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Department of the Treasury

Internal Revenue Service

DLN: 93491159003255

OMB No 1545-0052

Open to Public Inspection

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 instructions is at www.irs.gov/form990pf.

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014 A Employer identification number Name of foundation ANNE & MEAD MONTGOMERY FAMILY FOUNDATION 35-2196822 **B** Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) 945 OLD GREEN BAY RD C If exemption application is pending, check here City or town, state or province, country, and ZIP or foreign postal code WINNETKA, IL 60093 G Check all that apply Initial return Initial return of a former public charity **D 1.** Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation E If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation J Accounting method I Fair market value of all assets at end **F** If the foundation is in a 60-month termination **▶** □ under section 507(b)(1)(B), check here of year (from Part II, col. (c), Other (specify) line 16)►\$ 1,247,192 (Part I, column (d) must be on cash basis.) Analysis of Revenue and Expenses (The Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see for charitable expenses per ıncome books (cash basis only) Contributions, gifts, grants, etc , received (attach Check ► ✓ If the foundation is **not** required to attach Interest on savings and temporary cash investments 28,596 Dividends and interest from securities. . . 28,596 Gross rents Net rental income or (loss)_ Net gain or (loss) from sale of assets not on line 10 50,757 Revenue Gross sales price for all assets on line 6a 355,229 Capital gain net income (from Part IV, line 2) . 50,757 Net short-term capital gain . . Income modifications . . 10a Gross sales less returns and allowances b Less Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 匆 11 79.369 12 Total. Add lines 1 through 11 . . 79,369 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages . . Operating and Administrative Expenses 15 Pension plans, employee benefits . . Legal fees (attach schedule). . . 16a 907 907 Accounting fees (attach schedule). 9,369 9,369 Other professional fees (attach schedule) 匆 **17** 包 2.096 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion . 19 20 Travel, conferences, and meetings. 21 22 Printing and publications Other expenses (attach schedule) . . . Total operating and administrative expenses. 24 Add lines 13 through 23 12.372 10,318 0 25 Contributions, gifts, grants paid. . . . 28,512 28,512 26 Total expenses and disbursements. Add lines 24 and 10,318 40,884 28,512 25 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements 38.485 69,051 Net investment income (if negative, enter -0-) Adjusted net income (If negative, enter -0-)

| Pa | rt II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
|------------------|----------|---|-------------------------|--------------------|-----------------------|
| | 1 | Cash—non-interest-bearing | 2,338 | | |
| | 2 | Savings and temporary cash investments | 35,728 | 34,96 | 8 34,968 |
| | 3 | Accounts receivable | | | |
| | | Less allowance for doubtful accounts | | | |
| | 4 | Pledges receivable - | | | + |
| | • | Less allowance for doubtful accounts - | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | + |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | + |
| | ' | Less allowance for doubtful accounts - | | | |
| | 8 | Inventories for sale or use | | | + |
| Ş⊕Ω - | 9 | Prepaid expenses and deferred charges | | | + |
| 88 | | Investments—U S and state government obligations (attach schedule) | | | + |
| ٠. | | - · · · · · · · · · · · · · · · · · · · | 496,374 | % 535,91 | 6 755,933 |
| | | Investments—corporate stock (attach schedule) | 445,481 | | |
| | _ | · · · · · · · · · · · · · · · · · · · | 443,401 | 437,23 | 7 442,441 |
| | 11 | Investments—land, buildings, and equipment basis Less accumulated depreciation (attach schedule) | | | |
| | 4.0 | | | | |
| | 12 | Investments—mortgage loans | | | |
| | | Investments—other (attach schedule) | | | + |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach schedule) - | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | 070 021 | 1 021 00 | 1 247 102 |
| | | Instructions Also, see page 1, item I) | 979,921 | 1,021,99 | 1,247,192 |
| | 17 | Accounts payable and accrued expenses | | | \dashv |
| φ | 18 | Grants payable | | | - |
| | 19 | Loans from officers, directors, trustees, and other disqualified persons | | | - |
| 를 | 20 | Mortgages and other notes payable (attach schedule) | | | \dashv |
| | 21 | Other liabilities (describe | | | - |
| | 22 23 | Total liabilities (add lines 17 through 22) | | | |
| | 23 | Foundations that follow SFAS 117, check here | | | 4 |
| ري الله | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| or Fund Balances | 24 | Unrestricted | | | |
| <u>ଟ୍ର</u> | 25 | Temporarily restricted | | | ┥ |
| 四 元 | 26 | Permanently restricted | | | + |
| 틒 | | Foundations that do not follow SFAS 117, check here | | | + |
| <u>_</u> | | and complete lines 27 through 31. | | | |
| | 27 | Capital stock, trust principal, or current funds | 979,921 | 1,021,99 | 1 |
| Assets | 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 373,322 | 1,021,55 | Ä |
| Š | 29 | Retained earnings, accumulated income, endowment, or other funds | | | ┪ |
| ž | 30 | Total net assets or fund balances (see instructions) | 979,921 | 1,021,99 | 1 |
| Z | 31 | Total liabilities and net assets/fund balances (see instructions) | 979,921 | 1,021,99 | _ |
| Da | rt III | | , | _,,- | |
| 1 | T'T' | Total net assets or fund balances at beginning of year—Part II, column | (a) line 30 (must a | aree | |
| - | | | (a), fille 30 (filust a | - I I | 979,921 |
| 2 | | Enter amount from Part I, line 27a | | | 38,485 |
| 3 | | Other increases not included in line 2 (itemize) | | · · · · · <u>2</u> | 3,585 |
| 4 | | Add lines 1, 2, and 3 | | | 1,021,991 |
| 5 | | Decreases not included in line 2 (itemize) | | | ,,- × - |
| 6 | | Total net assets or fund balances at end of year (line 4 minus line 5)—P | | | 1,021,991 |
| | | · · · · · · · · · · · · · · · · · · · | . , , , , | | · · · |

| | | ınd(s) of property sold (e g , re or common stock, 200 shs M | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|-------------|---|--|----------------------------|--|--|--|
| 1 a | SCHEDULE ATTATCHED | SHORT TERM | | Р | 2014-01-01 | 2014-12-31 |
| b | SCHEDULE ATTACHED L | ONG TERM | | Р | 2013-01-01 | 2014-12-31 |
| | PIMCO FUNDS | | | Р | 2009-05-13 | 2014-10-29 |
| d | VANGUARD FTSE EMERG | MKT | | Р | 2009-05-13 | 2014-03-11 |
| е | | | | | | |
| (€ | e) Gross sales price | (f) Depreciation allowe (or allowable) | , , , , , | t or other basis opense of sale | 1 | n or (loss) f) mınus (g) |
| a | 117,51 | 6 | | 121,55 | 7 | -4,041 |
| b | 174,34 | 6 | | 133,16 | 2 | 41,184 |
| С | 9,94 | 6 | | 9,44 | 3 | 503 |
| d | 51,06 | 3 | | 40,31 | 0 | 10,753 |
| е | | | | | | |
| Со | mplete only for assets shown | ng gain in column (h) and owne | ed by the foundation | n on 12/31/69 | (I) Gains (Col | (h) gaın mınus |
| (i) | FM V as of 12/31/69 | (j) A djusted basis as of 12/31/69 | | ess of col (ı) ol (j), ıf any | col (k), but not | less than -0-) or rom col (h)) |
| a | | | | | | -4,041 |
| b | | | | | | 41,184 |
| C | | | | | | 503 |
| d | | | | | | 10,753 |
| <u>е</u> | | | | | | |
| 3 | | n or (loss) as defined in sectio , line 8, column (c) (see instru | | | 3 | 50,757 |
| Part | V Qualification Unde | r Section 4940(e) for R | educed Tax on | Net Investme | nt Income | |
| (For opt | tional use by domestic private | e foundations subject to the se | ection 4940(a) tax | on net investment | ıncome) | |
| Was the | | this part blank tion 4942 tax on the distributa ilify under section 4940(e) Di | | | eriod? | ┌ Yes ┌ No |
| 1 En | ter the appropriate amount in | each column for each year, so | ee instructions befo | ore making any ent | ries | |
| | (a) e period years Calendar or tax year beginning in) | (b) djusted qualifying distributions | (c) Net value of noncha | | (d) Distributio (col (b) divideo | on ratio |
| | 2013 | 58,470 | | 1,153,935 | | 0 050670 |
| | 2012 | 63,045 | | 1,124,862 | | 0 056047 |
| | 2011 | 65,578 | | 1,151,540 | | 0 056948 |
| | 2010 | 72,827 | | 1,060,185 | | 0 068693 |
| | 2009 | 61,891 | | 957,304 | | 0 064651 |
| 2 | Total of line 1, column (d). | | | 2 5 | 2 | 0 297009 |
| 3 | | for the 5-year base period—div undation has been in existence | | | 3 | 0 059402 |
| 4 | | haritable-use assets for 2014 | | | 4 | 1,228,852 |
| 5 | Multiply line 4 by line 3. | | | | 5 | 72,996 |
| 6 | Enter 1% of net investmen | it income (1% of Part I, line 2 | 7b) | | 6 | 691 |

the Part VI instructions

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

73,687

28,512

7

8

| | 990-PF (2014) | | | age 4 |
|------------|---|--------|-----|--------------|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst | ructio | ns) | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here Fand enter "N/A" | | | |
| | Date of ruling or determination letter(attach copy of letter if necessary-see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | 1,381 |
| | here Fand enter 1% of Part I, line 27b | | | |
| С | 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-) | | | |
| 3 | Add lines 1 and 2 | | | 1,381 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0 | | | 1,381 |
| 6 | Credits/Payments | | | |
| а | 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,830 | | | |
| b | Exempt foreign organizations—tax withheld at source 6b | | | |
| c | Tax paid with application for extension of time to file (Form 8868) 6c | | | |
| d | Backup withholding erroneously withheld 6d | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | 1,830 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here 🔽 if Form 2220 is attached. 8 | | | 1 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10 | | | 448 |
| 11 | Enter the amount of line 10 to be Credited to 2015 estimated tax • 448 Refunded • 11 | | | |
| Par | t VII-A Statements Regarding Activities | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did | | Yes | No |
| | it participate or intervene in any political campaign? | 1a | | No |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions | _ | | |
| | for definition)? | 1b | | No |
| | If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials | | | |
| _ | published or distributed by the foundation in connection with the activities. | , | | No |
| | Did the foundation file Form 1120-POL for this year? | 1c | | No |
| u | (1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers > \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? |] 2 | | No |
| _ | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | |
| | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | . з | | No |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | No |
| ь | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | . 5 | | No |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions | | | |
| | that conflict with the state law remain in the governing instrument? | 6 | | |
| 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 | Yes | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) ►IL | | | |
| 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. | 8b | Yes | |
| 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 year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? | | | |
| | If "Yes," complete Part XIV | . 9 | | No |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names | | | |
| | and addresses. | 10 | | No |

| 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 | | No |
| 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 | | No |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Yes | |
| | Website address ►NA | | | |
| 14 | The books are in care of ►M MEAD MONTGOMERY Telephone no ►(847 | 441- | 8980 | |
| | Located at ▶945 OLD GREEN BAY RD WINNETKA IL ZIP+4 ▶60093 | | | |
| 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 over | مد ا | Yes | No |
| | a bank, securities, or other financial account in a foreign country? | 16 | | No |
| | See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country | | | |
| | | | | |
| Pai | 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 V 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 Vo | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No | | | |
| | (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) Yes V No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 46 | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | |
| _ | Organizations relying on a current notice regarding disaster assistance check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, | | | |
| _ | that were not corrected before the first day of the tax year beginning in 2014? | 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)) | | | |
| а | 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 before 2014? | | | |
| | If "Yes," list the years > 20, 20, 20 | | | |
| h | 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) | 2b | | |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | - | | |
| | ► 20 | | | |
| За | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at | | | |
| | any time during the year? | | | |
| ь | 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.). | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | No |
| 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 | | No |

| Pal | Statements Rega | • | | | | | | | T / | |
|------|---|-----------------------------|--------|------------------------|---|--------|----------|------------|----------------|--|
| 5a | During the year did the foundation | . , | | | | | _ | | | |
| | (1) Carry on propaganda, or othe | • | _ | • | | Yes | | No | | |
| | (2) Influence the outcome of any | | - | | • | | _ | | | |
| | on, directly or indirectly, any | | | | | | | | | |
| | (3) Provide a grant to an individu | | | | | Yes | - | No | | |
| | (4) Provide a grant to an organiza | | | | | | _ | | | |
| | in section 4945(d)(4)(A)? (se | | | | | Yes | 1 | No | | |
| | (5) Provide for any purpose other | | | | | | _ | | | |
| _ | educational purposes, or for t | | | | | | | No | | |
| b | If any answer is "Yes" to 5a(1)-(| | | | | | | | l | |
| | Regulations section 53 4945 or i | | | | | | | | . 5b | |
| | Organizations relying on a curren | | | | | | . | | | |
| С | If the answer is "Yes" to question | | | • | _ | | _ | | | |
| | tax because it maintained expend | liture responsibility for t | he gr | ant? | | Yes | Г | No | | |
| | If "Yes," attach the statement requ | ired by Regulations section | on 53. | 4945-5(d). | | | | | | |
| 6a | Did the foundation, during the yea | ar, receive any funds, dir | ectly | or indirectly, to pay | • | | | | | |
| | a personal benefit contract? | | | | , | Yes | • | | | |
| b | Did the foundation, during the yea | ar, pay premiums, direct | y orı | ndırectly, on a perso | nal benefit contract?. | • | | | 6b | No |
| | If "Yes" to 6b, file Form 8870. | | | | | | | | | |
| 7a | At any time during the tax year, v | vas the foundation a part | y to a | a prohibited tax shelt | er transaction? | Yes | | No | | |
| ь | If yes, did the foundation receive | any proceeds or have a | ny ne | t ıncome attrıbutable | to the transaction? . | | | | 7b | |
| | and Contractors List all officers, directors, trustees | t Officers, Director | | • | | iigiii | · y | | , E1111 | ——— |
| | · · · · · · · · · · · · · · · · · · · | (b) Title, and average | | c) Compensation | (d) Contributions | to | | (a) | Evnon | se account, |
| | (a) Name and address | hours per week | (| If not paid, enter | employee benefit p | | | | • | lowances |
| M ME | AD MONTGOMERY | devoted to position | 1 | -0-) | and deferred compen | satio | _ | | | |
| | GREEN BAY ROAD | TRUSTEE 0 10 | | 0 | | | 이 | | | (|
| WIN | NETKA,IL 60093 | | | | | | _ | | | |
| | M MONTGOMERY | TRUSTEE | | 0 | | | 이 | | | (|
| | GREEN BAY ROAD NETKA,IL 60093 | 0 10 | | | | | | | | |
| _2 | Compensation of five highest-paid | l employees (other than | thos | e included on line 1— | | | _ | er " | NONE. | |
| (a) | Name and address of each employ paid more than \$50,000 | nours per weer | < | (c) Compensation | (d) Contributio employee ben plans and defe | efit | | | | se account, Iowances |
| | para more than \$50,000 | devoted to posit | 1011 | | compensation | on | | | | |
| NON | | devoted to posit | | | | on | | | | |
| NON | | devoted to posit | | | | on | | | | |
| NON | | devoted to posit | | | | on | | | | |
| NON | | devoted to posit | | | | on | | | | |
| NON | | devoted to posit | | | | on | | | | |
| NON | | devoted to posit | | | | o n | | | | |
| NON | | devoted to posit | | | | o n | | | | |

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|---|--|-----------------------|
| Part VIII Information About Officers, Directors, Trus and Contractors (continued) | tees, Foundation Managers, H | ighly Paid Employees, |
| 3 Five highest-paid independent contractors for professional services | s (see instructions). If none, enter "NO | NE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | S | |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include it | | er of Expenses |
| organizations and other beneficiaries served, conferences convened, research papers pro | oduced, etc | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation durin | g the tax year on lines 1 and 2 | A mount |
| 1 N/A | | |
| 2 | | |
| | | |
| All other program-related investments See instructions | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | ▶ |

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. 1 purposes 1a 1.234.096 1h 13.469 1c 1d 1.247.565 Reduction claimed for blockage or other factors reported on lines 1a and 1e 2 2 3 3 Subtract line 2 from line 1d. 1.247.565 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 4 18.713 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 1.228.852 5 61.443 **Distributable Amount** (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and Part XT certain foreign organizations check here $\blacktriangleright \Gamma$ and do not complete this part.) 1 61.443 Tax on investment income for 2014 from Part VI, line 5. 1.381 2a Income tax for 2014 (This does not include the tax from Part VI). . . Add lines 2a and 2b. 2c 1.381 3 3 60.062 4 4 5 5 60.062 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . 7 7 60.062 Part XIII Oualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. 1a 28.512 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc. 2 2 3 Amounts set aside for specific charitable projects that satisfy the За. 3b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 28,512 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 28,512 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

| | Cildistributed friconie (see instr | · | 1 (1) | | |
|----|---|---------------|----------------------------|-------------|--------------------|
| | | (a) Corpus | (b) Years prior to 2013 | (c) 2013 | (d) 2014 |
| 1 | Distributable amount for 2014 from Part XI, line 7 | Сограз | rears prior to 2013 | 2013 | 60,062 |
| | Undistributed income, if any, as of the end of 2014 | | | | , |
| | Enter amount for 2013 only | | | 3,784 | |
| | Total for prior years 20, 20, 20 | | | , | |
| | Excess distributions carryover, if any, to 2014 | | | | |
| | From 2009 | | | | |
| | From 2010 | | | | |
| | From 2011 | | | | |
| d | From 2012 | | | | |
| е | From 2013 | | | | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2014 from Part | | | | |
| | XII, line 4 🕨 \$ 28,512 | | | 2 724 | |
| | Applied to 2013, but not more than line 2a | | | 3,784 | |
| b | Applied to undistributed income of prior years | | | | |
| _ | (Election required—see instructions) Treated as distributions out of corpus (Election | | | | |
| ٠ | required—see instructions) | | | | |
| d | Applied to 2014 distributable amount | | | | 24,728 |
| | Remaining amount distributed out of corpus | | | | |
| 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: | | | | |
| | Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| D | Prior years' undistributed income Subtract line 4b from line 2b | | | | |
| c | Enter the amount of prior years' undistributed | | | | |
| _ | income for which a notice of deficiency has | | | | |
| | been issued, or on which the section 4942(a) | | | | |
| | tax has been previously assessed | | | | |
| d | Subtract line 6c from line 6b Taxable amount —see instructions | | | | |
| e | Undistributed income for 2013 Subtract line | | | | |
| Ī | 4a from line 2a Taxable amount—see | | | | |
| | instructions | | | | |
| f | Undistributed income for 2014 Subtract | | | | |
| | lines 4d and 5 from line 1 This amount must be distributed in 2015 | | | | 35,334 |
| 7 | Amounts treated as distributions out of | | | | |
| • | corpus to satisfy requirements imposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (Election may | | | | |
| _ | be required - see instructions) | | | | |
| 8 | Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2015. | | | | |
| | Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9 | | | | |
| а | Excess from 2010 | | | | |
| | Excess from 2011 | | | | |
| | Excess from 2012 | | | | |
| | Excess from 2013 | | | | |
| е | Excess from 2014 | l | | | |

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

- a The name, address, and telephone number or email address of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- **d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or | A mount |
|--|---|-------------------------|---------------------|----------|
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| Name and address (home or business) a Paid during the year See Additional Data Table | any foundation manager or substantial contributor | recipient | contribution | Amount |
| Total | | | | 28,51 |
| Total | <u> </u> | <u> </u> | | 20,51 |
| | | | | |
| | | | b. 26 | <u> </u> |

| Part XVI-A Analysis of | | | siness income | Excluded by section | 512 513 or 514 | (e) |
|---|--|--|---------------|--------------------------------------|--------------------|--------------------------------------|
| nter gross amounts unless oth | erwise indicated | (a) | (b) | (c) | (d) | Related or exempt function income |
| 1 Program service revenue | | Business code | A mount | Exclusion code | A mount | (See instructions) |
| a b | | | | | | |
| c | | | | | | |
| e | | | | | | |
| f g Fees and contracts from go | | | | | | |
| Membership dues and asses Interest on savings and terr investments | nporary cash | | | | | |
| Dividends and interest from Net rental income or (loss) f | | | | 14 | 28,596 | |
| a Debt-financed property. | | | | | | |
| b Not debt-financed property Net rental income or (loss) f | from personal | | | | | |
| property Other investment income. | - | | | 18 | 16 | |
| Gain or (loss) from sales of inventory | | | | 14 | 50,757 | |
| Net income or (loss) from sp | | | | | 30,737 | |
| Gross profit or (loss) from sa Other revenue a | | | | | | |
| b | • | | | | | |
| c | | | | | | |
| | | | | | | |
| d | | | | | | |
| d e Subtotal Add columns (b), (| d), and (e) | | | | 79,369 | |
| d | (d), and (e) (b), (d), and (e) | | | | 79,369 3 | 79,369 |
| de Subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in art XVI-B Relationshi | d), and (e) (b), (d), and (e) | lculations) the Accomp | lishment of E | 1 Exempt Purpose | 3 | 79,369 |
| d | d), and (e) (b), (d), and (e) | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in art XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in Trt XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in Trt XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in art XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in Trt XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in art XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| d | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in art XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| de Subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in a line 17 to the see worksheet in line 13 in the total below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |
| subtotal Add columns (b), (Total. Add line 12, columns (See worksheet in line 13 in art XVI-B Relationshi Explain below how the accomplishme | d), and (e) (b), (d), and (e) nstructions to verify ca p of Activities to to the cach activity for which | lculations) the Accomp n income is rep | lishment of E | Exempt Purpose (e) of Part XVI-A co | 3s | 79,369 ntly to |

| Form 990-P | | | | | | | | | | | Pa | ge 13 |
|-------------------------|---|------------------------|---------------|------------|-----------------|---------------|-----------|------------------------------|---------------------------------------|----------------|--------|--------------|
| Part XVI | Information Re Noncharitable | | | | | actions | and F | Relationships | With | | | |
| | rganization directly or i | | | | | | | | | | Yes | No |
| organızat | | | | | | | | | | | | |
| | s from the reporting four | | | | | | | | | 1-(1) | | NI- |
| | h | | | | | | | | | 1a(1) 1a(2) | | No No |
| b Other tra | | | | | | | | | | 14(2) | | 140 |
| | s of assets to a noncha | rıtable exe | empt organi | ıızatıon. | | | | | | 1b(1) | | No |
| | hases of assets from a | | | | | | | | | 1b(2) | | No |
| (3) Rent | tal of facilities, equipme | nt, or othe | rassets. | | | | | | | 1b(3) | | No |
| (4) Rein | nbursement arrangemer | nts | | | | | | | | 1b(4) | | No |
| | ns or loan guarantees. | | | | | | | | | 1b(5) | | No |
| (6) Perfo | rmance of services or n | nembershi | p or fundraı | ısıng sol | licitations | | | | | 1b(6) | | No |
| | of facilities, equipment, | | | | | | | | | 1 c | | No |
| of the go | swer to any of the above ods, other assets, or se ansaction or sharing arr | rvices giv | en by the re | eporting | foundation I | the found | dation re | eceived less than | ı faır marke | et value | | |
| (a) Line No | (b) Amount involved | (c) Name | of noncharita | ıble exemp | pt organization | (d) De | scription | of transfers, transact | ions, and sha | ring arra | ngemer | nts |
| - | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2n Is the for | undation directly or indi | roctly offil | inted with | or rolato | d to one or m | oro tay o | vomnt | organizations | | | | |
| describe | d in section 501(c) of the complete the following: (a) Name of organization | ne Code (o schedule | - | section 5 | · | n section | · · | | • • • • • • • • • • • • • • • • • • • | | es F | No |
| | | | | | | | | , , , , | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| the | der penalties of perjury, best of my knowledge a ormation of which prepar | nd belief, | ıt ıs true, c | orrect, a | | | | | | | | |
| Here | ***** | | | 2 | 2015-06-10 | _ h _ | **** | | return | IRS disc | | |
| | Signature of officer or t | rustee | | D | ate | , , , | itle | | below | tr)? 🔽 🐧 | | |
| | Print/Type preparer's DAVID J BLOCKOWICZ | name | Preparer's | s Sıgnatı | ure | Date 2015- | 06-08 | Check if self- employed ▶ | PTIN P(| 004424 | 109 | |
| Paid Preparer Use | | SNOCCHI | LLP | | | ı | | Firm's EIN ► 20 | 0-019575 | 9 | | |
| Only | Firm's address ► 1701 E LAKE AVE ST | E 480 G | LENVIEW, | ,IL 600 | 25 | | | Phone no (847 |)998-667 | 7 5 | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Recipient A mount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN CANCER SOCIETY NONE PUBLIC UNRESTRICTED 2,027 AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW 250 WILLIAMS STNW ATLANTA,GA 30303 ASPEN VALLEY SKI & SNOWBOARD PUBLIC CIVIC 250 NONE CLUB ASPEN VALLEY SKI & SNOWBOARD CLUB 300 AVSC DR 300 AVSC DR ASPEN,CO 81611 CANCER WELLNESS CENTER NONE **PUBLIC** UNRESTRICTED 1.000 CANCER WELLNESS 215 REVERE DR 215 REVERE DR NORTHBROOK, IL 60062 CHICAGO COUNCIL OF GLOBAL NONE PUBLIC UNRESTRICTED 1.000 AFFAIRS CHCIAGO COUNCIL OF GLOBAL AFFAIRS 332 S MICHIGAN 332 S MICHIGAN CHICAGO, IL 60604 CHICAGO YOUTH SYMPHONY PUBLIC UNRESTRICTED NONE 200 CHICAGO YOUTH SYMPHONY 410 S MICHIGAN AVE 410 S MICHIGAN AVE CHICAGO, IL 60605 DANIEL MURPHY SCHOLARSHIP PUBLIC CIVIC NONE 500 DANIEL MURPHY SCHOLARSHIP FUND 309 W WASHINGTON 309 W WASHINGTON CHICAGO, IL 60604 **EVANS SCHOLARS FDN** NONE PUBLIC UNRESTRICTED 250 EVANS SCHOLARS FDN ONE BRIAN RD ONE BRIAR RD GOLF, IL 60029 FABRETTO CHILDRENS HOSPITAL PUBLIC HEALTH NONE 100 FABRETTO CHILDRENS HOSPITAL 325 COMMERCE ST 325 COMMERCE ST ALEXANDRIA.VA 22314 PUBLIC FRIENDS OF ALTA NONE UNRESTRICTED 250 FRIENDS OF ALTA PO BOX 8126 PO BOX 8126 ALTA,UT 84092 MIDWEST PALLIATIVE & HOSPICE PUBLICV CIVIC 14,485 NONE CARE MIDWEST CARE CENTER/CAMP CARE 2050 CLARIE CT 2050 CLARIE CT GLENVIEW, IL 60025 PANCREATIC ACTION NETWORK PUBLIC UNRESTRICTED 4,000 NONE PANCREATIC ACTION NETWORK 1500 ROSECRANS AVE 1500 ROSECRANS AVE MANHATTEN BEACH, CA 90266 RAVINIA FESTIVAL NONE **PUBLIC** UNRESTRICTED 400 RAVINIA FESTIVAL 418 SHERICAN RD 418 SHERIDAN RD HIGHLAND PARK, IL 60035 **PUBLIC** REHABILITATION INSTITUTE OF NONE UNRESTRICTED 3,000 CHICAGO REHABILITATIN INSTITUTE OF CHCAGO 345 E SUERIOR 345 E SUPERIOR CHICAGO.IL 60611 PUBLIC SCC EDUCATIONAL FDN NONE UNRESTRICTED 250 SKOKIE COUNTRY CLUB EDUCATIONAL FDN 500 WASHINGTON 500 WASHINGTON GLENCOE, IL 60022 STAG FOUNDATION NONE PUBLIC UNRESTRICTED 300 STAG FOUNDATION 8600 ROCKVILLE PIKE 8600 ROCKVILLE PIKE BETHESDA, MD 20894 28,512

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

| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | A mount |
|--|---|-------------------------|----------------------------------|---------|
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| a Paid during the year | | | | |
| WTTS CHANNEL 11 WTTW CHANNEL 11 5400 N ST LOUIS 5400 N ST LOUIS CHICAGO,IL 60605 | NONE | PUBLIC | UNRESTRICTED | 500 |
| Total | | | | 28,512 |

TY 2014 Accounting Fees Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------|--------|--------------------------|------------------------|---|
| BLOCKOWICZ & TOGNOCCHI LLP | 907 | 907 | | |

TY 2014 Investments Corporate Bonds Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
|-----------------------------------|---------------------------|----------------------------------|
| CORPORATE & OTHER TAXABLE SCH ATT | 437,257 | 442,441 |

TY 2014 Investments Corporate Stock Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Name of Stock | End of Year Book Value | End of Year Fair Market Value | |
|----------------------------|---------------------------|----------------------------------|--|
| HARRIS BANK EQUITY SCH ATT | 535,916 | 755,933 | |

| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934911590032 | GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491159003255 |
|--|--------------------------------|-----------------|---------------------|
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TY 2014 Other Expenses Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------|--------------------------------|--------------------------|---------------------|--|
| EXPENSES | | | | |
| BANK FEES | | | | |

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491159003255

TY 2014 Other Income Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
|-----------------------|-----------------------------------|--------------------------|---------------------|
| AIG SECURITIES LITIGA | 16 | 16 | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491159003255 | | | | | | | |
|--------------------------------------|-----------------|---------------------|--|--|--|--|--|--|--|
| | _ | | | | | | | | |
| TV 2014 Other Ingreses Cabadula | | | | | | | | | |

TY 2014 Other Increases Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Description | Amount |
|------------------------------------|--------|
| ADJUSTMENT TO INVESTMENT TAX BASIS | 3,585 |

TY 2014 Other Professional Fees Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|--------------------------|--------|--------------------------|------------------------|---|
| ADVISORY FEE HARRIS BANK | 9,369 | 9,369 | | |

TY 2014 Taxes Schedule

Name: ANNE & MEAD MONTGOMERY FAMILY

FOUNDATION

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------------------------|--------|--------------------------|------------------------|---|
| FOREIGN TAX WITHHELD HARRIS BANK | 27 | 27 | | |
| ILLINOIS CHARITABLE FEE | 15 | 15 | | |
| US GOV'T EXCISE TAX PYMTS | 1,830 | | | |
| P/Y BALANCE EXCISE TAX | 224 | | | |

Page 7 of 26 Ref: 26

State

Cortara:

Payer's Name and Address:

BMO HARRIS BANK N.A. 111 WEST MONROE STREET 10C CHICAGO, IL 50603

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number

000001278529 XX-XXX6822 36-2085229

13121461-5586

Recipient's Name and Address:

ANNE & MEAD MONTGOMERY FAMILY

FNDIN

C/O ANNE & MEAD MONTGOMERY,

TRUSTEES

945 OLD GREEN BAY ROAD WINNETKA, IL 60093

Questions? Corrected

State:

2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OM8 No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

Covered (Box 5 is not checked)

Description of property (Box 1s)

| Cusio Number | Date Sold or Disposed | Date Acquired | Form 8849 Checkbox | Proceeds | Cost or Other Besis | Code If any | Adjustments | Net Gain or Loss | rederai Income Tax Wirhheld | State Tax Withheld |
|------------------------|-----------------------------------|-----------------------|-----------------------|------------|------------------------|----------------|-------------|---------------------|-----------------------------------|--------------------------|
| | (Buz to) | (Hox !b) | | (80x 1d) | (Box fe) | (Bex II) | (80x 1g) | | (Box 4) | (Box 16) |
| Short Term Sel 20.0 | es Reported on 10 BE AEROSPACE | 99-6 INC COMMON ST | OCK | | | | | | | |
| 073302101 | 05/23/2014 | 01/29/3014 | Α | 1.907.66 | 1,625,00 | | 0.00 | ?44.68 | 0.00 | 0,00 |
| 30.0 | BE AEROSPACE | INC COMMON ST | rock | | | | | | | |
| C73302101 | 06/27/2014 | 01/54/5014 | A | 2,757,53 | 2,487 00 | | 0,00 | 270.53 | 0.00 | 00,0 |
| 0.00 | ROEING COMPA | NY COMMON ST | ock | | | | | | | |
| 097023105 | 04/24/2014 | 08/20/2010 | A | 7.785 03 | 6,299,31 | | 0.00 | 1,486.72 | 0.00 | 6.00 |
| 20 0 | BOEING COMPA | NY COMMON ST | OCK | | | | | | | |
| 09/023105 | 09/03/2014 | 12/27/2013 | , A | 2,522.99 | 2,742 00 | - | 0.00 | -219.01 | 0.00 | |
| 20.0 | BOEING COMPA | NY COMMON ST | оск | | | | | | | |
| 097023105 | 12/19/2014 | 12/27/2013 | A | 2,524.74 | 2,742.00 | - | 0.00 | 2:7.20 | 6.00 | 0.00 |
| 70.0 | CATERPILLAR IN | IC COMMON STO | CK | | | | | | | |
| 149123101 | 12/19/2014 | 1 05/23/7014 | , A, | 6,401,36 | 7,233.40 | | 0.00 | 838 04 | 0.00 | 0 00. |
| 50 O | CIGNA CORPOR | ATION COMMON | STOCK | | | | | | | |
| 125509100 | 01/29/2014 | 04/19/2013 | A | 2,589,25 | 1,932,60 | | 0.00 | 956.65 | 00.00 | .p.no |
| 120.0 | CITIGROUP INC | | | | | | | | | |
| 172367424 | 06/27/2014 | \$ 07/22/2013 | , d. | . 5,638.68 | 6,339.39 | | 0.00 | -699 71 | 0.00 | 0.00 |



Page 8 of 26 Ruf. 26

State

Federal

Payer's Name and Address. 9MO HARRIS BANK N.A. 111 WEST MONPOE STREET 10C CHICAGO, IL 60603

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number:

000001278529 XX-XXX6822 36-2085229

(312)461-5586

ANNE & MEAD MONTGOMERY FAMILY **ENDTN** C/O ANNE & MEAD MONTGOMERY, TRUSTEES 945 OLD GREEN BAY ROAD

Recipient's Name and Address:

WINNETKA, IL 60093

Corrected

State:

Questions?

2nd TIN notice

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

Covered (Box 5 is not checked)

Description of property [Box 1a]

| Cusip Number | Date Sold or Disposed | Date Acquired | Form 8949 Checkbox | Proceeds | Cost or Other Basis | Code if any | Adjustments | Net Gain or Loss | rederar Income Tax Withheld | Tax Withheld |
|-----------------|------------------------------|--------------------------|-----------------------|----------|------------------------|----------------|-------------|---------------------|-----------------------------------|-----------------|
| 40 0 | (Bux 10) DRILL-QUIP INC (| (Box 1b) COMMON STOCK | | (Box ta) | (Bex 1e) | (Box 71) | (Box 1g) | | (Box 4) | (Box 16) |
| 262037104 | 03/24/2014 | Various | А | 4 273 85 | 4.500 25 | | 0.00 | -226 39 | 0.00 | 0 00 |
| 40 0 | GLOBAL PAYME | NTS INC COMMO | N STOCK | | | | | | | |
| 37940X1G2 | 09/03/2014 | 01/29/2014 | А | 2,883 93 | 2 681 44 | | 0 00 | 202 49 | 0.00 | 0.00 |
| 30 0 | JAZZ PHARMACI | EUTICALS PLC | | | | | | | | |
| G50871105 | 04/24/2014 | 09/23/2013 | A | 4,243 70 | 2,631 30 | | 0 00 | 1,612 40 | 0.00 | 0 00 |
| 80 C | MASTERCARD IN | €C-A | | | | | | | | |
| 576360104 | 04/24/2014 | 11/27/2013 | Α | 5,929 81 | 6,077 92 | | 0.00 | 148 11 | 0 00 | 0.00 |
| 100 0 | MEDNAX INC | | | | | | | | | |
| 585025105 | 09/29/2014 | 12/27/2013 | А | 5,502 88 | 5,293 85 | | 000 | 209 03 | 0 00 | 0 00 |
| 360 0 | NVIDIA CORP CO | MMON STOCK | | | | | | | | |
| 67066G104 | 01/29/2014 | 10/25/2013 | A | 5,694 30 | 5,545.64 | | 0 00 | 48 66 | 0 00 | 0 00 |
| 2100 | NVIDIA CORP CO | MMON STOCK | | | | | | | | |
| 67066G104 | 09/24/2014 | 10/25/2013 | A | 3,899.63 | 3,208 16 | | 0.00 | 69147 | 0.00 | 0 00 |
| 20 0 | P P G INDUSTRIE | ES INC COMMON | STOCK | | | | | | | |
| 693506107 | 12/19/2014 | 01/29/2014 | A | 4,555 69 | 3 668 80 | | 0.06 | 886 89 | 0 00 | 0 00 |
| | | | | | | | | | | |

Page 9 of 26

Payer's Name and Address:

BMO HARRIS BANK N.A

111 WEST MONROE STREET 10C

CHICAGO, IL 60603

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number:

State:

Questions?

Corrected

000001278529 XX-XXX6822 36-2085229

IL (312)461-5586 Recipient's Name and Address: Ref. 26
ANNE & MEAD MONTGOMERY FAMILY
FNDTN
C/O ANNE & MEAD MONTGOMERY,
TRUSTEES
945 OLD GREEN BAY ROAD
WINNETKA, IL 60093

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Box 1a)

| Cusip Number | Date Sold or Disposed | Date Acquired | Form 8949 Checkbox | Proceeds | Cost or Other Basis | Code if any | Adjustments | Net Gain or Loss | Federal Income Tax Withheld | State Tax Withheld |
|-----------------|--------------------------|------------------|-----------------------|------------|------------------------|----------------|-------------|---------------------|-----------------------------------|--------------------------|
| 205.0 | (Box 1c) | (Box 1b) | | (Box 1d) | (Box 1e) | (Box 1f) | (Box 1g) | | (Box 4) | (Box 16) |
| 800 0 | RS GLOBAL NATI | ORAL RESOURCE | :S Y | | | | | | | |
| 74972h648 | 12/16/2014 | 03/11/2014 | A | 20,808 00 | 29,624 00 | | 0 00 | 8,816 00 | 0 00 | 0 00 |
| 30 0 | SOUTHWEST AIR | RLINES COMPAN | Y COMMON STOC | CK . | | | | | | |
| 844741108 | 09/29/2014 | 03/24/2014 | Α | 1,009.78 | 704 35 | | 0 00 | 305.43 | 0.00 | 0 00 |
| 1100 | THERMO ELECTR | RON CORPORATION | ON COMMON STO | OCK | | | | | | |
| 883556102 | 12/19/2014 | 03/24/2014 | А | 13,992 80 | 13,294 25 | | 0.00 | 698 55 | 0 90 | 0 00 |
| 70.0 | TYSON FOODS II | NC CLASS A COM | MON STOCK | | | | | | | |
| 902494103 | 06/27/2014 | 03/24/2014 | Α | 2 603 27 | 2,975 46 | | 0 00 | -372 19 | 0 00 | 0 00 |
| 1100 | TYSON FOODS II | NO CLASS A CON | MMON STOCK | | | | | | | |
| 902494103 | 09/03/2014 | Various | Α | 4,166.71 | 4,681 53 | | 0.00 | 514 82 | 0 00 | 0.00 |
| 50 0 | TYSON FOODS I | NC CLASS A CON | MON STOCK | | | | | | | |
| 902494103 | 09/29/2014 | 04/24/2014 | Α | 1,935.45 | 2 134 99 | | 0 00 | -199 54 | 0 00 | 0.06 |
| 30 0 | VALEANT PHAR | MACEUTICALS IN | ίΤι | | | | | | | |
| 91911K102 | 01/29/2014 | 09/23/2013 | Α | 3,992.93 | 3,096.00 | | 0 00 | 896 93 | C 00 | 0 00 |
| Total Short Te | ım Sales Reported | on 1099-B | | 117,515 97 | 121,556.64 | | 0.00 | -4,040 66 | 0 00 | 0.00 |
| | | | | | | | | | | |

Report on Form 8949, Part I, with Box A checked

Long Term Sales Reported on 1099-B



医外侧线 经 计数据分分

2014 Tax Information Statement

Payer's Name and Address
BMO HARRIS BANK N.A.
11: WEST MONROE STREET 10C
CHICAGO, IL 60603

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number:

State: Questions? 000001278529 XX-XXX6822 36-2085229

IL (312)461-5585 Page 10 of 26
Recipient's Name and Address: Ref: 26
ANNE & MEAD MONTGOMERY FAMILY
FNDTN
C/O ANNE & MEAD MONTGOMERY.
TRUSTEES
945 OLD GREEN BAY ROAD

WINNETKA, IL 60093

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums Covered (Box 5 is not checked)

Description of property (Sox 1s)

| Cusip Number | Data Sold or Disposed | Dare Acquired | Form 8949 Checkbox | Proceeds | Cost or Other Basis | Code if any | Adjustments | Net Gain or Loss | Federal Income Tax Withheld | State Tax Withhold |
|-----------------|----------------------------|----------------------------|-----------------------|-----------------|------------------------|----------------|-------------|---------------------|-----------------------------------|--------------------------|
| 25 0 | (Box 1c) Afficiated Man | (Box 15) IAGERS GROUP (| NC COMMON STO | (86x 1d) DOK | (Box fel | (Box II) | (Box 1g) | | 180x 4· | (Bc> 16) |
| 008257108 | 03/24/2014 | 0\$\\$8\\$0#3 | î 6 | 4,701 65 | 3,579,39 | | 0.00 | 1,122.26 | 0.00 | 00,00 |
| 400 | ALLIANCE DATA | SYSTEMS CORP | COMMON STOCK | < | | | | | | |
| C18581308 | 06/27/2014 | Various | Ġ. | 11,225.30 | 5.048.00 | | 0,00 | 6,177.29 | 0.00 | 0.00 |
| 400 | BIOGEN IDEC INC | 2 | | | | | | | | |
| 09062×103 | 03 '24/2014 | Autiona | , D | 12,508.12 | 3,897,39 | | 0.00 | 8,570.73 | 0.00 | 0.00 |
| 20.G | BOEING COMPA | NY COMMON ST | OCK | | | | | | | |
| 037023105 | 09/03/2014 | 08/20/2013 | 3 % 6,, 1 | 2,522.99 | 2,099.77 | | 0,00 | 473.23 | 0.60 | 0.00 |
| 75.0 | CAREFUSION CO | HP. | | | | | | | | |
| 14170T101 | 12/19/2014 | 02/26/2013 | D . | 4,432.41 | 7 395 49 | | 3 OO . | 2,030 92 | 0 00 | 0.00 |
| 180.C | CERNER CORPOR | RATION COMMO | N STOCK | | | | | | | |
| 156782104 | 95/23/2014 | 05/20/2013 | D | 9,447.05 | 8,747.73 | | 6 00 | 699.32 | 0,00 | 0 00 |
| 20.0 | CHEVRONTEXA | CO INC COMMON | V STOCK | | | | | | | |
| 188764100 | 06/27/2014 | 03/19/2012 | D | 2,589.14 | 2 217.26 | | 0.00 | 371 94 | 0,00 | Ø.03 |
| 1100 | COCA COLA COM | APANY COMMO | N STOCK | | | | | | | |
| 191216100 | 04/24/7014 | 01/39/3015 | D | 4,489 21 | 3.745.50 | | . 00.00 | 743.71 | 0.00 | orde |
| | | | | | | | | | | |

Payer's Name and Address

8MO HARRIS BANK N.A.

111 WEST MONROE STREET 10C
CHICAGO, IL 60603

Account Number: Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number:

Corrected

Payer's State ID Number:
State: IL
Questions? (3

000001278529 XX-XXX6822 36-2085229

(312)461-5586

2nd TIN notice

Page 11 of 26
Recipient's Name and Address: Ref: 26
ANNE & MEAD MONTGOMERY FAMILY
FNOTN
C/O ANNE & MEAD MONTGOMERY,
TRUSTEES
945 OLD GREEN BAY BOAD
WINNETKA, IL 60093

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Sox ta)

| Cusip Number | Date Sold or Disposed | Date Acquired | Form 8949 Checkbox | Proceeds | Cost or Other Basis | Code If eny | Adjustments | Net Gain or Loss | Federal Income Tax Withheld | State Tax Winheld |
|-----------------|----------------------------|---------------------------|-----------------------|-----------|------------------------|----------------|-----------------------|---------------------|-----------------------------------|-------------------------|
| 30.0 | (Box 1c) DIAGEO PLC SPU | (Box 10: NSORED ADR NE | W | (Box la) | 180× 1e} | (Box 11) | (60x 1 ₀) | | (Box 4) | (Box 16) |
| 25743Q205 | 03/24/2014 | 17/21, 2012 | O , | 3,615,16 | 3,527.93 | | 0.00 | 98.73 | 0.00 | 0.00 |
| 60.0 | EXXON MOBIL CO | ORPCOMMON STO | | | | | | | | |
| 305310705 | 09/29/2014 | Asime: | , D | 6,681.87 | 4,916.31 | | 0.00 | 765 5 6 | 90.00 | 0 00 |
| 45.0 | EXXON MOBIL C | ORPCOMMON STO | оск | | | | | | | |
| 20231G102 | 12/19/2014 | Various | _ O | 4,075 10 | 3,902.40 | | 0.00 | 172.70 | 0.00 | 0.00 |
| 11750 | ISHARES DJ SELI | ECT DIVIDEND ET | r F | | | | | | | |
| 464287166 | 03/11/2014 | 01/28/2013 | ,o | 84,590 18 | 70.428.44 | | 0.00 | 14.181.74 | 0.00 | 0.00 |
| 50.0 | KLA INSTRUMEN | ITS CORPORATIO | N COMMON STO |)CK | | | | | | |
| 482480100 | 05/23/2014 | 02/21/2012 | D | 3,186.43 | 2,407.99 | ÷. | 0.00 | 778,44 | 0,00 | 0.00 |
| ?80 O | LIVE NATION EN | TERTAINMENT. IN | IC, | | | | | | | |
| 538034:09 | 09/03/2014 | 07/22/2013 | | 6,291.49 | 4,608 04 | | 0 00 | 1,683.45 | 0.00 | 0.00 |
| 70.0 | NETAPP INC | | | | | | | | | |
| 641100104 | 05/23/2014 | 10/26/2012 | Ç | 2,522.10 | 1,948.07 | | 0.00 | 574 03 | 0.00 | 0.00 |
| 70.0 | PACKAGING CO | RP AMER COMMO | N STOCK | | | | | | | |
| 895156109 | 12/19/2014 | 06/24/2013 | , 9 | 5,529.89 | 3,341.47 | | .0.00 | 2,188.42 | 0.00 | 0.00 |



Page 12 of 26 Ref: 26

Payer's Name and Address: BMO HARRIS BANK N.A. 111 WEST MONROE STREET 10C CHICAGO, IL 60603

Account Number: 000001278529 XX-XXX6822 Recipient's Tax ID Number: Payer's Federal ID Number: 36-2085229

Payer's State ID Number

State: Questions? (312)461-5586 Corrected 2nd TIN notice Recipient's Name and Address:

ANNE & MEAD MONTGOMERY FAMILY

FNDTN

C, O ANNE & MEAD MONTGOMERY,

TRUSTEES

945 OLD GREEN BAY ROAD

WINNETKA, IL 60093

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (8ox 1s)

| Cusip Number | Date Sold or Disposed | Date Acquired | Form 8949 Checkbox | Proceeds | Cost or Other Basis | Code if any | Adjustments | Net Gain or Loss | Federal Income Tax Withheld | State Tax Withheld |
|-----------------|------------------------------|--------------------------|-----------------------|------------|------------------------|----------------|-------------|---------------------|-----------------------------------|--------------------------|
| 40.0 | (80x 1c) PHILIP MORRIS II | (Box 16) NTERNATIONAL | | (Box 1d) | (Вол 1е) | (Bex 1f) | (Box 1g) | | (Box 4) | (Box 16) |
| 718172109 | 01/29/2014 | 06/25/2012 | D | 3 180 34 | 3,36158 | | 0.00 | -181 24 | 0 00 | 0 00 |
| 60 0 | VERISK ANALYTI | CS INC CLA | | | | | | | | |
| 92345 106 | 03/24/2014 | 04/23/2012 | D | 3,696.64 | 2,889 59 | | 0 00 | 807 05 | 0 00 | 0 00 |
| Total Long Tem | n Sales Reported o | n 1099-B | | 174,346 07 | 133,162.29 | | 0 00 | 41,183 76 | 0 00 | 0 00 |

Report on Form 8949, Part II, with Box D checked

Account Number:

Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number:

000001278529 XX-XXX6822 36-2085229

(312)461-5586

2nd TIN notice

Recipient's Name and Address:

Page 13 of 26 Ref. 26

ANNE & MEAD MONTGOMERY FAMILY

ENDTN

C/O ANNE & MEAD MONTGOMERY.

TRUSTEES

945 OLD GREEN BAY ROAD

WINNETKA, IL 60083

Payer's Name and Address: BMC HARRIS BANK N.A. 111 WEST MONROE STREET 10C CHICAGO, IL 60603

Questions? Corrected

2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums.

For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS. Cost or Other Basis amounts shown with a "Li" are unknown or unsubstantiated.

State:

Description of property (Box 1a)

| CUSIP Number | Date Sold or Discosed | Date Acquired | Form 8948 Checkbox | Proceeds | Cost or Other Besis | Code If any | Adjustments | Net Gam or Lose | Federal Incomo Tax Withheld | State Tax Withhelo |
|------------------------|-------------------------------------|------------------|-----------------------|-----------|------------------------|----------------|-------------|--------------------|-----------------------------------|--------------------------|
| | 180x 1c) | iBox 16) | | (8ex 1d) | /Box 7e; | (8ax 1f) | (Box 19) | | (Hox 4) | (Box 16) |
| Long Torm Sel 910.0 | es Reported on 10: PIMCO FUNDS T | | JND INSTA CLASS | Š | | | | | | |
| 693390700 | 10/29/2014 | 05/13/2009 | Ε, | 9,945.30 | 9,442.72 | | 0.00 | 500.58 | 9,00 | 0.00 |
| 0.0801 | VANGUARD FTS | E EMEROING MA | rkets etf | | | | | | | |
| 922042658 | 03/11/2014 | 02/13/3008 | <u>.</u> | 41.116 79 | 28.28H,06 | | 0,00 | 10,749.91 | 0.00 | 0.00 |
| Total Long Ter | m Sales Reported (| on 1089-B | | 51,063.09 | 40,308.60 | | 0.00 | 10,753.49 | 0.00 | 0.00 |

Report on Form 8949, Part II, with Box E checked

