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Forth 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

OMB No 1545-0052

Ford	alendar year 2014 or tax year beginning	· · · · · · · · · · · · · · · · · · ·	, and ending		
	ne of foundation			A Employer identification	number
	HE COFFMAN FOUNDATION				
	/O DENTONS			36-4270565	
	ber and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	5.6
	33 S. WACKER DR.		7800	312-876-31	
	or town, state or province, country, and ZIP or foreign p HICAGO, IL 60606	ostal code		C if exemption application is p	ending, check here
_		I lastical restures of a for	rmer public charity	D 4 Faravan avanamatiana	abadubaa N
u c	heck all that apply: Initial return Final return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H C	heck type of organization: X Section 501(c)(3) ex				
<u> </u>		Other taxable private foundat	tion	E If private foundation state under section 507(b)(1)	
I Fa		ng method: X Cash	Accrual	F If the foundation is in a l	. ,,
	· · · · · · · · · · · · · · · · · · ·	ther (specify)		under section 507(b)(1)	
\			asis)		(5), 6115011 11615
Pa	rt Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	` income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received				
	2 Check X if the foundation is not required to attach Sch. 8				
	3 Interest on savings and temporary cash investments	1.	1.		STATEMENT 1
	4 Dividends and interest from securities	24,782.	24,782.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
ē	68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	58,824.			
enc	assets on line 6a		FO 004		
Revenue	7 Capital gain net income (from Part IV line 2)		58,824.		
_	8 Net short-term capital gain				
	9 Income modifications 100 Gross sales less returns				
	10a and allowances	·			<u> </u>
	b Less Cost of goods sold c Gross profit or (loss)				
	11 Other income				
	12 Total. Add lines 1 through 11	83,607.	83,607.	0.	
_	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
ses	16a Legal fees STMT 3	193.	193.	0.	0.
Expenses	b Accounting fees STMT 4	1,500.	1,500.	0.	0.
-	b Accounting fees c Other professional fees Thr. 5	12,175.	12,175.	0.	0.
IVe	7 / 21/20/20 Out - 10/20 C				
trat	18 Taxes QU'STMT 6	3,114.	3,114.	0.	0.
and Administrative	19 Depreciation and depletion				
Ē	20 Occupancy				
φþ	21 Trave conferences, and meetings				
au	22 Printing and publications	25	2 E		
Operating	23 Other expenses STMT 7	25.	25.	0.	0.
era	24 Total operating and administrative	17,007.	17,007.	0.	
ŏ	expenses Add lines 13 through 23	59,000.	17,007.	ļ	59,000.
	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.	39,000	···		33,000.
	Add lines 24 and 25	76,007.	17,007.	0.	59,000.
	27 Subtract line 26 from line 12:			<u> </u>	35,000.
	2 Excess of revenue over expenses and disbursements	7,600.			
	b Net investment income (if negative, enter -0-)		66,600.		
	C Adjusted net income (if negative, enter -0-)			0.	
42350 11-24	11 -14 LHA For Paperwork Reduction Act Notice, see	instructions.		·	Form 990-PF (2014)

2014.03020 THE COFFMAN FOUNDATION C/O

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C:70	DENTONS

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<u> </u>	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End of	-
P	art	column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	1,895.	1,693.	1,693.
	2	Savings and temporary cash investments	137,208.	219,628.	219,628.
l	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			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
S	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land buildings, and equipment basis			
		Less accumulated depreciation		j	
	12	Investments - mortgage loans			
	13	Investments - other STMT 8	766,309.	691,691.	995,361.
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation]		
	15	Other assets (describe >			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	905,412.	913,012.	1,216,682.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons		·	
abi	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe)			
			_	_	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
w		and complete lines 24 through 26 and lines 30 and 31.			
Balances	24			,	
<u>a</u>	25	Temporarily restricted			
	26	Permanently restricted			
Net Assets or Fund		Foundations that do not follow SFAS 117, check here			
ř		and complete lines 27 through 31.		0	
ts	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund		- <u>·</u>	
Ę	29	Retained earnings, accumulated income, endowment, or other funds	905,412.	913,012.	
ž	30	Total net assets or fund balances	905,412.	913,012.	
	١		905,412.	913,012.	
_	31	Total liabilities and net assets/fund balances		913,012.	
P	art	Analysis of Changes in Net Assets or Fund I	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	905,412.
		r amount from Part I, line 27a		2	7,600.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	913,012.
-		eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, (column (b), line 30		913,012.

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Part I	V Capital Gains	and Losses for T	ax on Investment	Income					
		ribe the kind(s) of prope arehouse; or common st			(b) Hov P - P D - C	w acquired Turchase Conation		acquired day, yr)	(d) Date sold (mo , day, yr.)
1a PEI	R ATTACHED					P			
	R ATTACHED					P			
	R ATTACHED					P			
	R ATTACHED					P			
e CA	PITAL GAIN D	ISTRIBUTION	<u>IS</u>		,	P			
(€	e) Gross sales price	(f) Depreciation al (or allowable		st or other basis expense of sale				Sain or (loss s (f) minus	(g)
a	172,091.			142,82					29,268.
b	27,621.			33,58					-5,963.
C	100,000.			100,00					0.
d	206,167.			172,13	9.				34,028.
е	1,491.								1,491.
Com	plete only for assets show	ng gain in column (h) an	d owned by the foundation	on 12/31/69			(I) Gains (Col. (h) gain	minus
(i) F	F.M.V as of 12/31/69	(j) Adjusted ba as of 12/31/6		cess of col. (i) col. (j), if any		C	ol (k), but Losses	not less tha (from col (n -0-) or (h))
a									29,268.
ь								-	-5,963.
c	· · · · · · · · · · · · · · · · · · ·								0.
d									34,028.
e	-								1,491.
		(If ga	ın, also enter ın Part I, line	7	7				
•	il gain net income or (net c	apital loss) 🥤 If (lo	ss), enter -0- ın Part I, line	7	}_	2			58,824.
	nort-term capital gain or (lo	•	s 1222(5) and (6) [.]	~					
_	n, also enter in Part I, line 8	• • •)	<u>,</u>		N/A	
	s), enter -0- in Part I, line 8	Index Section 40	40(e) for Reduced	Tay on Not	Invo	stment le	ooma.	N/A	<u> </u>
Part \	The second secon					Stillellt II	ICOIIIE		
(For optic	onal use by domestic priva	te foundations subject to	the section 4940(a) tax or	net investment in	come.)				
If section	4940(d)(2) applies, leave	this part blank.							
	, , , , , , ,								
	foundation liable for the se				1003				Yes X No
If "Yes," ti	he foundation does not qua	alify under section 4940(e) Do not complete this pa	art.	n+n				
1 Enter	the appropriate amount in	each column for each ye		nore making any e					(4)
Calend	(a) Base period years dar year (or tax year beginn	Adjusted o	(b) qualifying distributions	Net value of no	(c) ncharita	able-use asse	ts	Distrit	bution ratio vided by col. (c))
Odicito	2013	(mig m)	50,000.		1.	128,26	1.		.044316
	2012		49,000.			005,95			.048710
	2011		48,000.			976,73			.049143
			44,827.			937,91	 		.047795
	2010		53,892.	 		867,50	8.		.062123
	2009		33,072.	<u> </u>				T	
0 7-4-1	داد مساله و ۱ ما						2		.252087
	of line 1, column (d)	. C. usas base d d	ido the total on line O bir C	or by the aumb	of voo-	0	-	 	• 232007
	ge distribution ratio for the		ide the total on line 2 by 5,	, or by the number	or year	S	١,	į	.050417
the to	undation has been in exist	ence if less than 5 years					3	+	.030417
4 Enter	the net value of noncharita	ble-use assets for 2014	from Part X, line 5				4		1,210,593.
							_		61 024
5 Multip	ply line 4 by line 3						5		61,034.
6 Enter	1% of net investment inco	me (1% of Part I, line 27	b)				6_	<u> </u>	666.
									61 700
7 Add II	ines 5 and 6						7		61,700.
8 Enter	qualifying distributions fro	m Part XII, line 4					8_		59,000.
	8 is equal to or greater that he Part VI instructions.	in line 7, check the box in	n Part VI, line 1b, and com	plete that part usin	ıg a 1%	tax rate.			

THE COFFMAN FOUNDATION

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see i	nstru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	<u> </u>		1,3	<u>32.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3			1,3	<u>32.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5	<u> </u>		<u>1,3</u>	32.
6	Credits/Payments:					
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 2,040	<u>-</u>				
b	Exempt foreign organizations - tax withheld at source	_				
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	7			2,0	40.
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	ļ			
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			08.
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 708. Refunded ▶	11				0.
	rt VII-A Statements Regarding Activities				\Z	T & F =
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver	e in			Yes	
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or]		
	distributed by the foundation in connection with the activities			ا . ا		.
	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers \blacktriangleright \$ 0	<u>•</u>				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$ 0.			ا ا		x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		<u> </u>
•	If "Yes," attach a detailed description of the activities	0.5				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	ŲI		3		x
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	of "Yes," has it filed a tax return on Form 990-T for this year?	h	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	-,	5	-	X
J	If "Yes," attach the statement required by General Instruction T			۳		 -
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
٠	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 sta 	te law				
	remain in the governing instrument?			6	Х	
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 \(\frac{1}{2}\)	v		7	X	_
•	(a), and a control of the control of					
88	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IL					
t	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				v	
_	of each state as required by General Instruction G? If "No," attach explanation	lands.		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca	ienuar				v
40	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			10		X
-10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		Ear	m 99 0	-DF	

X

Х

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

THE COFFMAN FOUNDATION

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Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
2		
3		
4		-
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		-
3		
Total Add lines 1 through 3		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	s, see instructions)
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	1,024,481.
b	Average of monthly cash balances	1b	1,024,481.
	Fair market value of all other assets	1c	······································
d	Total (add lines 1a, b, and c)	1d	1,229,028.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,229,028.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18,435.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,210,593.
6	Minimum investment return. Enter 5% of line 5	6	60,530.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here in and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	60,530.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 2, 332.		
b			
C	Add lines 2a and 2b	2c	1,332.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	59,198.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	59,198.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	59,198.
	Qualifying Distributions (see instructions)		
١.	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		EQ 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B	1a	59,000.
2	•	1b 2	
3	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the:	-	
-	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	59,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		33,000.
J	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	59,000.
Ü	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of		
	4940(e) reduction of tax in those years	4uamics I	or the section

THE COFFMAN FOUNDATION C/O DENTONS

Page 9 Part XIII Undistributed Income (see instructions) (d) (c) (b) 2013 Corpus Years prior to 2013 2014 1 Distributable amount for 2014 from Part XI, 59,198. line 7 2 Undistributed income, if any, as of the end of 2014 4,419 a Enter amount for 2013 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2014: a From 2009 **b** From 2010 c From 2011 dFrom 2012 e From 2013 0 f Total of lines 3a through e 4 Qualifying distributions for 2014 from 59,000. Part XII, line 4: ►\$ 4,419 a Applied to 2013, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 54,581. d Applied to 2014 distributable amount 0. e Remaining amount distributed out of corpus 0. Ō, Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 0 & Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income. Subtract 0 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 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2013. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must 4,617. be distributed in 2015 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2009 0 not applied on line 5 or line 7 9 Excess distributions carryover to 2015. 0 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013 e Excess from 2014

Form **990-PF** (2014)

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Form 990-PF (2014) C/O DENT					270565 Page
Part XIV Private Operating Fou	 			N/A	
1 a If the foundation has received a ruling or de					
foundation, and the ruling is effective for 20	*		▶ ∟	,	
b Check box to indicate whether the foundati		ig foundation described		4942(j)(3) or4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities			l l		
·		 	 		
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the		ļ	_		
alternative test relied upon					
a "Assets" alternative test - enter:			-		
(1) Value of all assets		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year		į	ii		
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					ļ
(2) Support from general public				 	
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)		1			
(3) Largest amount of support from					
• • • • • • • • • • • • • • • • • • • •		Ì			
an exempt organization	1-4	<u> </u>	-	- 	-
(4) Gross investment income Part XV Supplementary Inform	nation (Comple	te this part only	v if the foundation	n had \$5 000 or m	ore in assets
at any time during the			, ii tiic rouridatio	., 40,000 01 11	.0.0 000010
1 Information Regarding Foundation	. · · · · · · · · · · · · · · · · · · ·				
a List any managers of the foundation who t		than 2% of the total co	ntributions received by th	e foundation before the cl	ose of any tax
vear (but only if they have contributed mor	e than \$5.000). (See s	section 507(d)(2))	intributions received by th	c logilidation pelote the el	ose or any tax
NONE	· ········ • · · · · · · · · · · · · ·				
b List any managers of the foundation who	nun 10% or more of th	a stock of a corneration	o (or an equally large por	tion of the ownership of a	nartnershin or
other entity) of which the foundation has a	10% or greater intere	st.	i (or an equany large por	asa or the ownership of a	paratoromp of
NONE					
	- Creat Citt Loop	Cabalarahın ata	Drogramo:	 	
2 Information Regarding Contribution Check here ► X if the foundation only				not accept unsolicited rec	wests for funds. If
the foundation makes gifts, grants, etc. (se	/ makes contributions re instructions) to indi	viduals or organizations	under other conditions.	complete items 2a. b. c. ai	nd d
a The name, address, and telephone numbe	OF E-IIIAII AUDI ESS OF	the person to whom ap	plications should be addi	6556U	
b The form in which applications should be	submitted and informa	ition and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geographic	al areas, charitable field	s, kinds of institutions, o	other factors:	

C/O DENTONS

36-4270565 Page 11

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
NATIONAL MULTIPLE SCLEROSIS SOCIETY	NONE	501(C)(3)	GENERAL	
P.O. BOX 5489				
CHICAGO, IL 60680		ļ		5,00
THE COLONIAL WILLIAMSBURG FOUNDATION	NONE	501(C)(3)	GENERAL	
P.O. BOX 1776				
WILLIAMSBURG, VA 23187	<u> </u>	<u> </u>		5,00
ILLINOIS MASONIC CHARITIES	NONE	501(C)(3)	GENERAL	
2866 VIA VERDE				
SPRINFIELD, IL 62703-4325				1,00
THE CHURCH OF JESUS CHRIST OF	NONE	501(C)(3)	GENERAL	
LATTER-DAY SAINTS				
50 EAST NORTH TEMPLE ST.				
SALT LAKE CITY, UT 84150				1,00
LUTHERAN SOCIAL SERVICES OF ILLINOIS	NONE	501(C)(3)	GENERAL	
1001 EAST TOUHY AVE.				
DES PLAINES, IL 60018	NULTRIA MILON CHE	em/c\	N 0-	1,00 59,00
b Approved for future payment	NTINUATION SHE	ET(S)	▶ 3a	39,00
• Approved for future payment				
NONE				
				
			1	
	1			
Total	<u> </u>	_ L	▶ 3b	

C/O DENTONS

nter gross amounts unless otherwise indicated.	Unrelated t	usiness income		Excluded by section 512, 513, or 514 (e)		
green amount of the second of	(a) Business	(b)	Exclu- sion	(d)	Related or exempt	
Program service revenue:	code	Amount	code	Amount	function income	
8	_					
b						
·	-					
0						
e					· 	
- Face and analysis from any arment account						
g Fees and contracts from government agencies Membership dues and assessments						
Interest on savings and temporary cash				· 		
investments			14	1.		
Dividends and interest from securities	 		14	24,782.		
Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
Net rental income or (loss) from personal	<u> </u>		~ 			
property						
Other investment income						
Gain or (loss) from sales of assets other						
than inventory			18	58,824.		
Net income or (loss) from special events						
Gross profit or (loss) from sales of inventory						
Other revenue:						
a						
b						
c						
d						
d				02 607		
e Subtotal Add columns (b), (d), and (e)			0.	83,607.	93.60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			0.	83,607.	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	ns.)			13	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation	ns.)			13	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie ine No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	
e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) 4 See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activities Line No. Explain below how each activity for which the foundation's exempt purposes (other	es to the Accon	nplishment of	Exempt Po	ırposes	83,60	

990-21		ENTONS				36-4270			ge 13
Part XV			sfers To a	and Transactions a	and Relations	hips With Nonchai	ritable	е	
	Exempt Organ								
1 Did the	organization directly or indir	ectly engage in any o	of the followin	g with any other organizatio	n described in sect	ion 501(c) of		Yes	No
the Co	de (other than section 501(c)	(3) organizations) or	in section 52	7, relating to political organ	izations?				
a Transf	ers from the reporting founda	ition to a noncharitat	ole exempt org	ganization of:					
(1) Ca	ash		,				1a(1)		Х
• •	ther assets						1a(2)		Х
	ransactions:						14(2)		
		ala avamet arganizat	ıon.				15/11		х
, ,	ales of assets to a noncharitat						1b(1)		
• •	urchases of assets from a nor	•	rganization				1b(2)		X
(3) R	ental of facilities, equipment, (or other assets					1b(3)		X
(4) R	eimbursement arrangements						16(4)		X
(5) Lo	oans or loan guarantees						1b(5)		X
(6) Pe	erformance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)		Х
c Sharın	g of facilities, equipment, mai	iling lists, other asset	ts, or paid em	ployees			10		Х
d If the a	inswer to any of the above is	"Yes." complete the f	ollowina sche	dule, Column (b) should alv	ways show the fair i	narket value of the goods, o	ther ass	ets.	
	rices given by the reporting fo		•	• •	=	= :		•	
	n (d) the value of the goods, o				,	y y			
(a)Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, and s	haring ar	rangeme	nts
(-/	(5)//////////	(0)110	N/A	- compression	(-) 5000.5	Total and to the state of the s			
			N/A						
		•							
									
	_								
									
				· · · · · · · · · · · · · · · · · · ·					
									
	· · · · · · · · · · · · · · · · · · ·								
				·····		· ····			
	<u>-</u> .								
				··					
20 lo the	foundation directly or indirect	the officer and with or s	oloted to one	or more toy exempt erean	zatione described				
	•	•	•	•	zations described	Г	Yes	Y	No
	tion 501(c) of the Code (other	• •	(3)) or in seci	11011 527 7		<u>L</u>	1 162		טאו ב
D II Yes	"complete the following school (a) Name of org			(b) Type of organization	1	(c) Description of relationsh	un.		
	N/A			(b) type of organization		(a) accompliant at relations.	<u> </u>		
	M/A								
									
							_		
Γü	nder penalties of perjury, I declare	that I have examined this	s return, ıncludır	ng accompanying schedules and	statements and to the	best of my knowledge			
				in taxpayer) is based on all inform		r has any knowledge retu	the IRS	e prepar	er
Here		roman m	_	15/0/10	DDECT		wn below		¬'
	/ / lurea / V	W T T T T T W NO		1 10115	PRESI	DEM.L.	Yes	ــــا	J No ∣
	Signature of officer or trustee		Dranassis	Date	Title	Check if PTIN			
	Print/Type preparer's na	iiie	Preparer's s	ignature	Date	<u> </u>			
De: -] _		4/23/15	self- employed			
Paid	MICHAEL SH			<u> </u>			576		
Prepare		EBERG SOL	HEIM H	OWELL & SHAI	N, PC	Firm's EIN ► 36 – 2	/ U U 6	UU	
Use On	- L	0 1							
	Firm's address ▶ 18		_						
	СН	ICAGO, IL	<u> 60601</u>			Phone no. 312/3	12-0	440	

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	001111111111111111111111111111111111111	
ST. JUDE CHILDREN'S RESEARCH HOSPIAL	NONE	501(C)(3)	general	
P.O. BOX 50				1 00
MEMPHIS , TN 38101				1,000
NAME OF THE PROPERTY OF THE PR	NOVE	501(C)(3)	GENERAL	
AMERICAN HEART ASSOCIATION P.O. BOX 78851	NONE	501(0)(3)	DENERAL	
PHOENIX, AZ 85062				1,000
HOWARD BROWN HEALTH CENTER	NONE	501(C)(3)	GENERAL	
4025 N. SHERIDAN RD.				
CHICAGO, IL 60613				500
AIDS FOUNDATION OF CHICAGO 200 W. JACKSON	NONE	501(C)(3)	GENERAL	
CHICAGO, IL 60606				500
ORPHANS OF THE STORM	NONE	501(C)(3)	j General	
2200 RIVERWOODS RD.				
RIVERWOODS, IL 60015				2,000
LAKE FOREST COLLEGE OFFICE OF ANNUAL	NONE	501(C)(3)	GENERAL	
GIVING				
555 N. SHERIDAN RD. LAKE FOREST, IL 60045				10,000
HARB FOREST, IB 00043				
	NOVE	501(C)(3)	GENERAL	
MUSEUM OF THE CONFEDERACY 1201 E. CLAY ST.	NONE	501(0/(3)	GENERAL	
RICHMOND, VA 23219				10,00
NORTHERN ILLINOIS FOODBANK	NONE	501(C)(3)	GENERAL	
273 DEARBORN CT				2 000
GENEVA, IL 60134				2,00
DRAKE UNIVERSITY OFFICE OF ALUMNI &	NONE	501(C)(3)	GENERAL	
DEVELOPMENT 2507 UNIVERSITY AVE.				
DES MOINES, IA 50311				5,00
ELGIN ACADEMY	NONE	501(C)(3)	general	
350 PARK ST.				
ELGIN, IL 60120				5,00 46,00

Part XV Supplementary Informati 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual.	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Alliddit
NATIONAL SPASMODIC DYSTONIA ASSN	NONE	501(C)(3)	GENERAL	
300 PARK BLVD. ITASCA, IL 60143				2,00
THE DIAN FOSSEY GORILLA FUND INTERNATIONAL 300 CHEROKEE AVE., SOUTH EAST	NONE	501(C)(3)	GENERAL	
ATLANTA, GA 30315				4,00
AMERICAN CANCER SOCIETY P.O. BOX 22538	NONE	501(C)(3)	GENERAL	
OKLAHOMA CITY, OK 73123				3,00
			-	
	į			
			:	
				
Total from continuation sheets				

FORM 990-PF INTEREST	ON SAVIN	IGS AN	ID TEM	PORARY	CASH	INVE	STMENTS	ST	ATEMENT	1
SOURCE			(A) (E REVENUE NET INVE PER BOOKS INCO				STMENT		(C) ADJUSTED NET INCOME	
HARRIS				1.			1.		·	1.
TOTAL TO PART I, LINE	3			1.			1.			1.
FORM 990-PF	DIVIDENDS	S AND	INTERI	EST FR	OM SEC	URIT	'IES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	C	APITAL GAINS /IDENDS		(A) EVENUE ER BOOK				(C) ADJUSTI NET INCO	
HARRIS #7877	24,782	•	(24,78	32.			24,78	32.
TO PART I, LINE 4	24,782	•). 	24,78	32.	24,78	2.	24,78	32.
FORM 990-PF			LEGAL	FEES				ST.	ATEMENT	3
DESCRIPTION		EXPE	A) NSES BOOKS	NET I	B) INVEST- INCOME		(C) ADJUSTED WET INCOM		(D) CHARITAI PURPOSI	
LEGAL FEES			193.		193	3.		0.		0.
TO FM 990-PF, PG 1, L	N 16A =		193.		193	3. = =		0.		0.
FORM 990-PF		AC	COUNTI	NG FEE	ES			ST	ATEMENT	4
DESCRIPTION		EXPE	A) NSES BOOKS	NET I	(B) INVEST- INCOME		(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
ACCOUNTING/TAX PREP	_	:	1,500.		1,500	<u> </u>		0.		0.

FORM 990-PF C	THER PROFES	SIONAL FEES	····	STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
INVESTMENT MGMT FEES - HARRIS HARRIS AGENCY FEES	8,420. 3,755.	8,42 3,75		0. 0.
TO FORM 990-PF, PG 1, LN 16C	12,175.	12,17	5.	0.
FORM 990-PF	TAX	ES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
US TREASURY	3,114.	3,11	4.	0. 0.
TO FORM 990-PF, PG 1, LN 18	3,114.	3,11	4.	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
ILLINOIS FILING FEES ILL SECRETARY OF STATE	15. 10.		5.	0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	25.	2	5.	0. 0.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE
		COST	691,691.	995,361.
INVESTMENTS - HARRIS		CODI	05-,05-0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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

Account Number: 000001256056
Recipient's Tax ID Number: XX-XXX0565
Payer's Federal ID Number: 36-2085229
Payer's State ID Number: IL

Page 8 of 29
Recipient's Name and Address:
THE COFFMAN FOUNDATION
C/O JULIUS LEWIS
SONNENSCHEIN NATH & ROSENTHAL LLP
233 SOUTH WAKER DRIVE
CHICAGO, IL 60606-6404

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)

o unidicale o unid	Posoperty (Box 18)	Process	ON THE PROPERTY OF THE PROPERT	Code Managements Francisco Managements Record Managements	SSO, 100 F. S.	Federal Federal Tax-Withhelds	State State Withheld
Short Term Sa 50000.0	Short Term Sales Reported on 1099-B 50000.0 FHLB 1.500% 1/17/18	(n. xog)				<u> </u>	
3130A1G36 50000.0	<u>07/</u> 17/2014 <u>03/26/2014</u> A FHLMC MTN V-A 1.250% 2/26/19	20,000,000	50,000,00	0.00	00.0	0.00.0	0.00
3134G4VB1 	08/26/2014 04/02/2014 A FHLMC MTN V-S 1.600% 2/28/19	50,000.00	00'000'09	0.00	00.0	0.00	0000
3134G4VD7	11/28/2014 02/19/2014 A FOREST LABORATORIES INC COMMON STOCK	25,000.00	25,000.00	0.00	00.0	00.0	0.00
345838106	345838106 02/18/2014 04/17/2013 A	27,611.54	10,699.50	0.00	16,912.04	0000	0.00
345838106	:	9,813,22	3,561.70	0.00	6,251.52	0.00	0.00
345838106	03/03/2014 04/17/2013 A	9,666.75	3,561.70	0.00	6,105.05	00:0	0.00
Total Short Te	Total Short Term Sales Reported on 1099-8	172,091.51	142,822.90	0.00	29,268.61	0.00	0.00

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

Long Term Sales Reported on 1099-B

Page 9 of 29 Ref: 25

THE COFFMAN FOUNDATION Recipient's Name and Address:

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

unt Number: 000001256056 Jient's Tax ID Number: XX-XXX0565 r's Federal ID Number: 36-2085229 r's State ID Number:
=

SONNENSCHEIN NATH & ROSENTHAL LLP 233 SOUTH WAKER DRIVE CHICAGO, IL 60606-6404 C/O JULIUS LEWIS Accou Recipi Payer Payer State:

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.

Adjustiments (2015)	(Box 1g) (Box 4) (Box 16)	0.008,429.66 0.00		0,00 2,466,36 0,00	0.00 -5,963.30 0.00
Code if any	(Box 1e) (Box 1f)	30,552 55		3,03151	33,584.06
Form 8949 Chieckbox	(Box 1d) MPANY COMMON STOCK	D 22,122.89	DMMON STOCK	12 D 5,497.87	27,620.76
Description of property (80x 13) (Guspare Port of Date Of Opposed Myquired of Checkbox Pro	(Box 1c) (Box 1b) 800.0 NEWFIELD EXPLORATION COMPANY COMMON STOCK	651290108 02/28/2014 Various D	100.0 TEXAS INSTRUMENTS INC COMMON STOCK	882508104 12/24/2014 08/16/2012 D	Total Long Term Sales Reported on 1099-B

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

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

Page 10 of 29 Ref: 25

SONNENSCHEIN NATH & ROSENTHAL LLP THE COFFMAN FOUNDATION Recipient's Name and Address: 233 SOUTH WAKER DRIVE CHICAGO, IL 60606-6404 C/O JULIUS LEWIS 2nd TIN notice 000001256056 XX-XXX0565 36-2085229 Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Account Number: Corrected State:

111 WEST MONROE STREET 10C

CHICAGO, IL 60603

Payer's Name and Address: BMO HARRIS BANK N.A.

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

OMB No. 1545-0715

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 "U" are unknown or unsubstantiated. Reported to the IRS is proceeds less commissions and option premiums.

A STATE OF THE STA	(Box 16)		0.00		0.00	0.00	
Figure 1	(Box 4)		0.00		0.00	0.00	
Many Services			0.00		0.00	0.00	
	ſŧ		0		:	0	
ieunisinby	(Box 1g)		00.0		00.0	0.00	
Code	(Box 1f)		:				
Cost Other Basis	(Box 1e)		20,000.00		20,000 00	100,000.00	
	(Box 1d)		50,000.00		50,000,00	100,000.00	
Figure 1			8 :		: : :		
Acquired.	(Box 1b)	B 27/17		26/18	09/16/2013	1099-B	Box B checked
Open Villa	(Box 1c) (Box 1b)	s Reported on 1099-B FNMA 1.300% 3/27/17	3136G1V22 03/27/2014 09/19/2013	FNMA 2.150% 9/26/18	3136G1V55 03/26/2014 09/16/2013	ales Reported on	Report on Form 8949, Part I, with Box B checked
Description of property (1904) 1911 Custom Company (1904) 1914 Custom Company (1904) 1914 Custom Company (1904) 1914 Number 1914		Short Term Sales Reported on 1099-B 50000.0 FNMA 1.300% 3/27/	3136G1V22	50000.0 FN	3136G1V55	Total Short Term Sales Reported on 1099-B	Report on Form {

3136G1AV1

noncovered securities shown on this statement, cost basis information is not being reported to the internal Revenue Service. The taxpayer is ultimately This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penetty or other senction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For responsible for the accuracy of their own tax return.

TEP228444_37_1471 17 of 38

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6,194.79

0.00

3,857.98

10,052.77

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07/05/2007

COVIDIEN PLC12/17/2014.

G2554F113

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COVIDIEN PLC

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Long Term Sales Reported on 1099-B

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10,340.14

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12/24/2014 07/05/2007

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08/13/2014 03/14/2008

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24,875.00

24,562.50

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FNMA V-A 1.000% 1/30/20 12/18/2014 02/20/2013

Account Number: 000001256056
Reciplent's Tax ID Number: XX-XXX0565
Payer's Federal ID Number: 36-2085229
Payer's State ID Number: IL
State: IL

111 WEST MONROE STREET 10C

CHICAGO, IL 60603

Payer's Name and Address: BMO HARRIS BANK N.A.

Page 11 of 29
Recipient's Name and Address:
THE COFFMAN FOUNDATION
C/O JULIUS LEWIS
SONNENSCHEIN NATH & ROSENTHAL LLP
233 SOUTH WAKER DRIVE
CHICAGO, IL 60606-6404

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 "U" are unknown or unsubstantiated. Reported to the IRS is proceeds less commissions and option premiums.

State Tax Withheld	(Box 16)	00.0		0.00		0.00		0.00		00.00		0.00		0.00		0.00		6
Federal Income	(Box 4)	00.0		00.0		00 o		00.0		00.00		00.00		00.00		00.00		
Net Gain or Loss		6,836.31		2,520.84		•		11 65		o .		2,150.02		4,689,88		8,472.45		0,000
Adjustments	(Box 1g)	00.00		ó0 o · · ·		00.0		00.0		00:00		0.00		00.0		00.00		0
oponia in the state of the stat	(Box 1f)					ود		:::::::::::::::::::::::::::::::::::::::		.34.		:						
Cost of the cost o	d) (Box 1e)	2,899.97		84 4,592.00		36. 3126.46		<u> 1.11</u>		5836.3		5,043.82		2,362.96		3,652.28		71.000
2000 XXX	(Box 1d) X	9,736.28		7,112.84		3,726.66		12.76		5,835.32		7,193.84		7,052.8		12,124.		י סכר ט
None Check) IC COMMON STOC	,2009 E	MMON STOCK	/2007 E	MMON STOCK	′2007 E		.2008 E		2008 E	N STOCK	2007 E	STOCK	2009 E	0	2008 E	•	L
Operty (Boxta)	(Box 1c) (Box 1b) ILLINOIS TOOL WORKS INC COMMON STOCK	12/24/2014 03/19/2009	INTEL CORPORATION COMMON STOCK	12/17/2014 05/23/2007	INTEL CORPORATION COMMON STOCK	12/29/2014 05/18/2007	LIBERTY VENTUR-A	10/29/2014 11/13/2008	LIBERTY VENTUR-A	12/29/2014 11/13/2008	MEDTRONIC INC COMMON STOCK	12/17/2014 05/21/2007	OMNICARE INC COMMON STOCK	12/17/2014 08/03/2009	TE CONNECTIVITY LIMITED	12/17/2014 10/30/2008	TENET HEALTHCARE CORP	
Description of pro	100.0	452308109	200.0	458140100	100.0	458140100	0.387 LIB	53071M880	156.0 LIB	53071M880	100.0 ME	585055106	100.0 ON	681904108	200.0 TE	H84989104	100.0 TEM	20735603

noncovered securities shown on this statement, cost basis information is not being reported to the internal Revenue Service. The taxpayer is ultimately This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For responsible for the accuracy of their own tax return.

TEP228444_37_1472 18 of 38

Account Number: 000001256056
Reciplent's Tax ID Number: XX-XXX0565
Payer's Federal ID Number: 36-2085229
Payer's State ID Number: IL
State: IL

Recipient's Name and Address:
THE COFFMAN FOUNDATION
C/O JULIUS LEWIS
SONNENSCHEIN NATH & ROSENTHAL LLP
233 SOUTH WAKER DRIVE
CHICAGO, IL 60606-6404

Page 12 of 29 Ref: .25

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

111 WEST MONROE STREET 10C

CHICAGO, IL 60603

Payer's Name and Address: BMO HARRIS BANK N.A.

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 "U" are unknown or unsubstantiated.

State	(Box 16)	0.00	0.00	00.0
Federal Income	(Box 4)	0.00	0.00	0.00
at Gein		-1,205.18	1,102.03	34 c27.84
N	•		:	į
wewspipes	(Box 1g)	00 0	0.00	0.00
A POOL	(Box 1f)			
The Party of the P	(Box 1e)	26,205,18	28,782.03	172,39
Proceeds:	(Box 1d)	25,000,00	27,680.00	206,166.84
Form 894937	15/14	14	Ē	
"好" 在北京	<i>ox 1b)</i> ES 4.000% 2/1	1.250% 4/15/	/27/2010	8-66
CUSIP.	(Box 1c) (Box 1b) U.S. TREASURY NOTES 4.000% 2/15/14	. 02/15/2014 09/02/2008 E. U.S. TREASURY TIPS 1.250% 4/15/14	04/15/2014 01/27/2010	Total Long Term Sales Reported on 1099-B
inption of property in the control of the control o		.A6	912828KM1 0	ong Term Sale:
	25000.0	912828C	9128	Total L

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



responsible for the accuracy of their own tax return.