

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



Form 990-PF

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.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www irs gov/form990pf

CHICAGO, II, 160603 G Check all that apply X Initial return Address change Initial return of a former public chanty Y Finds return Address change Name change Y Finds return Address change Name change Y Finds return Y Y Initial return Y Amended return Y Y Y Y Y Y Y Y Y	_	CAR		SON FAMILY FDN.	100 000000 0000000			Room/suite	3(0-6410098	
CHI CAGO I TL 60603 G Check all that apply		110111	er and street for 1.0. box	nomber it main is not delivered	ito street adoress)			Room/suite	B retephone nun	moer (see instructions)	
CHICAGO, IL 60603 G Check all that apply X Initial return Annehold return A	_				etal anda					866-752-2127	
G Check all that apply X Initial return Address change Initial return Andress change Stress change Prinal return Address change Name change Stress change					stai code				C If exemption app pending, check h	olication is here	X
Final return					Initial r	return	of a former p	ublic charit	V .		
Check type of organization:			,				· ·		2 Foreign organ	izations meeting the	
Section 4947[all1] nonexempt charactels trust	-			<u> </u>							
Farm market value of all assets at end of variety (col. (c), Imm Other (specify)	H	\neg		_					•		
2 Check state foundations and required to 2 Check states Sch 8 states Sch 8	1										
2 Check state foundations and required to 2 Check states Sch 8 states Sch 8			=				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2 Check		_		92,491. (Part I, d	column (d) must be		sh basis)		_		
2 Check S at the Gundation and required to a linerest on asyngs and temporary cash investments. 4 Dividends and interest from securities. 5 Gross rents. 5 Net rental income or (loss) 6 Net rental income or (loss) 7 Capital gain and incorps from securities. 9 Net short-term capital gain. 9 Income modifications 10 Gross sable spece for sil 207, 066 8 Net short-term capital gain. 9 Income modifications 10 Gross sable spece from sil 2017, 066 8 Net short-term capital gain. 9 Income modifications 10 Gross sable spece from sil 2017, 066 11 Other income (attach schedule) 11 Other income (attach schedule) 12 Total Add lines 1 through 11 305, 007 302, 131. 13 Compensation of official declaration schedule) 14 Other employee/salaries/304.wages NONE 15 NONE 16 Logal fees (attach schedule) 16 Conspiration sil specific schedule) 17 Interest Schedule (specific schedule) 28 Other processional field (specific schedule) 29 Contributions, specific schedule) 20 Chepy collectional field (specific schedule) 21 Traval-configherence/spid meetings 22 Printing and publications 23 Other expenses and debateurements 304,605 301,548 402 583 NONE 15 NONE 405 Poperwork Reduction from lens 12 20 Subtract line 26 from line 12 21 E Section from line 12 22 E Subtract line 26 from line 12 23 Subtract line 26 from line 12 24 E Section from line 12 25 E Total regiments and debateurements 304,605 405 Poperwork Reduction from line 12 26 Four persons and debateurements 304,605 5 Four 990-PF (2014)		art	total of amounts in o may not necessarily	columns (b), (c), and (d) equal the amounts in	expenses pe			I .		for charitable purposes	
STMT 1 STMT 2 S											
4 Dividends and interest from securities 97,941 95,064. STMT 1 5 a Gross rents			attach	Sch B							
Section Sect		1 -	-		97.	941	9	5.064		STN	/m 1
6 Net gan or tiosal from sale of assets not on line 10 6 Grass alses on line 6a assets on line 10 assets on line 6a assets on line 10 asse		1						3,001.			** *
b Gross sales price for all and a second price for a		Ь	Net rental income or (lo	ss)							
3 Net short-term capital gain. 3 Income modifications 10a Gross-sales less returns and allowances. b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 305,007 302,131. 13 Compensation of officers directors, trustees, etc. 14 Other employee/salanes 3pt wages NONE NONE NONE 15 Pension plans proployee schedule b Accounting Tess (attack) Schedule) c Other professional fees (attack) schedule) c Other professional fees (attack) schedule) c Other professional fees (attack) schedule) 21 Travel schizerences and depletion. 22 Printing and publications 23 Other expenses dettach schedule) STMT 4 24 Total operating and administrative expenses. Ad Ines 13 through 23. 402 583 NONE 15 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 b Not investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	ne	6a b			207,	066.	 				
8 Net short-tern capital gain. 9 Income modifications 10a Gross-sales less returns and allowances. b Less Cost of goods sold. 11 Other income (attach schedule). 12 Total. Add lines 1 through 11	Ven	,	assets on line 6a	207,066.			20	7 066			
9 Income modifications and allowances with a legal research should be less Cost of goods sold cost of goods co	Re	8	. •					7,000.			
b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 305,007 302,131 30 Compensation of offigers, directors, trustees, etc. 40 Other employee/salaries and wages 40 Other employee/salaries and wages 41 Other employee/salaries and wages 41 Other employee/salaries and wages 41 Other employee/salaries and wages 42 NONE 43 NONE 44 NONE 45 Pension plans, amployee/salaries and wages 45 NONE 46 Legal fees, datach schedule 47 Interest 48 Accounting tees (attach schedule) 49 Accounting tees (attach schedule) 40 Cherry professional tees (attach schedule) 41 Interest 42 Total operation (attach schedule) STMT, 4 41 Total operating and administrative expenses. 46 Interest Add lines 13 through 23 40 Other expenses end disbursements Add lines 24 and 25 40 Total operating and administrative expenses. 40 Add lines 13 through 23 40 Contributions, girls, grants paid 40 Total operating and administrative expenses. 40 Add lines 13 through 23 40 Subtract line 26 from line 12 40 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 41 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 42 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 43 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 43 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 46 Total expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 47 Subtract line 26 from line 12 48 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 49 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 40 Excess of revenue over expenses and disbursements Add lines 24 and 25 40 Subtract line 26 from line 12 41 Excess of revenue over		9	Income modifications								
e Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 302,131. 305,007 307 307 307 307 307 307 307		10a									
11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and income (if negative, enter -0-) 15 Pension plans; employee salaries and disbursements. 16 Legal fees attach schedule) 16 A Cocuning Tess (attach schedule) 17 Interest; 18 Jaxes (attach schedule) (see instructions. 19 Depreciation (attach schedule) and depletion. 19 Other expenses datach schedule) and depletion. 19 Other expenses datach schedule) STMT. 4 10 Total operating and administrative expenses. 19 Add lines 13 through 23. 20 Cocuning Tess (attach schedule) STMT. 4 21 Total operating and administrative expenses. 22 Add lines 13 through 23. 23 Other expenses datach schedule) STMT. 4 24 Total operating and administrative expenses. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements and disbursements and lines 24 and 25. 26 Total expenses and disbursements and disbursements and lines 24 and 25. 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements and lines 24 and 25. 28 Excess of revenue over expenses and disbursements and lines 24 and 25. 304,605. 301,548. 305,007. 302,131. 305,007. 302,131. 307. 308,0		1	<u> </u>								
12 Total. Add lines 1 through 11			•		<u></u>			1.		STN	И Т 2
14 Other employee/salaries and wages NONE NONE 15 Pension plans employee banetits NONE NONE 16a Legal fees (attach schedule) 17 Interest None Professional fees (attach schedule) 18 Taxis (attach schedule) (special pistros/RMS) 3 387 387 387 387 387 387 387 387 387 3	_				305,	007.	30			31.	
15 Pension plans' employee March 16 Legal fees (attack schedule) 16 Legal fees (attack schedule) 17 Interest 18 Passe (attack schedule) 19 Depreciation (attack schedule) 20 Occupance 21 Travely originates, and meetings 22 Printing and publications 23 Other expenses (attack schedule) STMT 4 15 196 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements b Not investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) c Form 990-PF (2014)											
16a Legal fees sattach schedule) b Accounting fees (attach schedule) c Other professional fees (attach schedule) c Occupant c Occupant c Occupant c Occupant c Other expenses (attach schedule) c Other expenses (attach	Sec	14	Other employee/salar	ries and wages							
b Accounting tees (attach schedule) c Other professional fees (attach schedule) 17 Interest 18 Jaxes Tattach schedule) (see instructions 20 Occupant 21 Travel configerences and meetings 22 Printing and publications 23 Other expenses lettach schedule) STMT. 4 25 Total operating and administrative expenses. Add lines 13 through 23	Der	15	Pension plans, emplo	podulo				NONE	INO	INEC .	
c Other professional fees (attack schedule) 17 Interest	_	Ь	Accounting fees latte	ach schedule)							
21 Travel; of ferences, and meetings	Ę.	С	Other professional fe	es (attach schedule)							
21 Travel, officiences, and meetings	tra	17	Interest	· .//. · · · //. · · · · · · ·		207		207			
Travel, officerences, and meetings	ini	18	yaxes (attach schedu	je) (see instructions). 3.		387.		387.			
21 Travel; of ferences, and meetings	Ę	20								 	
23 Other expenses detach schedule) STMT. 4. 15. 196. 15 24 Total operating and administrative expenses. Add lines 13 through 23				- <i>/</i>					NO:	NE	
26 Total expenses and disbursements Add lines 24 and 25 402 583 NONE 15 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	2	22							NO	NE	
26 Total expenses and disbursements Add lines 24 and 25 402 583 NONE 15 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	ing	23				15.		196.	 	-	_15
26 Total expenses and disbursements Add lines 24 and 25 402 583 NONE 15 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	era!	24	, -	•		402		583	NO	NE	15
26 Total expenses and disbursements Add lines 24 and 25 402. 583. NONE 15 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements	Ö	25	_						110.		
a Excess of revenue over expenses and disbursements	_		=	-		402.		583.	NO	NE	15
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-). SA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2014)		1			304	C 0.5					
c Adjusted net income (if negative, enter -0-) SA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2014)		l .			304	, 605.	2	1 540			
SA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2014)		1					30	- 0 + 0 .			
EPB888 L775 06/02/2015 13:25:40 5 S	A F	or Pa	perwork Reduction A		·				_	Form 990-PF	(2014)
o	c 141	. 1000	EPB888 L775 (06/02/2015 13:2	5:40					5	S
										c	5

30-6410098

	art II	Polones Chaste	Attached schedules and amounts in the	Beginning of year	End o	of year
	ille III	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
- 1	1	Cash - non-interest-beari	ng			
			cash investments		372,349.	372,349
	3	Accounts receivable				
		Less allowance for doub	otful accounts >			
	4	Pledges receivable -				
-		Less allowance for doub	otful accounts			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) 🕨			
			otful accounts >NONE			
y,						<u>,</u>
Assets	9		eferred charges			
Ą	10a	· ·	government obligations (attach schedule).			
			stock (attach schedule) STMT 5		10,373,160.	10,748,208
		•	bonds (attach schedule)		,	' '
	11	Investments - land, building and equipment basis Less accumulated deprecia (attach schedule)	gs,			
	12		loans			
	13	Investments - other (atta	nch schedule)		438,193.	371,934
i	14	Land, buildings, and equipment basis	>			
		Less accumulated deprecia (attach schedule)	etion >			
	15		>)			
	16		completed by all filers - see the			
		instructions Also, see p	age 1, item l)		11,183,702	11,492,491
	17	Accounts payable and a	ccrued expenses			
	18	Grants payable				
es	19	Deferred revenue				
=	20	Loans from officers, directo	rs, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other no	otes payable (attach schedule)			
_	22	Other liabilities (describe	e ▶)			
_	23	Total liabilities (add line	es 17 through 22)		NONE	3
			low SFAS 117, check here . ▶			
Ś		and complete lines 2	24 through 26 and lines 30 and 31.			
5	24	Unrestricted				
Balances	25	Temporarily restricted				
	26					
or Fund		Foundations that do	not follow SFAS 117, ▶ X			
Ĕ		check here and com	plete lines 27 through 31.			
	27	Capital stock, trust princ	cipal, or current funds		11,183,702	<u>.</u>
Assets	28	Paid-in or capital surplus, o	r land, bldg , and equipment fund			
As	29	Retained earnings, accumu	lated income, endowment, or other funds			
Net	30	Total net assets or fun	d balances (see instructions)		11,183,702	<u>.</u>
_	31	Total liabilities and	net assets/fund balances (see			
			 		11,183,702	
	art II		nges in Net Assets or Fund Bala			
1			balances at beginning of year - Part			
_			d on prior year's return)			204 605
2	Ente	er amount from Part I,	line 27a ded in line 2 (itemize) ► SEE STA		2	304,605.
3						10,884,288.
	Add	I lines 1, 2, and 3	n line 2 (itemize) ▶DEFERRED INCOME		4	11,188,893.
5						5,191.
_6	Tota	ar net assets or fund b	alances at end of year (line 4 minus	ine 5) - Part II, column (b), line 30 6	11,183,702.

1a		describe the kind(s) of property sold		(b) How acquired	(c) Date acquired	(d) Date sold
<u>1a</u>		ick warehouse, or common stock, 20	0 shs. MLC Co.)	P - Purchase D - Donation	(mo., day, yr)	(mo., day, yr.)
	PUBLICLY TRADED	SECURITIES				
<u> </u>	· · · · · · · · · · · · · · · · · · ·					
_ <u>c</u> _						
<u>d</u>						
е		(6) Danier	(g) Cost or other basis		/L) C ()-	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	us (g)
<u>a</u>	207,066.				-	207,066.
<u>b</u>						
<u></u>						
<u>d</u>						
_е	Complete only for assets s	howing gain in column (h) and owner	d by the foundation on 12/31/69			
		(i) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) ga (k), but not less	
(i ——	i) F.M.V. as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	ol (h))
a						207,066.
<u>b</u>			+			
<u> </u>				ļ		
<u>d</u>			· · · · · · · · · · · · · · · · · · ·			
е			If non-plan auto-to-Don't har 7	 		
2	Capital gain net income of		If gain, also enter in Part I, line 7	2		207,066.
3	Not chart-term capital ga	ا In or (loss) as defined in sections	If (loss), enter -0- in Part I, line 7			207,000.
J			istructions). If (loss), enter -0- in			
			1	3		
Pa			duced Tax on Net Investment In	ncome	N	/A
Was		the section 4942 tax on the distr	ributable amount of any year in the b	ase perio	d?	Yes No
11 1		not qualify under section 4940(e)		a any ont		
<u> </u>	(a)		ar; see the instructions before makin	g any ent I	(d)	
C-1	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	1		
Car	endar year (or tax year beginning in) 2013	, , , , , , , , , , , , , , , , , , , ,			Distribution ra	
	····					
	71117	1			Distribution ra	
	2012 2011				Distribution ra	
	2012 2011 2010				Distribution ra	
	2011				Distribution ra	
	2011 2010				Distribution ra	
	2011 2010 2009	1)		2	Distribution ra	
	2011 2010 2009 Total of line 1, column (c		de the total on line 2 by 5, or by the	2	Distribution ra	
	2011 2010 2009 Total of line 1, column (column to a column to a c	o for the 5-year base period - divi		_	Distribution ra	
	2011 2010 2009 Total of line 1, column (of Average distribution ration number of years the four	o for the 5-year base period - divi indation has been in existence if le	de the total on line 2 by 5, or by the	3	Distribution ra	
2 3	2010 2009 Total of line 1, column (column to number of years the four the net value of no	o for the 5-year base period - divindation has been in existence if le	de the total on line 2 by 5, or by the ess than 5 years	3	Distribution ra	
2 3	2011 2010 2009 Total of line 1, column (column (column) Average distribution ration number of years the four Enter the net value of notation of the second	o for the 5-year base period - divindation has been in existence if leads to the control of the	de the total on line 2 by 5, or by the ess than 5 years	3 4 5	Distribution ra	
2 3	2011 2010 2009 Total of line 1, column (column for a column for a col	o for the 5-year base period - divindation has been in existence if leads to the control of the	de the total on line 2 by 5, or by the ess than 5 years	3 4 5 6	Distribution ra	

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation

Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

Form 990-PF (2014)

10

Х

IL

Par	t VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	Т		
••		11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	'''		
	·	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		Х	
14	Website address ► N/A The books are in care of ► BANK OF AMERICA Telephone no. ► (866) 752-2	2127	7	
-	Located at ▶ 135 S. LASALLE, IL4-135-14-19, CHICAGO, IL ZIP+4 ▶ 60603			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year		•	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	T	Yes	No
	· · · · · · · · · · · · · · · · · · ·	16	- 1	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 >			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(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 for			
	the benefit or use of a disqualified person)?			
	(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	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			37
		1b		<u> X</u>
	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	4.		Х
•		1c		
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))			
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
٠	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years			
1	b 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			
	1	2b		Х
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	i		
	>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
	at any time during the year?	1		
	b 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)	3Ь		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ļ	b 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 jeopardy before the first day of the tax year beginning in 2014?	4b		<u> X</u>

orm 9	90-PF (2014)			30-64	10098		Page 6
Part	VII-B	Statements Regarding Activities f	or Which Form	4720 May Be Req	uired (continued)	_	
5a	 (1) Carry of the control of	year did the foundation pay or incur any amoon propaganda, or otherwise attempt to influe ce the outcome of any specific public elegation of the continuation of the c	nce legislation (section cection (see section ther similar purposes charitable, etc., organitable, scientific, or animals?	4955), or to carry or	Yes X No		
b		swer is "Yes" to 5a(1)-(5), did any of the s section 53 4945 or in a current notice regar				ր . 5b	
	_	ons relying on a current notice regarding disas	_				
C	If the ans because it	wer is "Yes" to question 5a(4), does the maintained expenditure responsibility for the ach the statement required by Regulations sec	foundation claim e grant ⁷ · · · · · ·	exemption from the t	ax	•	
6a		oundation, during the year, receive any fur			1 11		
		nal benefit contract?					,,
b		indation, during the year, pay premiums, direc 6b, file Form 8870	tly or indirectly, on a	personal benefit contra	ict ⁷	. 6b	- X
7a		e during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No	,	
ь	-	the foundation receive any proceeds or have					
Part	VIII	nformation About Officers, Directo					
1		and Contractors cers, directors, trustees, foundation m	anagers and their	compensation (see	instructions).		
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense ad other allows	ccount, inces
ANK_	OF_AMERICA	, <u>NA</u>	TRUSTEE				
35 S	. LASALLE,	CHICAGO, IL 60603	11	-0-	-0-		-0-
2	Compensa "NONE."	tion of five highest-paid employees	(other than thos	se included on line	e 1 - see instruction	ons). If none	e, enter
(a)	Name and ad	dress of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense ac other allows	
IONE	 E			NONE	NONE	NON	ΙE
						<u> </u>	

NONE Form **990-PF** (2014)

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Man and Contractors (continued)	agers, Highly Paid Employ	/ees,
3 Five highest-paid independent contractors for professional services (see instruc	tions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
		 -
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical i organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1NONE		 .
2		
3		
4		
`		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 are	nd 2	Amount
1NONE		
9	- 1	
2		
All other program-related investments. See instructions.		 .
3 NONE		
Total. Add lines 1 through 3	<u> ▶ </u>	

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	926,678.
b	Average of monthly cash balances	1b	41,080.
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	967,758.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	967,758.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	14,516.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	953,242.
_6	Minimum investment return. Enter 5% of line 5	6	44,659.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	44,659.
2 a	Tax on investment income for 2014 from Part VI, line 5		
ь	Income tax for 2014. (This does not include the tax from Part VI.)2b	1	
	Add lines 2a and 2b	2c	6,031.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,628.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	38,628.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	38,628.
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE_
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	15.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	calculating whethe	r the foundatio

Form 990-PF (2014)

, age ,	Ρ	ag	е	
---------	---	----	---	--

Pat	t XIII Undistributed Income (see instruc	ctions)			r age U
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7			-	38,628.
2	Undistributed income, if any, as of the end of 2014				
а	Enter amount for 2013 only			NONE	
	Total for prior years 20,20		NONE		
3	Excess distributions carryover, if any, to 2014				
а	From 2009 NONE				
b	From 2010 NONE				
C	From 2011 NONE				
	From 2012 NONE				
	From 2013 NONE				
f	Total of lines 3a through e	NONB			
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$15.				
а	Applied to 2013, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years		27027		
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	NONE			1.5
	Applied to 2014 distributable amount	NTONTE			15.
_	Remaining amount distributed out of corpus	NONE NONE			NONE
5	Excess distributions carryover applied to 2014 . (If an amount appears in column (d), the same	NONB	·····		NONE
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below.				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
	Prior years' undistributed income. Subtract				· · · · · · · · · · · · · · · · · · ·
ь	line 4b from line 2b		NONE		
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		NONE		
d	Subtract line 6c from line 6b. Taxable				
_	amount - see instructions		NONE		
е	Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount - see				
	instructions			NONE	
f	Undistributed income for 2014. Subtract lines				
•	4d and 5 from line 1. This amount must be			ļ	
	distributed in 2015				38,613.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			
	required - see instructions)	NONE			-
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2015.		. 1		
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9				
a	Excess from 2010 NONE				
ь	Excess from 2011 NONE				
C	Excess from 2012 NONE				
d	Excess from 2013 NONE				
е	Excess from 2014 NONE				5 900 PE (0044)

Ľ	Private Ope	erating Foundations	s (see instructions a	and Part VII-A, quest	ion 9)	NOT APPLICABLE
1 a	If the foundation has				rating	
	foundation, and the ruling	is effective for 2014, en	ter the date of the ruling	g	▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described i	n section 4942	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) rotal
	I or the minimum investment return from Part X for each					
	year listed					
b	85% of line 2a		<u>.</u>			
C	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not			 		
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					-
	directly for active conduct of exempt activities Subtract line					
	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
_	4942(j)(3)(B)(i)			·		
U	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
c	Ine 6 for each year listed "Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities				,	
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Do	(4) Gross investment income . rt XV Supplemer	tory Information /	Camplete this no	et ouls if the form	dotion had \$5.000	or more in assets
Га		during the year - s		rt only if the found	uation had \$5,000	or more in assets
1	Information Regarding		<u>.</u>			
а	List any managers of	the foundation who	have contributed mo	ore than 2% of the tot	al contributions rece	eived by the foundation
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000). (\$	See section 507(d)(2)	.)
	NONE		100/			
D	ownership of a partner					Illy large portion of the
	NONE			u		
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	nip, etc., Programs:		
	Check here ▶ ☐ if t	he foundation only	makes contributions	to preselected char	ritable organizations	and does not accept
	unsolicited requests f	or funds. If the found	ation makes gifts, g			or organizations under
	other conditions, comp				<u></u>	
а	The name, address, an	_	or e-mail address of th	ie person to whom ap	plications should be a	addressed
	SEE STATEMENT					
b	The form in which app			ion and materials they	snould include:	
	SEE ATTACHED S'	TATEMENT FOR L.	INE Z			
	Any submission deadli	nes:		·		
_	SEE ATTACHED S'		INE 2			
	- "					
d		mitations on awards	, such as by geogi	aphical areas, charita	able fields, kinds of	institutions, or other
	factors					
JSA	SEE ATTACHED S	TATEMENT FOR L	INE 2			
						Entry 000-DE (2014)

n Id	XV Supplementary Information (continued)			Pag
	Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or Appr	oved for F	uture Payment	
	Recipient	If recipient is an individual,	Foundation	Purpose of great or	
_	Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount
a	Paid during the year	or acostantial contributor			
	5 ,				
			1		
				i	
				l i	
			1		
				1	
				1	
			1		
_			ļ		
	Total	<u> </u>		▶ 3a	
	Approved for future payment				
			ļ		
			1		
-				·	
	Total			▶ 3b	

Part XVI-A	Analysis of Income-Produ	cing Activ	/ities			
Enter gross a	mounts unless otherwise indicated.	T	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
а						(odo mandanoman)
b						
c						
d						<u></u>
е				_	-	··
f				1		
-	and contracts from government agencies			 		
	hip dues and assessments					
	savings and temporary cash investments s and interest from securities			14	97,941.	
	I income or (loss) from real estate:			1 1 1	57,541.	
	inanced property					
	ebt-financed property					
	income or (loss) from personal property					
	restment income					
8 Gain or (lo	ss) from sales of assets other than inventory	<u> </u>		18	207,066.	
9 Net incor	ne or (loss) from special events					
10 Gross pro	ofit or (loss) from sales of inventory					
11 Other rev	venue a					
				_		
					1	
e	Add columns (b), (d), and (e)			+	305,007.	
	Id line 12, columns (b), (d), and (e)		1		* *	
	eet in line 13 instructions to verify calc					3037007.
Part XVI-I	Relationship of Activities	to the Ac	complishment of E	xempt Purp	oses	
Line No.	Explain below how each activity	ty for whic	h income is reported	ın column (e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundati					
	/				· ·	· · · · · · · · · · · · · · · · · · ·
					····	
						, <u></u>
					 	·
	··	 				
					-	
					 	
						
			NOT APPLICAB	LE		
			-			
						
						· · · · · · · · · · · · · · · · · · ·
			·-·			_ -
•						
			·			
	I					Form 990-PF (2014
JSA						101111 1 1 (2014

Part_X	VII	Information Exempt Orga		ansfers To and Trans	actions and	d Relationships With	Nonchari	table	;
1 Di	d the			engage in any of the follo	owing with an	y other organization desci	ribed	Yes	No
						ection 527, relating to pol		100	
		ations?		u	·				
a Tr	ansfe	rs from the reportu	ng foundation to	a noncharitable exempt o	rganization of			1	
(1) Casi	1		· • • • • • • • • • • • • • •	- 		1a(1)		Х
									X
b O	ther tr	ansactions:							
									X
									X
									X
									Х
									X
								<u> </u>	X
	_		_					<u> </u>	X
						Column (b) should always			
						If the foundation received			
				•	T .	of the goods, other assets			
(a) Line	no	(b) Amount involved	(c) Name of r	noncharitable exempt organization	(a) Desc	cription of transfers, transactions,	and sharing arr	angeme	ints
			-						
									
									
						 			
			 			· · ·			
				-		-			
							· · · · · · · · · · · · · · · · · · ·		
									
				······································	 				
		····							

2a ls	the f	oundation directly	or indirectly af	filiated with, or related to	o, one or mor	e tax-exempt organization	is		
d	escrib	ed in section 501(c) of the Code (o	ther than section 501(c)(3)) or in section	1 527?	🔲 Y	'es 🔝	X No
<u>b</u> If	"Yes,'	complete the following	owing schedule.						
		(a) Name of organizat	ion	(b) Type of organizat	tion	(c) Description of	relationship		
	,								
				ined this return, including accompar taxpayer) is based on all information of		statements, and to the best of my any knowledge	knowledge and	belief, if	. is true
Sign	_	/ 10	·	1		May	the IRS discu	ss this	return
Here	19	sery 7	u	06/02/2015	SVP '	I'ax with	the preparer	[below
	Sign	ature of officer or truste	e In N. P.	Date	Title	(see	instructions)?	Yes [No
	BA	NK OF AMERIC		Propagar's standards		Date	DTIN		
Paid		Print/Type preparer's	name	Preparer's signature		Date Check	if PTIN		
Prepa	rer					self-emp	loyea		
Use C		Firm's name				Firm's EIN			
USE C	, 111 Y	Firm's address				Dt	•		
		L				Phone no			

Form **990-PF** (2014)

TNITEDECT FOOM CECTIPITES

	NET INVESTMENT INCOME	3,457. 2,624. 30,270. 2,413. 56,300.
FROM SECURITIES ====================================	REVENUE AND EXPENSES PER BOOKS	3,457. 2,624. 2,877. 30,270. 2,413. 56,300.
FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES	DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS

FORM 990PF, PART I - OTHER INCOME

PARTNERSHIP INCOME

DESCRIPTION

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

7

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	1 1 1 1 8	175. 212.	387.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	175.	
DESCRIPTION		FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

CHARITABLE PURPOSES	15.	15.
NET INVESTMENT INCOME	196.	196.
REVENUE AND EXPENSES PER BOOKS	15.	15.
		TOTALS
DESCRIPTION	STATE FILING FEE PARTNERSHIP EXPENSES	

EPB888 L775 06/02/2015 13:25:40

ENDING FMV 	758,092. 114,667. 278,607. 663,572. 634,392. 430,622. 688,318. 725,107. 349,800. 349,800. 356,318. 706,350. 706,350. 734,077. 202,588. 465,712. 502,353. 439,744.
ENDING BOOK VALUE	699,734. 170,763. 274,621. 706,378. 523,962. 502,000. 502,000. 502,000. 502,000. 570,337. 354,000. 557,253. 829,000. 557,253. 829,000. 578,345. 418,277. 906,775.
	TOTALS
DESCRIPTION	464287614 ISHARES RUSSELL 1000 73935S105 POWERSHARES DB COMMO 921943858 VANGUARD FTSE DEVELO 922042858 VANGUARD FTSE EMERGI 922908553 VANGUARD FEIT ETF 057071813 BAIRD MIDCAP FUND IN 466001864 IVY ASSET STRATEGY F 552983694 MFS VALUE FUND CL I 76628R615 RIDGEWORTH MID CAP V 87234N302 TCW SELECT EQUITIES 89154Q737 TOUCHSTONE SMALL CAP 904504842 UNDISCOVERED MANAGER 19765N245 COLUMBIA DIVIDEND IN 38145C646 GOLDMAN SACHS STRATE 693390700 PIMCO TOTAL RETURN F 693390841 PIMCO HIGH YIELD FD 22544R305 CREDIT SUISSE COMMOD 04314H881 ARTISAN INTL VALUE F 592905509 METRO WEST T/R BD CL

വ

INVESTMENTS
OTHER
1
II
PART
990PF,
FORM

	COST/ FMV	ENDING	ENDING
DESCRIPTION	C OR F	BOOK VALUE	FMV
	1 1 1 1	1 1 1 1 1 1 1	!!!
8E0029993 EXCELSIOR MULTI-STRA	ບ	290,657.	304,919.
99Z984108 BACAP MULTI STRAT HE	ט	6,216.	3,265.
127994101 CMH-ACADEMY PARK L P	υ	141,320.	63,750.
			1 1 1 1 1 1 1 1 1 1 1 1 1
	TOTALS	438,193.	371,934.

9

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

r or ·

AMOUNT

_ _ _ _ _

TRANSFEROR - CARL R. HENDRICKSON FAMILY FOUNDATION

CASH

SECURITIES

72,932. 10,811,356.

TOTAL

10,884,288.

CARL R. HENDRICKSON FAMILY FDN. FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:
SEE ATTACHED
FORM, INFORMATION AND MATERIALS:
SEE ATTACHED
SUBMISSION DEADLINES:
SEE ATTACHED
RESTRICTIONS OR LIMITATIONS ON AWARDS:
SEE ATTACHED

PHILANTHROPIC MANAGEMENT

STANDARD GRANT APPLICATION FORMAT

Important Note: Each foundation has maximum page limit requirements or suggestions, so please refer to the state-specific application procedures for detailed guidance.

1. Standard Grant Application Coversheet (found on page 3)

2. Organization Summary

Provide a brief description of the mission, history, goals, services/programs, organizational structure, and key achievements of the organization.

3. Description of Specific Request

Please describe the services for which you are seeking support. If project support is requested, tailor your responses to that particular project; if operating support is requested, tailor your responses to address the organization. Please focus on the following components:

- Describe the need your organization is addressing
- State the connection between your organization and/or project work and the mission of the specific foundation toward which you are applying
- Provide information about the constituents who benefit from your organization's work (age, gender, race/ethnicity, income levels, geographic representation, any disabilities, language(s) spoken, or other criteria relevant to the work)
- State the goals and expected outcomes of this work, and include a timeline for meeting these goals and outcomes
- Describe the program design, giving detailed information about how program activities will occur
- Describe the challenges to the success of the proposed activities and how these factors could be overcome
- Describe how the amount requested was determined, how it will be applied, and sources of future funding

4. Monitoring and Evaluation

Please address the following:

- Include details of how your organization defines and monitors success for the organization, or if program support is requested, for the specific program
- Identify the short-term and long-term indicators of success
- Describe how you have used evaluation results (qualitative or quantitative) to make changes and improve your organization's and/or program's performance and impact

Please include a summary of any evaluation results, if available. If seed funding is requested, please detail the evaluation plans to include the components listed above.

Attachments:

1. Organizational Budget

Include a budget for the organization for the current fiscal year. Please provide budget projections if multi-year support is requested.

2. Project Budget (Not applicable for general operating requests)

If the requested funds are to be used for anything other than the general operating expenses of the organization, include a detailed line-item budget for the project. Please provide budget projections if multi-year support is requested.

3. Sources of Funding

Provide a list of foundation, corporate and/or government grants secured over the past 2 years. Please state the source, dollar amount, grant time period, and the date received or requested. Also include any pending requests still outstanding.

If operating support is requested, provide this information for the organization; if project support is requested, also provide any additional funding earmarked for the project. If multi-year support is requested, please provide information on any multi-year pledges.

4. List of Board Members

Provide a list of the members of the current Board of Directors and their professional affiliations.

5. Copy of Tax Status Letter

Provide a copy of the organization's most recent IRS Tax-Exempt Ruling Letter, verifying that the organization is a qualified charity under section 501(c)(3) of the Internal Revenue Code and not a private foundation.

6. Audited Financial Statements

Provide a copy of the organization's financial statements for the most recently completed fiscal year (audited if available).

Additional Notes:

- 1. Please do not send any materials or attachments other than what is requested by the specific foundation. Additional materials will not be reviewed.
- 2. Please do not add the foundation or any of its representatives to general mailing or electronic lists, unless specifically requested.
- 3. Make sure you have responded to any specific requirements of the foundation. These requirements have been stated in the respective Foundation Overview pages and Application Procedures documents on our website, www.bankofamerica.com/grantmaking.

PHILANTHROPIC MANAGEMENT

STANDARD GRANT APPLICATION COVERSHEET

This coversheet must be included with all requests. Please limit your responses to the space provided here and make additional comments in the proposal submitted with this coversheet. You can download and save this file, and type your responses directly in the saved document; or you can print this coversheet and clearly handwrite or type your responses.

Proposal Management Information If you are unclear how to complete this section, please refer to the Frequently Asked Ouestions section of our website. Foundation Name to which you are applying: **Organizational Information** Legal Name of Organization: Address: City: State: Zip Code: Website: Phone: Fax: Executive Director Name: Mr. Ms. Dr. Contact Name (if different from above): Mr. Ms. Dr. Contact Title: Contact Email: **Contact Phone:** Ext.: Fax: Fiscal Agent Name (FA) (if applicable): FA Address: FA City: FA State: FA Zip Code: IRS Determination Ruling Date: Federal Tax I.D. #: Brief Overview of Organization (60 words or less): # Volunteers: # Part-time: # of Full-time Employees: Ending (Month/Day): Fiscal Year Dates: Beginning (Month/Day): Most Recent Completed Fiscal Year: Revenue: \$ Expenses: \$ Current Fiscal Year Projections: Revenue: \$ Expenses: \$ Sources of organizational revenue from the most recent completed fiscal year (list % of total revenue): % Federal % In-kind % Individuals % State City % Endowment % % United Way % Fees % Other (Explain) **Foundations** Corporations %

Request Information								
Funds Requested: \$		over year(s)						
Type of Support Requested: Car	pital 🗔	General Operating 「	Program/Project ☐ Other ☐					
Please note Not all types of support are provided by every foundation, so please check the website for specific guidelines								
Brief Overview of Request: (60 words or less)								
Approximate Geographic Locat	tion, Dem	ographics, and Descr	iption of Population Served: (60 words					
or less) If the foundation to which you d	are applying	has specific geographic res	trictions, please provide a breakdown of number					
or percentage of people served by the res	pective towi	ns						
	•							
If you are requesting general ope	erating fu	nds, you do <u>not</u> need to	o complete the section below.					
Project Title (if applicable):								
Project Budget (if applicable):								
Most Recent Completed Fiscal Y	ear: Proj	ect Revenue: \$	Project Expenses: \$					
Current Fiscal Year Projections: Project Revenue: \$ Project Expenses: \$								
Sources of project revenue from t	he <i>most re</i>	ecent completed fiscal	year (use projections if project is new):					
Federal	%	In-kind	%					
State	%	Individuals	. %					
City	%	Endowment	%					
Fees	%	United Way	%					
Foundations	<u>%</u>	Other (Explain)	%					
Corporations	<u>%</u>							
We have read the Application Procedures and respective Foundation Overview page and								
understand any specific requirements of the foundation toward which we applied.								
We agree to report to the Trustee on the expenditure of funds received.								
Signed		Title:	Date:					

FEDERAL FOOTNOTES

THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

FEDERAL FOOTNOTES

Beatle 4

REG SEC. 1.507-3. SPECIAL RULES; TRANSFEREE FOUNDATIONS. THE CARL R. HENDRICKSON FAMILY FOUNDATION (TRANSFEREE TRUST, 30-6410098) HAS ADOPTED THE ATTRIBUTES OF THE CARL R. HENDRICKSON FAMILY FOUNDATION (TRANSFEROR CORPORATION, 36-6736213).

Form **8868**

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

	Internal Revenue Service ► Information about Form 8868 and its instructions is at www irs gov/form8868.								
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box									
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).									
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile.and click on e-file for Charities & Nonprofits.									
Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed).									
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part Lonly									
Part I only									
to file income tax returns. All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use rorm 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions									
to me meom	T	empt organization or other filer, see ins	structions.		Employer identification				
Type or									
print	CARL R	. HENDRICKSON FAMILY F	מת		30-6	410098			
File by the		reet, and room or suite no If a P O. box		tions.	Social security number (
due date for filing your	135 S.	LASALLE, IL4-135-14-1	9		, , , , , , , , , , , , , , , , , , , ,	, , ,			
return See		or post office, state, and ZIP code. For a		dress, see instructions.					
instructions.	CHICAG	O, IL 60603							
Enter the Ret		or the return that this application is	s for (file a	senarate application fo	r each return)		. 04		
Enter the tree	tarri oodo r	or the retain that this application is							
Application			Return	Application			Return		
ls For			Code	ls For		Code			
Form 990 or	Form 990	·EZ	01	Form 990-T (corporat	ion)	07			
Form 990-BL	-		02	Form 1041-A		08			
Form 4720 ((indıvıdual)		03	Form 4720 (other tha	ın ındividual)	09			
Form 990-PF	:		04	Form 5227		10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11			
Form 990-T (trust other than above) 06 Form 8870 12							12		
Telephone No. ► (866) 752-2127 FAX No. ► If the organization does not have an office or place of business in the United States, check this box									
		natic 3-month (6 months for a corp				shave The av	stanasan ia		
		08/17 , 20 15 , to file the on's return for:	exempt org	yamzanon return for the	s vigariizauon named i	500VE. 1118 8)	KIGHSION IS		
	_	ear 20 or							
	tay year he	eginning 01/	24 2014	l and ending	12/31	1 20 14			
	tax year be	sgiiiiiig	<u> </u>	, and chang		1, 20 11 .			
	2 If the tax year entered in line 1 is for less than 12 months, check reason. X Initial return Final return Change in accounting period								
		ıs for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the	tentative tax, less an				
		edits. See instructions.				3a \$	6,039.		
		n is for Form 990-PF, 990-T,							
c Balanc	e due. Sub	ments made. Include any prior yea stract line 3b from line 3a. Include	your paym	**		1 1.			
	(Electronic Federal Tax Payment System). See instructions. 3c \$ 6,039.								
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment									

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2014)