

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2018
Open to Public Inspection

For calendar year 2018, or tax year beginning 01-01-2018 , and ending 12-31-2018

Name of foundation Small Moves Foundation		A Employer identification number 46-3551508	
% ERIC & ELIZABETH LEFKOFSKY			
Number and street (or P O box number if mail is not delivered to street address) 600 West Chicago Ave Suite 510	Room/suite	B Telephone number (see instructions) (312) 906-7477	
City or town, state or province, country, and ZIP or foreign postal code Chicago, IL 60654		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>507,316</u>		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	0				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities					
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10					
	b Gross sales price for all assets on line 6a					
	7 Capital gain net income (from Part IV, line 2)			0		
	8 Net short-term capital gain					
	9 Income modifications					
	10a Gross sales less returns and allowances					
b Less Cost of goods sold						
c Gross profit or (loss) (attach schedule)						
11 Other income (attach schedule)						
12 Total. Add lines 1 through 11		0	0			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc					
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees (attach schedule)					
	b Accounting fees (attach schedule)	6,500		0	6,500	
	c Other professional fees (attach schedule)					
	17 Interest					
	18 Taxes (attach schedule) (see instructions)	115			115	
	19 Depreciation (attach schedule) and depletion					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses (attach schedule)	15,748			15,748	
	24 Total operating and administrative expenses. Add lines 13 through 23		22,363	0	0	22,363
	25 Contributions, gifts, grants paid		93,834			93,834
26 Total expenses and disbursements. Add lines 24 and 25		116,197	0	0	116,197	
27 Subtract line 26 from line 12						
a Excess of revenue over expenses and disbursements		-116,197				
b Net investment income (if negative, enter -0-)			0			
c Adjusted net income (if negative, enter -0-)						

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	622,513	507,316	507,316
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	622,513	507,316	507,316	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	622,513	507,316	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	622,513	507,316		
31 Total liabilities and net assets/fund balances (see instructions) .	622,513	507,316		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	622,513
2 Enter amount from Part I, line 27a	2	-116,197
3 Other increases not included in line 2 (itemize) ▶ _____	3	1,000
4 Add lines 1, 2, and 3	4	507,316
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	507,316

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

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

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	105,224	679,288	0.154903
2016	125,351	792,258	0.15822
2015	81,016	895,923	0.090427
2014	186,901	356,040	0.524944
2013			

2 Total of line 1, column (d)	2	0.928494
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.232124
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	555,473
5 Multiply line 4 by line 3	5	128,939
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	128,939
8 Enter qualifying distributions from Part XII, line 4	8	116,197

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

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

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due. Includes sub-table for 2018 estimated tax payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for statements regarding activities. Includes questions about political campaigns, political expenditures, and foundation requirements. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

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

Located at 600 WEST CHICAGO AVE SUITE 510 CHICAGO IL ZIP+4 60654

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

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

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

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

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services. ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 	
2 	
3 	
4 	

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

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	563,932
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	563,932
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	563,932
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	8,459
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	555,473
6	Minimum investment return. Enter 5% of line 5.	6	27,774

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

1	Minimum investment return from Part X, line 6.	1	27,774
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	0
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	27,774
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	27,774
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	27,774

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	116,197
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	116,197
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	116,197

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				27,774
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 2016, 2015, 2014		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.	169,099			
c From 2015.	36,220			
d From 2016.	85,738			
e From 2017.	71,260			
f Total of lines 3a through e.	362,317			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>116,197</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				27,774
e Remaining amount distributed out of corpus	88,423			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	450,740			
b Prior years' undistributed income Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	450,740			
10 Analysis of line 9				
a Excess from 2014.	169,099			
b Excess from 2015.	36,220			
c Excess from 2016.	85,738			
d Excess from 2017.	71,260			
e Excess from 2018.	88,423			

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
 ERIC LEFKOFSKY ELIZABETH LEFKOFSKY

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

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

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
 Small Moves Foundation
 600 W Chicago Ave Suite 510
 Chicago, IL 60654
 (312) 906-7477

b The form in which applications should be submitted and information and materials they should include
 SUBMIT A WRITTEN GRANT APPLICATION TO THE ADDRESS ON LINE 2A ALL APPLICATIONS SHOULD INCLUDE THE NAME, ADDRESS, TELEPHONE NUMBER, AND EMAIL ADDRESS OF APPLICANT, THE AMOUNT OF GRANT REQUESTED, THE PURPOSE OF THE GRANT, AND A DESCRIPTION OF WHY THE GRANT IS NEEDED

c Any submission deadlines
 NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 GRANTS ARE FOR INDIVIDUALS WITH HARDSHIPS

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

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Dean Tabitha 6003 Little Brook Circle S Apt 10 Memphis, TN 38115	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Naegele Joe10838 S Rockwell St Chicago, IL 60655	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Smith Letrece1915 Saint James Dr 4 Memphis, TN 38116	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Onorato Jaqueline 10 Bardia Ct Baltimore, MD 21237	NONE	I	To aid in unexpected expenses due to family crisis	1,000
De'Angelique Smith Student A/R 28393 Network Place Chicago, IL 606731283	NONE	I	To aid in educational expenses	926
Douglas Cruz Student A/R 28393 Network Place Chicago, IL 606731283	NONE	I	To aid in educational expenses	389
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Lasley Shirley 1456 W 83rd St Apt 3 Chicago, IL 60620	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Stitzsky Megan 336 Polk St Gary, IN 46402	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Ghee Alycea 7813 S Hermitage Ave Chicago, IL 60620	NONE	I	To aid in unexpected medical expenses	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Williams Blessing 10010 S Calhoun Ave Chicago, IL 60617	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Brown Coral 12630 Greenwood Ave Blue Island, IL 60406	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Debranae Matthews Bursar Office 1425 W Lincoln Highw Dekalb, IL 601152828	NONE	I	To aid in educational expenses	2,830
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Aliyah Glover Bursar Office 1425 W Lincoln Highw Dekalb, IL 601152828	NONE	I	To aid in educational expenses	2,940
Rashai Loften Bursar Office 1425 W Lincoln Highw Dekalb, IL 601152828	NONE	I	To aid in educational expenses	1,610
Miller Shelley 3715 Wrenwood Dr Toledo, OH 43613	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Belizaire Paula 4723 Gilbert Rd Memphis, TN 38116	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Herold Lisa 841 Ibsen Ave Orlando, FL 32809	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Murphy Airica 1077 June Dr Xenia, OH 45385	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Puskarich Christy 339 Mohican Ave Orrville, OH 44667	NONE	I	To aid in unexpected medical expenses	1,000
Mariano Alison 404 Parkway Dr Stratford, CT 06614	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Traynor Brenda 7102 E County N Rd Milton, WI 53563	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Nichols Rosalind 308 Pratt St Apt A Fulton, NY 13069	NONE	I	To aid in unexpected medical expenses	1,000
Chillington Elyce 35 Aunt Park Ln Newtown, CT 06470	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Childers Nathaniel 2075 Woodhaven Lane Sparks, NV 89434	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Taylor Terry3 Michael St Norton, MA 02766	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Mercado Lori5832 Arrowleaf St North Las Vegas, NV 89031	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Hawkins Kelly30 Huron Rd Chillicothe, OH 45601	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Singh Rajwinder 1376 Lakehurst Rd Mosinee, WI 54455	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Burns Maureen 14 Linden St Coram, NY 11727	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Williams Joann 4324 Wanatah Memphis, TN 38109	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Todd Lakisha 2938 Churchil St Memphis, TN 38118	NONE	I	To aid in unexpected expenses due to family crisis	1,000
King Lepora 1256 Snowden Ave Memphis, TN 38107	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Boone Laura 1747 Shadowlawn Blvd Memphis, TN 38106	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Walker Lula2626 Walker Ave Memphis, TN 38111	NONE	I	To aid in unexpected medical expenses	1,000
Duckett Chandrell990 Berclair Rd 3 Memphis, TN 38117	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Osby Quontina661 Decatur St Memphis, TN 38107	NONE	I	To aid in unexpected medical expenses	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Boyce Brenda 118 E Frank Ave Memphis, TN 38109	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Coutch Kathy 2761 Harmon Crest Dr Memphis, TN 38115	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Jordan Emma 626 Walker Ave Memphis, TN 38126	NONE	I	To aid in unexpected medical expenses	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Thomson Cheree 3338 W Sitch Rd Riverton, UT 84065	NONE	I	To aid in unexpected medical expenses	1,000
Newson Connie 841 Josephine St Memphis, TN 38114	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Jones Dave 3595 Steele St Memphis, TN 38127	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Rogers Jamela 2123 Farmer St Memphis, TN 38114	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Beckly Tosin 471 Payne Ave St Paul, MN 55130	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Jefferson Sheila C/o Cafe Lab 1362 East 59th St Chicago, IL 60637	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Satterthwaite Tiffany 6189 N 380 W Huntington, IN 46750	NONE	I	To aid in unexpected expenses due to family crisis	1,000
National Louis University Office of Student Finance 100 Capit Wheeling, IL 60090	NONE	I	To aid in educational expenses	5,595
Endress Jessica 89 Twin Oaks Oval Spring Township, NJ 07081	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Teal Jessica 266 Wilson Rd Sharon, TN 38255	NONE	I	To aid in unexpected expenses due to family crisis	1,000
McCann Brianna 19 1/2 Breckenridge St Gettysburg, PA 17325	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Farrow Valerie 3704 Dorado Ct Modesto, CA 95356	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Smith Elena815 Lake Park Dr Apt 301 Davidson, NC 28036	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Ely Nathanael46 Barber Farm Rd Gerico, VT 05465	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Burgess Robin109 Rusic Acres Spencer, WV 25276	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Name and address (home or business)				
a <i>Paid during the year</i>				
Lefkofsky Foundation 600 W Chicago Ave Suite 775 Chicago, IL 60654	NONE	PF	CHARITABLE	4,000
Stanley Sarah 1772 Batemen Galesburg, IL 61401	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Arndt Lue 59689 216th St Eagle Lake, MN 56024	NONE	I	To aid in unexpected medical expenses	1,000
Total ▶ 3a				93,834

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

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Name and address (home or business)				
a <i>Paid during the year</i>				
Leverett Christie 800 Columbia Court Bluemound, TX 76131	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Spann Dawn 225 CR 340 Shiner, TX 77984	NONE	I	To aid in unexpected medical expenses	1,000
Banderas Gemma 302 W Pueblo Ave Phoenix, AZ 85041	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Name and address (home or business)				
a <i>Paid during the year</i>				
Barba Dolores 125 W Gary Way Phoenix, AZ 85041	NONE	I	To aid in unexpected medical expenses	1,000
Jolly Alma 121 Carter St Quitman, MS 39355	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Taylor Matt 24 Riverdale Rd Concord, MA 01742	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Name and address (home or business)				
a <i>Paid during the year</i>				
Contreras Angelica 10 Charles St Watertown, MA 02472	NONE	I	To aid in unexpected medical expenses	1,000
Jones Shandra 20 Wales Street 12 Dorchester, MA 02124	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Payne Tiffany 37 Dacia St 3rd Floor Roxbury, MA 02125	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Name and address (home or business)				
a <i>Paid during the year</i>				
Woodall Jackie 2854 Kimball Ave 6 Memphis, TN 38114	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Morris Karen 13203 Parkside Dr Unit 208 Fishers, IN 46038	NONE	I	To aid in unexpected medical expenses	1,000
Roseberry Jalen 1354 Shelby St Apt 1 Indianapolis, IN 46203	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Lefkofsky Foundation 600 W Chicago Ave Suite 775 Chicago, IL 60654	NONE	PF	Charitable	2,544
Willis Tina 1014 W Chippewa Ave Sound Bend, IN 46514	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Obregon Emmalizabeth 453 N Notre Dame Ave South Bend, IN 46617	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total				93,834

▶ **3a**

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Love Darshana 3118 W Franklin Blvd Chicago, IL 60612	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Taylor Ledasia PO Box 2211 Henderson, NC 27536	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Robinson Shirley 10516 Vincent Farm Ln White Marsh, MD 21162	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Young Charles 2001 Bear Ridge Rd Dundalk, MD 21222	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Vasquez Roberta 1 Spindrifft Circle Apt J Parkville, MD 21234	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Webster Beth 8601 Harford Rd Baltimore, MD 21234	NONE	I	To aid in unexpected medical expenses	1,000
Total ▶ 3a				93,834

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Name and address (home or business)				
a <i>Paid during the year</i>				
Shifflet Miranda 7523 Clearlake Lane Middle River, MD 21220	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Morreale Richard 2600 Putty Hill Ave Baltimore, MD 21234	NONE	I	To aid in unexpected expenses due to family crisis	1,000
O'Brien Lauren 2600 Putty Hill Ave Baltimore, MD 21234	NONE	I	To aid in unexpected expenses due to family crisis	1,000
Total ▶ 3a				93,834

TY 2018 Accounting Fees Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	6,500			6,500

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

TY 2018 Depreciation Schedule

Name: Small Moves Foundation

EIN: 46-3551508

TY 2018 Other Expenses Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MARKETING & COMMUNICATION	7,404			7,404
WEBSITE EXPENSE	533			533
POSTAGE & MAILING SERVICE	1,414			1,414
TELECOMMUNICATIONS	1,027			1,027
MISCELLANEOUS EXPENSE	370			370
CONTRACTORS	5,000			5,000

TY 2018 Other Increases Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508

Description	Amount
RECOVERIES OF PRIOR YEAR DISTRIBUTIONS	1,000

TY 2018 Taxes Schedule**Name:** Small Moves Foundation**EIN:** 46-3551508

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IL CHARITY BUREAU FUND	115			115