

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2021****Open to Public Inspection**

A For the 2021 calendar year, or tax year beginning <u>07/01</u> , 2021, and ending <u>06/30</u> , 20 <u>22</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>BIG SHOULDERS FUND</u>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>212 W VAN BUREN STREET</u> <u>900</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>CHICAGO, IL 60607</u>
	F Name and address of principal officer: <u>JOSHUA HALE</u> <u>SAME AS C ABOVE</u>
D Employer identification number <u>36-3490557</u>	
E Telephone number <u>(312) 751-8337</u>	
G Gross receipts \$ <u>81,838,375</u>	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ <u>WWW.BIGSHOULDERSFUND.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: <u>1986</u>	
M State of legal domicile: <u>IL</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>WE PROVIDE SUPPORT TO HIGH NEED SCHOOLS WHICH PROVIDE A QUALITY, VALUES-BASED EDUCATION FOR CHICAGO'S CHILDREN. IN 2020, BIG SHOULDERS FUND'S PROGRAMMING WAS EXTENDED TO THE NORTHWEST INDIANA REGION.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>33</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>33</u>
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 <u>59</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>3,613</u>
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b <u>18,262</u>
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>48,714,161</u> Current Year <u>72,019,742</u>
	9	Program service revenue (Part VIII, line 2g)	<u>0</u> <u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>12,878,124</u> <u>(9,239,954)</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>107,793</u> <u>104,095</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>61,700,078</u> <u>62,883,883</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>34,147,177</u> <u>43,703,735</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u> <u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>4,805,214</u> <u>5,280,365</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u> <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,021,141</u>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>3,171,967</u> <u>3,630,406</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>42,124,358</u> <u>52,614,506</u>
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<u>19,575,720</u> <u>10,269,377</u>
	20	Total assets (Part X, line 16)	Beginning of Current Year <u>110,535,170</u> End of Year <u>125,993,936</u>
	21	Total liabilities (Part X, line 26)	<u>15,122,742</u> <u>19,108,691</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>95,412,428</u> <u>106,885,245</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	<u>MALCOLM DOUGLAS, CHIEF FINANCIAL OFFICER</u> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>NICOLE BENCIK</u>	Preparer's signature <u>NICOLE BENCIK</u>	Date <u>01/11/2023</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00756195</u>
	Firm's name ▶ <u>CROWE LLP</u>	Firm's EIN ▶ <u>35-0921680</u>			
	Firm's address ▶ <u>225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224</u>	Phone no. <u>(312) 899-7000</u>			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
WE PROVIDE SUPPORT TO UNDERSERVED SCHOOLS WHICH PROVIDE A QUALITY, VALUES-BASED EDUCATION FOR CHICAGO'S CHILDREN. IN 2020, BIG SHOULDERS FUND'S PROGRAMMING WAS EXTENDED TO THE NORTHWEST INDIANA REGION.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 30,392,310 including grants of \$ 28,751,955) (Revenue \$)
STUDENT SCHOLARSHIP PROGRAMS: ADMINISTERED OVER 83 DISTINCT SCHOLARSHIP PROGRAMS THAT INCLUDE MENTORING, ENRICHMENT AND OTHER SUPPORT ACTIVITIES. 5,589 SCHOLARSHIPS WERE AWARDED TO 5,403 STUDENTS AT 150 ELEMENTARY AND HIGH SCHOOLS TO ENABLE THEM TO ATTEND NON-PUBLIC SCHOOLS.

4b (Code:) (Expenses \$ 12,892,371 including grants of \$ 11,933,322) (Revenue \$)
SCHOOL OPERATIONS: DISTRIBUTED OPERATING AND CAPITAL GRANTS TO MULTIPLE SCHOOLS IN AN EFFORT TO PREVENT SCHOOL CLOSURES; ALSO ASSISTED SCHOOLS IN IMPROVING MARKETING/RECRUITING, BUILDING NEW EXTERNAL FUNDING SOURCES, IMPROVING SCHOOL BUSINESS OPERATIONS, ETC.

4c (Code:) (Expenses \$ 4,028,428 including grants of \$ 1,844,639) (Revenue \$)
ACADEMIC ENRICHMENT AND LEADERSHIP DEVELOPMENT: BIG SHOULDERS ADMINISTERS OVER 25 ONGOING PROGRAMS IN 92 SCHOOLS INVOLVING OVER 600 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, CIVICS, AND LITERACY. PROVIDE A VARIETY OF OTHER NEEDED CAPITAL AND PROGRAMMATIC SUPPORT TO ENSURE A SAFE, EFFECTIVE LEARNING ENVIRONMENT FOR NEARLY 26,000 STUDENTS THROUGH ONGOING ENRICHMENT PROGRAMS INCLUDING A SCIENCE AND LEADERSHIP CAMP, AFTERSCHOOL PROGRAMS, SUMMER PROGRAMS, AND OTHER OPPORTUNITIES FOR STUDENTS.

4d Other program services (Describe on Schedule O.)
 (Expenses \$ 2,599,124 including grants of \$ 1,173,819) (Revenue \$ 0)

4e Total program service expenses **▶** 49,912,233

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 ✓	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b ✓	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 ✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 ✓	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 152	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 59	
b 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.	2b ✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a ✓	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b ✓	
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)?	4a	✓
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	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-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	✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a 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 ✓	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b ✓	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section 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 . . .	1a 33		
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 on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 33		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . .	2	✓	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . .	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		✓
6 Did the organization have members or stockholders? . . .	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . .	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	✓	
b Each committee with authority to act on behalf of the governing body? . . .	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . .	9		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? . . .	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a	✓
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .	12c	✓
13 Did the organization have a written whistleblower policy? . . .	13	✓
14 Did the organization have a written document retention and destruction policy? . . .	14	✓
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?		
a The organization's CEO, Executive Director, or top management official . . .	15a	✓
b Other officers or key employees of the organization . . .	15b	✓
If "Yes" to line 15a or 15b, describe the process on 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	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . .	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► IL, IN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSHUA HALE PRESIDENT AND CHIEF EXECUTIVE OFFICER	50.0			✓				498,042	0	57,456
(2) MALCOLM DOUGLAS CHIEF FINANCIAL OFFICER	50.0			✓				211,616	0	50,322
(3) REBECCA LINDSAY-RYAN CHIEF SCHOOLS OFFICER	50.0				✓			210,567	0	55,298
(4) THOMAS ZBIERSKI SENIOR DIRECTOR, SCHOLARSHIP PROGRAMS AND SCHOOL RELATIONS	50.0				✓			202,248	0	28,957
(5) AMELIA DROZDA CHIEF ADVANCEMENT & DEVELOPMENT OFFICER	50.0				✓			168,510	0	16,816
(6) DANIEL KOZLOWSKI MANAGING DIRECTOR, NWI	50.0					✓		148,694	0	14,626
(7) DANIELLE ROBINSON MANAGING DIRECTOR, SCHOOL OPERATIONS AND PATRONS PROGRAM	50.0					✓		138,858	0	7,311
(8) LAURA NALLEY SENIOR DIRECTOR, PEOPLE AND LEADERSHIP	50.0					✓		135,444	0	36,514
(9) TIMOTHY LISTON MANAGING DIRECTOR, LEADERSHIP GIVING	50.0					✓		127,388	0	13,893
(10) MICHAELA METZGER SENIOR DIRECTOR, STRATEGY AND COMMUNICATION	50.0					✓		123,532	0	42,597
(11) JOHN MORAN FORMER SENIOR DIRECTOR, PATRONS PROGRAM	26.0						✓	106,997	0	52,521
(12) JAMES J. O'CONNOR CO-CHAIRMAN	30.0	✓		✓				0	0	0
(13) JOHN A. CANNING, JR. CO-CHAIRMAN	15.0	✓		✓				0	0	0
(14) JOHN CROGHAN VICE CHAIRMAN	1.0	✓		✓				0	0	0

Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KENNETH J. VELO CO-CHAIRMAN	25.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) ANDREW J. MCKENNA EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) ARTHUR R. VELASQUEZ EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHARLES K. BOBRINSKOY EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) CHERRYL THOMAS EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) CHRISTINE E. KELLY EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) CHRISTOPHER VALENTI EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) DANIEL DOHERTY EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) DAVID DURY EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) DENNIS FITZSIMONS EXECUTIVE COMMITTEE	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								2,071,896	0	376,311
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								2,071,896	0	376,311

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ZIEMKE CONSULTING, LLC, 130 S. CANAL ST #225, CHICAGO, IL 60606	PROF DEVELOPMENT FOR SCHOOLS	259,864
UCHICAGO STEM EDUCATION, 1427 E. 60TH STREET, CHICAGO, IL 60637	PROF DEVELOPMENT FOR SCHOOLS	234,290
KIRK ZIEMKE, 130 S. CANAL ST #225, CHICAGO, IL 60606	PROF DEVELOPMENT FOR SCHOOLS	176,906
NQC LITERACY LLC, 2500 N KIMBALL AVENUE, CHICAGO, IL 60647	PROF DEVELOPMENT FOR SCHOOLS	156,628
CROWE LLP, 225 W WACKER DRIVE, CHICAGO, IL 60606	PROFESSIONAL SERVICES	105,874

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response 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
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 11,446				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 1,331,473				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 862,721				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 69,814,102				
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,402,411				
	h	Total. Add lines 1a-1f					
	Program Service Revenue	Business Code					
2a							
b							
c							
d							
e							
f		All other program service revenue		0	0	0	0
g		Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		598,541		20,165	578,376
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)	18,683,734 (9,838,495) 0				
	d	Net gain or (loss)		(9,838,495)		9,229	(9,847,724)
	8a	Gross income from fundraising events (not including \$ 1,331,473 of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events		41,495			41,495
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		62,600			62,600
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions			62,883,883	0	29,394	(9,165,253)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,027,050	15,027,050		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,676,685	28,676,685		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,564,513	971,063	383,473	209,977
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	51,426	48,855	2,571	0
7 Other salaries and wages	2,984,736	2,119,098	500,255	365,383
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,500	54,110	17,478	12,912
9 Other employee benefits	294,422	205,465	61,236	27,721
10 Payroll taxes	300,768	197,331	63,201	40,236
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	55,981	0	55,981	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	50,000	0	50,000	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,498,434	1,241,197	171,527	85,710
12 Advertising and promotion	133,443	49,531	72,622	11,290
13 Office expenses	374,634	221,995	106,667	45,972
14 Information technology	256,583	126,800	76,639	53,144
15 Royalties	0	0	0	0
16 Occupancy	203,031	126,611	38,210	38,210
17 Travel	291,177	251,122	9,106	30,949
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	15,961	7,981	3,990	3,990
23 Insurance	31,360	15,622	7,927	7,811
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD FEES	496,374	467,283	0	29,091
b FOOD AND MEALS	198,050	96,076	44,185	57,789
c MEMBERSHIP DUES	25,378	8,358	16,064	956
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	52,614,506	49,912,233	1,681,132	1,021,141
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	169,981	1	1,292,586
	2 Savings and temporary cash investments	32,795,481	2	35,746,228
	3 Pledges and grants receivable, net	18,717,609	3	27,226,748
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	68,013	9	50,576
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 344,826		
	b Less: accumulated depreciation	10b 295,431	10c	49,395
	11 Investments—publicly traded securities	19,465,093	11	18,300,122
	12 Investments—other securities. See Part IV, line 11	39,242,637	12	43,317,281
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	11,000	15	11,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,535,170	16	125,993,936	
Liabilities	17 Accounts payable and accrued expenses	772,576	17	851,932
	18 Grants payable	4,147,477	18	9,231,330
	19 Deferred revenue	203,875	19	230,055
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	9,998,814	21	8,795,374
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	15,122,742	26	19,108,691
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,948,036	27	29,799,633
	28 Net assets with donor restrictions	64,464,392	28	77,085,612
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32 Total net assets or fund balances	95,412,428	32	106,885,245
33 Total liabilities and net assets/fund balances	110,535,170	33	125,993,936	

Form **990** (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	62,883,883
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,614,506
3	Revenue less expenses. Subtract line 2 from line 1	3	10,269,377
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	95,412,428
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	1,203,440
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,885,245

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
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? . . . If the organization changed either its oversight process or selection process during the tax year, explain on 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 Audit Act and OMB Circular A-133? . . .		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		

Form **990** (2021)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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 related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) GERALD BEESON ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(26) GIANCARLO TURANO ----- EXECUTIVE COMMITTEE	2.0 -----	✓						0	0	0
(27) GREGORY Q. BROWN ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(28) JAMES A. GORDON ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(29) JAMES COMPTON ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(30) JAMES HOEG ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(31) JOHN SCHREIBER ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(32) KENT DAUTEN ----- EXECUTIVE COMMITTEE	2.0 -----	✓						0	0	0
(33) KIMBERLY QUERREY ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(34) LEE HENDERSON ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(35) LEIGH-ANNE KAZMA ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(36) MARY DEMPSEY ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(37) MICHAEL E. MURPHY ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(38) STEPHEN KING ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(39) TAO HUANG ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(40) THOMAS E. LANCTOT ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(41) THOMAS REYNOLDS, III ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(42) TIMOTHY SULLIVAN ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0
(43) WILLIAM DEVERS ----- EXECUTIVE COMMITTEE	2.0 -----	✓						0	0	0
(44) WILLIAM T. LYNCH ----- EXECUTIVE COMMITTEE	1.0 -----	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,986,324	36,521,196	31,186,076	48,714,161	72,019,742	217,427,499
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	28,986,324	36,521,196	31,186,076	48,714,161	72,019,742	217,427,499
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						37,248,268
6 Public support. Subtract line 5 from line 4						180,179,231

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	28,986,324	36,521,196	31,186,076	48,714,161	72,019,742	217,427,499
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	406,465	842,810	618,361	405,551	578,376	2,851,563
9 Net income from unrelated business activities, whether or not the business is regularly carried on	13,881	0	0	2,247	18,262	34,390
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	588,411	359,807	300,357	207,721	368,133	1,824,429
11 Total support. Add lines 7 through 10						222,137,881
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First 5 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, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	81.11 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.16 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. 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 organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. 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 supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 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						
3 Gross receipts from activities that are 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 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, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section 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		
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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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.			
3b			

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 trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 . . .			
b Excess from 2018 . . .			
c Excess from 2019 . . .			
d Excess from 2020 . . .			
e Excess from 2021 . . .			

Schedule A (Form 990) 2021

Part VI

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) GROSS REVENUE FROM FUNDRAISING EVENTS	535,970	315,935	244,557	163,001	305,533	1,564,996
	(2) OTHER INCOME	4,840	0	0	0	0	4,840
	(3) GROSS REVENUE FROM GAMING ACTIVITIES	47,601	43,872	55,800	44,720	62,600	254,593
	Total	588,411	359,807	300,357	207,721	368,133	1,824,429

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization
BIG SHOULDERS FUND

Employer identification number
36-3490557

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,895,936	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,212,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,048,332	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,041,203	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,834,043	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,025,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,861,224	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,932,402	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- ----- -----	\$ -----	-----

Name of organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BIG SHOULDERS FUND	Employer identification number 36-3490557
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Yes** ☐ **No**
4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		100
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		1,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			1,100
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	BIG SHOULDERS FUND SUPPORTED PROPOSED UPDATES TO THE INVEST IN KIDS ACT. THE INVEST IN KIDS ACT IN ILLINOIS IS A TAX CREDIT SCHOLARSHIP PROGRAM WHICH ENABLES INDIVIDUALS AND CORPORATIONS TO RESERVE ILLINOIS INCOME TAX CREDITS BASED ON CONTRIBUTIONS MADE TO SCHOLARSHIP GRANTING ORGANIZATIONS, OR SGO'S. THESE SGO'S THEN PROVIDE SCHOLARSHIPS FOR ELIGIBLE STUDENTS TO ATTEND NONPUBLIC SCHOOLS, WITH PRIORITY GIVEN TO LOW-INCOME STUDENTS. THE RULES OF THIS PROGRAM ARE DICTATED BY THE INVEST IN KIDS ACT AND AUDITED BY THE ILLINOIS DEPARTMENT OF REVENUE. BIG SHOULDERS FUND HAS BEEN APPROVED BY THE DEPARTMENT OF REVENUE TO PARTICIPATE AS AN SGO.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
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3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
- b** ☐ Scholarly research
- d** ☐ Loan or exchange program
- e** ☐ Other _____

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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If “Yes,” explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ **Yes** ☐ **No**

b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V	Endowment Funds.
---------------	-------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,698,957	34,867,877	36,246,429	36,321,080	33,463,022
b Contributions	188,261	242,706	67,580	(266,216)	1,256,487
c Net investment earnings, gains, and losses	(5,532,938)	9,462,265	305,476	1,842,220	3,229,702
d Grants or scholarships	652,915	599,214	531,910	484,668	468,353
e Other expenditures for facilities and programs	1,201,117	3,224,677	1,169,698	1,115,987	1,109,778
f Administrative expenses	50,000	50,000	50,000	50,000	50,000
g End of year balance	33,450,248	40,698,957	34,867,877	36,246,429	36,321,080

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 57.38 %

b Permanent endowment ► 33.08 %

c Term endowment ► 9.54 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations	3a(i)		✓
(ii) Related organizations	3a(ii)		✓
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI	Land, Buildings, and Equipment.
----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		147,789	140,349	7,440
d Equipment		137,053	97,089	39,964
e Other		59,984	57,993	1,991

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	49,395
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Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) LARGE CAP EQUITY FUNDS	7,903,888	END OF YEAR MARKET VALUE
(B) SMALL CAP EQUITY FUNDS	2,143,481	END OF YEAR MARKET VALUE
(C) INTERNATIONAL EQUITY	8,976,763	END OF YEAR MARKET VALUE
(D) HEDGED EQUITY FUNDS	8,913,231	END OF YEAR MARKET VALUE
(E) PRIVATE EQUITY	6,762,125	END OF YEAR MARKET VALUE
(F) ABSOLUTE RETURN FUNDS	5,046,030	END OF YEAR MARKET VALUE
(G) ALTERNATIVE FIXED INCOME FUND	724,554	END OF YEAR MARKET VALUE
(H) (SEE STATEMENT)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	43,317,281	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	41,969,049
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	222,430
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	222,430
3	Subtract line 2e from line 1	3	41,746,619
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,000
b	Other (Describe in Part XIII.)	4b	21,087,264
c	Add lines 4a and 4b	4c	21,137,264
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	62,883,883

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	30,496,232
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	222,430
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	222,430
3	Subtract line 2e from line 1	3	30,273,802
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,000
b	Other (Describe in Part XIII.)	4b	22,290,704
c	Add lines 4a and 4b	4c	22,340,704
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	52,614,506

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

[SEE STATEMENT](#)

(a) Description of security or category(including name of security)	(b) Book values	(c) Method of valuation: Cost or end-of-year market value
FIXED INCOME FUND	2,695,730	END OF YEAR MARKET VALUE
PRIVATE CREDIT	151,479	END OF YEAR MARKET VALUE

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	AGENCY TRANSACTIONS	21,087,264
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	AGENCY TRANSACTIONS	22,290,704

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	BIG SHOULDERS FUND RECEIVES DONATIONS CLASSIFIED FOR ACCOUNTING PURPOSES AS AGENCY TRANSACTIONS DESIGNATED FOR SPECIFIC BENEFICIARIES. DONATIONS ARE DEPOSITED INTO BIG SHOULDERS FUND BANK ACCOUNTS AND RECORDED AS LIABILITIES UNTIL PAID. DONATIONS ARE TRACKED USING THE SAME METHOD AS OTHER RESTRICTED DONATIONS.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	<p>ENDOWMENT FUNDS ARE USED PER DONOR RESTRICTIONS FOR SCHOLARSHIPS, PROGRAMS, AND OTHER EXPENSES.</p> <p>EARNINGS ON BOARD DESIGNATED ENDOWMENTS ARE USED FOR ADMINISTRATIVE EXPENSES, WHICH MAY INCLUDE PROGRAM, MANAGEMENT, AND FUNDRAISING EXPENSES.</p>
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>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 CODE OF 1986 AND, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME, IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE FUND IS CLASSIFIED AS A PUBLIC CHARITY UNDER SECTION 509(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.</p> <p>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 NEXT TWELVE MONTHS.</p> <p>THE FUND HAS APPLIED THIS CRITERION TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN. TAX YEARS OPEN TO EXAMINATION BY TAX AUTHORITIES UNDER THE STATUTE OF LIMITATIONS INCLUDE FISCAL YEARS ENDED JUNE 2019 THROUGH 2022. THE FUND RECOGNIZES 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, 2021 AND 2022. 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, 2022.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BIG SHOULDERS FUND

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

36-3490557

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		29,194,462
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			29,194,462
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			29,194,462

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

Cat. No. 50082W

Schedule F (Form 990) 2021

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ►

3 Enter total number of other organizations or entities ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part 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; don't 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; don't file with Form 990)* ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2021

Part V

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -ACCRUAL

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BIG SHOULDERS FUND

Employer identification number

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.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a 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
- b If "Yes," list the 10 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 or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
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.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>AWARD DINNER</u>	<u>GOLF</u>	<u>2</u>	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	630,515	813,094	193,396	1,637,005
	2 Less: Contributions	630,515	619,569	81,388	1,331,472
	3 Gross income (line 1 minus line 2)	0	193,525	112,008	305,533
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	48,395	1,832	50,227
	6 Rent/facility costs	0	68,386	0	68,386
	7 Food and beverages	0	37,047	29,392	66,439
	8 Entertainment	0	1,215	0	1,215
	9 Other direct expenses	1,000	54,569	22,202	77,771
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	264,038			
11 Net income summary. Subtract line 10 from line 3, column (d) ▶	41,495				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	0	0	69,320	69,320
Direct Expenses	2 Cash prizes	0	0	6,720	6,720
	3 Noncash prizes	0	0	0	0
	4 Rent/facility costs	0	0	0	0
	5 Other direct expenses	0	0	0	0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 74 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				6,720
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				62,600

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? ☒ Yes ☐ No

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: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JOSHUA HALE

Address ▶ 212 W VAN BUREN ST, CHICAGO, IL 60607

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ JOSHUA HALE

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ PRESIDENT & CEO

☒ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART III, LINE 16 - GAMING MANAGER COMPENSATION	MR. HALE IS NOT SEPARATELY COMPENSATED FOR HIS OVERSIGHT OF ANY GAMING ACTIVITIES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACADEMY OF ST. BENEDICT THE AFRICAN 6020 S. LAFLIN STREET, CHICAGO, IL 60636	36-2171119	501C3	275,024				PP OP SD SM AE
(2) ANNUNCIATA SCHOOL 3750 E 112TH STREET, CHICAGO, IL 60617	36-2170752	501C3	24,703				OP SM
(3) ARIE CROWN HEBREW DAY SCHOOL 4600 MAIN STREET, SKOKIE, IL 60076	36-2129620	501C3	9,500				DDG
(4) AUGUSTUS TOLTON ACADEMY 7120 S CALUMET AVE, CHICAGO, IL 60619	36-2170979	501C3	348,692				OP PP LA SM
(5) CHILDREN OF PEACE SCHOOL 1900 W. TAYLOR ST, CHICAGO, IL 60612-3732	36-2212711	501C3	26,053				AE LA OP SM
(6) CRISTO REY JESUIT HIGH SCHOOL 1852 W 22ND PLACE, CHICAGO, IL 60608	36-4067306	501C3	9,238				SPG
(7) EPIPHANY SCHOOL 4223 W. 25TH ST, CHICAGO, IL 60623-3692	36-2412597	501C3	483,934				AE LA OP SM PD
(8) HOLY ANGELS SCHOOL 750 E. 40TH STREET, CHICAGO, IL 60653-2348	36-2747560	501C3	191,150				AE OP ED SM
(9) HOLY TRINITY HIGH SCHOOL 1443 W DIVISION ST, CHICAGO, IL 60642	36-2171703	501C3	11,601				DDG SD LA
(10) IMMACULATE CONCEPTION SCHOOL 8739 S EXCHANGE, CHICAGO, IL 60617	36-3310936	501C3	140,968				AE LA OP SM DDG
(11) (SEE STATEMENT)	36-6009172	501C3	26,774				DDG
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 70
- 3** Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2021

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 (SEE STATEMENT)	5,403	28,444,110			
2 (SEE STATEMENT)	13	68,875			
3 SCHOLARSHIPS TO COLLEGE STUDENTS	53	163,700			
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.
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(SEE STATEMENT)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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
(12) JOSEPHINUM ACADEMY 1501 N. OAKLEY BLVD, CHICAGO, IL 60622	36-2167764	501C3	21,884				AE SD SM
(13) LEO HIGH SCHOOL 7901 S SANGAMON ST, CHICAGO, IL 60620	36-2182061	501C3	86,541				AE LA OP SM
(14) MATERNITY BVM SCHOOL 1537 N LAWNDALE AVENUE, CHICAGO, IL 60651	36-2171722	501C3	266,968				AE LA PD OP PP SD SM
(15) MOST BLESSED TRINITY ACADEMY 510 GRAND AVENUE, WAUKEGAN, IL 60085-1835	47-0955784	501C3	109,373				PD SPG SM OP
(16) NORTHSIDE CATHOLIC ACADEMY 6216 N. GLENWOOD AVENUE, CHICAGO, IL 60660	36-3956710	501C3	8,945				AE PD SM
(17) OUR LADY OF GRACE SCHOOL 2446 N. RIDGEWAY AVENUE, CHICAGO, IL 60647-2325	36-2170886	501C3	250,603				AE PD OP PP SD SM
(18) OUR LADY OF GUADALUPE SCHOOL 9050 S. BURLEY AVENUE, CHICAGO, IL 60617	36-2743254	501C3	124,328				AE LA OP PP SD ED SM
(19) OUR LADY OF TEPEYAC ELEMENTARY SCHOOL 2235 S ALBANY AVE, CHICAGO, IL 60623-3414	36-3409095	501C3	132,074				STEM LA PD OP SD SM
(20) OUR LADY OF TEPEYAC HIGH SCHOOL 2228 S WHIPPLE ST, CHICAGO, IL 60623-3425	36-4202108	501C3	27,386				AE PD AE SD SM
(21) OUR LADY OF THE SNOWS SCHOOL 4810 S LEAMINGTON AVENUE, CHICAGO, IL 60638-2199	36-2401758	501C3	20,187				AE PD OP SD ED SM
(22) POPE JOHN PAUL II CATHOLIC SCHOOL 4325 S RICHMOND ST, CHICAGO, IL 60632-2596	36-2170859	501C3	271,584				AE LA PD OP SD ED SM
(23) QUEEN OF THE UNIVERSE SCHOOL 7130 S HAMLIN AVENUE, CHICAGO, IL 60629-4321	36-2583566	501C3	140,048				OP ED LA SM SD
(24) SACRED HEART SCHOOL (CHICAGO) 2906 E 96TH STREET, CHICAGO, IL 60617	36-2171734	501C3	18,680				AE LA ED SM
(25) SAN MIGUEL SCHOOL - BACK OF THE YARDS 1949 W 48TH STREET, CHICAGO, IL 60609	36-4378726	501C3	38,500				SPG OP SM PD
(26) ST. AGNES OF BOHEMIA SCHOOL 2643 S CENTRAL PARK AVENUE, CHICAGO, IL 60623	36-3552287	501C3	10,140				AE DDG SM
(27) ST. AILBE SCHOOL 9037 S HARPER AVENUE, CHICAGO, IL 60619	36-2170926	501C3	28,890				STEM CG SD ED SM

(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
(28) ST. ANGELA SCHOOL 1332 NORTH MASSASOIT AVENUE, CHICAGO, IL 60651	36-4091553	501C3	404,726				STEM AS CG OP DDG SM
(29) ST. ANN SCHOOL (CHICAGO) 2211 W 18TH PLACE, CHICAGO, IL 60608	36-2284297	501C3	154,117				AE PD LA OP SD SM
(30) ST. BARTHOLOMEW SCHOOL 4941 W. PATTERSON AVENUE, CHICAGO, IL 60641-3512	36-2170946	501C3	14,095				AE DDG SM SPG
(31) ST. BEDE THE VENERABLE SCHOOL 4440 W. 83RD STREET, CHICAGO, IL 60652- 2126	36-4055633	501C3	8,877				SD AE SM
(32) ST. CATHERINE OF SIENA/ST. LUCY SCHOOL 27 W. WASHINGTON, OAK PARK, IL 60302- 4308	36-2170969	501C3	119,838				LA OP DDG SD SM
(33) ST. CONSTANCE SCHOOL 5841 W. STRONG ST, CHICAGO, IL 60630	36-3965141	501C3	122,663				PP ED SM OP
(34) ST. ETHELREDA SCHOOL 8734 S PAULINA STREET, CHICAGO, IL 60620	36-2182112	501C3	481,972				AE PD OP PP DDG SD
(35) ST. FERDINAND SCHOOL 3131 N. MASON AVENUE, CHICAGO, IL 60634	36-2192835	501C3	19,264				LA AE SM SD
(36) ST. FRANCIS DE SALES HIGH SCHOOL (CHICAGO) 10155 S EWING AVENUE, CHICAGO, IL 60617	36-2435876	501C3	609,034				AE OP DDG SD
(37) ST. GABRIEL SCHOOL 4500 S. WALLACE STREET, CHICAGO, IL 60609-3593	36-2707503	501C3	142,331				OP PP SD SM
(38) ST. GALL SCHOOL 5515 S. SAWYER AVE, CHICAGO, IL 60629	36-2704905	501C3	107,583				AE PD PP DDG SD ED SM
(39) ST. GENEVIEVE SCHOOL 4854 W. MONTANA ST, CHICAGO, IL 60639- 2509	36-2171008	501C3	151,161				AE LA OP PP SM
(40) ST. HELEN SCHOOL 2347 W. AUGUSTA BLVD, CHICAGO, IL 60622	36-2373447	501C3	153,525				PP SD SM
(41) ST. HILARY SCHOOL 5614 N. FAIRFIELD AVE, CHICAGO, IL 60659	36-2171019	501C3	7,468				AE PD SC SM
(42) ST. JOHN BOSCO (IN) 7113 COLUMBIA AVENUE, HAMMOND, IN 46324	35-0957897	501C3	25,000				MO
(43) ST. JOHN DE LA SALLE CATHOLIC ACADEMY 10212 S. VERNON AVENUE, CHICAGO, IL 60628	36-2171032	501C3	40,844				AE PD LA SD ED SM
(44) ST. MALACHY SCHOOL 2252 W. WASHINGTON BLVD, CHICAGO, IL 60612-2236	36-4091553	501C3	54,291				AE PD OP SD SM

(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
(45) ST. MARGARET OF SCOTLAND SCHOOL 9833 S. THROOP STREET, CHICAGO, IL 60643-1445	36-2367986	501C3	183,931				STEM AE LA OP SD ED SM
(46) ST. MARY OF THE LAKE SCHOOL 1026 W. BUENA AVENUE, CHICAGO, IL 60613	36-2171076	501C3	17,510				LA PD AE SM
(47) ST. MARY STAR OF THE SEA SCHOOL 6424 S KENNETH AVENUE, CHICAGO, IL 60629	36-2848256	501C3	181,643				AE LA OP ED SM
(48) ST. MATTHIAS/TRANSFIGURATION SCHOOL 4910 N. CLAREMONT, CHICAGO, IL 60625-1912	36-2171089	501C3	11,219				AE SD SM
(49) ST. NICHOLAS OF TOLENTINE SCHOOL 3741 W. 62ND STREET, CHICAGO, IL 60629	36-2182132	501C3	353,692				AE STEM LA PD OP DDG SM
(50) ST. NICHOLAS UKRAINIAN CATHEDRAL SCHOOL 2200 W. RICE STREET, CHICAGO, IL 60622	13-1026995	501C3	35,079				AE OP SD ED SM
(51) ST. PHILIP NERI SCHOOL 2110 E. 72ND STREET, CHICAGO, IL 60649	36-2171115	501C3	53,719				AE PP DDG ED
(52) ST. PIUS V SCHOOL 1919 S. ASHLAND AVE, CHICAGO, IL 60608	36-2240477	501C3	85,499				AE LA OP ED SM
(53) ST. PROCOPIUS SCHOOL 1625 S. ALLPORT STREET, CHICAGO, IL 60608	36-3352367	501C3	14,788				AE PP SD ED SM
(54) ST. RICHARD SCHOOL 5025 S KENNETH AVENUE, CHICAGO, IL 60632	36-2171120	501C3	7,555				MO SM ED
(55) ST. RITA OF CASCIA HIGH SCHOOL 7740 S. WESTERN AVE, CHICAGO, IL 60620	36-2171753	501C3	7,268				DDG
(56) ST. SABINA ACADEMY 7801 S. THROOP ST, CHICAGO, IL 60620	36-2171123	501C3	118,584				AE OP PP SD SM
(57) ST. STANISLAUS (EAST CHGO IN) 4930 INDIANAPOLIS BLVD, EAST CHICAGO, IN 46312	35-1016046	501C3	36,310				AE MO
(58) ST. STANISLAUS KOSTKA SCHOOL 1255 N. NOBLE STREET, CHICAGO, IL 60642	36-2171128	501C3	42,533				AE OP DDG SD ED SM
(59) ST. SYLVESTER SCHOOL 3027 W. PALMER SQUARE, CHICAGO, IL 60647	36-2488067	501C3	108,786				AE LA PP SM
(60) ST. SYMPHOROSA SCHOOL 6125 S. AUSTIN AVENUE, CHICAGO, IL 60638-4396	36-2171135	501C3	66,278				STEM LA OP SM
(61) ST. THERESE SCHOOL 247 W. 23RD ST, CHICAGO, IL 60616	36-2240479	501C3	11,386				AE ED SM
(62) ST. THOMAS OF CANTERBURY SCHOOL 5525 N. MAGNOLIA AVE, CHICAGO, IL 60640	36-2240480	501C3	7,680				PD SM AE
(63) ST. THOMAS THE APOSTLE SCHOOL 5467 S. WOODLAWN AVE, CHICAGO, IL 60615	36-2171144	501C3	10,320				STEM SM

(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
(64) ST. VIATOR ELEMENTARY SCHOOL 4140 W ADDISON ST, CHICAGO, IL 60641	36-2171148	501C3	5,291				DDG SM
(65) ST. WALTER - ST. BENEDICT SCHOOL 11741 S. WESTERN AVE, CHICAGO, IL 60643-4789	36-2170950	501C3	77,903				OP AE LA SM
(66) ST. WILLIAM SCHOOL 2559 N SAYRE AVENUE, CHICAGO, IL 60707-2186	36-2171154	501C3	59,329				AE SM OP
(67) STS. BRUNO & RICHARD SCHOOL 4839 S HARDING AVENUE, CHICAGO, IL 60632	36-2170961	501C3	88,119				AE STEM PD OP PP ED SM
(68) TELSHE YESHIVA CHICAGO 3535 W FOSTER AVE, CHICAGO, IL 60625	36-2464241	501C3	13,261				DDG
(69) VISITATION SCHOOL 900 W. GARFIELD BLVD, CHICAGO, IL 60609	36-3648506	501C3	349,247				AE STEM LA CG OP PP DDG ED
(70) YESHIVA OHR BORUCH 2828 W PRATT BLVD, CHICAGO, IL 60645	36-3811457	501C3	9,055				DDG

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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 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 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.
SCHEDULE I, PART II - BASIS OF ACCOUNTING	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 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.
(11) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	JOAN DACHS BAIS YAAKOV YESHIVAS TIFERES TZVI 6122 N CALIFORNIA AVE, CHICAGO, IL 60659
SCHEDULE I, PART II, LINE 1(H) - PURPOSE OF GRANT OR ASSISTANCE CODE LEGEND	AE.....OTHER ACADEMIC ENRICHMENT AR.....ALUMNI RECORDS CG.....CAPITAL GRANT DDG.....DONOR DESIGNATED GRANT EC.....EARLY CHILDHOOD ED.....EXTENDED DAY FR.....FUNDRAISING EVENT HI.....HEALTH INITIATIVE IE.....INCLUSIVE EDUCATION LA.....LEADERSHIP AWARD MO.....MARKETING/OPERATING ASSISTANCE OP.....OPERATING GRANT PD.....PROFESSIONAL DEVELOPMENT PP.....PATRON PROGRAM SD.....SERVICE DAYS SPG.....SPECIAL PROGRAM GRANTS STEM.....SCIENCE, TECH, ENG, MATH SM.....STOCK MARKET
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SCHOLARSHIPS TO ELEMENTARY AND HIGH SCHOOL STUDENTS
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SCHOLARSHIP TO TEACHERS - LEADERSHIP/TEACHER DEVELOPMENT

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

BIG SHOULDERS FUND

Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

36-3490557

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b ✓	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 ✓	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="display: flex;"> <div style="flex: 1;"> a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? </div> <div style="flex: 1;"> <div style="display: flex;"> <div style="flex: 1;">4a</div> <div style="flex: 1;">4b</div> <div style="flex: 1;">4c</div> </div> </div> </div> If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		✓
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="display: flex;"> <div style="flex: 1;"> a The organization? b Any related organization? </div> <div style="flex: 1;"> <div style="display: flex;"> <div style="flex: 1;">5a</div> <div style="flex: 1;">5b</div> </div> </div> </div> If "Yes" on line 5a or 5b, describe in Part III.		✓
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="display: flex;"> <div style="flex: 1;"> a The organization? b Any related organization? </div> <div style="flex: 1;"> <div style="display: flex;"> <div style="flex: 1;">6a</div> <div style="flex: 1;">6b</div> </div> </div> </div> If "Yes" on line 6a or 6b, describe in Part III.		✓
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7 ✓	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN MORAN FORMER SENIOR DIRECTOR, PATRONS PROGRAM	(i)	100,284	5,796	917	0	52,521	159,518	0
	(ii)	0	0	0	0	0	0	0
2 JOSHUA HALE PRESIDENT AND CHIEF EXECUTIVE OFFICER	(i)	468,177	24,085	5,780	9,750	47,706	555,498	0
	(ii)	0	0	0	0	0	0	0
3 MALCOLM DOUGLAS CHIEF FINANCIAL OFFICER	(i)	199,608	10,616	1,392	8,917	41,405	261,938	0
	(ii)	0	0	0	0	0	0	0
4 REBECCA LINDSAY-RYAN CHIEF SCHOOLS OFFICER	(i)	199,100	10,747	720	8,922	46,376	265,865	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS ZBIERSKI SENIOR DIRECTOR, SCHOLARSHIP PROGRAMS AND SCHOOL RELATIONS	(i)	191,245	9,679	1,324	8,131	20,826	231,205	0
	(ii)	0	0	0	0	0	0	0
6 AMELIA DROZDA CHIEF ADVANCEMENT & DEVELOPMENT OFFICER	(i)	159,745	8,057	708	6,768	10,048	185,326	0
	(ii)	0	0	0	0	0	0	0
7 DANIEL KOZLOWSKI MANAGING DIRECTOR, NWI	(i)	136,125	6,875	5,694	5,775	8,851	163,320	0
	(ii)	0	0	0	0	0	0	0
8 LAURA NALLEY SENIOR DIRECTOR, PEOPLE AND LEADERSHIP	(i)	127,807	6,880	757	5,696	30,818	171,958	0
	(ii)	0	0	0	0	0	0	0
9 MICHAELA METZGER SENIOR DIRECTOR, STRATEGY AND COMMUNICATION	(i)	116,403	6,409	720	5,383	37,214	166,129	0
	(ii)	0	0	0	0	0	0	0
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	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. DUES ARE NOT CONSIDERED TAXABLE INCOME TO MR. HALE.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	ALL ACTIVE EMPLOYEES AT 12/31/2021 WERE ELIGIBLE FOR A BONUS, INCLUDING EMPLOYEES LISTED IN PART VII, BASED ON MEETING ORGANIZATIONAL GOALS DURING THE YEAR. THE BONUS 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 ANNUAL COMPENSATION TO DETERMINE THE DOLLAR AMOUNT OF THE BONUS.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

BIG SHOULDERS FUND

Employer identification number

36-3490557

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	74	2,402,411	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - COMBINATION OF BOTH METHODS

**SCHEDULE O
(Form 990)**Department of Treasury Internal
Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the Organization
BIG SHOULDERS FUNDEmployer Identification Number
36-3490557

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$2,599,124 INCLUDING GRANTS OF \$1,173,819)(REVENUE) OTHER PROGRAM SERVICES: GENERAL ACADEMIC ENRICHMENT ACTIVITIES FOR STUDENTS, SUCH AS OUTDOOR EDUCATION, LEARNING ABOUT INVESTMENTS AND THE STOCK MARKET. SUPPORT FOR SCHOOLS HOLDING FUND-RAISING EVENTS. SUPPORTING VOLUNTEER SCHOOL CLEANUP AND MAINTENANCE ACTIVITIES. GRANTS TO SCHOOLS AS DESIGNATED BY DONORS - AGENCY (PASS-THROUGH) TRANSACTIONS. IN ADDITION, BIG SHOULDERS FUND PROVIDES SUPPORT TO STUDENTS, TEACHERS, AND ADMINISTRATORS AT CATHOLIC SCHOOLS PRIMARILY SERVING LOW-INCOME STUDENTS IN NORTHWEST INDIANA THROUGH A RESTRICTED GRANT.
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	AN EXECUTIVE COMMITTEE, COMPRISED OF AT LEAST 11 BUT NO MORE THAN 35 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 FOR GOVERNANCE OF THE CORPORATION BUT ARE HONORARY TITLES ONLY.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	KENT DAUTEN, JOHN A. CANNING, JR., TIMOTHY P. SULLIVAN - BUSINESS RELATIONSHIP
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 GOVERNING BODY PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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 DISCLOSED TO THE EXECUTIVE COMMITTEE PRIOR TO THE TRANSACTION TAKING PLACE. THE EXECUTIVE COMMITTEE WILL REVIEW RELEVANT INFORMATION AND MAKE A DETERMINATION ON WHETHER OR NOT A CONFLICT EXISTS. SHOULD A CONFLICT EXIST, NO PARTIES SUBJECT TO THE CONFLICT ARE ELIGIBLE TO DISCUSS OR VOTE ON THE TRANSACTION. ALL EXECUTIVE COMMITTEE MEMBERS ARE ALSO REQUIRED TO REPORT ANY FAMILY OR BUSINESS RELATIONSHIPS REQUIRING DISCLOSURE ON THE FORM 990.
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	DURING THE FISCAL YEAR 2022, A SUB-COMMITTEE MADE UP OF CO-CHAIRMEN AND SELECTED MEMBERS OF THE EXECUTIVE COMMITTEE DELIBERATED COMPENSATION FOR JOSH HALE. COMPARATIVE DATA FROM OTHER NOT-FOR-PROFIT ORGANIZATIONS WAS INCLUDED AS PART OF DELIBERATIONS. CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT WAS RECORDED. ALL MEMBERS OF THE SUB-COMMITTEE ARE CONSIDERED TO BE INDEPENDENT PERSONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OFFICERS & KEY EMPLOYEES	ON AN ANNUAL BASIS, THE CEO AND SENIOR DIRECTOR, PEOPLE AND LEADERSHIP, PERFORM AN EVALUATION FOR EACH OFFICER AND KEY EMPLOYEE OF THE ORGANIZATION. THIS EVALUATION IS PERFORMED USING A SET OF PREDETERMINED CRITERIA FOR EACH ROLE AND ASSESSING HOW EACH INDIVIDUAL PERFORMED COMPARED TO THESE METRICS. THIS EVALUATION FORMS THE BASIS TO DETERMINE ANY SALARY ADJUSTMENTS.
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	FORM 990'S AND FINANCIAL STATEMENTS ARE AVAILABLE AT WWW.BIGSHOULDERSFUND.ORG . GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE PROVIDED UPON REQUEST.

Return Reference - Identifier	Explanation						
FORM 990, PART XI, LINE 9 - AGENCY TRANSACTIONS	<p>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 TOTAL CONTRIBUTION REVENUE ON LINE 1 AND THEN INCLUDES THEM AS A RECONCILING ITEM ON PART XI, LINE 9.</p> <p>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.</p>						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE</td><td>22,290,704</td></tr> <tr> <td>ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE</td><td>- 21,087,264</td></tr> </table>	(a) Description	(b) Amount	ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE	22,290,704	ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE	- 21,087,264
(a) Description	(b) Amount						
ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE	22,290,704						
ADJUSTMENT FOR AGENCY TRANSACTIONS - SEE SCHEDULE O NARRATIVE	- 21,087,264						

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
BIG SHOULDERS FUND

Related Organizations and Unrelated Partnerships

- **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number
36-3490557

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SOUTHEAST SIDE EXPERIENCE INCUBATOR L3C (88-2529374) 212 W VAN BUREN ST, STE 900, CHICAGO, IL 60607	EDUCATIONAL EXPERIENCE INCUBATOR	IL	0	0	BIG SHOULDERS FUND
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Cat. No. 50135Y

Schedule R (Form 990) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2021