

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED MAY 2 6 2015

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

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.
and ending

OMB No 1545-0052

ror (catengar year 2014 or tax year beginning		, and ending		
Nan	ne of foundation			A Employer identification	number
Т	HE CAREFREE FOUNDATION			25-6741662	!
Num	nber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
9	921 E STERLING RIDGE RD			484-919-92	30
	or town, state or province, country, and ZIP or foreign processing the cotts of the	ostal code		C if exemption application is p	pending, check here
_	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization:	s, check here
•	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
H C	Check type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	
		Other taxable private founda	ition	under section 507(b)(1	
I Fa	air market value of all assets at end of year J Accounting	ng method: Cash	X Accrual	F If the foundation is in a	
(fr		ther (specify)		under section 507(b)(1	
	\$ 647,513. (Part I, colu	mn (d) must be on cash i	basis)		<u> </u>
Pa	Art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_	1 Contributions, gifts, grants, etc., received	638,061.		N/A	,
	2 Check If the foundation is not required to attach Sch. B		· · · · · · · · · · · · · · · · · · ·		
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	1,244.	1,244.		STATEMENT 1
	5a Gross rents				
	Net rental income or (loss)				
•	6a Net gain or (loss) from sale of assets not on line 10	9,802.			
Revenue	b Gross sales price for all assets on line 6a 32,024.				
ě	7 Capital gain net income (from Part IV, line 2)		9-802-	VED.	
	8 Net short-term capital gain		11000	اي ا	
	9 Income modifications Gross sales less returns		- N	Ø	
	108 and allowances		MAY 1-9	2015	
	D Less Cost of goods sold				
	c Gross profit or (loss) 11 Other income		OGDEN		
	11 Other income 12 Total. Add lines 1 through 11	649,107.	11,046.		
	13 Compensation of officers, directors, trustees, etc	0.00	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
Ses					
Expenses	b Accounting fees STMT 2	2,511.	0.	ĺ	0.
쭚	c Other professional fees				
<u>8</u>	17 Interest	14.	14.		0.
and Administrative	18 Taxes STMT 3	17.	17.		0.
uist	19 Depreciation and depletion				
Ē	20 Occupancy				
ĕ	21 Travel, conferences, and meetings				
and	22 Printing and publications				
В	23 Other expenses				<u> </u>
Operating	24 Total operating and administrative	0.540	3.4		
ğ	expenses. Add lines 13 through 23	2,542.	31.		0.
	25 Contributions, girls, grants part	29,500.			29,500.
	26 Total expenses and disbursements.	32 042	31.		29,500.
_	Add lines 24 and 25	32,042.	31.		49,500.
	27 Subtract line 26 from line 12:	617,065.		1	
	a Excess of revenue over expenses and disbursements	017,003.	11,015.		
	b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)		11,010	N/A	
4235 11-2		instructions		1 24/ 22	Form 990-PF (2014)
11-2	4-14 LAM I OI Fapelwork neudchon McL Houce, see	maduciona.			101111 33U-F1 (2014)

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	32,926.
2	Enter amount from Part I, line 27a	2	617,065.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	649,991.
5	Decreases not included in line 2 (itemize) ► SEE STATEMENT 4	5	406,042.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	243,949.

	the kind(s) of property sold (e.g		rincome	(b) How	acquired T	(c) Date acquir	ed (d) Date sold
	ouse; or common stock, 200 sh			P - Pui D - Do	acquired rchase nation	(mo., day, yr.	
1a SCHWAB #3846 SEE ATTACHED					VARIOUS	3 12/31/14	
b SCHWAB #3846 SEE	ATTACHED				P	VARIOUS	3 12/31/14
С							
d				<u> </u>			
e				<u> </u>			,
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or (e) plus (f) m	iinus (g)
a 915.			88				26.
b 31,109.			21,33	3.		 .	9,776.
d	. _	 	· · · · · · · · · · · · · · · · · · ·				
e							
Complete only for assets showing g	ain in column (h) and owned by	the foundation	on 12/31/69	+-	(1)	Gains (Col. (h) nain minus
	(j) Adjusted basis		cess of col. (i)		col.	(k), but not les	s than -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any			Losses (from	col. (h))
a							26.
b							9,776.
С							
d							
е			-		т		
2 Capital gain net income or (net capital	If gain, also enter of the loss) If (loss), enter -0	r in Part I, line - in Part I, line	7 7	} 2			9,802.
3 Net short-term capital gain or (loss)	as defined in sections 1222(5) an	nd (6):					
If gain, also enter in Part I, line 8, col	ımn (c).	, ,				_	_ , _
If (loss), enter -0- in Part I, line 8	er Section 4940(e) for	Doduces	Toy on Not	<u> </u>	mont Inc		I/A
	<u> </u>				ment inc	ome	
(For optional use by domestic private for	indations subject to the section 4	4940(a) tax on	net investment in	icome.)			
If section 4940(d)(2) applies, leave this	oart blank.						
Was the foundation liable for the section	4942 tax on the distributable am	nount of any ve	ear in the base per	rod?			Yes X No
If "Yes," the foundation does not qualify			·				
1 Enter the appropriate amount in eac	n column for each year; see the ii	nstructions be	fore makıng any e	ntries.			
(a) Base period years	(b)			(c)			(d) Distribution ratio
Calendar year (or tax year beginning i			Net value of no			(col. (b) divided by col. (c))
2013		5,584.			47,459		.539076 1.227960
2012		1,790. 6,325.			74,750 82,253		.418786
2011		2,460.			23,659		.145132
2010		2,025.			60,598		.429877
						1	
2 Total of line 1, column (d)						2	2.760831
3 Average distribution ratio for the 5-ye	ear base period - divide the total (on line 2 by 5,	or by the number	of years			
the foundation has been in existence	ıf less than 5 years					3	.552166
4 Enter the net value of noncharitable-	use assets for 2014 from Part X,	line 5				4	86,422.
5 Multiply line 4 by line 3						5	47,719.
							110
6 Enter 1% of net investment income (1% of Part I, line 27b)					6	110.
7 Add loss Food C							47,829.
7 Add lines 5 and 6						7	47,043.
8 Enter qualifying distributions from Pa	art XII, line 4					8	29,500.
If line 8 is equal to or greater than lin See the Part VI instructions.	e 7, check the box in Part VI, line	t 1b, and comp	olete that part usin	ga 1% tao	rate.		

Form		-674			Page 4
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	} - see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ŀ		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%			2	20.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2			2	20.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			2	20.
6	Credits/Payments:				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 71.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments. Add lines 6a through 6d				71.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	1		1	<u>49.</u>
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>, † </u>			
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	r			
	distributed by the foundation in connection with the activities				
c	Did the foundation file Form 1120-POL for this year?		1c		х
	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		"		
·	(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •				l
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1		
•	managers. > \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
_	If "Yes," attach a detailed description of the activities		1		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4b		 ^
	·	14/11	5		x
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		1		<u> </u>
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or By state levelation that effectively arrested the appropriate participant and the appropriate participan				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			Х	
-	remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	<u> </u>	
0.	Fater the states to which the foundation reports or with which it is registered (one pathwintings)				ľ
02	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	AZ		1		
0	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			v	•
_	of each state as required by General Instruction G? If "No," attach explanation		8b	Х	├
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		_		
40	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes" attach a schedule listing their names and addresses		10		1 A

OIII	990-PF (2014) THE CAREFREE FOUNDATION 25-074.	1002		raye o
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11_		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► E. SCOTT URDANG Telephone no. ► 484-9	9-9	230	
	Located at ▶9921 E. STERLING RIDGE RD, SCOTTSDALE, AZ ZIP+4 ▶85	5262		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		$\overline{}$	\Box
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country	1		ŀ
Pá	ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T	Yes	No
18	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			ŀ
	for the benefit or use of a disqualified person)?	[i
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			!
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1		ŀ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	16		
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
	before the first day of the tax year beginning in 2014?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
i	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	1		ŀ
	before 2014? Yes X No			
	If "Yes," list the years ▶ , , , ,	1		
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	•			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1		
	during the year?			
ı	o If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			[
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from leonardy before the first day of the tax year beginning in 2014?	Ah		x

•						
orm 990-PF (2014) THE CAREFREE FOUNDATION	4700 14 D- D		25-6741	562	P	age 6
Part VII-B Statements Regarding Activities for Which F	form 4720 May Be F	Required (continu	ued)			
5a During the year did the foundation pay or incur any amount to:	10.157.110	г ,,	₩		ļ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No			
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire		. TV			
any voter registration drive?	•		s X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	Y6	S A NO				
(4) Provide a grant to an organization other than a charitable, etc., organization	1 described in section		es X No			
4945(d)(4)(A)? (see instructions)			S LA NO		•	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		s X No	,	ŀ	
the prevention of cruelty to children or animals?		· · · · · · · · · · · · · · · · · · ·	S LA NO			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N/A	5b	l	
section 53.4945 or in a current notice regarding disaster assistance (see instru	,		N/A	30		
Organizations relying on a current notice regarding disaster assistance check his		nod				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		i/A ☐ Ye	s No			
expenditure responsibility for the grant?		/A 16	:s NO			
If "Yes," attach the statement required by Regulations section 53 4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •					
	pay premiums on	□ v	es X No			
a personal benefit contract?b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arcanal hanofit contract?			6b		х
	ersonal benefit contract?		-			
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		s X No			
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trusto		nagers Highly		, ,	l l	
Paid Employees, and Contractors	ees, i oundation wa	magers, mgm	•			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	' a	ccount, allowar	
			,		-	
SEE STATEMENT 6		0.	0	•		0.
		1				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d)			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan- and deferred compensation	a	(e) Exp ccount,	ense other
1	devoted to position	(0)	compensation		allowar	nces
NONE			į			
				\bot		
				1		
				\bot		
			ļ	4-		
				4		
	L					
Total number of other employees paid over \$50,000			▶			0

FORM 990-PF (2014) THE CAREFREE FOUNDATION		0/41002 Page/
Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ente	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	\dashv	
		
		·
		İ
		
······································		•
		
		
Total number of others receiving over \$50,000 for professional services	<u> </u>	▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	atical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	Expenses
1 N/A		

2		
2		
	· · · · · · · · · · · · · · · · · · ·	
3		
<u> </u>		
4	· · · · · · · · · · · · · · · · · · ·	
Part IX-B Summary of Program-Related Investments		•
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 N/A		
	-	
2		
All other program-related investments. See instructions.		
3	!	
		
Total. Add lines 1 through 3	▶	0.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 85,647. a Average monthly fair market value of securities 1a 2,091. 1b b Average of monthly cash balances c Fair market value of all other assets 1c 87,738. d Total (add lines 1a, b, and c) 1đ e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 1,316. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 86,422. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 4,321. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 4,321. Minimum investment return from Part X, line 6 220 2a Tax on investment income for 2014 from Part VI, line 5 2a 2b b Income tax for 2014. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 4,101. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 4,101. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 29,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: За a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3ь Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 29,500. 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 0. 5 income. Enter 1% of Part I, line 27b 29,500. 6 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7			:	4,101.
2 Undistributed income, if any, as of the end of 2014		·· ·- · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · ·	
a Enter amount for 2013 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 99,145.				
b From 2010 21,322.				
c From 2011 67,442.				
d From 2012 88,118.				
e From 2013 23, 243.	222 272			
f Total of lines 3a through e	299,270.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 29,500.			_	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				4,101.
d Applied to 2014 distributable amount	25,399.			4,101.
e Remaining amount distributed out of corpus	23,399.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				•
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	324,669.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'			•	
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2015				0.
7 Amounts treated as distributions out of		i		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.	: 		
may be required - see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	99,145.			
• • • • • • • • • • • • • • • • • • • •	77,143.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	225,524.			
10 Analysis of line 9:	223,321		<u> </u>	
a Excess from 2010 21,322.				
b Excess from 2011 67, 442.				
c Excess from 2012 88,118.				
d Excess from 2013 23,243.				
e Excess from 2014 25,399.				
42338 I 11-24-14				Form 990-PF (2014)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year CENTRAL PARK CONERVANCY N/A 501(C)(3) GENERAL FUND 14 EAST 60TH ST 10,000. NEW YORK, NY 10022 N/A 501(C)(3) GENERAL FUND CHILDRENS BRITTLE BONE FOUNDATION 7701 95TH STREET 1,000. PLEASANT PRAIRIE, WI 53158 DISCOVERY FOUNDATION N/A 501(C)(3) GENERAL FUND 155-877 GREAT NORTHERN WAY VANCOUVER, BOTSWANA V5T4T5 15,500. GOVERNORS CUP CHARITY N/A 501(C)(3) GENERAL FUND 755 RIVERPOINT DRIVE 1,000. WEST SACRAMENTO, CA 95605 ISRAEL CANCER RESEARCH FOUNDATION N/A 501(C)(3) GENERAL FUND 295 MADISON AVENUE, SUITE 1030 1,500. NEW YORK, NY 10017 SEE CONTINUATION SHEET(S) 29,500. ▶ 3a Total **b** Approved for future payment NONE **▶** 3b Total

(e)

Excluded by section 512, 513, or 514

Part XVI-A	Anal	vsis of	Income	-Producina	Activities
Fait Vai-v	71141	7313 01	111001110	i i vaaviiig	7001100

Enter gross amounts unless otherwise indicated.	Unrelati	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue;	Code				
a	<u> </u>		-		
b			<u> </u>		
C					
d			ļ		
e			<u> </u>		
f			<u> </u>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	1,244.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					-
property	1				
7 Other investment income			t		
	-		\vdash		
8 Gain or (loss) from sales of assets other than inventory	1	1	18	9,802.	
•	-		+	3,0021	· · · · · · · · · · · · · · · · · · ·
9 Net income or (loss) from special events			 -		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	.		├		
b					
c					
d			 		
]	-	11 046	0.
e		T A		11,046.	1 1 1
12 Subtotal, Add columns (b), (d), and (e)		0.		· · · · · · · · · · · · · · · · · · ·	11 046
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		0.	<u> </u>	13	11,046.
12 Subtotal, Add columns (b), (d), and (e)		0.	<u> </u>	13	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	to the Acc				11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities		omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities Line No. Explain below how each activity for which incompared to the columns of	ome is reported	omplishment of Ex	kemp	ot Purposes	11,046.

Unrelated business income

Form 990-PF	(2014) THE (CAREFREE FOUNI	DATION	25-674	1662	Pag	ge 13
Part XVII			To and Transactions a	nd Relationships With Noncha	ritable		
	Exempt Organ			·	, -,	- 1	
			llowing with any other organization			Yes	No
	•	,, , -	on 527, relating to political organi	zations?			
a Transfer	s from the reporting found	dation to a noncharitable exem	npt organization of:			1	
(1) Cas	h				1a(1)		<u> </u>
(2) Oth	er assets				1a(2)		<u> </u>
b Other tra	ansactions:						
٠,,		table exempt organization			1b(1)		<u> </u>
(2) Pur	chases of assets from a n	oncharitable exempt organizat	ion		1b(2)		X
(3) Ren	ital of facilities, equipment	t, or other assets			1b(3)		X
(4) Reii	mbursement arrangement	ts			1b(4)		X
(5) Loa	ns or loan guarantees				1b(5)		X
		nembership or fundraising soli			1b(6)		X
		nailing lists, other assets, or pa			1c		<u> </u>
				rays show the fair market value of the goods,		ets,	
				e in any transaction or sharing arrangement,	show in		
		, other assets, or services rece		1 - ()			
(a)Line no	(b) Amount involved		ritable exempt organization	(0) Description of transfers, transactions, and	sharing arra	angemer	nts
		N,	/A				
	·						
	<u> </u>						
		ļ					
							
		<u> </u>					
	<u></u>	 		 			
							
		 					
		ļ					
	·						
		<u> </u>		<u> </u>			
		=	o, one or more tax-exempt organiz	ations described F	- ,,,	T] No
		ner than section 501(c)(3)) or i	n section 527?	L	Yes	Δ] ИО
b If "Yes,"	complete the following so		(h) Tung of organization	(a) Description of relation	chin_		
	(a) Name of o		(b) Type of organization	(c) Description of relation	Silip		
	N/A						
				· · · · · · · · · · · · · · · · · · ·			
							_
	_						
Lunc	for penalties of periury. I declar	re that I have examined this return.	including accompanying schedules and	statements, and to the best of my knowledge			
				ation of which preparer has any knowledge	ay the IRS di turn with the	prepare	er
Here			1/12/.0	MANAGER sf	X Yes	see inst	7
1 1	gnature of officer or truste			Title	X Yes		J No
	Print/Type preparer's		rer's signature	Date Check if PTIN			
	PATRICIA .	ΙΛ .	i i i	self- employed			
Paid	MCGRENRA	n Pati	ucia A. McArensa	5/11/15	1372	902	
Prepare		IRMAN GROUP F	AMILY OFFICE	LP Firm's EIN ► 45 – 4			
Use Only		TIGHT GROOT PA	Ottion, D.	- I IIII SLIN P 33 3			
400 0 .11		99 CASSATT RO	AD. SUITE 115				
		ERWYN, PA 193		Phone no. 610 - 8	889-7	300	
				1.110110110. 020			

Phone no. 610-889-7300 Form **990-PF** (2014)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization

Employer identification number

T	HE CAREFREE FOUNDATION	25-6741662				
Organization type (check	one)·					
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
General Rule	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ri on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling					
property) from ar	ny one contributor Complete Parts I and II. See instructions for determining a contributor	's total contributions.				
Special Rules						
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou Z, line 1 Complete Parts I and II.	, or 16b, and that received from				
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, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filling 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 Do not 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						
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Feet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PE).					

Name of organization

Employer identification number

THE CAREFREE FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SCOTT AND MARILYN URDANG 9921 E. STERLING RIDGE ROAD SCOTSDALE, AZ 85262	\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		 s	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5			Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
423452 11-0	5-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014

Name of organization

Employer identification number

THE CAREFREE FOUNDATION

Part I Contrib	outors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		*	Person X Payroli Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.) m 990, 990-EZ, or 990-PF) (2014

Employer identification number

THE CAREFREE FOUNDATION

art II	Noncash Property (see instructions). Use duplicate copies of Part I	I 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
1	780 SHARES ABBVIE INC (ABBV)	_	
		s54,670.	12/08/14
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	350 SHARES BLACKROCK INC (BLK)	_	
		127,615.	12/08/14
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	700 SHS BRISTOL MYERS SQUIBB (BMY)		·
_		s	12/08/14
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	615 SHARES HOME DEPOT INC (HD)	_	
		\$61,688.	12/08/14
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	695 SHARES HONEYWELL INTERNATIONAL (HON)		
			12/08/14
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	500 SHARES LOCKHEED MARTIN (LMT)	_	
		 \$94,845.	12/08/14 90, 990-EZ, or 990-PF) (2

Employer identification number

THE CAREFREE FOUNDATION

(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(see insulictions)	
	1373 SHARES TE CONNECTIVITY LTD (TEL)		-
7			
		\$88,675 .	12/08/14
İ			
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(See mad decions)	
	940 SHARES TRAVELER COMPANIES INC		
8	(TRV)		
		\$ 99,029.	12/08/14
}			
(a)		(5)	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		s	
1			
(a)		1	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
		\$	
(a)		,, ,	
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Partl		(see instructions)	
		s	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(see instructions)	
I			
		 \$	
453 11-09			90, 990-EZ, or 990-PF) (

Employer identification number

The year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift	charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 ving line entry. For organizations less for the year (Enter this info once) \$
Use duplicate copies of Part III if additional	space is needed.	(cast of the first missing once) -
		(d) Description of how gift is held
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(b) i di pose di giit	(0,000 01 gm	(c, 2553),point at the gardeness
	(e) Transfer of gift	
	.,	
Transferee's name, address, and	17IP + 4	Relationship of transferor to transferee
Transfer de 3 flame, adareso, and	Gail V	
		
		
 		
	_l	
(b) Purpose of gift	(c) Use of aift	(d) Description of how gift is held
(-), (-)		
	(e) Transfer of gift	1
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee
		
-		
<u> </u>		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		
_		
	(e) Transfer of gift	i
Transferee's name, address, and	<u>d ZIP + 4</u>	Relationship of transferor to transferee
(b) Burnaca of sift	(a) Usa of siff	(d) Description of how gift is held
(b) Fur pose of gift	(c) Use Of gift	(d) Description of now girt is field
_		
	(e) Transfer of gift	l
	(0,	-
Transferente name address en	d 7IP + 4	Relationship of transferor to transferee
iransieree's name, address, an	<u> </u>	Heladonamp of danateror to danateree
	1	
	(b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4

THE CAREFREE FOUNDATION

Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) JAFCO N/A 501(C)(3) GENERAL FUND 234 S BRYN MAWR AVE, STE 100 BRYN MAWR, PA 19010 500. 500. Total from continuation sheets

FORM 990-PF DIVIDEND	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT
SOURCE GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM
CHARLES SCHWAB (DIVIDENDS) 1,244		0. 1,244.	1,244.	
TO PART I, LINE 4 1,244		0. 1,244.	1,244.	
FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABL PURPOSES
TAX PREPARATION FEE	2,511.	0.		0
TO FORM 990-PF, PG 1, LN 16B	2,511.	0.		0
FORM 990-PF	TAX	ES	S	PATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES
FOREIGN TAXES PAID	17.	17.		0
FOREIGN TAXES PAID TO FORM 990-PF, PG 1, LN 18	17.			0
TO FORM 990-PF, PG 1, LN 18	17.		ALANCES S'	
TO FORM 990-PF, PG 1, LN 18	17.	17.	ALANCES S'	0
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF OTHER DECREASE	17.	17.	ALANCES S'	PATEMENT

FORM 990-PF C	CORPORATE STOCK		STAT	EMENT !
DESCRIPTION		BOOK VALU		MARKET ALUE
CORPORATE STOCKS		240,4	56.	644,020
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	240,4	56.	644,020
	T OF OFFICERS, I		STAT	EMENT (
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
E. SCOTT URDANG 9921 E. STERLING RIDGE ROAD SCOTTSDALE, AZ 85262	MANAGER 1.00	0.	0.	0
MARILYN URDANG 9921 E. STERLING RIDGE ROAD SCOTTSDALE, AZ 85262	MANAGER 1.00	0.	0.	0
JENNIFER STERN 200 WEST WASHINGTON SQUARE APT. 2508 PHILADELPHIA, PA 19106	TRUSTEE	0.	0.	0
MELISSA BODIE 37 RANDOLPH CRESCENT LONDON, UNITED KINGDON, UNITED KINGDO	TRUSTEE 1.00	0.	0.	0
JAMIE SUNENSHINE 5237 E. VIA LOS CABALLOS PARADISE VALLEY, AZ 85253	TRUSTEE 1.00	0.	0.	0
EMILY NITIDO 5761 N. CHEIFTAN TRAIL TUCSON, AZ 85750	TRUSTEE 1.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0

THE CAREFREE FOUNDATION

EIN: 25-6741662

BALANCE SHEET DETAIL

FOR YEAR ENDED 12/31/2014

	# OF SHARES	<u>cost</u>	<u>FMV</u>
CORPORATE STOCKS			
ABBVIE INC	780	18,150	51,043
BLACKROCK INC	350	56,909	125,146
BRISTOL MYERS SQUIBB	700	19,072	41,321
HOME DEPOT INC	615	17,747	64,557
HONEYWELL INTERNATIONAL	695	27,620	69,444
LOCKHEED MARTIN CORP	500	38,418	96,285
TE CONNECTIVITY LTD	1373	32,875	86,842
TRAVELER COMPANIES INC	940	42,032	99,499
SPDR S&P 500 EFT TR	26.7425	2,658	5,497
SECTOR SPDR ENGY SELECT	55.4047	3,125	4,386
TOTAL CORPORATE STOCK	S	240,456	644,020
<u>s</u>	TATEMENT A		
CASH		3,463	3,463
TOTAL CASH AND SECURITIES		240,456	644,020
ACCOUNTS RECEIVABLE		30	30
		243,949	647,513



THE CAREFREE FOUNDATION E SCOTT URDANG TRUSTEE Schwab One® Trust Account of U/A DTD 05/19/2000

Account Number 7072-3846

TAX YEAR 2014 FORM 1099 COMPOSITE

Date Prepared: February 6, 2015

Recipient's Name and Address

THE CAREFREE FOUNDATION E SCOTT URDANG TRUSTEE U/A DTD 05/19/2000 9921 E STERLING RIDGE RD SCOTTSDALE AZ

Taxpayer ID Number: 25-6741662 Account Number: 7072-3846

Payer's Name and Address

CHARLES SCHWAB & CO, INC SAN FRANCISCO, CA 94105 211 MAIN STREET

Telephone Number: (800) 515-2157 Federal ID Number: 94-1737782 Form 1099-B

Proceeds from Broker Transactions -- 2014

Copy B for Recipient (OMB No 1545-0715)

Department of the Treasury-Internal Revenue Service

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked

4-Federal Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Realized Gain or (Loss)	(3 02) \$	(11 40) \$	(14.45) \$	32 38 \$	32.38 \$	10 01 \$	10.01 \$
1g-Adjustments 1f-Code, if any	€ >	\$	Н	9	4	У	ده :
1e-Cost or other basis	52.23	229 44	281.67	410 99	410.99	144 65	144.65
	↔	₩	es.	⇔	es.	₩	ss.
1d-Proceeds 6-Reported to IRS Gross Proceeds (except where Indicated)	49 18	218 04	267.22	443 37	443.37	154 66	154.66
1b-Date acquired 1c-Date sold or disposed	07/03/14 \$	09/24/14 VARIOUS \$	\$	VARIOUS \$ 09/24/14	59	VARIOUS \$ 08/19/14	59
#	S	တ		S		S	
1a-Description of property (Example 100 sh XYZ Co.) CUSIP Number / Symbol	0 75 ISHARES TR MSCI EAFE ETF	464287465 / EFA 3 ISHARES TR MSCI EAFE ETF	4642874657 EFA Security Subtotal	2 S P D R S&P 500 ETF TR EXPIRES 01 S VARIOUS \$ 78462F103 / SPY 09/24/14	Security Subtotal	1 SECTOR SPDR ENGY SELECT SHARES 81369Y506 / XLE	Security Subtotal

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.



Schwab One® Trust Account of E SCOTT URDANG TRUSTEE THE CAREFREE FOUNDATION U/A DTD 05/19/2000

Account Number 7072-3846

TAX YEAR 2014 FORM 1099 COMPOSITE

Taxpayer ID Number: 25-6741662

Date Prepared: February 6, 2015

Form 1099-B

Copy B for Recipient (OMB No 1545-0715)

Proceeds from Broker Transactions — 2014 (continued)

SHORT-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part I, with Box A checked. Department of the Treasury-Internal Revenue Service

			1b-Date	1d-Proceeds					
1a-Description of property (Example 100 sh XYZ Co.)		. :	1c-Date sold or	6-Reported to IRS Gross Proceeds		1e-Cost or	1g-Adjustments	Realized	4-Federal Income
CUSIP Number / Symbol		:	pesodsip	(except where indicated)		other basis	1f-Code, if any	Gain or (Loss)	tax withheld
3 VANGUARD INFLATION PROTECTED S VARIOUS \$	PROTECTED	တ	VARIOUS \$	49 29	€>	51.46	↔	(2 17) \$	0.00
922031869 / VIPSX			10/13/14						
Security Subtotal			€	49.29		51.46	∽ 1	(2.17) \$	0.00
Total Short-Term (Cost basis is reported to the IRS)	s is reported to t	he IR	\$ (S)	914.54	s s	888.77			
Total Short-Term Sales Price of Stocks, Bonds, etc.	e of Stocks, Bon	ds, e	tc. \$	914.54 \$	\$	888.77			

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.



Schwab One® Trust Account of E SCOTT URDANG TRUSTEE THE CAREFREE FOUNDATION U/A DTD 05/19/2000

Account Number 7072-3846

TAX YEAR 2014 FORM 1099 COMPOSITE

Taxpayer ID Number: 25-6741662

Date Prepared: February 6, 2015

Form 1099-B

Copy B for Recipient (OMB No 1545-0715)

Proceeds from Broker Transactions — 2014 (continued)

Department of the Treasury-Internal Revenue Service

LONG-TERM TRANSACTIONS FOR WHICH BASIS IS REPORTED TO THE IRS - Report on Form 8949, Part II, with Box D checked

4-Federal Income tax withheld	0.00	0.00	0.00	0.00	0.00	0.00	00'0	0.00	0.00	
Realized 4-F Gam or (Loss)	70.58 \$	70.58 \$	149 18 \$	57 80 \$	206.98 \$	64 25 \$	64.25 \$	(5.88) \$	(5.88) \$	
1g-Adjustments 1f-Code, if any	\$	⊌÷ 	⇔ !	⇔	<i>9</i> ₃	9	9 7 1	9	9 Н	
1e-Cost or other basis	353 07	353.07	490 40	163 33	653.73	198 73	198.73	138 55	138.55	1,344.08
	₩	un.	€9	ε ν	69	s s	sp.	↔	sp.	₽
1d-Proceeds 6-Reported to IRS Gross Proceeds (except where indicated)	423 65	423.65	639 58	221 13	860.71	262 98	262.98	132 67	132.67	1,680.01
1b-Date acquired 1c-Date sold or disposed	VARIOUS \$ 09/24/14	s	VARIOUS \$	VARIOUS \$ 10/13/14	59	VARIOUS \$ 08/19/14	s	S VARIOUS \$ 10/13/14	59	RS) \$
*	ဟ ၂		01 S	01 S		ဟ 	} }	S		the I
1a-Description of property (<u>Example 100 sh. XYZ Co</u>) CUSIP Number / Symbol	6 ISHARES TR MSCI EAFE ETF 464287465 / EFA	Security Subtotal	0 ETF TR EXPIRES	1S P D R S&P 500 ETF TR EXPIRES 01 78462F103 / SPY	Security Subtotal	2 SECTOR SPDR ENGY SELECT SHARES 81369Y506 / XLE	Security Subtotal	9 VANGUARD INFLATION PROTECTED 922031869 / VIPSX	Security Subtotal	Total Long-Term (Cost basis is reported to the IRS)

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.



THE CAREFREE FOUNDATION E SCOTT URDANG TRUSTEE Schwab One® Trust Account of U/A DTD 05/19/2000

Account Number 7072-3846

TAX YEAR 2014 FORM 1099 COMPOSITE

Taxpayer ID Number: 25-6741662

Date Prepared: February 6, 2015

Form 1099-B

Proceeds from Broker Transactions— 2014 (continued)

Copy B for Recipient (OMB No 1545-0715) LONG-TERM TRANSACTIONS FOR WHICH BASIS IS AVAILABLE BUT NOT REPORTED TO THE IRS - Report on Form 8949, Part II, with Box E checked Department of the Treasury-Internal Revenue Service

1a-Description of property (Example 100 sh XYZ Co.) CUSIP Number / Symbol	*	1b-Date acquired 1c-Date sold or disposed	1d-Proceeds 6-Reported to IRS Gross Proceeds (except where indicated)		1e-Cost or other basis	1g-Adjustments 1f-Code, if any	Realized Gain or (Loss)	4-Federal Income tax withheld
119 ISHARES TR MSCI EAFE ETF 464287465 / EFA	ဟ ၂	VARIOUS \$ 09/24/14	7,753 57	ss	4,230 61	€ 	3,522 96 \$	0.00
Security Subtotal		\$	7,753.57	\$	4,230.61	69 	3,522.96 \$	00.0
54 S P D R S&P 500 ETF TR EXPIRES 0 78462F103 / SPY	S	01/03/07 \$	10,791 44	₩	7,760 61	СЭ	3,030 83 \$	0.00
28 S P D R S&P 500 ETF TR EXPIRES 0 78462F103 / SPY	ဟ	VARIOUS \$ 10/13/14	5,482.99	↔	3,981 60	⇔	1,501.39 \$	0.00
Security Subtotal		\$	16,274.43	s s	11,742.21	€	4,532.22 \$	0.00
27 SECTOR SPDR ENGY SELECT SHARES 81369Y506 / XLE	တ	01/03/07 \$ 08/19/14	2,669 98	69	1,591 65	У	1,078.33 \$	0.00
Security Subtotal		\$	2,669.98	€ >	1,591.65	<i>y</i> s	1,078.33 \$	00.0
202 VANGUARD INFLATION PROTECTE 922031869 / VIPSX	ဟ	VARIOUS \$ 10/13/14	2,731 47	es ·	2,424 64	У	306 83 \$	0.00
Security Subtotal		sa.	2,731.47	s s	2,424.64	59 	306.83 \$	00.0
Total Long-Term (Cost basis is available but not reported to the IRS)	t not	reported \$	29,429.45	ss.	19,989.11			
Total Long-Term Sales Price of Stocks, Bonds, etc.	ds, e	itc. \$	31,109.46	so.	21,333.19			
Total Sales Price of Stocks, Bonds, etc.		s.	32,024.00					

Please see the "Notes for Your Form 1099-B" section for additional explanation of this Form 1099-B report.

Total Federal Income Tax Withheld

0.00

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.