



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2015**  
**Open to Public Inspection**

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

Name of foundation Small Moves Foundation		<b>A Employer identification number</b> 46-3551508	
% ERIC & ELIZABETH LEFKOFSKY		<b>B Telephone number (see instructions)</b> (312) 906-7477	
Number and street (or P O box number if mail is not delivered to street address) 600 West Chicago Ave Suite 775		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60654			
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$</b> 853,104		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>J</b> Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
<b>1</b>	Contributions, gifts, grants, etc , received (attach schedule) . . . . .	0			
<b>2</b>	Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
<b>3</b>	Interest on savings and temporary cash investments				
<b>4</b>	Dividends and interest from securities . . . . .				
<b>5a</b>	Gross rents . . . . .				
<b>b</b>	Net rental income or (loss) _____				
<b>6a</b>	Net gain or (loss) from sale of assets not on line 10				
<b>b</b>	Gross sales price for all assets on line 6a _____				
<b>7</b>	Capital gain net income (from Part IV, line 2) . . . . .		0		
<b>8</b>	Net short-term capital gain . . . . .				
<b>9</b>	Income modifications . . . . .				
<b>10a</b>	Gross sales less returns and allowances				
<b>b</b>	Less Cost of goods sold . . . . .				
<b>c</b>	Gross profit or (loss) (attach schedule) . . . . .				
<b>11</b>	Other income (attach schedule) . . . . .				
<b>12</b>	<b>Total.</b> Add lines 1 through 11 . . . . .	0	0		
<b>13</b>	Compensation of officers, directors, trustees, etc				
<b>14</b>	Other employee salaries and wages . . . . .				
<b>15</b>	Pension plans, employee benefits . . . . .				
<b>16a</b>	Legal fees (attach schedule). . . . .	30	0	0	30
<b>b</b>	Accounting fees (attach schedule). . . . .	4,225	0	0	4,225
<b>c</b>	Other professional fees (attach schedule) . . . . .				
<b>17</b>	Interest . . . . .				
<b>18</b>	Taxes (attach schedule) (see instructions) . . . . .				
<b>19</b>	Depreciation (attach schedule) and depletion . . . . .				
<b>20</b>	Occupancy . . . . .				
<b>21</b>	Travel, conferences, and meetings . . . . .	2,943			2,943
<b>22</b>	Printing and publications . . . . .				
<b>23</b>	Other expenses (attach schedule). . . . .	18,068			18,068
<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	25,266	0	0	25,266
<b>25</b>	Contributions, gifts, grants paid . . . . .	55,750			55,750
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	81,016	0	0	81,016
<b>27</b>	Subtract line 26 from line 12				
<b>a</b>	<b>Excess of revenue over expenses and disbursements</b>	-81,016			
<b>b</b>	<b>Net investment income</b> (if negative, enter -0-)		0		
<b>c</b>	<b>Adjusted net income</b> (if negative, enter -0-)				

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	933,099	852,104	852,104
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	0	1,000	1,000	
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	933,099	853,104	853,104	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	0	1,021	
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	1,021	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .			
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .	933,099	852,083	
	<b>28</b> Paid-in or capital surplus, or land, bldg, and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	933,099	852,083		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	933,099	853,104		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
<b>1</b>	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	933,099
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-81,016
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	852,083
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	852,083

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

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

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

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	186,901	356,040	0.524944
2013			
2012			
2011			
2010			

<b>2</b> Total of line 1, column (d).	<b>2</b> 0.524944
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b> 0.524944
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	<b>4</b> 895,923
<b>5</b> Multiply line 4 by line 3.	<b>5</b> 470,309
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b).	<b>6</b> 0
<b>7</b> Add lines 5 and 6.	<b>7</b> 470,309
<b>8</b> Enter qualifying distributions from Part XII, line 4.	<b>8</b> 81,016

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

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

Table with 11 main rows and sub-rows (a-d) for credits. Includes fields for exempt foundations, tax under section 511, tax due, and overpayment. Total credits and payments are shown in row 7.

Part VII-A Statements Regarding Activities

Table with 10 main rows (1a-10) and sub-rows (a-c) for questions regarding political activities, unrelated business income, and substantial contributors. Includes 'Yes' and 'No' columns.

**Part VII-A Statements Regarding Activities (continued)**

<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>SmallMoves.org</u>	<b>13</b>	<b>Yes</b>	
<b>14</b> The books are in care of ► <u>ERIC &amp; ELIZABETH LEFKOFSKY</u> Telephone no ► <u>(312) 906-7477</u> Located at ► <u>600 WEST CHICAGO AVE SUITE 775 CHICAGO IL</u> ZIP+4 ► <u>60654</u>			
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . .			<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>15</b>		
<b>16</b> At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	<b>16</b>	<b>Yes</b>	<b>No</b>
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►			

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

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

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)**

**5a** During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).  Yes  No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No **5b**

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

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

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

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No **6b** **No**

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **7b**

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

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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ERIC P LEFKOFSKY 600 West Chicago Ave Suite 775 Chicago, IL 60654	TRUSTEE 0 5	0		
ELIZABETH KRAMER LEFKOFSKY 600 West Chicago Ave Suite 775 Chicago, IL 60654	TRUSTEE 0 5	0		

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

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

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

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

**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

**Total** number of others receiving over \$50,000 for professional services. . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b> _____	
<b>2</b> _____	
<b>3</b> _____	
<b>4</b> _____	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b> _____	
_____	
<b>2</b> _____	
_____	
All other program-related investments. See instructions	
<b>3</b> _____	
_____	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	

**Part X Minimum Investment Return**

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	909,566
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	909,566
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	909,566
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	13,643
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	895,923
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	44,796

**Part XI Distributable Amount**

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	44,796
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	0
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	0
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	44,796
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	44,796
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	44,796

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	81,016
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	81,016
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	<b>5</b>	
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	81,016

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				44,796
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only. . . . .			0	
<b>b</b> Total for prior years 2013, 2012, 2011				
<b>3</b> Excess distributions carryover, if any, to 2015				
<b>a</b> From 2010. . . . .				
<b>b</b> From 2011. . . . .				
<b>c</b> From 2012. . . . .				
<b>d</b> From 2013. . . . .				
<b>e</b> From 2014. . . . .				169,099
<b>f</b> Total of lines 3a through e. . . . .	169,099			
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ <u>81,016</u>				
<b>a</b> Applied to 2014, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2015 distributable amount. . . . .				44,796
<b>e</b> Remaining amount distributed out of corpus	36,220			
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	205,319			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions. . . . .				
<b>e</b> Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a. . . . .	205,319			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2011. . . . .				
<b>b</b> Excess from 2012. . . . .				
<b>c</b> Excess from 2013. . . . .				
<b>d</b> Excess from 2014. . . . .	169,099			
<b>e</b> Excess from 2015. . . . .	36,220			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

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

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

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

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
<b>b</b> 85% of line 2a . . . . .				
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .				
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .				
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon				
<b>a</b> "Assets" alternative test—enter				
<b>(1)</b> Value of all assets . . . . .				
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)				
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .				
<b>c</b> "Support" alternative test—enter				
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .				
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .				
<b>(3)</b> Largest amount of support from an exempt organization				
<b>(4)</b> Gross investment income				

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

**1 Information Regarding Foundation Managers:**

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

ERIC LEFKOFSKY ELIZABETH LEFKOFSKY

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

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

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

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Small Moves Foundation  
600 W Chicago Ave Suite 775  
Chicago, IL 60654  
(312) 906-7477

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

SUBMIT A WRITTEN GRANT APPLICATION TO THE ADDRESS ON LINE 2A. ALL APPLICATIONS SHOULD INCLUDE THE NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF APPLICANT, THE AMOUNT OF GRANT REQUESTED, THE PURPOSE OF THE GRANT, AND A DESCRIPTION OF WHY THE GRANT IS NEEDED

**c** Any submission deadlines

NONE

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

GRANTS ARE FOR INDIVIDUALS WITH HARSHIPS

**Part XV Supplementary Information**(continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<p><b>a</b> <i>Paid during the year</i> See Additional Data Table</p>				
<p><b>Total</b> . . . . . ► <b>3a</b></p>				55,750
<p><b>b</b> <i>Approved for future payment</i></p>				
<p><b>Total</b> . . . . . ► <b>3b</b></p>				





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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
DENE E EDMONDSON JOHNSON COLLEGE PREP 6350 S STEWART AVE CHICAGO,IL 60621	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JANAEE JOHNSON 612 EAST TAYLOR APT 1 BLOOMINGTON,IL 61701	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
DEJAE WILLIAMS-BROWN 6802 S BELL AVENUE CHICAGO,IL 60636	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
NASTASJA SCOTT JOHNSON COLLEGE PREP 6350 S STEWART AVE CHICAGO,IL 60621	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
DELORES BAILEY JOHNSON COLLEGE PREP 6350 S STEWART AVE CHICAGO,IL 60621	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	2,000
TREY YOUNG MORTON HIGH SCHOOL 350 N ILLINOIS AVE MORTON,IL 61550	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
CHRISTINE LINDSEY 18031 LASHER RD DETROIT,MI 48219	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
SUSAN ALHAMADI 4390 BERKSHIRE DETROIT,MI 48224	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
KEYTORIA WEAVER 5990 ESSEX ST ROMULUS,MI 48174	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Latia Johnson Johnson College Prep 6350 S Stewart Svc CHICAGO,IL 60621	NONE	I	GIFT CARD FOR A FAMILY IN NEED	250
Aaron Melvin University Yes Academy 14669 Curtis Street Detroit,MI 48235	NONE	I	GIFT CARD FOR A FAMILY IN NEED	500
DANIEL PATENAUDE 336 S ROSE STREET PALATINE,IL 60067	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
YOLANDA MIRANDA 4522 S HONOROE ST CHICAGO,IL 60609	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
LISA EHRLICH MENARD 6773 N KEOTA AVE CHICAGO,IL 60646	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
MIKE CANACE 120 NEW CASTLE CT ROLLING MEADOWS,IL 60008	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
<b>Total . . . . .</b>			<b>▶ 3a</b>	55,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
DEISY BRITO 7209 SOUTH HAMLIN AVE CHICAGO,IL 60629	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
ANA MARIA MORENO 6040 S KOMENSKY AVE CHICAGO,IL 60629	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JANET BAHENA 6109 S ALBANY CHICAGO,IL 60629	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
DEBRA RAMOS 6121 S MOODY CHICAGO,IL 60638	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
SHAWN GOETHE ONE ROCKFIELD DR STAMFORD,CT 06902	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
ANNE CORYELL 25558 PIONEER STREET BUCKEYE,AZ 85326	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
LENA MARSHALL WILLIAM FREMD HIGH SCHOOL 1000 S QUENTIN RD PALATINE,IL 60067	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
PENNY CONLEY 731 VANCE ST LANSING,MI 48840	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
DEAN WOELFLE 2432 WILLOW STREET PEKIN,IL 61554	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
FRAN SALOMAN 1378 MARGARET ST DES PLAINS,IL 60018	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
VALERIE BRAVOS 52 WHITMAN DR SCHAUMBURG,IL 60173	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
LEIGHANNE O'NEIL 6000 OAKWOOD DR APT 3K LISLE,IL 60532	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
BRIAN OLIS 1979 ABBOTSFORD DR INVERNESS,IL 60010	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
JACK BOYKO 2077 IVE RIDGE HOFFMAN ESTATES,IL 60169	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
GUSTAVO HERRERA 4034 W 56TH ST CHICAGO,IL 60629	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
<b>Total . . . . . ▶ 3a</b>				55,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
AURY BWASHI 4230 S KING DRIVE APT 4N CHICAGO,IL 60653	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
ROBERT CELADO 31 CAPTAIN ROBERT COOK DRIVE NEEDHAM,MA 02494	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
CONNER THERIAQUE 48 SHADY HILL RD WESTON,MA 02493	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
JOSH BELL 128 HIGH HAITH ROAD ARLINGTON,MA 02476	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
RAYSHONN NASH 29 MORELAND ST APT 1 ROXBURY,MA 02119	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
SAMANTHA PARSHLEY 9 ENMORE RD SAUGUS,MA 01906	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
AXEL MARCELIN 82 AUSTIN ST HYDE PARK,MA 02116	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
JOSIANNE ORGEAT 808 MEMORIAL DRIVE 1010B CAMBRIDGE,MA 02139	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
BEN FARRAR 37 ROOSEVELT AVE MARBLEHEAD,MA 01945	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
KARINA MELENDEZ 3713 W 67TH PLACE CHICAGO,IL 60629	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
BEATRIZ PULIDO 13425 SOUTH AVENUE CHICAGO,IL 60633	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
REBECCA TECURA 5129 W 82ND STREET BURBANK,IL 60459	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
MCKENZIE BRETAG 24802 IRONWOOD CT PLAINFIELD,IL 60585	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
ZACHARY BEAGLE 3714 MAPLE AVE MCHENRY,IL 60050	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
VIVIAN MADU 533 E 33RD PLACE APT 601 CHICAGO,IL 60616	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
<b>Total . . . . . ▶ 3a</b>				55,750

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i>				
CESAR GUTIERREZ 7114 S MILLARD AVE CHICAGO,IL 60629	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
RONNIE MURRELL 3362 WILLIAM TELL DR MEMPHIS,TN 38127	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
LONDON LEE 3170 SCENIC HIGHWAY MEMPHIS,TN 38127	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
WALETTE HOOF 2487 W BALL RD MEMPHIS,TN 38106	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
TAUREAN HAYNES 393 GASTON AVE MEMPHIS,TN 38126	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
REBA SANFORD 923 BONNIEBROW COVE CORDOVA,TN 38018	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
MILES MOORE 728 ST PAUL AVE APARTMENT 4 MEMPHIS,TN 38126	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
ELIDA REYES 4808 ELIZABETH ST CHICAGO,IL 60609	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
BEVERLY COLMAN 5652 SOUTH HONOROE STREET CHICAGO,IL 60636	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
GHULAM MUSTAFA 3695 N FIRESTONE DR HOFFMAN ESTATES,IL 60192	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
ELIZABETH GONZALEZ 5013 S MARSHFIELD AVE CHICAGO,IL 60609	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
<b>Total . . . . . ▶ 3a</b>				55,750

**TY 2015 Accounting Fees Schedule****Name:** Small Moves Foundation**EIN:** 46-3551508

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	4,225			4,225

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

## **TY 2015 Depreciation Schedule**

**Name:** Small Moves Foundation

**EIN:** 46-3551508

**TY 2015 Legal Fees Schedule****Name:** Small Moves Foundation**EIN:** 46-3551508

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	30			30

**TY 2015 Other Assets Schedule****Name:** Small Moves Foundation**EIN:** 46-3551508

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
SECURITY DEPOSITS	0	1,000	1,000

**TY 2015 Other Expenses Schedule****Name:** Small Moves Foundation**EIN:** 46-3551508

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKETING & COMMUNICATION	11,207			11,207
OFFICE SUPPLIES	361			361
WEBSITE EXPENSE	5,317			5,317
POSTAGE & MAILING SERVICE	159			159
TELECOMMUNICATIONS	550			550
MISCELLANEOUS EXPENSE	474			474