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

2016

Department of the Treasury

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

Open to Public

	_	information about Form 990 and its instructions is at www.i	rs.gov/romiss	<u>U. IC)</u>	IIISPEC	.1011				
<u>A</u>	For the	2016 calendar year, or tax year beginning October 1 , 2016, and end	ling Septe	mber 30	, 20 17					
В	Check r	applicable C Name of organization THE SPRINGBOARD FOUNDATION		D Employ	er identification n	umber				
	Address	change Doing business as c/o The Chicago Community Trust			36-4482332					
	Name c		suite	E Telepho	ne number					
	Initial re	turn 225 N. Michigan Avenue	2200		312-616-8000					
	Final retu	rn/terminated City or town, state or province, country, and ZIP or foreign postal code			<u> </u>					
$\overline{\Box}$		ed return Chicago, Illinois 60601		G Gross re	eceints \$	575,793				
Ħ		tion pending F Name and address of principal officer. Kenneth McAtamney, Director and Pr	osid Walls the as							
	Дррпоа	c/o 225 N. Michigan Avenue, Suite 2200								
-	Tou our				s included? Yes a list (see instructio					
'			-		•	113)				
<u>J</u>	Website			exemption						
_		organization	nation 2001	M State	of legal domicile	<u>IL</u>				
P	art I	Summary								
	1	Briefly describe the organization's mission or most significant activities: Provi	ides grant sup	oort to ta	x exempt charit	able				
Activities & Governance	1	organizations. See Schedule O for additional information								
паř										
ě	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	d of more than	125% of	its net assets.					
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3		8				
જ	4	Number of independent voting members of the governing body (Part VI, line 1)	o)	4		8				
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	·	5		0				
Ξ	6	Total number of volunteers (estimate if necessary)		6		10				
Ş	7a	Total unrelated business revenue from Hart VII College 12		7a		0				
	b	Net unrelated business taxable income from Ferm 990. Line 34		7b		0				
. —	 		Prior Ye		Current Ye					
}	8	Contributions and grants (Part VIII, line 16 AUG 16. 2018				474,998				
ë	9 Program service revenue (Part VIII, line 20)									
j j	1	Program service revenue (Part VIII, line 29)		0		1,853				
) é	9 Program service revenue (Part VIII, line 29)									
	11	Other revenue (Part VIII, column (A), lines 5, 60, 80, 90, 100 range le)		0		0				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		454,505		476,851				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		343,074		385,990				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0		0				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0		0				
Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0		0				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	(15)(3.7)		7					
Ü	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		102,467		113,864				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		445,541		499,854				
	19	Revenue less expenses. Subtract line 18 from line 12		8,864		-23,003				
8 o			Beginning of Cu		End of Ye					
₽₿≘	20	Total assets (Part X, line 16)		389,414		383,162				
Net Asse Fund Balz	21	Total liabilities (Part X, line 26)		38,973		55,724				
ĘĘ.	22	Net assets or fund balances. Subtract line 21 from line 20								
	art II	Signature Block	<u> </u>	350,441		327,438				
				h - h - 4 - 6 -		h -1 -4 -4				
tru	ger pena e. correc	ilties of perjury, I declare that I have examined this return, including accompanying schedules and sta t, and comple t e De <u>clar</u> ation of preparer (other than officer) or based on all information of which prepai	tements, and to t rer has anv knowl	ne best of r edae	ny knowleage ana	Deller, It IS				
				0/2	110					
e:		Signature of officer		<u> 813</u>	//8					
Sig		Was commented to the comment of the	Da							
He	re	KENNETH J. MCATANNEY, DIRECTOR AND P	RESIDE	V./						
		Type or print name and title								
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check [☐ if PTIN					
Pre	epare	r		self-emp	oloyed					
	e On	1 ·	Firn	n's EIN ▶						
_		Firm's address ▶	Pho	ne no						
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			🔲 Yes	□ No				
For	Paper	work Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 9	90 (2016)				

	0 (2016)	Page 2
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	🗸
•	The Foundation is organized and operated to foster, support, develop and maintain charitable activities and vital human and educational services by supporting and carrying out the charitable purposes of The Chicago Community Trust and The Chic Community Foundation by such means as the board of directors of the organizations may determine from time to time.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		☑ No
3		☑ No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as mea expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 417,360 including grants of \$ 385,990) (Revenue \$	0)
	The Springboard Foundation is a philanthropic grant making institution that supports the mission of The Chicago Community and The Chicago Community Foundation through granting funds to charitable organizations within a designated class or pure see Schedule I for a listing of grants made to charitable organization in excess of \$5,000	y Trust rpose.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)	
4e	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
70	I otal program service expenses > 417 360	

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ABOTSMRO Page 3

arı	Checklist of Required Schedules			
	le the apprintion decembed in continu 504/-V/O 4047/ V/O / II I		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	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		<u> </u>
	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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	, iz.	-	· · · · · · · · · · · · · · · · · · ·
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		✓_
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? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	✓	✓_
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		1
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 b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓_
D	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		√
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		✓
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		✓
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		√
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Fait	Checklist of Required Schedules (continued)		-	
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		✓
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	24ā	,	/
	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 25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		✓
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):	1.	1	i
a b	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 Schedule L, Part IV	28a 28b		√
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 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	-
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		√
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	√	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	✓	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	1
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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	✓	✓
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Form 99	90 (2016)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable]		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		↓
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		·	ļ J
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	↓ ✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ	├ ──
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	<u>4a</u>	<u> </u>	/
D	If "Yes," enter the name of the foreign country: ►	ļ	l	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	+
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	1
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	}	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- <u>-</u> -		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	î	,	3
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1,	Ĭ	-1.
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├ ──
h	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		-	
9	sponsoring organization have excess business holdings at any time during the year?	8	5	
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:			├
а	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		_	
11	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.		l	1

Is the organization licensed to issue qualified health plans in more than one state?

the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13a

14a

13b

Form 99	90 (2016)		1	Page 6
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See in:	for a	"No" ions.
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	. 🗸
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			,
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		- V
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 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 7a	Did the organization have members or stockholders?	6 7a		1
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١,
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1 - 1	
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	oae.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.00		'
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1
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.	1	, , , , , , , , , , , , , , , , , , , ,	الوائد
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
	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		/
14 15	Did the organization have a written document retention and destruction policy?	14		-
а	The organization's CEO, Executive Director, or top management official	15a		į '
b	Other officers or key employees of the organization	15b		<u> </u>
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
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		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		'
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Illinois			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)	n 501((c)(3)s	only)

19

20

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

orm	990	(2016)	

Page 7

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	or any relate	d org	<u>aniz</u>			ompe	nsa	ted any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe d a d	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Instrtutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kenneth McAtamney Director and President	11	1		/		<u>.</u> [0	0	- 0
(2) Art Howe	1	Ť	\vdash	Ė						
Director and Vice President	-†	✓		1				l o	0	0
(3) Douglas W Mabie	1									
Director		✓						l	o	o
(4) James J. Glasser	1									-
Director	7	✓						0	0	0
(5) Jeff Moster	1									
Director		✓						0	0	0
(6) Prudence R. Beidler	11									
Director		✓						0	0	0
(7) Mark E. Ferguson								}]	
Director		1	_					0	0	0
(8) Richard H. Driehaus	11									
Director	ļ	✓		_	<u> </u>		_	0	0	0
(9) Chandler Bigelow	11			ا ا		•				
Treasurer				✓	<u> </u>			0	0	0
(10) Carol Crenhaw	7]	Ì					
Assistant Treasurer	40	<u></u>	<u> </u>	✓	<u> </u>		<u>.</u>	0	282,901	29,516
(11)										
(12)								-		
(13)										
(14)										
		L	l						l	

Part	Section A. Officers, Directors, Trust	lees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (d	ontinu	ed)		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles	Pos neck ss pe	rson	than one the thick the thi	an ee)	(D) Reportable compensation from	(E) Reportabl compensation related		Estii amo	(F) mated unt of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		compe from organ and		n t
(15)														
(16)													-	-
(17)									· · · · · · · · · · · · · · · · · · ·					
(18)											+			
(19)											_			
(20)											+			
(21)		-												
(22)					_			-						
(23)											\dashv			
											+			
(25)		<u> </u>					-							
1b	Sub-total		<u> </u>	<u> </u>	<u></u>		•	<u> </u>	0	282	,901			29,516
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)				•			▶	0		,901			0 29,516
2	Total number of individuals (including but reportable compensation from the organic	t not limited	to th	ose	list	ed a	above	e) w				of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	ficer, direc						emp		est comper	nsated	3	Yes	No ;
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole d	com	per	satio						~	
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	ıvıdual 	5		1
Section	on B. Independent Contractors											- ' '		
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	((C) Compens	ation	
No par	d independent contractors in excess of \$100	,000												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	ŧ VIII	Statement of Revenue		_		· · · · · · · · · · · · · · · · · · ·
		Check if Schedule O contains a response or note	to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ons, Gifts, Grants Similar Amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c	0 0	revenue		312-314
Gifts, ilar An	d	Related organizations 1d 60,43	-			
is, C	е	Government grants (contributions) 1e	0			
Contributions, Cand Other Simil	f	All other contributions, gifts, grants,				
i į		and similar amounts not included above 1f 414,56				
ont	g	Noncash contributions included in lines 1a-1fr \$ 98,94				
<u>a</u> C	h	Total. Add lines 1a-1f	474,998			
Program Service Revenue	2a				-	
æ	b				-	
Zi.	С					
3	d					
Гаш	e	All other program control	-		ļ	
o G	g	All other program service revenue . Total. Add lines 2a-2f	 		<u>L</u>	
	3	Investment income (including dividends, interest,				<u> </u>
	1	and other similar amounts)	1,885	0	o	1,885
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	
	5	Royalties	0	0	0	
		(i) Real (ii) Personal	-	,	, _	7
	6a b	Gross rents Less: rental expenses	ا بـ نــــــــــــــــــــــــــــــــــ	, - ,		,
	C	Rental income or (loss)	1 4 1		7	
	d	Net rental income or (loss)			Amount of the second second	
	7a	Gross amount from sales of (i) Securities (ii) Other	. 1	T.		
	_		0		`	',
	b	Less. cost or other basis and sales expenses . 98 942	=*	,	2 2 2	
	c	Gain or (loss)	<u>o</u>	,		, - , , , , , , , , , , , , , , , , , ,
	d	Net gain or (loss)	-32	0	0	
_		The gain of (1888)	-32	- 0		-32
venue	8a	Gross income from fundraising events (not including \$, , ,	, , , , , , , , , , , , , , , , , , ,		,
Ę		of contributions reported on line 1c). See Part IV, line 18 a	'-		1	• -
Other Reve	ь	Less: direct expenses b	- ,		, i	, ,
0		Net income or (loss) from fundraising events .				and the second s
		Gross income from gaming activities. See Part IV, line 19 a				
	b c	Less: direct expenses b Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	Ьс	Less: cost of goods sold b Net income or (loss) from sales of inventory ▶		hidd cathanina thannananana a sa Air	er a make a will p	as an management and the second and
		Miscellaneous Revenue Business Code				
	11a		 			
	b		 	• • • • • • • • • • • • • • • • • • • •		
	d	All other revenue	+ -			
	e	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions	476,851	0	0	1,853
						Form 990 (2016)

Part IX Statem	ent of Fund	ctional Ex	penses
----------------	-------------	------------	--------

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se or note to any lin			
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	385,990	385,990		i
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				ŀ
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	50,235	12,559	30,141	7,535
b	Legal				
C	Accounting	5,000	1,667	1,667	1,668
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	İ			
	(A) amount, list line 11g expenses on Schedule O.)	4,146	3,961	148	37
12	Advertising and promotion	5,634	1,409	3,380	845
13	Office expenses	670	69	560	41
14	Information technology	6,935	1,734	4,161	1,040
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	40,153	9,969	24,202	5,982
20 21	Interest				
22 23	Depreciation, depletion, and amortization . Insurance				
24	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)	٠,			· · · · · · · · · · · · · · · · · · ·
а	Tuition Reimbursement		-		
	Miccellanous	75	0	75	
b		1,016	2	1,012	2
c d					
	All other expenses				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	400.05	447.000		48.40
<u>25</u> 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 following SOP 98-2 (ASC 958-720)	499,854	417,360	65,346	17,148

	aitA	Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	389,414	2	383,162
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
	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		,	این بیشند این و سید بیشند
Ş	ļ	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a		[
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	· · · · · · · · · · · · · · · · · · ·
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	····	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	389,414	16	383,162
	17	Accounts payable and accrued expenses	38,973	17	55,724
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and	دملا مشد سفس		and the second of the second o
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		ł	
	ŀ	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	00	L		25	
	26	Total liabilities. Add lines 17 through 25	38,973	26	55,724
ès		complete lines 27 through 29, and lines 33 and 34.			
ä	27	Unrestricted net assets	350,441	27	327,438
gal	28	Temporarily restricted net assets	0	28	0
ᅙ	29	Permanently restricted net assets	0	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ō	20	la de la companya de		20	
ě	30	Capital stock or trust principal, or current funds	 -	30	
455	31 32	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds .		32	
et/	33	Total net assets or fund balances	250 444	33	207 420
Ž	34	Total liabilities and net assets/fund balances	350,441 389,414		327,438 383,162
_		Total indulities and flot association paralless		<u> </u>	Form 990 (2016)

Form 99	90 (2016)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1_		47	6,851
2	Total expenses (must equal Part IX, column (A), line 25)	2		49	9,854
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	3,003
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		35	0,441
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		32	7,438
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	<u></u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in			,
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>✓</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were companied to a constant bear and statements.	oiled or			
	reviewed on a separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				الله الله
b	Were the organization's financial statements audited by an independent accountant?	• . •	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a	, 1		ar de
	separate basis, consolidated basis, or both:		,	_	\$., 1
	Separate basis Consolidated basis Both consolidated and separate basis		-		سد
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account				,
			2c	 	✓
	If the organization changed either its oversight process or selection process during the tax year, ex- Schedule O.	piain in	1	'	,
0-		forth in		٠.	f :
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorth in			,
L	· · ·	· · ·	3a		✓
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		26		
	Toquired about of adolts, explain why in soliedule of and describe any steps taken to undergo such a	idits.	3b	n 990	/DD461
			rorr	11 27276	12016

•

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

	SPRINGBOARD FO			ia. Casa - /All				36-44	32332
_					organizations must				ns
ine 1					s: (For lines 1 through on of churches descr				<u></u>
2					(Attach Schedule E (F				
3					ganization described i				
4					onjunction with a hos				iii). Enter the
•	hospital's nan					p		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
5	An organization				college or university	owned c	or operate	ed by a government	al unit described in
6					mental unit described				
7				receives a subs (A)(vi). (Complet	stantial part of its sup te Part II.)	port fron	n a gover	nmental unit or from	the general public
8	☐ A community	trust	described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	An agricultura or university of university:	l rese or a n	earch organi on-land-gra	ization described nt college of agr	d in section 170(b)(1) riculture (see instruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a land, city, and state of	and-grant college the college or
10	receipts from support from	activ gross	ities related s investment	to its exempt fu t income and un	e than 33½% of its s nctions—subject to c related business taxa 75. See section 509 (a	ertain exe ble incon	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 33¹/3% of its
11					sively to test for publi				
12	✓ An organization	n or	ganized and	operated exclus	sively for the benefit o	f, to perfe	orm the fu	unctions of, or to car	ry out the purposes
					ns described in sect				
					scribes the type of su				
8					I, supervised, or conti				
					regularly appoint or e ete Part IV, Sections			he directors or trust	ees of the
L					•				an(a) bu bauma
t					sed or controlled in co organization vested in				
					V, Sections A and C		, porgona	that control of man	age the supported
c	: 🔲 Type III fu	nctio	onally integ	rated. A suppor	tıng organızatıon opei	rated in c	onnectio	with, and functions	ally integrated with,
					ns). You must comp				
C	that is not	func	tionally integ	grated. The orga	pporting organization nization generally mu omplete Part IV, Sec	st satisfy	a distribu	ition requirement an	
e					a written determination				II Type III
	functional	y inte	egrated, or T	ype III non-func	tionally integrated su	pporting	organizat	ion.	ii, type iii
f	Enter the numb	er of	supported o	organizations .					2
	Provide the follo	วพเทย	information	about the supp	orted organization(s).	·			
	(i) Name of supported	d organ	nization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
<u> </u>	he Chicago Commu	nity	rust	36-2167000	8	<u> </u>	-	0	0
(B) _T	he Chicago Commu	ınity !	Foundation	36-3432023	 7		/	o	0
				30-3432023					<u>_</u>
(C) See attached Schedule I and narrative to Schedule A 385,990					0				
(D)									
(E)									
Tota	1	-4		~				385.990	0

Concas	16 74 (1 6111 656 61 556-12) 2016						Page Z
Part	Support Schedule for Organization (Complete only if you checked the	ations Descr	ibed in Sect	ions 170(b)(1	()(A)(iv) and 1	170(b)(1)(A)(\ n failed to g	ri) Jalificundor
	Part III. If the organization fails to	aualify und	er the tests li	rarii orii iii	e organizatio	n ialled to qu	amy under
Secti	on A. Public Support	quality und	er the tests in	sted below, p	iease compie	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(0) 2014	(4) 2015	(e) 2016	19 Total
1	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the	 -	 				
-	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				1		-
4	Total. Add lines 1 through 3						
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)		·				
6	Public support. Subtract line 5 from line 4		1	 		 	
Secti	on B. Total Support	<u> </u>	-	 		·	
Calen	dar year (or fiscal year beginning in)	(a) 2012	/ (b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instruction	ons)	\$ 40 Z	조. 팀. · · · ·	12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	re	<u> </u>	<u> </u>			> 🗀
Secti	on C. Computation of Public Suppor	t Percentag	e				
14	Public support percentage for 2016 (line 6					14	%%
15	Public support percentage from 2015 Sch					15	%_
16a	331/3% support test—2016. If the organi						
	box and stop here. The organization qua						
b	331/3% support test—2015. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test — 20						_
IIa	10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, ch	neck this box a zation qualifies	and stop here	Explain in supported
ь/	10%-facts-and-circumstances test—20/15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ition meets th neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a			
/	instructions		· · · · ·	· · · · ·	<u> </u>		· · · • L

Part III	Support Schodula fo	or Organizations Described	in Coetion	500/a\/0\
u al c illi	oupport concude it	n Organizations Described	III Section	JUS(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

0	if the organization fails to qualify	under the te	ests listed beli	ow, please co	omplete Part	II.)	
	on A. Public Support					,	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	1				ĺ	
•	received. (Do not include any "unusual grants.")		<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1	ł			
	furnished in any activity that is related to the	1	1	}		/	,
	organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an	-	T	_			
	unrelated trade or business under section 513			1		/	
4	Tax revenues levied for the						
	organization's benefit and either paid	-				/	
	to or expended on its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the	ļ				[
	organization without charge					ļ	
6	Total. Add lines 1 through 5		1		7		
7a	Amounts included on lines 1, 2, and 3		1	,	/		
	received from disqualified persons .			/			
ь	Amounts included on lines 2 and 3		<u> </u>	/			
_	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			7 7 4	7.		
	line 6.)]	
Secti	on B. Total Support		/	·	_ ,		
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		7	(3) = 3 · ·	1-7	107,2010	(7 : 0:0:
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	<i> </i>	1				
	royalties and income from similar sources .		}				
b	Unrelated business taxable income (less				-		
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	1	i				
11	Net income from unrelated business					<u> </u>	
	activities not included in line 10b, whether		1		'		
	or not the business is regularly carried on		1				
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets]				
	(Explain in Part VI.)		1				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1				
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop he				-		▶ □
Secti	on C. Computation, of Public Suppor	t Percentag	ie				
15	Public support percentage for 2016 (line 8			3, column (f))		15	%
16	Public support percentage from 2015 Sch					16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (·		y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2015			•		18	%
19a	331/3% support tests-2016. If the organ					ore than 331/39	
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2015. If the organiz						
	line 18 is not more than 331/3%, check this i						
20	Private foundation If the organization di	d not chock a	boy on line 14	100 or 10b o	hook this box	and againstruc	tuono 🛌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sooti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Fion A. All Supporting Organizations	art v	.)	
Secil	on A. All Supporting Organizations		Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		1
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		_
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		-/
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	i	
6	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) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	5c		✓
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		·
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		1
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

	he A (Form 990 or 990-EZ) 2016			Page 5
Part	Supporting Organizations (continued)			
11	Has the organization accounted a gift or contribution from any of the following accounts		Yes	No
ıı a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
u	below, the governing body of a supported organization?	11a		1
b	A family member of a person described in (a) above?	11b		7
	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		1
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	i		·
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	- <u>-</u> -	
2	Did the organization operate for the benefit of any supported organization other than the supported	├ <u>-</u> -	_	<u> </u>
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2_		1
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	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 Part VI 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	<u> </u>		
			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, (i) a written notice describing the type and amount of support provided during the prior tax	-	,* 1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			ا ا
•		1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		,-	~
	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		ī	3 ,
	significant voice in the organization's investment policies and in directing the use of the organization's			٠ ،
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_	L	L
Secti	on E. Type III Functionally Integrated Supporting Organizations			 -
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	nstru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.			
b	·	2a		<u> </u>
U	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			,
а	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? Provide details in Part VI.	За		
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.	3b		<u></u>

Schedule A (Form 990 or 990-EZ) 2016			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru niza	ust on Nov. 20, 1970 (expla tions must complete Section	in in Part VI). See ons A through E.
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		
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 Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	H Time To Table To Ta	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			3
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		Fr. St.	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		

2

3

4

5

6

2 Enter 85% of line 1.

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

emergency temporary reduction (see instructions).

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions		·	Current Year
	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
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 whice (provide details in Part VI). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S-	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			- , -
a				-
b		7 3-	\$20 ps	``
С	From 2013	1	,	Pro 1
d	From 2014		- Ja	,
е	From 2015	- 1	· . · .	
f	Total of lines 3a through e		^^	7 ,
g	Applied to underdistributions of prior years	1 1 1 1 1 1 1		7
<u>h</u>	Applied to 2016 distributable amount	· · · · · · · · · · · · · · · · · · ·		
i_	Carryover from 2011 not applied (see instructions)	25 65 (j. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	77
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		ا ا	in the contract of the contrac
4	Distributions for 2016 from		· 第 表 : :	, , ,
	Section D, line 7:			\ <u>`</u>
а	Applied to underdistributions of prior years	* * * * * * * * * * * * * * * * * * * *		
b	Applied to 2016 distributable amount	5	, to	
С	Remainder. Subtract lines 4a and 4b from 4.		٠ ک ٠	
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.	1		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.		,	ì
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015	*		
ее	Excess from 2016			

Schedule A (Fo	orm 990 or 990-EZ) 2016 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV lines	1 and 5a:
The Springb	oard Foundation (Springboard) is a supporting organization of The Chicago Community Trust(Trust) and the Chicago
Community	Foundation (Foundation).
The mission	of the Trust and the Foundation is to lead and inspire philanthropic efforts that measurably improve the quality of life and
prosperity o	f the region. The governing boards of the Trust and Foundation consist of the same seventeen members and have the power
to appoint th	ne majority of the governing board of Springboard.
The Trust ar	nd Foundation received a private letter ruling from the Internal Revenue Service which allows for the Foundation to be treated as
a componen	t part of the Trust for tax purposes with one return filed under the Trust EIN 36-2167000.
Springboard	supports the charitable purposes of the Trust and Foundation by making grants to charitable organizations that operate
exclusively (to perform the functions or to carry out the purposes of the Trust or Foundation by promoting the mental, moral, intellectual and
physical imp	provements, assistance and relief of the inhabitants of the greater Chicago Metropolitan area.
Grants made	by Springboard greater than \$5,000 are listed on Schedule I; these grantees are designated by class or purpose and support the
charitable p	urposes of the Trust and Foundation.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization **Employer identification number** THE SPRINGBOARD FOUNDATION 36-4482332 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedu	le D (Form 990) 2016								Page 2
Par	Organizations Maintaining C	collections of	Art, His	torical 1	reasures, c	or Other	Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	cession, and of	her reco	rds, chec	k any of the	following	that are a sig	inificant us	e of its
а	☐ Public exhibition		d	☐ Loan	or exchange	program	s		
b	☐ Scholarly research				_				
С	☐ Preservation for future generations						·		
4	Provide a description of the organizatio XIII.	n's collections a	and expla	ain how t	hey further th	e organi	zation's exemp	ot purpose	ın Part
5	During the year, did the organization so assets to be sold to raise funds rather the								□ No
Pari									
	Complete if the organization a 990, Part X, line 21.			•	·	•			orm
1a	Is the organization an agent, trustee, or included on Form 990, Part X?	custodian or oth	er intern	nediary fo	or contributio	ns or ot	ner assets not		☐ No
b	If "Yes," explain the arrangement in Part	t XIII and comple	ete the fo	llowing to	able:				
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount								☐ No
	If "Yes," explain the arrangement in Part	t XIII. Check her	e if the e	xplanatio	n has been pi	rovided o	on Part XIII .	<u> </u>	
Par									
	Complete if the organization a								
		(a) Current year	(b) Pri	or year	(c) Two years I	back (d)	Three years back	(e) Four year	rs back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses						<u> </u>		
g	End of year balance								
2	Provide the estimated percentage of the	current year er	id balanc	e (line 1g	, column (a))	held as:			
а	Board designated or quasi-endowment	•	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2d	should equal 1	00%.						
За	Are there endowment funds not in the p			zation tha	at are held ar	nd admin	stered for the		
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga	anızatıons listed	as requi	red on So	chedule R? .			3b	
4	Describe in Part XIII the intended uses of								
Par							· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization a		" on For	m 990. F	Part IV. line	11a. See	Form 990. F	art X. line	e 10.
	Description of property	(a) Cost or ot	her basis	(b) Cost o	or other basis ther)	(c) Accu	imulated ciation	(d) Book va	
1a	Land	_							
b	Buildings								
C	Leasehold improvements			<u> </u>					
_		 							
d e	Equipment								
	Add lines 1a through 1e. (Column (d) mu	st equal Form 0	On Part	Codum	(R) line 10e	1			

Schedule D (Fo	orm 990) 2016		Page 3
Part VII	Investments - Other Securities.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	I derivatives		
(2) Closely-	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	-		-
(H)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Part IX Other Assets	s.
----------------------	----

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

(8)

	Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form	990, Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
_(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Coli	umn (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1) Federal II	ncome taxes		7
(2)			7
(3)			7
(4)			7
(5)			7
(6)]
(7)			7
(8)			1
(9)			7
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	>	7

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

		m 990) 2016			Page 4
Part	XI	Reconciliation of Revenue per Audited Financial Stateme		Retui	'n.
	Tatal	Complete if the organization answered "Yes" on Form 990, P		1 4 1	
1		revenue, gains, and other support per audited financial statements.		1	_
2		unts included on line 1 but not on Form 990, Part VIII, line 12:	0-		
a		nrealized gains (losses) on investments	2a 2b		
, C		veries of prior year grants	20		
d		r (Describe in Part XIII.)	2d		
e		ines 2a through 2d		2e	
3		ract line 2e from line 1		3	
4		unts included on Form 990, Part VIII, line 12, but not on line 1:		-3-	
a		tment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b	{	
C		ines 4a and 4b		4c	
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	
	XII	Reconciliation of Expenses per Audited Financial Stateme			urn
ı aı c	AIL	Complete if the organization answered "Yes" on Form 990, P		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uiii.
1	Total	expenses and losses per audited financial statements		1	
2		unts included on line 1 but not on Form 990, Part IX, line 25:		┝╧┥	
- а		ted services and use of facilities	2a		
b		year adjustments	2b	1 1	
C		riosses	2c	1	
d		r (Describe in Part XIII.)	2d	1 -	
e		ines 2a through 2d		2e	
3		ract line 2e from line 1		3	
4		unts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>	
a		tment expenses not included on Form 990, Part VIII, line 7b	4a		
b		r (Describe in Part XIII.)	4b		
c		ines 4a and 4b		4c	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	
Part		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b	; Part	V, line 4; Part X, line
2; Par	t XI, lır	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	o provide any additional in	forma	tion.
The Tr	ust an	d its affiliates received tax determination letters from the Internal Revenue	e Service indicating that the	v are t	ax-exempt
				J.	
organi	zation	s under Section 501(c)(3) of the Internal Revenue Code and, except for tax	kes pertaining to unrelated t	ousine	ss income, are
exemp	t from	federal and state income taxes. No provision has been made for income	taxes, Springboard had no	unrela	ted business income.
The Tr	ust an	d its affiliates account for uncertain tax positions in accordance with FAS	B interpretation No. 48, Acc	ountir	g for Uncertainty in
					M
Incom	е Тахе	s (included in FASB ASC Subtopic 740-10. There is no impact on the con	solidated financial statemer	nts as	a result of this
prono	uncem	ent. On December 22, 2017, the President signed into law H.R. 1. The new	w law includes several provi	isions	that result in
substa	antial c	hanges to the tax treatment of tax-exempt organizations and their donors	s. These provisions were re-	viewed	and it was
detern	nined t	nat that the enactment of H.R. 1 will not have a material effect on the oper	rations of the Springboard F	ounda	tion

Schedule D (Fo	m 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990) Department of the Treasury Name of the organization

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

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

General Operating Support General Operating Suppor **%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number 22 ✓ Yes 36-4482332 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (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 7,500.00 27,500.00 23,500.00 7,500.00 12,100.00 5,700.00 15,000 00 17,450 00 15,840.00 12 500.00 17500.00 17,500 00 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 501(c)(3) 45-4081985 26-2384800 36-3946012 27-4360899 46-3033012 46-1305465 45-4022940 45-4977943 46-4011034 45-2987277 26-0907131 36-3369977 (P) EIN (2) Bella Cuisine Kids Cooking Club (4) Chicago Metamorphosis Orchest 11) Lawndale Amachi Mentoring Pro 9858 S. Greenwood Ave, Chg, IL, 6062 1 (a) Name and address of organization (1) Automotive Mentoring Group 6522 S. Lavergne, Bedford Park, IL 8228 S. Mozart, Chicago, IL 60652 (8) Forward Momentum Chicago 1530 S. State Street, Chg, IL 60605 3508 W. Ogden Ave, Chg, IL 60623 2941 McVicker Ave, Chg, IL 60634 2100 N Kildare Ave, Chg, IL 60639 10) Grace and Peace Fellowship 641 W. Lake, Chicago, IL 60661 P.O. Box 607516, Chq, IL 60660 3808 N. Ashland, Chg, IL 60626 P.O. Box 198961 Chq, IL 60619 5415 N Sheridan, Chg IL 60640 he Springboard Foundation (6) Diasporal Discoveries (7) Dream On Education (5) City Incite Inc. (3) Chicago Height 12) Living Works (9) Girlforward Part I

Schedule I (Form 990) (2016)

Cat No 50055P

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

SCHEDULE 1 (Form 990) Department of the Treasury

nternal Revenue Service

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

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

▶ Attach to Form 990.

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

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OMB No 1545-0047

Employer identification number

Inspection

General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support General Operating Support **%** □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance ✓ Yes 36-4482332 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance . . . (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 0 0 0 0 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 10,000.00 20,650.00 20,000.00 10,000,00 13,500.00 20,000.00 15,000.00 11,000.00 14,600.00 18,500.00 10,000.00 10,000.00 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 501(c)(3) 45-2944619 26-3317656 27-5006996 46-2914342 45-5528747 30-0603029 47-3834179 20-8974539 46-2272700 27-1052771 46-4091597 32-0270714 (P) EIN (5) Music in Urban Schools Insiring 1 (a) Name and address of organization or government (8) Red Clay Dance Company Inc. 7206 S. Oglesby Ave, Chg, IL 60649 7110 N. Sheridan Rd, Chg, IL 60626 (9) Role Model Movement Inc NFP 8035 S. Wabash Ave, Chg, IL 60619 (3) Mariachi Heritage Foundation 709 W. Grand Ave, Chg, IL 60651 Pl.O. Box 813, Evanston, IL 60204 7601 South Phillips Ave, Chg, IL 2323 W. Pershing, Chg, IL 60609 12) West Point Fellowship, Inc 2201 Boeger Ave, Chg, IL 60154 105 W. Superior, Chg, IL 60654 9244 S. Lafaytte, Chq, IL 60620 2658 N. Harding, Chg, IL 60647 he Springboard Foundation (6) Musical Arts Institute 1507 E. 53rd Chg, IL 60615 10) Supplies for Dreams (2) Madonna Mission 11) The Simple Good (7) R City Unlimited Name of the organization (4) Moneythink (1) Lost Boyz Part II Part I N

Schedule I (Form 990) (2016)

Cat No 50055P

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

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" on Form 990, Part IV, line 21 or 22.

2016 Open to Public Inspection

OMB No 1545-0047

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

ne Springboard Foundation							36-4482332
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the an	in records to sub:	stantiate the amou	unt of the grants or	assistance, the g	rantees' eligibility fo	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.	zation's procedur	es for monitoring	the use of grant fur	nds in the United	States.		· · · Yes □ No
art II Grants and Other Assistance to Domestic Or, 990, Part IV, line 21, for any recipient that receiv	sistance to Do or any recipient	mestic Organiz	cations and Dom ore than \$5,000.	nestic Governm Part II can be do	nents. Complete if uplicated if addition	ganizations and Domestic Governments. Complete if the organization answered "Yes" on Form red more than \$5,000. Part II can be duplicated if additional space is needed.	wered "Yes" on Form
1 (a) Name and address of organization or government	NE (9)	(c) IRC section (f applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Wood Family Foundation	45-1256875	501(c)(3)	5,700 00	0			General Operating Support
(2						-	
))						-	
(t			+				
(d							
(
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)						_	
(
Enter total number of section 501(c)(3) and government org Enter total number of other organizations listed in the line 1	501(c)(3) and gov- ganizations listed		lanizations listed in the line 1 table table	ne 1 table			
r Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructions	s for Form 990.		Cat	Cat No 50055P		Schedule I (Form 990) (2016)

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Schedule I (Fo	Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	Oomestic Individua al space is needec	als. Complete if th	e organization answ	ered "Yes" on Form 990,	Page 2 Part IV, line 22.	<u>. %</u>
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	1 , .
-							
2					-		
က							
4					-		ı
5							
9							 I
7							
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	e the information re	equired in Part I, lir	ne 2; Part III, columi	(b); and any other additi	onal information.	
Schedule I, the expected	Schedule I, Part I, Line 2 - Prospective grantee organizations are required to submit a proposal requesting funding which outlines the purpose of the grant, the population to be served, and the expected outcomes. The proposal is reviewed by staff(consultant) to determine the merits of the proposal. The proposal and the evaluation is presented to the Board of Directors, if	itions are required to staff(consultant) to dete	submit a proposal req ermine the merits of t	luesting funding which the proposal. The prop	outlines the purpose of the g	I to submit a proposal requesting funding which outlines the purpose of the grant, the population to be served, and determine the merits of the proposal. The proposal and the evaluation is presented to the Board of Directors, if	
approved by	approved by the Board, the proposal is funded. The grantee is required t	antee is required to su	ıbmit a program and f	inancial report at the e	to submit a program and financial report at the end of the funding cycle describing the use of the funds	bing the use of the funds	
and the outc	and the outcomes. All grantee organizations are visited by one or more Springboard members who write up a report of their visit.	by one or more Sprir	ngboard members wh	o write up a report of th	eir vısit.		
					-		
					-		
						Schedule I (Form 990) (2016)	

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection **Employer identification number**

THE S	PRINGBOARD FOUNDATION		36-44822	32		
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 for	or personal use	1		
	☐ Travel for companions	Payments for business use of per	sonal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initial				
	☐ Discretionary spending account	Personal services (such as, maid,	chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did or reimbursement or provision of all of the e					
	explain			1b		
2	Did the organization require substantiation pi	rior to reimbursing or allowing exper	ises incurred by all			
_	directors, trustees, and officers, including the C					
	1a?			2	ļ	
3	Indicate which, if any, of the following the filing o	rganization used to establish the compe	ensation of the	2	-	
	organization's CEO/Executive Director. Check all			4	3	
	related organization to establish compensation o	f the CEO/Executive Director, but explain	n ın Part III.	'- '		\ \ \
	☐ Compensation committee	☐ Written employment contract		,		١ .
	☐ Independent compensation consultant	☐ Compensation survey or study			٠,	
	☐ Form 990 of other organizations	Approval by the board or compen	sation committee	. :		-
					-	
4	During the year, did any person listed on Form 99 organization or a related organization:	90, Part VII, Section A, line 1a, with resp	ect to the filing		, ·	
а	Receive a severance payment or change-of-cont	rol payment?		4a	•	1
b	Participate in, or receive payment from, a supple	mental nonqualified retirement plan?		4b		1
С	Participate in, or receive payment from, an equity	y-based compensation arrangement?		4c		1
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for eac	h item in Part III.	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.		***
	Only section 501(c)(3), 501(c)(4), and 501(c)(29)	organizations must complete lines 5	_0	7	*.	
5	For persons listed on Form 990, Part VII, Section			,		
	compensation contingent on the revenues of:	, ,		,	'	
а	The organization?			5a		7
	Any related organization?			5b		1
	If "Yes" on line 5a or 5b, describe in Part III.			,	,	<u> </u>
				İ		
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of:		ccrue any			,
а	The organization?			6a		1
b	Any related organization?			6b		7
-	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Sec	tion A. line 1a. did the organization o	rovide any nonfixed			
•	payments not described on lines 5 and 6? If "Yes			7		1
8	Were any amounts reported on Form 990, Part V			Ė		
=	to the initial contract exception described in			1		}
	ın Part III	•		8		✓
9	If "Yes" on line 8, did the organization also f	follow the rebuttable presumption pro	cedure described in			
	Regulations section 53.4958-6(c)?			9		l

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (RNLLiii) for each listed individual must each and will be total and individual.

Note: The Sum of Columnis (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.	Eac I	il listed il idividual filt	ist equal trie total arri	DUILL OF LOTH 330, Fa	It Vii, Section A, iiie	a, applicable coluri	in (U) and (E) amount	s for that individual.
		(b) Breakdown o	t W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Trtle	·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(y(a)	in column (B) reported as deferred on prior Form 990
Carol Crenshaw, Assistant	()	0	0	0	0	0	0	0
1 Treasurer	(ii)	280,921	0	1,98	22.5	6.991	312.41	C
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3	Ξ							
	Θ							
4	(11)							
	(1)							
5	(ii)							
	(9)							
9	(ii)					1		
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7	Ξ							
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89	(E)							• • • • • • • • • • • • • • • • • • • •
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Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2016

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

 \blacktriangleright 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

THE 2	PRINGBOARD FOUNDATION				<u>36-448233</u>	<u> 32 </u>		
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	ArtWorks of art							
2	Art - Historical treasures							-
3	Art - Fractional Interests							
4	Books and publications	-						
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded	✓	13	98,942	Date of Gift -	High/L	.ow A	lvg
10	Securities Closely held stock .							
11	Securities - Partnership, LLC,		'		Ĭ			
	or trust interests							
12	Securities—Miscellaneous				<u> </u>			
13	Qualified conservation							
	contribution — Historic							
4.4	structures				 			
14	Qualified conservation contribution—Other							
15	Real estate-Residential							
16	Real estate—Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory						_	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts			<u></u>				
23	Scientific specimens				<u> </u>		_	
24	Archeological artifacts			<u> </u>	ļ			
25	Other ► ()							
26	Other ► ()							
27	Other ► ()				 			
<u>28</u> 29	Other ► () Number of Forms 8283 received	by the or	anization during the toy	loor for contributions for	 			
23	which the organization completed				29	_		
	Which the organization completed	01111 0200	, raitiv, bonce Acknowled	agement	29		Yes	No
30a	During the year, did the organization	tion roccivio	by contribution any prope	orty reported in Part I line	1 through		. 03	
Jua	28, that it must hold for at least the							}
	to be used for exempt purposes					30a		- ~ ·
ь	If "Yes," describe the arrangemen		Openier			550		<u> </u>
31	Does the organization have a		stance policy that require	es the review of any n	onstandard			
	contributions?					31	1	š
32a	Does the organization hire or use						- 	
			· · · · · · · · · · · · ·			32a	1	
b	If "Yes," describe in Part II.					 +		
33	If the organization didn't report an describe in Part II.	amount in	column (c) for a type of pro	perty for which column (a)	is checked,		ļ	

Schedule M	(Form 990) (2016) Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
The Carine	
ine Spring	board Foundation uses William Blair as the third party brokerage firm to sell all publicly traded securities received as
contribution	ons.
	·

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 2016

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

THE SPRINGBOARD FOUNDATION	36-4482332
Form 990, Part I(summary Line 1 and Part III (Statement of Program Service Accomplishments), Line 1	
The mission of the Springboard Foundation is to provide financial and intellectual capital to selected "	grass roots" charitable programs that
otherwise would have difficulty obtaining financial support. Springboard's primariy focus is afterscho	ol and supplemental education
programs. Since inception, Springboard has helped numerous programs grow and become self-susta	ining, so that they can continue to
provide Chicago public school students with educational and out-of-school activities that are so critic	al to personal growth and success. In
addition to contributing funds to Springboard, Springboard members go on site visits to meet nonprof	fit leaders and see their programs in
action. During the year, members maintain contact with the nonprofits and marshall all of the resource	es at their disposal - time, treasure,
knowledge and network- to ensure that they grow into sustainable organizations.	·
Form 990, Part VI, Section B (Policies) Line 11	
The Form 990 is mailed to the President and Treasurer of the Board for review and approval before filing	ng with the IRS. The report is
subsequently shared with the full board.	
·	·
Form 990, Part VI Section C (Disclosure), Line 19	
Documents are made available to the public as requested. Currently the organization does not have a	formal conflict of Interest policy,
whistleblower policy or document retention & destruction policy. Springboard currently follows the po	licies of The Chicago Community Trust.
Form 990, Part VII, Section A. Officers, Directors, Trustee, Key Employees, and Highly Compensated E	mployees, Column B
Activities of the Board include: attending and preparing for board meetings, grant reviews, strategic p	lanning, and various administrative
matters; serving on various sub-committees of the Foundation; recruiting new board members; and re	presenting the Foundation at
various events.	
Form 990, Part XII, Financial Statements and Reporting, Line 2C	
The audit committee of the supported organization, The Chicago Community Trust assumes responsible	ulity for oversight of the audit, review
of the financial statements and selection of the independent accountants.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
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<u></u>	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection

Employer identification number

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 36-4482332 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state or foreign country) (b) Primary activity (b)
Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization THE SPRINGBOARD FOUNDATION Part I Part II

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0) 2016	Form 99	Schedule R (Form 990) 2016		Cat No 50135Y		.060	uctions for Form 99
	`	CCT	12-Type1 CCT	501(c)(3)	Illinois	Philan Grantmaking	(7) Glasser and Rosenthal Family Foundation (45-3577069) 225 N. Michigan Ave, Suite 2200, Chicago, IL 60601
	>	ССТ	12-Type1 CCT	501(c)(3)	Illinois	Philan Grantmaking	630 N. Route 31, Suite 101, Crystal Lake, IL 60012
	>	ССТ	12-Type1 CCT	501(c)(3)	Illinois	Philan Grantmaking	225 N. Michigan Ave, Suite 2200, Chicago, IL 60601
	`		-				(5) The Lake County Community Foundation (20-3654399)
	>	ССТ	12-Type1 CCT	501(c)(3)	Illinois	Philan Grantmaking	701 Essington Road, Suite 103, Joliet, IL 60435
	,						(4) The Community Foundation of Will County (76-0821144)
	>	сст	12-Type1 CCT	501(c)(3)	Illinois	Philan Grantmaking	225 N. Michigan Ave, Suite 2200, Chicago, IL 60601
							(3) The Pert Foundation (81-0585993)
>		8 N/A	8	501(c)(3)	Illinors	Philan Grantmaking	225 N. Michigan Ave, Suite 2200, Chicago, IL 60601
							(2) The Chicago Community Trust (36-2167000)
	>	ССТ	7	501(c)(3)	Illinots	Philan Grantmaking	225 N. Michigan Ave, Suite 2200, Chicago, IL 60601
							(1) The Chicago Community Foundation (36-3432023)
No	Yes						
olled y?	controlled entity?	entity	(if section 501(c)(3))		or foreign country)	יייים אַ מכוניני	ואמווים, מכנוסטט, מויט בוא סו וסומנסט טומחובמנטט

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization THE SPRINGBOARD FOUNDATION

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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OMB No 1545-0047

Inspection

36-4482332

Employer Identification number

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity ŝ Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling
entity (e) End-of-year assets 12-Type1 CCT 12-Type1 CCT (e)
Public charrty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section 501(c)(3) 501(c)(3) (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) (b) Primary activity Illinois Charitable/Educational | Illinois Philan Grantmaking (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization (2) Metropolis Strategies (36-4278088) (1) The Lavin Family Foundation (36-4120653) 225 N. Michigan, Suite 2200 Chicago, IL 60601 21 S. Clark Street, Chicago, IL 60603 (7) Part II 9 Ξ 2 ල 3 <u>0</u> ල 9 € 0

Schedule R (Form 990) 2016

Cat No 50135Y

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

Schedule R (Form 990) 2016	3) 2016									-				Page 2	
Part III Ider	ntification of Rause It had one	Identification of Related Organizations Taxable as a Partnership. Complete if the organize because it had one or more related organizations treated as a partnership during the tax year.			Partnership I as a partn∈	e as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 treated as a partnership during the tax year.	f the orgar the tax ye	ization ans ear.	wered	"Yes" (on Form 990	, Part IV	, line 3	1	
(a) Name, address, and EIN of related organization	s, and EIN of anization	(b) Primary activity	(c) Legal domicile (state or foreign	Direct c	Direct controlling in entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	and-of- Dis	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or 20 managing (41 partner?		(k) Percentage ownership	
(1)									<u>></u>	Yes No		Yes	2		
(2)									<u> </u>	<u> </u>					
(3)										-			1		
(4)													-		
(5)		:								<u> </u>			-		
(9)									1						
(7)										-			-		
Part IV Iden	ntification of R 34 because it h	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization s line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	related organi	e as a C	Sorporation treated as	e as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, izations treated as a corporation or trust during the tax year.	omplete if or trust d	the organiz	ration a	nswere	ed "Yes" on	Form 99	o, Part	۱۷,	
Name, addre	(a) Name, address, and EIN of related organization	organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entry		(e) Type of entrhy (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership		(f) Section 512(b)(13) controlled entity?	
													Yes	2	
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(6)										-					
(4)							-								
(5)															
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		•									S	Schedule R (Form 990) 2016	(Form	990) 2016	

Note: Conditional part of the grant of the standard or part of the following transactions with one or more related organizations lesded in Parts III or IV of this schedule entry. 1 During the tay year off the organization engage in any of the following transactions with one or more related organizations or organizations or organizations or organizations or organizations or organizations from related organizations or organizations or organizations or organizations or organizations or organizations org		-		^	
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