

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

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

OMB No 1545-0052
2016
Open to Public Inspection

For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016

Name of foundation Small Moves Foundation		A Employer identification number 46-3551508	
% ERIC & ELIZABETH LEFKOFSKY			
Number and street (or P O box number if mail is not delivered to street address) 600 West Chicago Ave Suite 775	Room/suite	B Telephone number (see instructions) (312) 906-7477	
City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60654		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 728,232		J 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)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	0			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	0		0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,700		0	3,700
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	602			602
	22 Printing and publications				
	23 Other expenses (attach schedule)	37,837			37,837
	24 Total operating and administrative expenses. Add lines 13 through 23	42,139		0	42,139
	25 Contributions, gifts, grants paid	83,212			83,212
26 Total expenses and disbursements. Add lines 24 and 25	125,351		0	125,351	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-125,351				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	852,104	727,232	727,232
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)	1,000	1,000	1,000	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	853,104	728,232	728,232	
Liabilities	17 Accounts payable and accrued expenses	1,021	1,500	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	1,021	1,500	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	852,083	726,732	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	852,083	726,732		
31 Total liabilities and net assets/fund balances (see instructions) .	853,104	728,232		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	852,083
2 Enter amount from Part I, line 27a	2	-125,351
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	726,732
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	726,732

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)
1a			

(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)
a			
b			
c			
d			
e			

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

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

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))
2015	81,016	895,923	0.090427
2014	186,901	356,040	0.524944
2013			
2012			
2011			

2 Total of line 1, column (d)	2	0.615371
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.307686
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	792,258
5 Multiply line 4 by line 3	5	243,767
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	243,767
8 Enter qualifying distributions from Part XII, line 4	8	125,351

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 instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, domestic foundations, tax under section 511, subtitle A tax, and total tax due/overpayment. Includes sub-tables 6a-6d for 2016 estimated tax payments.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaign influence, political expenditures, unrelated business income, and substantial contributors. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 600 WEST CHICAGO AVE SUITE 775 CHICAGO IL ZIP+4 60654

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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
 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
 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

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	0	0
ELIZABETH KRAMER LEFKOFSKY 600 West Chicago Ave Suite 775 Chicago, IL 60654	TRUSTEE 0 5	0	0	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	(d) Contributions to employee benefit plans and deferred compensation	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
1 	
2 	
3 	
4 	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 	
2 	
All other program-related investments. See instructions	
3 	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	804,323
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	804,323
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	804,323
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	12,065
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	792,258
6	Minimum investment return. Enter 5% of line 5.	6	39,613

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

1	Minimum investment return from Part X, line 6.	1	39,613
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	0
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	39,613
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	39,613
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	39,613

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	125,351
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	125,351
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	125,351

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				39,613
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 2014, 2013, 2012		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.			169,099	
e From 2015.			36,220	
f Total of lines 3a through e.	205,319			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>125,351</u>				
a Applied to 2015, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				39,613
e Remaining amount distributed out of corpus	85,738			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	291,057			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	291,057			
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.			169,099	
d Excess from 2015.			36,220	
e Excess from 2016.			85,738	

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 2016, 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) 2016	(b) 2015	(c) 2014	(d) 2013	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

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

a "Assets" alternative test—enter

(1) Value of all assets

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

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

c "Support" alternative test—enter

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

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

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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 HARDSHIPS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				83,212
b <i>Approved for future payment</i>				
Total ▶ 3b				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHAMEKA KNOX 2086 RILE ST MEMPHIS, TN 38109	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
LORI MOSLEY 522 JACKLYN AVE APT 2 MEMPHIS, TN 38106	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
MARLENE TEVLO 7124 W BRIDGE WAY RD WEST BLOOMFIELD, MI 48322	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
TIA BRADDOCK 477 E DAVENT ST MEMPHIS, TN 38106	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
BERNICE STIGLER 428 DEAN ST SENATOBIA, MS 38668	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
Total ▶ 3a				83,212

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHARLOTTE ROSE PERRY 1205 WHITMORE MEMPHIS, TN 38106	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JASON SCOTT 26427 STIRLING COURT PERRYSBURG, OH 43551	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
ONTISAR FREELAIN 1507 E 53RD STREET SUITE 113 CHICAGO, IL 60615	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
DAVID MILLER 5501 W WASHINGTON BLVD APT 424 CHICAGO, IL 60644	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	2,500
KOMAL DAVIS 7402 SOUTH EVANS CHICAGO, IL 60619	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
Total ▶ 3a				83,212

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALS ASSOCIATION 220 W HURON ST 4003 CHICAGO, IL 60654	NONE	PC	DONATION TO ALS ASSOCIATION	100
DEBBIE JACOBE 821 WELCH DRIVE HAUGHTON, LA 71037	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
BILL AND SUSAN SALTER 138 LIVE OAK RINGGOLD, LA 71068	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JOHN KAY 7348 MALLARD BAY DRIVE SHREVEPORT, LA 71107	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JULIA DINSMORE 5930 IVY LANE MINNETONKA, MN 55343	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Total ▶ 3a				83,212

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CARIN VICKREY 2944 E 400 ST WARREN, IN 46792	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
ALAINA ELLENBURG 2885 N 1100 E VAN BUREN, IN 46991	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
ANGELA DEAN 2611 GRASSY CREEK RUN FORT WAYNE, IN 46804	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
MERCEDES HENRY 15533 S MARYLAND AVE DOLTON, IL 60419	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
CARL CLARK 244 E PERSHING RD CHICAGO, IL 60653	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Total ▶ 3a				83,212

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FELICIA THOMAS 9022 S BURLEY ST CHICAGO, IL 60617	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JUDY STIVEN 725 LIMERICK LANE APT 2C SCHAUMBERG, IL 601933255	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
FRANCISCO GUILLERMO SANCHEZ-DOMINGUEZ 3610 W 54TH ST CHICAGO, IL 60632	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
DAISY AGUILERA 6614 S WHIPPLE ST CHICAGO, IL 60629	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
JULIAN RODRIGUEZ 2995 S ARCHER APT 1 CHICAGO, IL 60608	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
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ALEJANDRA VILLEGAS 3418 W 53RD PL CHICAGO, IL 60632	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
LISA DLUGER 770 SILVER ROCK LN BUFFALO GROVE, IL 60089	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
WALTER BOTHE 7022 S SOUTH SHORE DRIVE APT 1011 CHICAGO, IL 60649	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
LUZ VELEZ 5556 S ALBANY AVE CHICAGO, IL 60629	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
TAMEIKA SILMON 3952 W AUGUSTA BLVD CHICAGO, IL 60651	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Total ▶ 3a				83,212

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ERICA ROJAS 5700 S TROY ST CHICAGO, IL 60629	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
MAYRA MARTINEZ 5428 S SPAULDING AVE CHICAGO, IL 60632	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
YOLANDA DIAZ 3700 W 56TH PL CHICAGO, IL 60629	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
MARISA SILVA 5952 S WASHTENAW AVE CHICAGO, IL 60629	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
LATANYA TILLER 8109 S DREXEL AVE CHICAGO, IL 60619	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
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MYLES ORA 2741 WEST WILCOX CHICAGO, IL 60612	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,600
RANJAN PATEL 1912 GOVERNORS LANE HOFFMAN ESTATES, IL 60169	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
QUINCY WARD 955 N LECLAIRE AVE CHICAGO, IL 60651	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
VICTORIA NUNEZ 2256 N KEELER AVE CHICAGO, IL 60639	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
DIANETTE TORRES 5607 W IRVING PARK RD CHICAGO, IL 60634	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Total ▶ 3a				83,212

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SKYLER HARMS 816 EAST DUNNE ST MORTON, IL 61550	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
RACHEL KEEFER 11493 N 200 EAST ROANOKE, IN 46783	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
RAMON HARRIES 5318 S WABASH AVE 2ND FLOOR CHICAGO, IL 60615	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
GLORIA FORD 402 WYSTERIA DRIVE OLYMPIA FIELDS, IL 60461	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
AMANDA FRAZIER 4917 LEONARD RD MEMPHIS, TN 38109	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Total 3a				83,212

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Name and address (home or business)				
a <i>Paid during the year</i>				
CHARLENE BROOKS 1538 N KEATING AVE CHICAGO, IL 60651	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,012
SHARON HORNE 2218 N NEWLAND AVENUE UNIT 102 CHICAGO, IL 60707	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	6,000
ANDREA GOEDKEN 1022 W BOGEY LN PALATINE, IL 60067	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
BEVERLY ROSEN 2025 FELT STREET HUNTINGTON, IN 46750	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
AMBER COOPER 5055 W MAYPOLE AVE CHICAGO, IL 60644	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
KELLEY ZECH 4217 GARDEN AVE WESTERN SPRINGS, IL 60558	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
CATHY GILLEN 16W721 56TH ST CLARENDON HILLS, IL 60514	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
ANNE KISSEL 3308 SUNNYSIDE AVE BROOKFIELD, IL 60513	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
PAVEL JIRA 2545 W IOWA ST CHICAGO, IL 60622	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
BEN SCHNEIDER 1013 LONDON CT SYCAMORE, IL 60178	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
Total 3a				83,212


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Name and address (home or business)				
a <i>Paid during the year</i>				
ROSA CORTEZ 1142 N CENTRAL AVE CHICAGO, IL 60651	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
PATRICK POWERS 10311 KILDARE AVE OAK LAWN, IL 60453	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
MERON NETABY 4509 N HAZEL STREET UNIT 3S CHICAGO, IL 60640	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
ANGELICA MARQUEZ 5704 W 35TH STREET APT 2 CICERO, IL 60804	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
CHRISTINE CRANE-MENGELKOCH 301 6TH AVENUE SOUTH BUFFALO, MN 55313	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	5,000
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Name and address (home or business)				
a <i>Paid during the year</i>				
JAZMUN ELLINGTON 2930 GLENN HILLS DRIVE AUGUSTA, GA 30906	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
PENNY UNDERHILL 201 WEST WASHINGTON ST EAST PEORIA, IL 61611	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	5,000
COLIN BLACK 2501 W ADDISON ST CHICAGO, IL 60618	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
TRAMAYA WALTON 7346 S KINGSTON AVE CHICAGO, IL 60649	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
WILLIS NEGRON 350 PROSPECT ST BELMONT, MA 02478	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
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Name and address (home or business)				
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JESSICA HACK N 27TH PLAZA OMAHA, NE 68178	NONE	I	TO AID IN EDUCATIONAL EXPENSES	1,000
TERRAL TAYLOR 549 SHEIRDAN ROAD GA EVANSTON, IL 60202	NONE	I	TO AID IN UNEXPECTED MEDICAL EXPENSES	1,000
LUCIANNA DE JESUS 624 BOSTON POST ROAD APARTMENT 24 MARLBOROUGH, MA 01752	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
JACQUELINE JOHNSON 244 E PERSHING RD CHICAGO, IL 60653	NONE	I	TO AID IN UNEXPECTED EXPENSES DUE TO FAMILY CRISIS	1,000
Total 3a 				83,212

TY 2016 Accounting Fees Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,700			3,700

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

TY 2016 Depreciation Schedule

Name: Small Moves Foundation

EIN: 46-3551508

TY 2016 Other Assets Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508**Other Assets Schedule**

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

TY 2016 Other Expenses Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKETING & COMMUNICATION	14,731			14,731
OFFICE SUPPLIES	320			320
WEBSITE EXPENSE	17,011			17,011
POSTAGE & MAILING SERVICE	1,449			1,449
TELECOMMUNICATIONS	1,243			1,243
MISCELLANEOUS EXPENSE	3,083			3,083