Form **990**

Return of Organization Exempt From Income Tax

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

DLN: 93493130045319 OMB No 1545-0047

2017

Department of the Treasury

foundations)

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

Open to Public

-		nue Service	► Information abou	t Form 990 and its instructions is at <u>ww</u>	w IRS go	ov/form990		Inspection
A F	or the	e 2017 ca	alendar year, or tax year begin	ning 07-01-2017 , and ending 06-:	30-2018			
B Che	ck if ap	pplicable change	C Name of organization Big Shoulders Fund					ication number
☐ In	ime cha itial ret	-	Doing business as					
☐ An	nended	return on pending	Number and street (or P O box if ma 212 W Van Buren Street 900	ail is not delivered to street address) Room/s	uite	E Telephone (312) 751		
			City or town, state or province, coun Chicago, IL 60607	try, and ZIP or foreign postal code		G Gross recei	pts \$ 4:	3,908,445
			F Name and address of principal	officer	H(a)	Is this a group retu	rn for	
			Joshua Hale 212 W Van Buren Street 900 Chicago, IL 60607			subordinates? Are all subordinates		□Yes ☑No □Yes □No
		npt status	☑ 501(c)(3) □ 501(c)() ◄ (insert no)] 、	included? If "No," attach a list		instructions)
J W	ebsit	e:► www	w bigshouldersfund org		H(C)	Group exemption no	umber	>
K Fori	n of or	ganızatıon	☑ Corporation ☐ Trust ☐ Associ	ciation Other ►	L Year	of formation 1986	1 State	of legal domicile IL
Pa	rt I	Sumi	mary			_		
e e			cribe the organization's mission or e support to inner-city schools whi	most significant activities ch provide a quality, values-based educ	ation for	Chicago's children		
anc	-							
Governance	, -	Chack the	s hav >	continued its operations or disposed of	mara tha	n 35% of its not ass		
Ĝ				g body (Part VI, line 1a)			3	34
Activities &	4	Number c	of independent voting members of	the governing body (Part VI, line 1b)			4	34
Æ			, ,	endar year 2017 (Part V, line 2a) .			5	48
į (C			•	essary)			6	5,201
ų.	1			VIII, column (C), line 12		• •	7a 7b	0 12,881
	"	Net unien	ated business taxable income from	1 FORTH 990-1, IIIIe 34	· · · ·	Prior Year	/ b	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)			12,647,10	3	28,939,605
Rəvenue	9	Program :	service revenue (Part VIII, line 2g		0	0		
35V¢	10	Investme	41,83	6	3,359,305			
_	11	Other rev	enue (Part VIII, column (A), lines	-719,21		-365,485		
	_			st equal Part VIII, column (A), line 12)		11,969,72	+	31,933,425
	1		nd similar amounts paid (Part IX, c			14,253,61	+	16,389,711
		·	paid to or for members (Part IX, co	, ,,	-		0	2 542 570
Expenses	1	•		nefits (Part IX, column (A), lines 5–10) nn (A), line 11e)		3,142,81	0	3,543,570 0
æ			aising expenses (Part IX, column (D), lii	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1	
짚			penses (Part IX, column (A), lines	· ———		1,411,22	3	2,233,576
			enses Add lines 13–17 (must equ	•		18,807,65	5	22,166,857
	19	Revenue	less expenses Subtract line 18 fro	om line 12		-6,837,92	7	9,766,568
Net Assets or Fund Balances					Beg	inning of Current Yea	r	End of Year
SS 6	20	Total asse	ets (Part X, line 16)			67,528,70	9	79,203,116
F P	21	Total liabi	ılıtıes (Part X, lıne 26)			3,659,85	2	12,179,529
			s or fund balances Subtract line 2	1 from line 20		63,868,85	7	67,023,587
Unde know	ledge	alties of pe and belief		ned this return, including accompanying Declaration of preparer (other than off				
any k	nowle	eage I						
		****** Signatu	re of officer			2019-05-10 Date		
Sign Here		l la abour	Hala Durandant & Charle Francisco Office	_				
			Hale President & Chief Executive Office r print name and title					
			rınt/Type preparer's name ICOLE BENCIK	Preparer's signature NICOLE BENCIK	Date	Check I If POI	N 0756195	
Paid		<u> </u>		NICOLE DENGIN		self-employed		,
	pare On	₹¹ <u> -</u> .	rm's name ► CROWE LLP rm's address ► 225 West Wacker Drive	Suite 2600		Firm's EIN ► 35-09 Phone no (312) 89		
	J.11	-,	Chicago, IL 606061224	1				
May t	he IR	S discuss	this return with the preparer show	n above? (see instructions)			✓ Y	es 🗌 No
For F	aper	work Red	duction Act Notice, see the sep	arate instructions.	Cat	No 11282Y		Form 990 (2017)

Cat No 11282Y

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Form	990 (2	017)					Page 2				
Par	t III	Statement	of Program Servic	e Accomplis	hments						
		Check if Sched	dule O contains a respo	nse or note to	any line in this Part III		🗹				
1	Briefly	describe the o	rganızatıon's mıssıon								
We p	rovide s	support to inner	r-city schools which pro	ovide a quality,	values-based education t	for Chicago's children					
2	Did th										
	the pr	ıor Form 990 oı	r 990-EZ?				🗹 Yes 🗌 No				
	If "Yes										
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	service	🗌 Yes 🗹 No									
	If "Yes	If "Yes," describe these changes on Schedule O									
4	Sectio	n 501(c)(3) and		ons are required	to report the amount of	argest program services, as measur grants and allocations to others, th					
4a	(Code) (Expenses \$	8,399,628	ıncludıng grants of \$	7,457,636) (Revenue \$	0)				
	See Ad	ditional Data									
4b	(Code) (Expenses \$	6,777,861	ıncludıng grants of \$	6,370,775) (Revenue \$	0)				
	See Ad	ditional Data									
4c	(Code) (Expenses \$	2,879,001	including grants of \$	1,678,761) (Revenue \$	0)				
	See Ad	ditional Data									
	(Code) (Expenses \$	1,615,778	ıncludıng grants of \$	882,539) (Revenue \$	0)				
	for sch					ucation, learning about investments and tivities Grants to schools as designated b					
4d	Other	program servic	tes (Describe in Schedu	ıle O)							
	(Expe	nses \$	1,615,778 incl	uding grants of	\$ 882,53	39) (Revenue \$)				
4e	Total	program serv	rice expenses 🟲	19,672,2	68						

or X as applicable

Checklist of Required Schedules

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* Did the organization maintain collections of works of art, historical treasures, or other similar assets?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

to provide advice on the distribution or investment of amounts in such funds or accounts?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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5 6 7

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11a

11b

11c

11d

11e

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12a

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14a

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25b

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28a

28b

28c

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33

34

35a

35h

36

37

Yes

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Yes

Yes

Yes

Yes

Part IV Checklist of Required Schedules (continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

to this return?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 109			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
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	Yes	
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)?			
	initialicial account in a foreign country (such as a bank account, securities account, or other initialicial accountry.	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ĭ	If it is a different condition and the organization me form books in the first in t	5c		
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
h	required?	7g		
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
٩a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
,	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		I

OHH	550 (2017)			Page C
Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	a "No" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	34		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	34		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any ot officer, director, trustee, or key employee?	her 2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or r			<u> </u>
	members of the governing body?	7a		No
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	r by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	enue Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	es, 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11 a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	conflicts?	12b	Yes	
	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent		
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation follows a written policy or procedure requiring the organization to evaluate its participation joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exercise.			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed► IL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of available for public inspection. Indicate how you made these available. Check all that apply	only)		
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interespolicy, and financial statements available to the public during the tax year	st		
20	State the name, address, and telephone number of the person who possesses the organization's books and records Malcolm Douglas 212 W Van Buren St Suite 900 Chicago, IL 60607 (312) 751-8337	5		

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Part VII	Compensation of Officer and Independent Contra		Truste	es, I	Key	En	ploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	Compensated En	nployees	
L a Complet rear	e this table for all persons require	ed to be listed	Report o	omp	ensa	tion	for th	e ca	lendar year ending	with or within the o	rganızatıon's tax
	of the organization's current off ation Enter -0- in columns (D), (als o	or organizations), re	gardless of amount	
	of the organization's current key		•								
vho receive	organization's five current high d reportable compensation (Box n and any related organizations										
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
 List all e organization 	of the organization's former dire n, more than \$10,000 of reportab	ectors or trusto le compensation	ees tha n from t	t rece he or	gan	l, in izati	the ca	paci any	ity as a former direc y related organizatio	tor or trustee of the ons	•
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal ti	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	this box if neither the organizatio	n nor any relate	d orgar	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related	,	ne bo	ox, ι n of or/t	t che inles ficer ruste	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former			related organizations
See Addıtıon	al Data Table										
				l	l		l	ı			

1430 S Michigan Ave Chicago, IL 60605

compensation from the organization ▶ 5

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Part VII Section	A. Officers, Direct	tors, Trustees	, Key	Empl	loye	es,	and	Higl	nest Cor	mpensa	ted	Emplo	yees (cont	inued)	
(<i>f</i> Name a		(B) Average hours per week (list any hours	than c	one bo	ox, u an off	ot che unles fficer	eck moss ss pers r and a tee)	son	Repo compe froi organiz	(D) (E) ortable lensation om the ration (W- organizations (*)			rtable nsation related tions (V	v-	(F) Estima amount o compen from	ated of other sation
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		9-MISC)		2/1099	9-MISĆ)		organizat relat organiza	ed	
See Additional Data Tabl	e					\vdash		\vdash						\top		
						\square'										
				<u> </u>	<u> </u>	Ĺ'	<u> </u>	<u> </u>			_			\perp		
			<u> </u>		<u> </u>	<u> '</u>	—	<u> </u>	<u> </u>					\perp		
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			 	\vdash	\vdash	\vdash		 	-		+			+		
			 	\vdash	\vdash	\vdash	\vdash	+-			+			+		
_	nuation sheets to P	art VII, Section		<u>.</u> .	<u>. </u>	<u>. </u>	*									
	1b and 1c) findividuals (including mpensation from the		l to thos			bove	e) who	rec		621,142 re than :	\$100	,000	t)		223,555
															Yes	No
	ation list any former o " complete Schedule S			ee, ke	ey er	mplc •	oyee, d	or hi	ghest cor	mpensat	ed en	nployee • •	on	3		No
	ial listed on line 1a, is d related organization											ne		4	Yes	
	listed on line 1a received to the organization										ndıvıc	lual for •		5	103	No
	pendent Contract				_	<u> </u>							L			
	able for your five high zation Report comper													npens	sation 	
	Name a	(A) and business addre	ess		_	_				De	script	(B) ion of se	rvices		(C Comper	
University of Illinois Chica	go									prof deve	lopme	ent for so	hools			311,809
W Harrison St Chicago, IL 60607										C l-ve						200
Ziemke Consulting LLC N Rockwell										prof deve	lopme	ent for sc	choois			175,000
Chicago, IL 60625 University of Chicago										prof deve	lopme	ent for so	hools			173,058
E 60th Street										F						1,0,
Chicago, IL 60637 Olympia Fields Country Cl	ub									Fundraisii	ng eve	ent facilit	y and			130,776
2800 Country Club Dr Olympia Fields, IL 60461										services						
Logos Consulting Group L										consulting	9					124,753

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part \		O contains a	espo	onse or note to any	line in this Part VIII			🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a Federated campaigns	s	1a	43,807		revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues .	. [1 b					
10 E	c Fundraising events	[1c	10,613,781				
§	d Related organization	ıs	1d					
<u> </u>	e Government grants (cor	ntributions)	1e	_				
ns.	f All other contributions, g	gıfts, grants,						
er (and similar amounts not above	t included	1 f	18,282,017				
ributions, Gifts, Grants Other Similar Amounts	g Noncash contribution							
Cont and (-			52,013				
ج ت	h Total.Add lines 1a-1f		•	 -	28,939,605			
٦ <u>.</u>	25			Business	Code			
757	2a 							
υ ČŽ	b ————							
<u>ح</u>	-							
ઝ	u -		•					
ran	f All other program serv	vice revenue				0	0	0
Program Service Revenue				_	0			
	gTotal.Add lines 2a-2f				1	1		
	3 Investment income (income similar amounts)			nterest, and other	406,465	5		406,46
	4 Income from investmen				•			
	5 Royalties				• [
	6a Gross rents	(ı) Real		(II) Personal	4			
	da Gross rents							
	b Less rental expenses]			
	c Rental income or		0		0			
	(loss)							
	d Net rental income or				1			
	7a Gross amount	(ı) Securitie	s	(II) Other	4			
	from sales of assets other	13,967	7,955	6,00	o			
	than inventory							
	b Less cost or other basis and	11.02	115		7			
	sales expenses	11,021						
	C Gain or (loss)	2,946		6,00	0 2,952,840			2,952,840
	d Net gain or (loss) .8a Gross income from full			<u> </u>	2,932,840	1		2,932,840
<u>ə</u>	(not including \$	10,613,781 of						
듄	contributions reported See Part IV, line 18	d on line 1c)	a l	 535,970				
Je /	b Less direct expenses		ь	948,950	⊣			
er	c Net income or (loss) f	rom fundraisir	g ev	ents	-412,980			-412,980
Other Revenue	9a Gross income from ga		5					
	See Part IV, line 19		a	 47,610				
	b Less direct expenses		ь	4,955	-			
	c Net income or (loss) f	rom gamıng a	ctıvıtı	les >	42,655	5		42,655
	10aGross sales of invento returns and allowance							
	returns and anowance		a					
	b Less cost of goods so	old	ь		-			
	c Net income or (loss) f	rom sales of ir	vent	ory >				
	Miscellaneous R	Revenue		Business Code				
	11aOther Income			90009	9 4,840	١		4,840
	b							
	С							
	d All other revenue .						0	0 (
	e Total. Add lines 11a-	11d		•	4,840			
	12 Total revenue. See I	Instructions .			31,933,425	5	0	0 2,993,820
					32,333,723	1	- [Form 990 (2017)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	3	'	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	8,942,160	8,942,160		
2 Grants and other assistance to domestic individuals See Part IV, line 22	7,447,551	7,447,551		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,401,471	750,937	476,914	173,620
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,730,708	842,544	535,901	352,263
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	51,027	27,152	12,948	10,927
9 Other employee benefits	181,418	86,971	56,780	37,667
10 Payroll taxes	178,946	91,472	56,219	31,255
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	3,763	783	2,980	0
c Accounting	42,100		42,100	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	147,206		147,206	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	845,085	811,476	8,926	24,683
12 Advertising and promotion	42,801	34,862		7,939
13 Office expenses	281,923	107,472	68,027	106,424
14 Information technology	156,870	92,404	58,129	6,337
15 Royalties				
16 Occupancy	129,567	65,899	39,402	24,266

292,021

35,803

4,140

50,144

159,862

42,291

22,166,857

0

250,998

17,509

18,707

83,126

245

0

19,672,268

17,375

9,760

4,140

32,206

42,046

1,611,059

0

23,648

8,534

31,437

44,530

0

883,530

Form **990** (2017)

16 Occupancy .

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings

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

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

17 Travel .

20 Interest .

23 Insurance .

21 Payments to affiliates . . .

expenses on Schedule O)

a Credit card fees

b Food and meals

c Membership dues

e All other expenses

d

22 Depreciation, depletion, and amortization .

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

46,725 .885 ,216 0

0

0

136.087

88,984

0

14,110

397,145

169,700

0

0

0

0

3,938,818

7.673.866

12,179,529

28,240,075

30,173,755

8.609.757

67,023,587

79.203.116

Form **990** (2017)

0

O

79.203,116

26.792.860

22.162.249

(B) End of year

5

6

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10c

11

12

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16

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18

19

21

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27

28

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30 0

31 0

32

33

34

0 7

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٥ 13

0 14

91.670

350.566

237.975

225.051

0 20

0 22

0

0

3,659,852

24.228.605

32,286,982

7.353.270

63,868,857

67.528.709

2,846,260

67,528,709

218.036

104,874

24.637.863

22.603.819

Page **11**

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

Part II of Schedule L

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Notes and loans receivable, net .

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Investments—program-related See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

	Beginning of year		
Cash-non-interest-bearing	57,109	1	
	4 000 404	_	

ı –				
2	Savings and temporary cash investments	4,266,434	2	17,249,8
3	Pledges and grants receivable, net	15,548,904	3	12,712,2
4	Accounts receivable, net	0	4	
l –	land and the control of the form of the first of the control of th			

304,426

215,442

	, , , , , , , , , , , , , , , , , , ,		
4	Accounts receivable, net	0	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	
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 $501(c)(9)$	C	

10a

10b

voluntary employees' beneficiary organizations (see instructions) Complete

Page **12**

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Nο

No

Form 990 (2017)

Form 990 (2017)

Part XII

Schedule O

3	Revenue less expenses Subtract line 2 from line 1	3	9,766,568
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,868,857
5	Net unrealized gains (losses) on investments	5	885,480
6	Donated services and use of facilities	6	
7	Investment expenses	7	

5	Net unrealized gains (losses) on investments	5	885,480
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,497,318
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,023,587

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 17005876 **Software Version:** 2017v2.2

EIN: 36-3490557

Name: Big Shoulders Fund

Form 990 (2017)

Form 990, Part III, Line 4a:

awarded to 4218 students at 97 elementary and high schools to enable them to attend Catholic schools

Student Scholarship Programs Administered over 70 distinct scholarship programs that include mentoring, enrichment and other support activities. Scholarships were

Form 990, Part III, Line 4b: School operations Distributed grants to 32 schools as part of the Patrons Program, an adopt-a-school program that pairs financial resources with business expertise to

and operational support via grants and/or services provided to assist schools in building enrollment, improving business operations, and creating new funding sources

address needs at selected schools. Also assisted 32 schools with operating and capital grants in an effort to prevent school closures, and assisted 16 schools with marketing

Form 990, Part III, Line 4c: Academic Enrichment and Leadership Development Big Shoulders administers over 15 ongoing programs in 76 schools involving over 800 teachers and administrators to improve instruction and learning through leadership and professional development, professional learning communities and access to high quality curricula with focus on math, science and literacy. Provide a variety of other needed capital and programmatic support to ensure a safe, effective learning environment for nearly 20,000 students through ongoing student enrichment programs and support

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Highest compensated employee

employee

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Individual trustee or director

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Institutional

Trustee

2/1099-MISC)

1,455

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(W- 2/1099-

MISC)

organization and

related

organizations

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours for related organizations below dotted line)
Kenneth J Velo	25 0
Co-Chairman	
John A Canning Jr	25 0
-	
Co-Chairman	

James J OConnor

Co-Chairman

John Croghan

Vice Chairman

Peter Huizenga

Lester Crown

Andrew J McKenna

Executive Committee

Charles Bobrinskoy

Executive Committee

Anthony M Mandolini

Executive Committee

Executive Committee

Mary Dempsey

Emeritus

Executive Committee (Partial Year)

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from the compensation from related

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Dennis Fitzsimons

James A Gordon

James Hoeg

Executive Committee

Executive Committee

Executive Committee

Executive Committee

Executive Committee

Executive Committee

Leigh-Anne Kazma

Christine E Kelly

Gregory Q Brown

	any hours	director/trustee)						organization (W-	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations	
William Devers	2 0	×						0	0		
Executive Committee		^									
Daniel Doherty	1 0	×							0		
Executive Committee		X						١	0		
David Dury	1 0	×						0	0		
Executive Committee		Χ							U		
Mıchael W Ferro	1 0	×						0	0		
Executive Committee		^						· · · · · · · · · · · · · · · · · · ·	۱		

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation director/trustee) any hours organization (Worganizations from the

Highest compensated employee

employee

Former

for related

organizations

below dotted

line)

Individual trustee or director

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Institutional

Trustee

2/1099-MISC)

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MISC)

organization and

related

organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Stephen King
Executive Committee
Thomas E Lanctot
Executive Committee
William T Lynch
Executive Committee
James Compton

Executive Committee

Executive Committee

Executive Committee

Thomas Reynolds III

Executive Committee

Executive Committee

Executive Committee

Executive Committee

John Schreiber

Timothy Sullivan

Giancarlo Turano

Michael E Murphy

Kimberly Querrey

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other is both an officer and a week (list from related from the compensation any hours director/trustee) organization (Worganizations from the (W- 2/1099-2/1099-MISC) organization and

Former

MISC)

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0

470,924

184,333

178,755

176,550

182,701

related

organizations

0

0

35,934

28,760

36,644

40,563

18,421

Highest compensated employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)
Christopher Valenti	1 0
Executive Committee	
Arthur R Velasquez	1 0
Executive Committee	••••••
	1.0

and Independent Contractors

Gerald Beeson

Kent Dauten

Joshua Hale

Linda Rossi

CFO

Affairs

John Moran

Relations

Thomas Zbierski

President & CEO

Executive Committee

Mary Brian Costello

Executive Committee

Executive Committee

Rebecca Lindsay-Ryan

Sr Director, Patron Program

Senior Director, Academic Programs and External

Senior Director, Scholarship Programs and School



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employee

Institutional

Trustee

individual trustee or director

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10

20

67 0

45 0

57 0

42 0

65 0

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and Independent Contractors (A) Name and Title

Nicole Wilson

Amelia Drozda

Engagement Matthew Katzfey

Development

Sr Director, Strategy & Op

Senior Director, Philanthropy, Partnerships, and

Director, Alumni Outreach & High School

hours (week (any ho for rela organiza below do line)

Avera ours reek (ny ho r rela aniza ow do line)	per list urs ited tion otted	
	55	0
	50	0

50 0

individual trustee or director

(B)

than one box, unless person is both an officer and a director/trustee) Former compensated

(D)

Reportable

compensation

from the

organization (W-

2/1099-MISC)

188,373

127,521

110,530

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

16,956

14,265

32,012

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more

Officer

employee

Institutio

efil	efile GRAPHIC print - DO NOT PROCESS As						DLN: 9	DLN: 93493130045319				
(For	m 99	OULE A	Con		Charity Statu	ion 501(c)(3)	organization o	ort	2017			
990I	SZ)				4947(a)(1) nonexe ► Attach to Form							
		f the Treasury	► Infe	ormation abou	it Schedule A (Form	990 or 990-EZ ov/form990.) and its instru	ıctions is at	Open to Public Inspection			
Nam	e of th	nie Service he organiza	tion		<u>www.ms.g</u>	<u> </u>		Employer identific	·			
Big Sh	oulders	s Fund						36-3490557				
	rt I				us (All organization							
_	rganız		•		ent is (For lines 1 thro	•	,					
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		·	•	-	governmental unit de							
7	✓	-		mally receives (vi). (Complete	a substantıal part of ıt · Part II)	s support from a	governmental u	init or from the genera	al public described in			
8		A communi	ty trust desci	ibed in sectior	170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		from activit	ies related to income and	its exempt fur unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (learn)	taın exceptions, a	and (2) no more	than 331/3% of its su				
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting or n(s) the pow	ganization oper er to regularly a	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A	supporting o		ervised or controlled i etion vested in the sar							
c		Type III f	unctionally i		supporting organizatio				ted with, its			
d		Type III n	on-function integrated	ally integrate The organizatio	ions) You must com d. A supporting organ n generally must satis	Ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	` '			
e		Check this	box if the org	anızatıon recei	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	I functionally			
f	Enter			on-functionally Lorganizations	integrated supporting	organization						
g				-	ipported organization(s)		_	-			
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No					
Tota					nstructions for	Cat No 11285		 Schedule A (Form 9				

or loss from the sale of capital

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 Schedule A, Part II, line 14

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

assets (Explain in Part VI) Total support. Add lines 7 through

organization

instructions

supported organization

11

	III. If the organization fails to qualify under the tests listed below, please complete Part III.)									
S	Section A. Public Support									
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
L	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	21,580,435	17,423,397	22,422,667	12,647,103	28,986,324	103,059,926			
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0			
	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0			
ı	Total. Add lines 1 through 3	21,580,435	17,423,397	22,422,667	12,647,103	28,986,324	103,059,926			
	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)						13,116,782			

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (a)2013 **(b)**2014 (c)2015 (d)2016 (e)2017 (f)Total (or fiscal year beginning in) ▶ Amounts from line 4 21,580,435 17,423,397 22,422,667 12,647,103 28,986,324 Gross income from interest.

89,943,144 103,059,926 dividends, payments received on 364,151 401,061 267,220 316,987 1,755,884 securities loans, rents, royalties 406,465 and income from similar sources Net income from unrelated

business activities, whether or not 13,881 13,881 the business is regularly carried on

Other income Do not include gain 10

659,861

372,545

588,411

Schedule A (Form 990 or 990-EZ) 2017

12

14

15

2,740,424

107,570,115

83 61 %

79 38 %

▶Ⅵ

▶□

▶□

447,821

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

671,786

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and	. ,	. ,	. ,	. ,	, ,	. ,
-	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6 70	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support	1	I	l			l
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13							
	11, and 12) First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and stop here	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	stop here. The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	33 1/3% support tests—2016. If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and stop here.	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

6

7

8

10a

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) Section A. All Supporting Organizations

			Yes	No
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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509			

	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	1	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	

	(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3а	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	
_	Did the examination ensure that all cumpert to such examinations was used evaluately for costion 170(a)(2)(B) numbers?		

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	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın 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		

	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	"Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın 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	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections		
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	40	

	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "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	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		

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	4b	
с	supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support	70	
	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	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Pa	rt IV Supporting Organizations (continued)		<u>'</u>	uge D
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	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		
S	ection B. Type I Supporting Organizations		1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that			
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	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		<u> </u>
S	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	1	res	INO
		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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	-		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	36		

Page 6

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
	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)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
	Management and the second of the Control Bullion Control A	_				

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	- -	
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

	, ,			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

Distributions to attentive supported organizations to what details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
6 Tabal action as 2 a Marca and a			

d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
i Carryover from 2012 not applied (see instructions)		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
\$		
a Applied to underdistributions of prior years		
b Applied to 2017 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract		

	- Applica to 2017 along Datas to allicate		
	c Remainder Subtract lines 4a and 4b from 4		
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7	Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
-8	Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2017)

a Excess from 2013. **b** Excess from 2014. . . . **c** Excess from 2015. **d** Excess from 2016. e Excess from 2017.

Schedule A (Form 990 or 990-EZ) 2017 Page 8 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) **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Schedule A. Part II. Line 10 DESCRIPTION - GROSS REVENUE FROM FUNDRAISING EVENTS, COLUMN A - 598375 0, COLUMN B - 37052 Other Income 1 0, COLUMN C - 594363 0, COLUMN D - 312865 0, COLUMN E - 535970 0, COLUMN F - 2412094 0, DESCRIPTION - OTHER INCOME, COLUMN A - 3331 0, COLUMN B - 2200 0, COLUMN C - 2850 0, COLUM

N D - 4400 0, COLUMN E - 4840 0, COLUMN F - 17621 0, DESCRIPTION - GROSS REVENUE FROM GAMI NG ACTIVITIES, COLUMN A - 70080 0, COLUMN B - 75100 0, COLUMN C - 62648 0, COLUMN D - 5528 0 0, COLUMN E - 47601 0, COLUMN F - 310709 0,

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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.
 ► Attach to Form 990.

DLN: 93493130045319 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	noulders Fund				Employer ide	enuncation	пишьег
					36-3490557		
Par					r Accounts.		
	Complete if the organization answered "Ye			IV, line 6. sed funds	(b)Eund	s and other	accounts
7	otal number at end of year	(a) Dollo	auvi	seu iulius	(D)i unu	s and other	accounts
	Aggregate value of contributions to (during year)						
	Aggregate value of grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor adviso organization's property, subject to the organization's e: Did the organization inform all grantees, donors, and d	clusive legal contro	7				Yes 🗌 No
	charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, o	r for	any other purpose o	conferring imper	missible	Yes 🗌 No
Part	Conservation Easements. Complete if t	ne organization ai	iswe	red "Yes" on Forr	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all t	nat a	oply)			
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	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 easement on the last day of the tax year	qualified conservati	on co	ntribution in the for		ntion It the End o	of the Year
а .	Total number of conservation easements				2a		
ь -	Total acreage restricted by conservation easements				2b		
c I	Number of conservation easements on a certified histor	ıc structure ıncluded	ın (a)	2c		
	Number of conservation easements included in (c) acqu structure listed in the National Register	ired after 8/17/06,	and n	ot on a historic	2d		
	Number of conservation easements modified, transferre	ed, released, extingi	ııshe	d, or terminated by	the organizatior	during the	
Ļ	Number of states where property subject to conservation	on easement is locat	ed ►				
	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ng, ır	spection, handling	of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of vi	olatio	ns, and enforcing co	onservation ease	ements durir	g the year
	—————————————————————————————————————	handling of violatio	ns, a	nd enforcing conser	vation easemen	ts during the	year
	Does each conservation easement reported on line 2(d) above satisfy the r	adur	ements of section 1	70(h)(4)(B)(i)		
	and section $170(h)(4)(B)(H)^{2}$	above satisfy the f	=quii	ements of section 1	/ O(11)(1)(1)(1)	☐ Yes	□ No
	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemer	footnote to the org				and	_ No
	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic			er Similar As	sets.	
	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, e	ducat	ion, or research in f			
b	r If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub following amounts relating to these items	L6 (ASC 958), to rep	ort ir	ı ıts revenue statem			
	Revenue included on Form 990, Part VIII, line 1				> \$		
	Assets included in Form 990, Part X				· <u></u> ▶ \$		
!	If the organization received or held works of art, histor following amounts required to be reported under SFAS				ncıal gaın, provi	de the	
	Revenue included on Form 990, Part VIII, line 1	,,	٠.		▶ \$		
	Assets included in Form 990, Part X						
<u>-</u>	ASSESS MELICIAL TOTAL SOCIETY				F 7 _	1157	

Fai	Granizations maintaining C	onections of Art, n	131011	cai ii	Casi	ui es, oi	Other	Sillillai A	SSCLS (COILL	mueu)	
3	Using the organization's acquisition, access items (check all that apply)	ion, and other records,	check a	any of	the fo	ollowing th	at are a	significant i	use of its col	ection	
а	Public exhibition		d		Loan	or excha	nge prog	rams			
b	Scholarly research		e		Othe	er					
c	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit assets to be sold to raise funds rather than							ılar	☐ Yes	□ N	0
Pal	rt IV Escrow and Custodial Arrang	rements.									
	Complete if the organization an X, line 21.		m 990	, Part	IV,	ine 9, or	reporte	d an amou	ınt on Forn	า 990,	Part
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?	odian or other intermedi	ary for	contrib	outior	ns or othe	r assets ı	not	Yes	☑ N	o
ь	If "Yes," explain the arrangement in Part X	III and complete the fol	llowing	table		Γ		A	mount		_
c	Beginning balance					Ī	1c				_
d	Additions during the year						1d				_
е	Distributions during the year					ŀ	1e				_
f	Ending balance					t	1f				-
2a	Did the organization include an amount on	Form 990, Part X, line 2	21, for	escrow	or cu	ustodial ad	count lia	ıbılıty?	✓ Yes	□ N	— о
b	If "Yes," explain the arrangement in Part X	III Check here if the ex	planati	on has	beer	n provided	ın Part)	(III		✓	
Pa	art V Endowment Funds. Complete										
		(a)Current year	(b) Pi	rior year	r	(c)Two ye	ars back	(d)Three year	ars back (e)	our yea	rs back_
1 a	Beginning of year balance	33,463,022		29,960	,838	33	3,571,000	32,	437,979	28,	872,088
b	Contributions	1,256,487		332	,954		334,396		721,163		330,000
c	Net investment earnings, gains, and losses	3,229,702		4,763	,478	-2	2,352,658	1,	906,491	4,	665,596
d	Grants or scholarships	468,353		437	,182		432,078		388,692		363,286
	Other expenditures for facilities and programs	1,109,778		1,116	,618	:	L,120,708	1,	055,941	1,	016,419
f	Administrative expenses	50,000		40	,448		39,114		50,000		50,000
	End of year balance	36,321,080		33,463	,022	29	9,960,838	33,	571,000	32,	437,979
2	Provide the estimated percentage of the cu	rrent year and halance	(line 1	r colur	mn (a	1)) held ac					
a	Board designated or quasi-endowment ▶	62 %	(me r	y, colui	IIII (a	i)) Held as					
	Permanent endowment ► 21 %	02 /0									
Ь		47.0/									
С		17 %									
2-	The percentages on lines 2a, 2b, and 2c sh	•									
3a	Are there endowment funds not in the poss organization by	session of the organizati	on that	. are ne	eiu ai	ia aaminis	itered for	trie		Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)		No
b	If "Yes" on 3a(II), are the related organization	ions listed as required o	n Sche	dule R´	٠.				3b		
4	Describe in Part XIII the intended uses of t	he organization's endow	vment f	unds							
Pai	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization an										
	Description of property (a) Cost or (invest		or other	basıs (c	other)	(c) Accu	mulated d	epreciation	(d) B	ook valu	e
1 a	Land										
b	Buildings										
	Leasehold improvements			13	35,389			121,304			14,085
	Equipment				9,053	1		52,076			56,977
	Other				59,984			42,062			17,922
	al. Add lines 1a through 1e (Column (d) must	t equal Form 990 Part)	X. colur					→2,002 >			88,984
	aou za amough ze (column (u) must		.,	(0),		(-//		-			00,504

Part VII Investments—Other Securities. Complete if t	the organization answered	d "Yes" on Form 990, Part IV, line 11b.	Page 3
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)	(-,	Cost or end-of-year market value	
(1) Financial derivatives			
(3) Other (A) Large Cap Equity Fund	2,755,960	F	
(B) Small Cap Equity Fund	2,694,155	F	
(C) International Equity	5,936,228	F	
(D) Hedged Equity Fund	4,810,915	F	
(E) Private Equity	100,000	F	
(F) Absolute Return Fund	4,813,972	F	
(G) Alternative Fixed Income Fund	1,051,019	F	
(H)			
	22,162,249		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, line 1	1c. 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)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX Other Assets. Complete if the organization answere (a) Description		, line 11d See Form 990, Part X, line 15 (b) Book va	lue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on Form S	990, Part IV, line 11e or 11f.	
1. (a) Description of liability	(b) Book v	value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•	0	
Liability for uncertain tax positions In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC)			. ✓

Part XI

2

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

а

Schedule D (Form 990) 2017

Page 4

-7,124,726

31,786,216

147,209

21,506,760

-512,891

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

d e Amounts included on Form 990, Part VIII, line 12, but not on line 1

3 4

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII) b Add lines **4a** and **4b** c 5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines **4a** and **4b**

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the 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, Part

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

2c

2d

147,209

7,637

-520,528

147,206

2e

3

4c

5

885.480

-8.017.843

7.637

4c

2e

3

31,933,425

22,019,651 147,206 22.166.857

Schedule D (Form 990) 2017

Page 5	Schedule D (Form 990) 2017		
	ormation (continued)	XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Ret

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2

EIN: 36-3490557

Name: Big Shoulders Fund

Supplemental Information

Return Reference Explanation

Schedule D, Part IV, Line 2b
Explanation of escrow agreement
Explanation of escrow agreement
Explanation of escrow agreement
Indicate the secrophysical section of the secrophysical secretary and bank accounts and recorded as liabilities until paid Donations are tracked using the same method as other restricted donations

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Endowment funds are used per donor restrictions for scholarships, programs, and other expe nses Earnings on Board designated endowments are used for administrative expenses, which may include program, management, and fundraising expenses

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Fund has received a determination letter from the Internal Revenue Service indicating that the Fund is exempt from income tax under Section 501(c)(3) of the Internal Revenue Co de of 1986 and, except for taxes pertaining to unrelated business income, is exempt from f ederal and state income taxes. The Fund is classified as a public charity under Section 50. 9(a)(1) and Section 170(b)(1)(A)(vi), an organization that normally receives a substantial part of its support from direct or indirect contributions from the general public. A provision has been made for unrelated business income taxes in the accompanying financial statements in fiscal year 2018. The Fund recognizes a tax position as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. The Fund does not expect the total amount of unrecognized tax benefits to significantly change in the enext twelve months. The Fund has applied this criterion to all tax positions for which the statute of limitations include fiscal years ended June 2015 through 2017. The Fund direcognizes interest and penalties related to unrecognized tax benefits in interest and income tax expense, respectively. The Fund has no amounts accrued for interest or penalties as of June 30, 2018 and 2017. The Fund has determined that its tax provisions satisfy the more likely than not criterion and that no provision for income taxes is required at June 30, 2018.			

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	LOSS ON UNCOLLECTIBLE ACCOUNTS AND RESCINDED PLEDGES50000 ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE7967843

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE520528

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efile GRAPHIC print	- DO NOT PR	OCESS	As Filed Data -	-		DLN:	93493130045319
SCHEDULE F (Form 990)	Staten	nent of	Activities (Outside the Uni	ted S	tates	OMB No 1545-0047
(1 01111 330)	► Complete	e ıf the organ		Yes" to Form 990, Part IV, I	ıne 14b, 1	.5, or 16.	2017
Department of the Treasury Internal Revenue Service	► Informatio	n about Sche		io Form 990. and its instructions is at <i>w</i> и	/w.irs.gov	v/form990.	Open to Public Inspection
Name of the organization Big Shoulders Fund						Employer iden	tification number
big Shoulders Fund						36-3490557	
	formation or Part IV, line 14		s Outside the U	Inited States. Comple	te if the	organization a	nswered "Yes" to
1 For grantmakers.	Does the orga	ınızatıon ma	intain records to	substantiate the amount	of its gr	ants and	
,	•	•	he grants or assis	stance, and the selection	criteria	used	
to award the grants	or assistance	?					☐ Yes ☐ No
2 For grantmakers. outside the United S		art V the org	janization's proce	dures for monitoring the	use of it	ts grants and ot	her assistance
3 Activites per Region	(The following	Part I, line 3	table can be dupli	cated if additional space is	needed)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program sp	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for and investments in region
(1) Central America and t Caribbean	he	(0	Investments			15,880,576
(2)							
(3)							
(4)							
(5)							
3a Sub-total b Total from continuation Part I	on sheets to		0 0				15,880,576 0
	and 3b)		ol o	ı	I		15,880,576

(2) (3)

(4)

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

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

Schedule F (Form 990) 2017

(12)

(13) (14) (15) (16) (17) (18)

· / · /							, age o				
				ed States. Complete if	the organization an	swered "Yes" to Form 9	90, Part IV, line 16.				
Part III can be d	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
(1)											
(2)											
(3)											
(4)											

Page **3**

Schedule F (Form 990) 2017

(5) (6) (7) (8)

(9) (10) (11)

Sche	dule F (Form 990) 2017		Page 4
Pai	rt IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	□Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	☑ No
	Schedul	e F (Form 9	990) 2017

Schedule F	(Form 990) 2017	Page 5
Part V	amounts of investments vs. exper	by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; inditures per region); Part II, line 1 (accounting method); Part III (accounting (estimated number of recipients), as applicable. Also complete this part to provide structions).
	Return Reference	Explanation

No assistance is given outside the United States

Schedule F, Part I, Line 2

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130045319 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 **Employer identification number** Name of the organization Big Shoulders Fund 36-3490557 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

2 Less Contributions 9,916,676 618,091 79,014 10,613,78 3 Gross income (line 1 minus line 2)	Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and			
1 Gross receipts 10,099,271 916,864 133,616 11,149,75	mue		Award Dinner	Golf Outing	2	Total events (add col (a) through
3 Gross income (line 1 minus 182,595 298,773 54,602 535,97 4 Cash prizes	Reve	1 Gross receipts	10,099,271	916,864	133,616	11,149,751
Ime 2			9,916,676	618,091	79,014	10,613,781
Solution Solution		· · · · · · · · · · · · · · · · · · ·	182,595	298,773	54,602	535,970
Rent/facility costs 0 65,000 0 0 0 0 0 0 0 0 0		4 Cash prizes	0	0	o	0
Select expenses Select animate Sel	"	5 Noncash prizes	0	13,476	0	13,476
Select expenses Select animate Sel	nse	6 Rent/facility costs	0	65,000	0	65,000
Select expenses Select animate Sel	X	7 Food and beverages	232,141	35,000	72,995	340,136
10 Direct expense summary Add lines 4 through 9 in column (d)	ш U	8 Entertainment	0	0	0	0
10 Direct expense summary Add lines 4 through 9 in column (d)	<u>D</u> Ee	9 Other direct expenses	437,293	75,341	17,704	530,338
Columb C		10 Direct expense summary Add lines 4 t	hrough 9 ın column (d)		•	948,950
on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (add col (a) through col (c)) 1 Gross revenue		11 Net income summary Subtract line 10	from line 3, column (d)		•	-412,980
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (dd) Total gaming (add col (a) through col (c)) 1 Gross revenue	Pai		anızatıon answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
2 Cash prizes	verue	on rolling 330 EE/ line out	(a) Bingo		(c) Other gaming	(d) Total gaming (add col (a) through col (c))
2 Cash prizes	Re	1 Gross revenue			47.610	47.610
4 Rent/facility costs	ses				·	
4 Rent/facility costs	ф.	3 Noncash prizes				
Some direct expenses						
6 Volunteer labor	٥	5 Other direct expenses			590	590
7 Direct expense summary Add lines 2 through 5 in column (d)			☐ Yes <u>%</u>	☐ Y es %	✓ Yes 88 %	
8 Net gaming income summary Subtract line 7 from line 1, column (d)		6 Volunteer labor	□ No	☐ No	□ No	
9 Enter the state(s) in which the organization conducts gaming activities IL a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain		7 Direct expense summary Add lines 2 t	through 5 in column (d)			
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain		8 Net gaming income summary Subtrac	t line 7 from line 1, colum	n (d)	•	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No b If "Yes," explain	а	Is the organization licensed to conduct gas If "No," explain	aming activities in each of	these states?		
		Were any of the organization's gaming lic	censes revoked, suspende	d or terminated during th	e tax year?	☐ Yes ☑ No

Sche	dule G (Form	990 or 990-EZ) 2017					Page 3
11	Does the org	janization conduct gami	ng activities with nonmemb	pers?		☐Yes	☑ No
12		ization a grantor, benefi Iminister charitable gam		r a member of a partnership or other entit	E y	□Yes	
13	Indicate the	percentage of gaming a	ctivity conducted in				
а	The organiza	ation's facility			13a		0 %
b	An outside fa	acılıty			13b		100 %
14	Enter the na	me and address of the p	person who prepares the or	ganization's gaming/special events books	and records		
	Name 🟲	Malcolm Douglas					
	Address >	212 W Van Buren CHICAGO, IL 60607					
15a	Does the org	ganization have a contra		whom the organization receives gaming		□Yes	✓ No
b			g revenue received by the contribution by the third party $ ightharpoons$	organization 🕨 \$	and the		
С	If "Yes," ente	er name and address of	the third party				
	Name 🟲						
	Address >						
16	Gaming man	nager information					
	Name 🟲						
	Gaming man	nager compensation 🕨 \$		0			
	Description o	of services provided >	President & CEO				
	☑ Director	officer	☐ Employee	☐ Independent contractor			
17	Mandatory d	ıstrıbutıons					
а	_	ization required under s ate gaming license?	tate law to make charitable	distributions from the gaming proceeds to	o	☐Yes	▽ No
b	Enter the am	nount of distributions re	quired under state law distr	ributed to other exempt organizations or s	pent		
		•	tivities during the tax year	*			
Pai			•	nations required by Part I, line 2b, co pplicable. Also provide any additional	, ,		
	Retu	rn Reference		Explanation			
Sche	dule G, Part II	I, Line 16	Mr Hale is not separate	ly compensated for his oversight of any ga	aming activitie	es	
	, , ==	•	•		Schedule G (F	orm 990 or	990-F7) 2017

efile GRAPHIC pri	nt - DO	NOT PROCESS	As Filed Data -					DL	N: 934931300	045319
Schedule I (Form 990) Department of the Treasury Internal Revenue Service		Co	Governments mplete if the organiz	Other Assistand and Individual ation answered "Yes," Attach to Form 990) and its	S in the Unite on Form 990, Part IV 1 990.	d States , line 21 or 22.		C	2017 Open to Public Inspection	
Name of the organization Big Shoulders Fund								oyer identific 490557	ation number	
Part I General	Informa	ation on Grants	and Assistance				30-3	490337		
the selection crite Describe in Part I	eria used t V the orga	to award the grants anızatıon's procedur	or assistance? es for monitoring the u	se of grant funds in the U	nited States	for the grants or assistant		Part IV, line	Yes	□ N o
that receiv (a) Name and addr organization or government	ess of	than \$5,000 Part II (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descr noncash a		(h) Purpose o or assistance	f grant
(1) See Addıtıonal Data										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
3 Enter total number	er of other		d in the line 1 table .	s listed in the line 1 table				. >	edule I (Form 990	76 0

Schedule I (Form 990) 2017 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book. (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 4218 7,305,102 (1) Scholarships to elementary and high school students 23 91,171 Scholarship to teachers - leadership/teacher development (3) Scholarships to college students 29,625 (4) Other student assistance 21,653 (4) (5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation Schedule I, Part II Basis of Although Big Shoulders Fund prepares its financial statements on the accrual basis, Schedule I Part II has been prepared on the cash basis Big Shoulders Fund believes this method is more informative as it shows actual cash outlays during the year, including both direct payments to schools and payments made on behalf of schools. On Accounting the accrual basis, multi-year grants pledged but not paid in the current year would be included in this schedule, but cash payments to schools as a result of previous multi-year grants would not be included. This could cause a misunderstanding regarding the actual annual support that the Big Shoulders Fund provides to certain schools during each school year ΑE Schedule I. Part II. Line 1(h) early childhood ED other academic enrichment AR alumni records CG capital grant DDG donor designated grant EC extended day Purpose of grant or assistance FR fundraising event HI health initiative IE inclusive education LA leadership award MO marketing/operating assistance Code Legend operating grant PD professional development PP service days SPG special program grants STEM patron program SD science, tech, ena, math SM stock market Schedule I, Part I, Line 2 Procedures for monitoring the use of grant funds differ based on the type of grant awarded Schools eligible for support are reviewed each year to ensure they meet the Procedures for monitoring use of criteria (in the City of Chicago, student population has over 20% who qualify for free or reduced lunch and participate in Title I programs) Schools report annually on arant funds indicators including financial viability, enrollment, student academic performance, and demographic characteristics of students served Renewable scholarship awards include regular progress monitoring and reporting by the individual schools on students. Patron program funds are only distributed upon agreement of Patron, School Principal, and Big Shoulders Fund, and requires substantiation through receipting or accounting of use of funds Programmatic and capital support requires a minimum of annual reports on use of funds and demonstrated measurable objectives met through the funding Big Shoulders Fund staff regularly visit (at least 2 - 5 times per

year) schools and meet with school leadership to ensure schools are using funds as indicated by the requirement of each type of support

Additional Data

Academy of St Benedict

6020 S Laflin St Chicago, IL 60636 Augustus Tolton Academy

7120 S Calumet Ave Chicago, IL 60619

36-2171119

36-2170979

Software ID: 17005876 **Software Version:** 2017v2.2 **EIN:** 36-3490557 Name: Big Shoulders Fund

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

organization	 if applicable	grant	cash	(book, FMV, appraisal
- · J - · · · · · · · · · · · · · · · · · ·	п аррпеавіс	grant	assistance	[\ , ,
or government			assistance	other)
		1	1	1

501(c)3

501(c)3

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			

150,931

72,475

ants and (Other Assistance to	o Domestic Organiza	tions and Domesti	c Governments.	

PP DDG LA

PP AE STEM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26 2277644 E04/ \0 40 500 CTEM CM ED

3700 S Lowe Ave Chicago, IL 60609	36-33//611	501(c)3	13,529		STEM SM ED
Children of PeaceHoly Trinity School	36-2212711	501(c)3	42,343		STEM EC SM

1900 W Taylor Street Chicago, IL 60612

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-2170835 501(c)3 10.714 Christ the King Elementary 9240 S Hoyne Ave Chicago, IL 60620

CG SPG FR

17,700

Christ the King Jesuit College

Prep School 5088 W Jackson Blvd Chicago, IL 60644 26-0556958

501(c)3

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 42-1597059 501(c)3 10.000 FR SPG Cristo Rey St Martin College Prep

3106 Belvidere Road Waukegan, IL 60085

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60616

De La Salle Institute 36-2167047 501(c)3 10.274 ISTEM FR 3434 S Michigan Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance FR DDG

DDG SM LA

DePaul College Prep 3633 N California Ave Chicago, IL 60618	36-2182169	501(c)3	5,700		AE FF
Epiphany School	36-2412597	501(c)3	115,651		DDG

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4223 W 25th St Chicago, IL 60623

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Holy Angels School	36-2747560	501(c)3	441,802		OP PP LA
750 E 40th St					
Chicago, IL 60653					

1443 W Division St Chicago, IL 60642

Holy Trinity High School 36-2171703 501(c)3 166,587 DDG STEM CG

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Immaculate Conception School 36-3310936 501(c)3 51,562 STEM SM ED

(Exchange) 8739 S Exchange Avenue Chicago, IL 60617					
Josephinum Academy	36-2167764	501(c)3	31,426		AE FR CG

1501 N Oakley Blvd Chicago, IL 60622

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Leo High School 36-2182061 501(c)3 333.475 LOPICG DDG 7901 S Sangamon St

IPP STEM AE

98.348

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

36-2171722

Chicago, IL 60620

Maternity BVM School

1537 N Lawndale Ave Chicago, IL 60651

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PG ED

ISTEM ED SM

Most Blessed Trinity Academy	47-0955784	501(c)3	45,844		PP SPC
510 Grand Avenue		, ,			
Waukegan, IL 60085					

22.015

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

Northside Catholic Academy

6216 N Glenwood Avenue Chicago, IL 60660

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance Our Lady of Grace School 36-2170886 501(c)3 36.329 PP SM LA

2446 N Ridgeway Ave Chicago, IL 60647

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9050 S Burley Avenue Chicago, IL 60617

Our Lady of Guadalupe School 36-2743254 501(c)3 77.597 IPP STEM CG

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 36-3409095 501(c)3 282.133 OP PP LA Our Lady of Tepeyac Elementary School 2235 S Albany Ave Chicago, IL 60623

OP STEM SPG

16.243

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

Our Lady of Tepeyac High

2228 S Whipple St Chicago, IL 60623

School

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Our Lady of the Snows School 36-2401758 501(c)3 26.638 IE SM SPG 4810 S Leamington Ave

4810 S Leamington Ave
Chicago, IL 60638

Pope John Paul II Catholic 36-2170859 501(c)3 205,009

PP LA IE
4325 S Richmond St

Chicago, IL 60632

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance DG MO

LA STEM SM

Queen of the Universe School 7130 S Hamlin Ave Chicago, IL 60629	36-2583566	501(c)3	24,359		AE DDG
Sacred Heart School (Chicago)	36-2171734	501(c)3	53,084		LA STE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2926 E 96th St Chicago, IL 60617

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance San Miguel School - Back of 36-4378726 501(c)3 36.211 OP ED

the Yards 1949 W 48th Street Chicago, IL 60609		,	·		
Santa Lucia School	36-2171069	501(c)3	388,987		OP MO SM

Santa Lucia School 3017 S Wells St

Chicago, IL 60616

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Agnes of Bohemia School 36-3552287 501(c)3 32.693 IEC IE SM

St Agnes of Bonemia School 36-3552287 501(c)3 32,693 EC IE SM 2643 S Central Park Ave Chicago, IL 60623 St Ailbe School 36-2170926 501(c)3 177,944

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9037 S Harper Ave Chicago, IL 60619

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance PP STEM DDG

St Angela School 36-4091553 501(c)3 137.492 1332 N Massasoit Ave Chicago, IL 60651

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60608

St Ann School (Chicago) 36-2284297 501(c)3 32.899 ISTEM LA ED 2211 W 18th Pl

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

PP SD EC

St Barbara School (Chicago)	36-2170943	501(c)3	23,190		STEM SM PP
2867 S Throop St					
Chicago, IL 60608					

43.460

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

St Bartholomew School

4941 W Patterson Ave Chicago, IL 60641

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-4055633 501(c)3 8.675 ISTEM SM MO

St Bede the Venerable School 36-4055633 501(c)3 8,675

Chicago, IL 60652

St Bruno School 36-2170961 501(c)3 104.123

IE SPG STEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4839 S Harding Ave Chicago, IL 60632

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Ch Cathamaa of ConaCh Lucius 26 2170060 E01/-\2 10 626 LAAFED

School 27 W Washington	36-2170969	501(6)3	18,626		LA AE ED
Oak Park, IL 60302					
St Constance School	36-3965141	501(c)3	139,591		PP ED SM

5841 W Strong St Chicago, IL 60630

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PP STEM

AE SD SM

5.317

St Ethelreda School	36-2182112	501(c)3	352,405		OP P
8734 S Paulina St					
Chicago, IL 60620					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

St Ferdinand School

3131 N Mason Avenue Chicago, IL 60634

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance St Francis de Sales High School 36-2435876 501(c)3 1,211,559 OP PP MO (Chicago)

10155 S Ewing Ave Chicago, IL 60617

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60609

St Gabriel School 36-2707503 501(c)3 31.081 ISTEM SM ED 4500 South Wallace Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Gall School 36-2704905 501(c)3 24.945 IPP FC STEM 5515 S Sawyer Ave

PP LA EC

122,659

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

36-2171008

Chicago, IL 60629
St Genevieve School

4854 W Montana St Chicago, IL 60639

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Helen School 36-2373447 501(c)3 116.075 IPP STEM SD 2347 W Augusta Blvd

AR SM EC IE

5.593

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

Chicago, IL 60622 St Hilary School

5614 N Fairfield Ave Chicago, IL 60659

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St John Berchmans School 36-2171034 501(c)3 9,313 OP SM MO

2511 W Logan Blvd Chicago, IL 60647					
St John de la Salle Catholic Academy	36-2171032	501(c)3	165,921		OP STEM PP

10212 S Vernon Ave

Chicago, IL 60628

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Malachy School 36-4091553 501(c)3 139.852 PP STEM IE

 St Malachy School
 36-4091553
 501(c)3
 139,852
 PP S

 2252 W Washington Blvd
 Chicago, IL 60612
 PR S

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60643

Chicago, IL 60612

St Margaret of Scotland School 36-2367986 501(c)3 242,356

9833 S Throop St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TEM SM

PP ED SM

St Mary of the Angels School	36-2171072	501(c)3	31,511		PP ST
1810 N Hermitage Ave					
Chicago, IL 60622					

338,024

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

1810 N Hermitage Ave
Chicago, IL 60622

St Mary Star of the Sea School
6424 S Kenneth Ave

Chicago, IL 60629

36-2848256

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Mary of the Lake School 36-2171076 501(c)3 178 942 OP FC LA

1026 W Buena Ave Chicago, IL 60613	30 21/10/0	361(6)3	270,5 12		0. 20 27
St MatthiasTransfiguration School	36-2171089	501(c)3	27,256		IE STEM S

Chicago, IL 60625

1 SM 4910 N Claremont Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-2171093 501(c)3 214.423 OP AE STEM St Michael the Archangel

STEM IE SPG

School 8231 S South Shore Dr. Chicago, IL 60617 122.316

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

St Nicholas of Tolentine School

3741 W 62nd St Chicago, IL 60629 36-2182132

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Nicholae Illyrainian 12-1026005 E01/c)2 21 506 STEM LA TE

St Micholas Oktaililait	13-1020333	301(0)3	01,390		315115
Cathedral School					ł
2200 W Rice St					i
Chicago, IL 60622					l

2110 E 72nd St Chicago, IL 60649

501(c)3 OP PP LA St Philip Neri School 36-2171115 108.526

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

St Pius V School 1919 S Ashland Ave Chicago, IL 60608	36-2240477	501(c)3	55,043		STEM SM FR
St Procopius School	36-3352367	501(c)3	85,854		PP LA OP

1625 S Allport St Chicago, IL 60608

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 36-3352367 501(c)3 12.680 AE EC

St Richard School 5025 S Kenneth Avenue Chicago, IL 60632

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7740 S Western Ave Chicago, IL 60620

St Rita of Cascia High School 36-3352367 501(c)3 38,500 DDG FR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance St Sabina Academy 36-2171123 501(c)3 98.977 PP CG FR

7801 S Throop St Chicago, IL 60620

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Chicago, IL 60622

St Stanislaus Kostka School 36-2171128 501(c)3 25.414 ISTEM SM 1255 N Noble St

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

St Sylvester School 3027 W Palmer Square	36-2488067	501(c)3	25,414		PP EC SD

18.817

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

St Symphorosa School

6125 S Austin Ave Chicago, IL 60638 36-2171135

St Sylvester School 1027 W Palmer Square Chicago, IL 60647	36-2488067	501(c)3	25,414		PP EC SD

STEM SM

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Ch Thanasa Cabaal 26 2240470 E01/-\2 14 545 SM STEM EC

247 W 23rd St Chicago, IL 60616	30-22404/9	501(0)3	14,545		SM STEM
St Thomas of Canterbury	36-2240480	501(c)3	84,648		PP LA SD

Chicago, IL 60640

School 4827 N Kenmore Ave

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance EC STEM

St Thomas the Apostle School	36-2171144	501(c)3	29,768		PP E
5467 S Woodlawn Ave					ĺ
Chicago, IL 60615					1

4140 W Addison St Chicago, IL 60641

St Viator School 36-2171148 501(c)3 5.408 EC SM ED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance G SM

OP MO STEM

10,806

St Walter School	36-2337889	501(c)3	19,675		DDG
11741 S Western Ave					ı
Chicago, IL 60643					i

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

St William School 36-2171154

2559 N Savre Ave Chicago, IL 60707

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Visitation School 36-3648506 501(c)3 128.538 IE LA PP 900 W Garfield Blvd

5,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)3

36-3922345

Chicago, IL 60609 HFS Scholars

1074 W Taylor St 201 Chicago, IL 60607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance Mobile CARE Foundation 36-4203198 501(c)3 12.500 STEM 321 N Loomis Suite 202 Chicago, IL 60607 National Society of Black 35-1410757 501(c)3 5.000

Engineers

205 Daingerfield Road Alexandria, VA 22314

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9313	30045	319
Sch	nedule J	C	ompensati	ion Information	ОМ	B No	1545-0	0047
(Forr	n 990)		Compensa ganization answ	rustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, a to Form 990.	hest , line 23.	20	17	7
•	tment of the Treasury	▶ Information a	bout Schedule J	(Form 990) and its instructions	is at O		to Pul	
	nl Revenue Service ne of the organiz	lation	<u>www.irs.</u>	.gov/form990.	Employer identificat		ectio Imber	
	Shoulders Fund				36-3490557			
Pa	rt I Questi	ons Regarding Compensa	ition		30-3490337			
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso				
		nification and gross-up paymen	ts 🔽	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chauf	feur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked in line	. 1.2	2	Yes	
	directors, truste	es, officers, including the CEO/	executive Director	r, regarding the items checked in line	e la'			
3	organization's C	EO/Executive Director Check a	II that apply Dor	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee		Written employment contract				
	_ '	ent compensation consultant	<u>✓</u>	Compensation survey or study				
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a		No
b		r receive payment from, a supp		ified retirement plan?		4b		No
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Pari	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				
5	For persons list		on A, line 1a, did	the organization pay or accrue any				
а	The organizatio	n?				5a		No
b	Any related org					5b		No
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organizatio					6a		No
b	Any related org					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe rt III	d	7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	presumption procedure described in	Regulations section	9		140
For F	Paperwork Redi	iction Act Notice, see the Ins	structions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2017

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 are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(111) 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 (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation reportable compensation Form 990 compensation 1 Joshua Hale 441,386 0 (i) 22,658 6,880 6,946 28,988 506,858 President & CEO 0 0 0 0 0 0 0 (ii) 2 Linda Rossi 173,941 (i) 9,043 1,349 7,596 21,164 213,093 0 CFO 0 0 0 0 0 0 0 (ii) 3 Rebecca Lindsay-Ryan 169,058 (i) 9,042 655 7,596 29,048 215,399 0 Senior Director, Academic 0 0 0 0 0 0 0 (ii) Programs and External Affairs 4 John Moran 166,647 (i) 9,042 861 7,418 33,145 217,113 0 Sr Director, Patron Program 0 0 0 0 0 0 0 (ii) 5 Thomas Zbierski 172,199 (i) 0 8,648 1,854 7,264 11,157 201,122 Senior Director, Scholarship 0 (ii) 0 0 0 0 0 0 Programs and School Relations 6 Nicole Wilson 178,707 (i) 9,004 662 7,555 9,401 205,329 0 Sr Director, Strategy & Op 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2017 Page **3** Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation A small stipend is provided to one of the Co-chairmen which is calculated to gross up the amount of any taxes which might be incurred by him relating to the value Schedule J. Part I. Line 1a Tax indemnification and gross-up payments of taxable fringe benefits provided to him. Both the value of the benefits and the stipend are included in his taxable income Schedule J. Part I. Line 1a Health or Dues to social clubs are paid on behalf of Joshua Hale, President and CEO, to have a place to conduct off-site board meetings and meetings with donors. These dues social club dues or initiation fees lare not treated as taxable compensation to the individual Schedule J, Part I, Line 7 Non-fixed A bonus was paid to all active employees at 12/31/2017, including employees listed in Part VII, based on meeting organizational goals during the year. The bonus

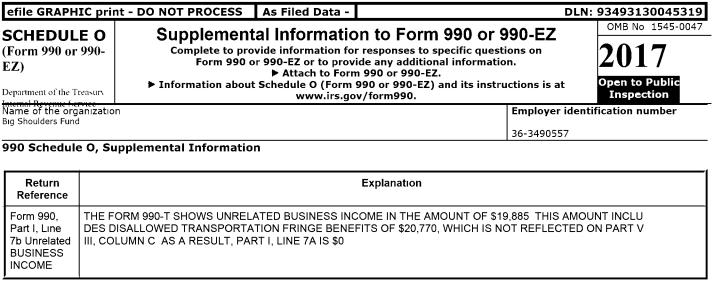
annual compensation to determine the dollar amount of the bonus

payments

percentage is determined by the Co-chairmen. The same bonus percentage is used for all employees. The bonus percentage is multiplied by each employees regular

Schedule J (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PI	ROCESS	As Filed Data -			DLN:	9349313	0045	319
	IEDULE M			loncash Contri	hutions			OMB No 1	.545-0	047
(For	m 990)		1	Monicasii Contin	Dutions		Ī	20	17	,
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 29	9 or 30).	20	1/	
		► Attach to Form 990.								
Depar	tment of the Treasury	▶Information abo	out Schedu	ile M (Form 990) and its i	nstructions is at <u>www.irs</u>	.gov/	form990	Open to		
	al Revenue Service								ection	
	e of the organızat noulders Fund	lon				Empio	yer ident	ification n	umber	
						36-349	0557			
Pa	rt I Types	of Property	1	Γ						
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution		Method	(d) of determi	ning	
			applicable	items contributed	amounts reported on	n	oncash co	ntribution a	mount	S
					Form 990, Part VIII, line 1g					
1	Art—Works of art	t	X	1		Marke	t value			
2	Art—Historical tr	easures .								
3	Art—Fractional in	nterests								
4	Books and public									
5	Clothing and hou goods	isehold	X		322	Marke	t value			
6	Cars and other v									
7	Boats and planes	5 .								
8	Intellectual prope	erty								
9	Securities—Public	,	Х	46	1,815,294	Marke	t value			
	Securities—Close									
11	Securities—Partr or trust interest									
12	Securities—Misce									
13										
	contribution—Hi structures .	istoric								
14	Qualified conserv									
15	contribution—Of Real estate—Res									
	Real estate—Cor									
17	Real estate—Oth									
18	Collectibles .									
19	Food inventory		Х	2	15,042	Marke	t value			
20	Drugs and medic	al supplies .								
21	Taxidermy .									
	Historical artifact									
	Scientific specim Archeological art									
	Other ► (macts	X	8	4 700	Marke	t value			
	Certificates Food a	and	^		1,700		e value			
	rage)		_						
	Other ► (Certificates		X	2	350	Marke	t value			
	rtainment)								
	Other ▶ (Х	17	25,810	Marke	t value	<u> </u>		
	r goods)									
	Other • (the organiza	l ation during the tax year for	contributions					
29				3, Part IV, Donee Acknowled		29				0
	_	•			-				Yes	No
30a	During the year	, did the organizatio	n receive b	y contribution any property i	reported in Part I, lines 1 thi	rough :	28, that it			
				e of the initial contribution, a	and which is not required to	be use	d for exen	npt		
	purposes for the	e entire holding peri	od?				•	30a		No
b	If "Yes," describ	e the arrangement	ın Part II							
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the review	v of any nonstandard contrib	butions	?	31	Yes	
	_	-		or related organizations to s	•					
J = 4								32a		No
b	If "Yes," describ	e ın Part II								
33	-	•	n amount in	column (c) for a type of pro	perty for which column (a) i	s chec	ked,			
	describe in Part	II								
Ear D	anomyork Roductio	on Act Notice, see the	e Instruction	s for Form 000	Cat No. 512271		School	ule M (Form	0001	20171



Return Reference	Explanation
Form 990, Part III, Line 2 New program services	Big Shoulders Fund has been approved by the Illinois Department of Revenue to participate as a Scholarship Granting Organization (SGO), The Illinois Tax Credit Scholarship Program, made possible by the Illinois Invest in Kids Act, provides donors a unique opportunity to contribute to scholarships that help lower-income families send their children to private schools. The program enables individuals and corporations to reserve Illinois income tax credits based on contributions made to SGOs. The organizations then provide scholarships for eligible students to attend nonpublic schools, with priority given to low-income studen ts.

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,615,778 including grants of \$ 882,539)(Revenue \$ 0) Other program services General academic enrichment activities for students, such as outdoor education, learning a bout investments and the stock market. Support for schools holding fund-raising events. Su pporting volunteer school cleanup and maintenance activities. Grants to schools as designated by donors - agency (pass-through) transactions.

r governance of the Corporation but are honorary titles only

Return

Reference	—	
Form 990, Part VI, Line 1a Delegate broad authority to a committee	An Executive Committee, comprised of at least 11 but no more than 25 individuals, is vested with the management of the affairs of the corporation. Each member is entitled to one vote on each matter submitted to a vote of the Executive Committee. All members of the Executive Committee are also members of the Board of Directors. The Board of Directors (as many members as deemed appropriate) shall be appointed by the Executive Committee. The duty of the Board of Directors is to advise the Executive Committee on any matters for which the Executive Committee requests their counsel. The opinion of the Board of Directors either individually or as a whole shall not be binding on any actions of the Executive Committee. The terms "Director" and "Board of Directors" do not refer to those legally responsible fo	

Explanation

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	John A Canning, Michael Ferro - Business relationship, John A Canning, Timothy Sullivan - Business relationship, Thomas Reynolds III, Thomas Lanctot - Family relationship, Willia m Devers, Andrew McKenna - Business relationship, Charlie Bobrinskoy, John Canning - Busin ess relationship

Return Reference Explanation

Form 990,
Part VI, Line
4 Significant changes to organizational documents

The Articles of Incorporation were amended to broaden the scope and nature of assistance provided to schools

and the Articles of Incorporation were amended to broaden the scope and nature of assistance provided to schools

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 tax return is reviewed by the Audit Committee and the President and is distributed to the Executive Committee prior to filing

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict	A conflict of interest policy applies to directors, officers, or members of a committee with authority to take action on behalf of the Executive Committee. An annual notice is sent to all individuals covered under the policy. Any conflict of interest is required to be d
of interest policy	isclosed to the Executive Committee prior to the transaction taking place. The Executive C ommittee will review relevant information and make a determination on whether or not a con flict exists. Should a conflict exist, no parties subject to the conflict are eliquible to

discuss or vote on the transaction All Executive Committee members are also required to r

eport any family or business relationships requiring disclosure on the Form 990

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	The Co-Chairmen and Executive Committee determine compensation for the President using com
Part VI, Line	parative data from other not-for-profit organizations. This process was last undertaken in
15a Process	March 2018
to establish	
compensation	
of top	
management	
official	

Return Explanation

Form 990, Part VI, Line 19 Required documents and the conflict of interest policy are provided upon request and the conflict of interest policy are provided upon request available to the public

Doturn

Reference	Explanation
Form 990, Part XI, Line 9 Agency Transactions	Under generally accepted accounting principles, non-profit organizations must report agency transactions in a specific manner. Agency transactions are contributions received from donors who have designated the use of their funds for a specific beneficiary, such as a donor requesting that their gift be directed to a certain school as a grant. As required under GAAP for financial statement presentation, Big Shoulders Fund excludes these from (net) revenue and reports them as liabilities when received. However, in order to present the true amount of support received from donors, Big Shoulders Fund includes these gifts in tota. I contribution revenue on Line 1 and then includes them as a reconciling item on Part XI, Line 9. Correspondingly, agency expenditures are not included in total expenses. Big Shoulders Fund nets these with the reconciling item for Agency Transactions on Part XI, Line 9.

Evolunation

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	loss on uncollectible accounts and rescinded pledges50000, Adjustment for Agency Transactions - See Schedule O Narrative7447318,