28	Other ► ( food for use )	✓	11		sale of comp			
29	Number of Forms 8283 received			ear for contributions for				
	which the organization completed	Form 8283	, Part IV, Donee Acknowle	dgement	29	0		
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I, lines	3 1 through			
	28, that it must hold for at least th			ontribution, and which is n	ot required			i
	to be used for exempt purposes f	or the entir	e holding period?			30a		✓
b	If "Yes," describe the arrangement	t ın Part II.						
31	Does the organization have a				n-standard	L _		[
	contributions?					31	1	'
32a	Does the organization hire or use							
	contributions?					32a		1
ь	If "Yes," describe in Part II.							1
33	If the organization did not report ar describe in Part II.	n amount in	column (c) for a type of pro	pperty for which column (a)	s checked,			

Big Shoulders Fund 36-3490557 Schedule M (Form 990) (2014) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part I, Column (b) The number reported in column (b) represents the number of contributions received.

### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Big Shoulders Fund	36-3490557
Page 2, Part III, Line 4d - Other Program Services: Grants to schools as designated by donors - agency	(pass-through) transactions.
See supporting schedule reconciling grant expenses and net expense.	
Page 6, Part VI, Line 2 - Family & Business Relationships:	
John A. Canning, Michael Ferro - business relationship; John A. Canning, Kent Dauten - business relationship	ionship;
John A. Canning, James Gordon - business relationship; Thomas Reynolds III, Thomas Lanctot - family	relationship;
Lester Crown, Michael Ferro - business relationship; Lester Crown, James Gordon - business relations	hip;
Lester Crown, Daniel Doherty - business relationship; William Devers, Michael Ferro - business relation	nship;
William Devers, Andrew McKenna - business relationship; Andrew McKenna, James Gordon - business	s relationship;
Andrew McKenna, Lester Crown - business relationship; Andrew McKenna, Michael Ferro - business	relationship;
Page 6, Part VI, Line 11b - 990 Review Process: The tax return is reviewed by the President and Audit C	ommittee and distributed to the
Executive Committee prior to filing	
Page 6, Part VI, Line 12c - Conflict of Interest Policy:	
The conflict of interest policy covers any director, principal, officer, or member of a committee with aut	hority to take action on
behalf of the Executive Committee. An annual notice is sent to the people covered under the policy to	remind them of their
duties regarding potential conflicts of interest. Any such person is required to disclose any potential conflicts of interest.	onflict of interest to the
Executive Committee prior to the proposed transaction taking place. The Executive Committee will the	n review all relevant
information and decide if a conflict of interest exists. If the Executive Committee decides a conflict of i	nterest exists, the person is
prohibited from participating in any discussion or vote on that matter. All Executive Committee members	ers are also requested
annually to report any family or business relationships that must be disclosed on Form 990.	
Page 6, Part VI, Line 15b - Compensation:	
The Co-Chairmen and Executive Committee determine the compensation for the President after review	ing his performance and
by using comparative data for other non-profit organizations. This was last done in November 2014.	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
Big Shoulders Fund	36-3490557
Page 6, Part VI, Line 19 - Public Inspection of Documents	
Governing documents, policies and financial information are made available on a discretionary basis to the	nose with valid reasons for
requesting the information.	
	·····
Page 8, Part VII, Section A	
The "Executive Committee" is the formal name of the governing board of the organization.	
Joshua Hale and Linda Rossi are reported as officers in Section A because their job descriptions fit the co	riteria specified by the IRS to be
reported as officers. However, they are not legal officers of the organization.	
Page 9, Part VIII, Line 11a - Agency Collections	
Under generally accepted accounting principles, non-profit organizations must report agency transaction	s in a specific manner.
Agency transactions are contributions received from donors who have designated the use of their funds f	for a specific beneficiary,
such as a donor requesting that their gift be directed to a certain school as a grant or scholarship. As req	uired under GAAP for
financial statement presentation, the Big Shoulders Fund excludes these from (net) revenue and reports t	hem as liabilities when
when received. However, in order to present the true amount of support received from our donors, we do	ınclude these gifts ın
total contribution revenue on Line 1 and then deduct them from gross revenue on Line 11a resulting in ne	t revenue of -0- for
these transactions.	
Page 10, Part IX, Line 24c - Agency Expenses	•••••
As described above, agency receipts are not included in income, and correspondingly, agency expenditure	res are not included in
expenses. Line 24c shows the total of agency expenditures included in the detail expense lines 1 and 2.	
Page 12, Part XI, Line 5 - Net Unrealized Gains/Losses on Investments	
Unrealized gains/losses on investments are not included in income on Part VIII.	