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## SCANNED AUG 3 1 2015

Form **990-PF** 

### EXTENDED TO AUGUST 17, 2015 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

Departn	nent of the Treasur	у	Don	ot enter	social security numbers or	this form as	it may be ma	ade public.	ZU 14
	Revenue Service lendar year 20			bout For	m 990-PF and its separate	instructions in and en		s.gov/form990pf.	Open to Public Inspection
	of foundation	14 OI tax yea	r beginning		<del></del>	, and en	ung	A Employer identification n	umher
								Campioyor ruchanouson ii	
_TH			AMILY FO					45-4671495	
	_		if mail is not delivere	d to stree	l address)		Room/suite	B Telephone number	
	3 E TOU		<del></del>					877-693-221	.8
	or town, state or S PLAIN		untry, and ZIP or L 60018	foreign p	oostal code			C if exemption application is pen	ding, check here
	eck all that apply		Initial return		Initial rature of a fe	ormor public of	norsh.	D 4 Foreign organizations	shoots boso
G One	cok all that apply	'·  =	Final return		Initial return of a fo	ormer public ci	iainy	D 1 Foreign organizations, o	check here
			Address change	!	Name change			2 Foreign organizations meeti check here and attach comp	ng the 85% test,
H Che	eck type of orga	nization:			xempt private foundation			E If private foundation status	
			npt charitable trus		Other taxable private found:	ation		under section 507(b)(1)(A	), check here
I Fair	market value of	all assets at	end of year   <b>J</b>	Account	ing method: X Cash	Accru	ıal	F If the foundation is in a 60	
(fror	m Part II, col (				ther (specify)			under section 507(b)(1)(B	
\$				rt I, colu	ımn (d) must be on cash	basis)			
Par	The total of	f Revenue ar amounts in colu equal the amour	1 <b>d Expenses</b> imns (b), (c), and (d) i its in column (a) )	nay not	(a) Revenue and expenses per books	( <b>b)</b> Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contribution	ns, gıfts, gran	ts, etc., received		397,857.			N/A	
	2 Check ▶∟		in is not required to attach	Sch B					
	5 cash investment		•		1.		1.		TATEMENT 1
		nd interest fro	om securities		6,234.		5,234.	S	TATEMENT 2
	5a Gross rents					·			<del></del>
	b Net rental inco	` ′ -			6,852.				
e e	Gross sales p	rice for all	assets not on line 10 126,8		0,032.		· · · · · · · · · · · · · · · · · · ·		
Revenue	7 Capital gain n	6a et income (from		<del>•••</del>			5,852.	RECEN	/00 P
8	· -	rm capital gai	•			<u>~</u>	7,032.	12	
- 1	9 Income mod		•••					8 AUG 2 8	2015
1	0a Gross sales le	ss returns s							<b>3</b>
	<b>b</b> Less Cost of							OGDEN	TIT E
	c Gross profit	or (loss)						OODEN,	<del> </del>
1	1 Other incom	ie							
1	2 Total. Add I	ines 1 throug	jh 11		410,944.	13	3,087.		
1			ectors, trustees, etc		0.		0.		0.
I *	•	yee salaries a	Ü						
ro I	5 Pension pla			3	13 961		0.		
ığı'	6a Legal fees b Accounting		STMT		13,861. 2,517.		0.		0.
ğ	c Other profes		STMT		3,043.	-	3,043.	-	0.
Ш 9 1	7 Interest	isional iccs	DIMI	J	3,043.		,043.		<u> </u>
اڪ	8 Taxes		STMT	6	105.		0.	· · · · · · · · · · · · · · · · · · ·	0.
±   1		and depletion		•					
Ē 2	Occupancy	•					•		
₽ 2		erences, and	meetings			-	-		
E 2	2 Printing and	publications							
ဥ် 2	3 Other expen	ses	STMT	7	863.		0.		0.
Operating	4 Total opera	_							
ᇍ		Add lines 13 t	-		20,389.	•	3,043.		0.
2	5 Contribution				112,947.				112,947.
2	6 Total expen		ursements		122 226	_	0.42		110 045
+	Add lines 24				133,336.		3,043.		112,947.
2		26 from line			277,608.				
			ises and disburseme if negative, enter -0-		277,000.	1 (	0,044.		
			egative, enter -0-)	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
423501 11-24-1			eduction Act Not	ice, see	instructions	L			Form <b>990-PF</b> (2014)

			- 000 0
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	392,519.
5	Decreases not included in line 2 (itemize)	5	0.
4	Add lines 1, 2, and 3	4	392,519.
3	Other increases not included in line 2 (itemize)	3	0.
2	Enter amount from Part I, line 27a	2	277,608.
	(must agree with end-of-year figure reported on prior year's return)	1	114,911.
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		

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See the Part VI instructions

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	m 990-PF (2014) THE CARRIGAN FAMILY FOUNDATION art VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	10(-)		4671			Page 4
		o(e), or a	1940 ·	- see i	nstrt	ICTIO	ns)
18	a 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 X and enter 1%	,				1	00.
	of Part I, line 27b	ľ	1			<u> </u>	00.
	,						
	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b	). )	,	•			0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2		3			1	00.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				00.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			1	00.
	Credits/Payments:		-				00.
	1 1						
	<del></del>		-				
	b Exempt foreign organizations - tax withheld at source  6b	200.	-				
	Tax paid with application for extension of time to file (Form 8868)  6c	200.	4				
	d Backup withholding erroneously withheld  Table and the end operate Add least Continue College Continue Contin		-			2	00.
	Total credits and payments. Add lines 6a through 6d		7		_		<u> </u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	8		_		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9			1	00
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		_	<u> </u>	00.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	etunded 📂	11		_		0.
_	art VII-A Statements Regarding Activities			_		V	NI.
18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	or intervene	e in		<u> </u>	Yes	
	any political campaign?				1a		X
D	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for		•		1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mater	als publish	ed or				
	distributed by the foundation in connection with the activities				.		7.7
	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
d	1 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	0					
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on four	idation					
_	managers. ► \$ 0.						37
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				_2		X
_	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 inc	orporation, o	or				37
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		$\frac{x}{x}$
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		3.7	/3	4a		
	of "Yes," has it filed a tax return on Form 990-T for this year?		1/1	/A	4b		- <del></del>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
	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	e law			₹.	
_	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	and Part XV	/		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	IL	<del></del>					
b	olf the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or design	nate)					
	of each state as required by General Instruction G? If *No, " attach explanation				8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(	J)(5) for cale	endar				77
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	~	(m) * cc		9	7.5	<u> </u>
10	Did any persons become substantial contributors during the tay year? # "year" attach a capacitic licitude they person and act	S	ጥለጥ	4	l to l	x I	

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

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

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

4a

X

Х

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

Form 990-PF (2014) THE CARRIGAN FAMILY FOUNDATION		71495 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation M Paid Employees, and Contractors (continued)	lanagers, Highly	<del></del>
3 Five highest-paid independent contractors for professional services. If none, enter "NONE		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of service	(C) compensation
NONE		
		<del></del>
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor-	mation such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
37/3		
1 N/A		
2		
··		
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 on lines 1 ar	ıd 2.	Amount
1 N/A		· · · · · · · · · · · · · · · · · · ·
·	<del></del>	
	<del></del>	
2		
All other program-related investments. See instructions.		
3	į	
Total Add lines 1 through 3		0.

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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.

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

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100

5

6

### Part XIII. Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
1 Distributable amount for 2014 from Part XI,				
line 7				12,973.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			709.	
b Total for prior years:		^		
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009				
b From 2010 c From 2011				
d From 2012	1			
e From 2013	i			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				***************************************
Part XII, line 4: ▶\$ 112, 947.				
a Applied to 2013, but not more than line 2a			709.	
<b>b</b> Applied to undistributed income of prior			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				****
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				12,973.
e Remaining amount distributed out of corpus	99,265.			
5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as indicated below:				
	99,265.			
A Corpus Add lines 3f, 4c, and 4e Subtract line 5     Prior years' undistributed income Subtract	55,205.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6¢ from line 6b. Taxable				·
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of		****		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015	00 065			
Subtract lines 7 and 8 from line 6a	99,265.			<del></del>
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 99, 265.				
123581 11-24-14		<u> </u>		Form <b>990-PF</b> (2014)

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Part XIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2014, enter the date of t	the ruling	▶		
<b>b</b> Check box to indicate whether the found	dation is a private operatii	ng foundation described	in section	4942(j)(3) or 4942(j)(3)	942(1)(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>b</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					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon  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 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)					
(2) Support from general public					
and 5 or more exempt organizations as provided in	•				
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		İ	<u> </u>		
Part XV   Supplementary Info			if the foundation	on had \$5,000 or m	ore in assets
at any time during t	ine year-see insti	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation wh year (but only if they have contributed r			ributions received by t	he foundation before the clo	se of any tax
, , , ,	nore man 40,000). (See s	Section 307 (0)(2).)			
NONE	100/		,		
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large po	rtion of the ownership of a p	artnersnip or
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. P	rograms:		
Check here ► X if the foundation of				s not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	iber or e-mail address of t	the person to whom appl	ications should be add	ressed:	<del></del>
<b>b</b> The form in which applications should t	oe submitted and informa	tion and materials they s	hould include:	<del>-</del>	
c Any submission deadlines:					·-
d Any restrictions or limitations on award	e cuch ac hy geographic	al areas, charitable fields	kinds of institutions of	or other factors:	
w Any restrictions of minitations on award	s, such as by yeographic	מי מו פמט, כוומו וומטוכ ווכועט,	minus of mandadons, (	ט טעוט ופטעוס.	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year AKVILE KISKIS I ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. ALEX LESLIE ALL CONTRIBUTIONS ARE Ι 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,791. AMERICAN CANCER SOCIETY 501(C)(3) ALL CONTRIBUTIONS ARE 820 DAVIS STREET, SUITE 400 FOR UNRESTRICTED EVANSTON, IL 60201 PURPOSES 10,000. ANGELICA KULIKOWSKI Ι ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 1,436. AUSTREBERTO ZARCO ALL CONTRIBUTIONS ARE I 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 4.842. SEE CONTINUATION SHEET(S) 112,947. ▶ 3a **b** Approved for future payment NONE Total **▶** 3b

### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ed by section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_		$\perp$		
b	_			<u> </u>	
c	_				
d	_				
e					<u>-</u>
f					<del></del> :
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	<u> </u>				
investments			14	1.	
4 Dividends and interest from securities			14	6,234.	
5 Net rental income or (loss) from real estate:			+		
a Debt-financed property			+ +		·· -
b Not debt-financed property		<del></del>	+	· · · · · · · · · · · · · · · · · · ·	
6 Net rental income or (loss) from personal			+ +		
property			+		
7 Other investment income			+		
8 Gain or (loss) from sales of assets other			1 .	6 050	
than inventory			18	6,852.	
9 Net income or (loss) from special events			+ +		
10 Gross profit or (loss) from sales of inventory			$\bot$		
11 Other revenue:					
a	_		$\perp$		
b		<u> </u>			
C	_				
d	_				
e					
12 Subtotal. Add columns (b), (d), and (e)		0	•	13,087.	0.
13 Total Add line 12, columns (b), (d), and (e)			-	13	13,087.
(See worksheet in line 13 instructions to verify calculations.)	)				
Part XVI-B Relationship of Activities	to the Acco	mnlishment of F	vemnt	Purnoses	
Tiendanising of Addition			.xcmpt	- urposes	
Line No Explain below how each activity for which in			A contribu	ited importantly to the accomp	olishment of
the foundation's exempt purposes (other that	an by providing fui	nds for such purposes)			
N/A					
		· -			
					·
		·			
					<del></del>
	·				
					<del></del>
					<del></del>
				<u> </u>	
				<u> </u>	
423621 11-24-14					

Form 990	0-PF (20	014) THE C	ARRIGAN	FAMILY	FOUNDATION		45-4671	.495	Pa	ige 13
Part 2	XVII			ansfers To	and Transactions	and Relations	hips With Noncha	itable		
		Exempt Organ		f 11 f 11			501/ ) /		N/	
				-	ng with any other organiza		on 501(c) of		Yes	No
				-	27, relating to political org	anizations		1		1
	Cash	from the reporting found:	ation to a nonchar	nable exempt of	rganization of			10(1)		Х
	Other	accate						1a(1) 1a(2)		X
		assers Sactions:						14(2)		
		· · · · · · · · · · · · · · · · · · ·	ble evemet ergen	ization				15/13		х
		of assets to a noncharita ases of assets from a no						1b(1) 1b(2)		X
٠.,		ases of assets from a no l of facilities, equipment,		or Granization				1b(2)	<u> </u>	X
		oursement arrangements						1b(3)		X
		or loan guarantees						1b(5)		X
		mance of services or me	amherehin or fund	raising solicitati	one			1b(6)		X
, ,		facilities, equipment, ma	•	-				1c		X
	_		-		• •	always show the fair m	narket value of the goods, o		ets	
							or sharing arrangement, st		,	
		) the value of the goods,				,	or onaring arrangomoni, or			
(a)Line n		(b) Amount involved			le exempt organization	(d) Description	of transfers, transactions, and s	haring ar	rangeme	nts
•	<del></del>			N/A	, ,		<del></del>			
	_									
	+									
	+									
	<u> </u>	<del></del>								
	_									
							<del></del>			
							· · · · · ·			
	Ш.,		1							
		•	•	•	e or more tax-exempt orga	nizations described		_		_
		501(c) of the Code (other		(c)(3)) or in sec	ction 527?			_ Yes	X	No
b_lf "\	Yes," co	mplete the following sch			107				_	
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relationsh	ıp		
		N/A		_						
							<del>.</del>			
						<del> </del>				
	Linder	penalties of persons I declare	that I have examined	this return include	ing accompanying schedules ai	ad etatements, and to the	heet of my knowledge			
Sian					an taxpayer) is based on all info		has any knowledge May	the IRS on with th	discuss t e prepar	his er
Sign Here		Julial	9 22 1	<b>1</b> -	10123/15	OFFICE	shov	vn below Yes	(see ins	tr )?
	Sign	ature of officer or trustee		jar	Date	Title	<u> </u>	⊾ Yes	Ц.,	J No
	Oigii	Print/Type preparer's na	(	Preparer's s		Date	Check   If PTIN			
		Printer type preparer 3 ne	anno		originaturo •	6.4.15	self- employed			
Paid		JOSEPH A.	маснава	( J	Ia. Worl	6.7.73	, ,	445	770	
Prepa	arer	Firm's name ► MCG		LP/	in per		Firm's EIN ► 42-07			
Use (		Finits name PACG	PUNDIEI I	777	1			T#3	د ۵	
-550 (		Firm's address ▶ 1	S. WACKE	I DRIVE	E, STE 800		1		_	
			ICAGO, I				Phone no 312-63	14 <b>-</b> 3	400	
		<u> </u>					1. 110110110 01111 01			

### THE CARRIGAN FAMILY FOUNDATION

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation show any relationship to Purpose of grant or **Amount** any foundation manager status of contribution , Name and address (home or business) or substantial contributor recipient BART TRUBLOWSKI ALL CONTRIBUTIONS ARE 1 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. 501(C)(3) ALL CONTRIBUTIONS ARE BIG SHOULDERS FUND FOR UNRESTRICTED 212 WEST VAN BUREN ST. SUITE 900 CHICAGO, IL 60607 PURPOSES 10,000. BRANDON HOFFMAN ALL CONTRIBUTIONS ARE I FOR UNRESTRICTED 333 E TOUHY AVE DES PLAINES, IL 60018 PURPOSES 3,000. CHRISTIAN BROTHERS OF THE MIDWEST -501(C)(3) ALL CONTRIBUTIONS ARE ST. GEORGE FOR UNRESTRICTED PURPOSES 7650 S. COUNTY LINE RD BURR RIDGE, IL 60527 2,500. ALL CONTRIBUTIONS ARE CRYSTAL MARQUEZ I FOR UNRESTRICTED 333 E TOUHY AVE PURPOSES DES PLAINES, IL 60018 2,413. CYSTIC FIBROSIS - MIGHTY MAGNER 501(c)(3) ALL CONTRIBUTIONS ARE 6931 ARLINGTON RD, SUITE 200 FOR UNRESTRICTED PURPOSES BETHESDA, MD 20814 1,500. DAISY PATINO Ι ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED PURPOSES 1,737. DES PLAINES, IL 60018 ALL CONTRIBUTIONS ARE DAVID MARRON Ι FOR UNRESTRICTED 333 E TOUHY AVE PURPOSES DES PLAINES, IL 60018 3,000. EMMA MCGINN Ι ALL CONTRIBUTIONS ARE FOR UNRESTRICTED 333 E TOUHY AVE DES PLAINES, IL 60018 PURPOSES 1,500. EMMANUEL ZARCO ALL CONTRIBUTIONS ARE Ι FOR UNRESTRICTED 333 E TOUHY AVE PURPOSES DES PLAINES, IL 60018 2,498. 89,878. Total from continuation sheets

### THE CARRIGAN FAMILY FOUNDATION

Part XV Supplementary Informati				·
3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
FEED THE DREAM	,	501(C)(3)	ALL CONTRIBUTIONS ARE	
1040 KENILWORTH LANE			FOR UNRESTRICTED	
GLENVIEW, IL 60025		-	PURPOSES	2,500.
FREDERICK ROBLES		ı	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE			FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	1,500.
GARRETT HOFFMAN		I	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE			FOR UNRESTRICTED	
DES PLAINES, IL 60018		<del></del>	PURPOSES	3,000.
IMMACULATE CONCEPTION		501(C)(3)	ALL CONTRIBUTIONS ARE	
709 FRANKLIN STREET			FOR UNRESTRICTED	
CLARKSVILLE, TN 37040			PURPOSES	12,000.
JESSE PATINO		I	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE DES PLAINES, IL 60018			FOR UNRESTRICTED PURPOSES	500.
JUSTYNA JAKUBSZEK		I	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE			FOR UNRESTRICTED	
DES PLAINES, IL 60018		<u> </u>	PURPOSES	1,500.
KATE PENDERGAST		ı	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE		-	FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	2,160.
KENNETH WHITTLE		I	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE			FOR UNRESTRICTED PURPOSES	1 500
DES PLAINES, IL 60018			PURPUSES	1,500.
KEVIN BOEKENHAUER		I	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE			FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	1,500.
AND DESIGNATION AND DESIGNATION OF THE PROPERTY OF THE PROPERT		E01/Q1/31	ALL GOVERNING NET	
LES TURNER ALS FOUNDATION		501(C)(3)	ALL CONTRIBUTIONS ARE FOR UNRESTRICTED	
5550 W. TOUHY AVE SUITE 302 SKOKIE, IL 60077			PURPOSES	2,500.
Total from continuation sheets		1		2,500.

### THE CARRIGAN FAMILY FOUNDATION Part XV | Supplementary Information

Part XV   Supplementary Information				
3 Grants and Contributions Paid During the Y				
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	00111113011011	
LUCAS LATEN		ı	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE		_	FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	3,000.
V		_		
MICHAEL UNDAS 333 E TOUHY AVE		I	ALL CONTRIBUTIONS ARE FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	3,000.
220 12.111.20, 12 00010				3,000.
MISERACORDIA		501(C)(3)	ALL CONTRIBUTIONS ARE	
6300 NORTH RIDGE			FOR UNRESTRICTED	
CHICAGO, IL 60660	<u> </u>	ļ	PURPOSES	1,500.
MOOSE KRAUSE SCHOLARSHIP		501(C)(3)	ALL CONTRIBUTIONS ARE	
PO BOX 230			FOR UNRESTRICTED	
NOTRE DAME, IN 46556			PURPOSES	2,500.
NICOLAS LAURO		ı	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE		*	FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	3,000.
·				
		L		
NOTRE DAME		501(C)(3)	ALL CONTRIBUTIONS ARE	
400 MAIN BUILDING NOTRE DAME, IN 46556			FOR UNRESTRICTED PURPOSES	7,500.
HOIKE BANE, IN 10330		<del> </del>	TORTODES	7,300.
OLPH		501(C)(3)	ALL CONTRIBUTIONS ARE	
1775 GROVE ST			FOR UNRESTRICTED	
GLENVIEW, IL 60025			PURPOSES	2,500.
RICARDO VILLALBA		I	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE			FOR UNRESTRICTED	
DES PLAINES, IL 60018		ļ	PURPOSES	1,624.
SERGIO VILLALBA		ı	ALL CONTRIBUTIONS ARE	
333 E TOUHY AVE		-	FOR UNRESTRICTED	
DES PLAINES, IL 60018			PURPOSES	1,446.
CM JOSEPH CERVICES		E01/C)/2)	ALL COMMUTATIONS ASS	
ST. JOSEPH SERVICES 1501 N. OAKLEY BLVD.		501(C)(3)	ALL CONTRIBUTIONS ARE FOR UNRESTRICTED	
CHICAGO, IL 60622			PURPOSES	2,500.
Total from continuation sheets	<u> </u>	<u>.</u>		,

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	
AKARY BAYLESS		ı	ALL CONTRIBUTIONS ARE	
33 E TOUHY AVE			FOR UNRESTRICTED	_
ES PLAINES, IL 60018			PURPOSES	1,5
	:			
,				
Total from continuation sheets		<u></u>		

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization

Employer identification number

T	HE CARRIGAN FAMILY FOUNDATION	45-4671495					
Organization type (check of	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling a one contributor.						
Special Rules							
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II	or 16b, and that received from					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
year, contributions is checked, enter l purpose Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,					
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fot the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

### THE CARRIGAN FAMILY FOUNDATION

45-4671495

Part I	Contributors (see instructions) Use duplicate copies of Part I	if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED DISPLAYCRAFT  333 W TOUHY AVE  DES PLAINES, IL 60018	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY CARRIGAN  333 W TOUHY AVE  DES PLAINES, IL 60018	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

### THE CARRIGAN FAMILY FOUNDATION

45-4671495

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
423453 11-05	-14		990, 990-EZ, or 990-PF) (20

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Employer identification number Name of organization THE CARRIGAN FAMILY FOUNDATION 45-4671495 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### Respirent's Name and Address CARRGAN FAVILY FOUNDATION

2014 TAX and YEAR-END STATEMENT As of 02/23/2015

dividend income and the purchase price of your securities. The final information needed typically becomes available between January and March. Additionally, for the 2014 and March 16 As a result of this phased mailing, you and members of your household may receive 1099 tax statements at different times based on the types of securities accelerate the 1099 mailing for accounts holding these types of assets. Tax statement mailings will occur in a four-phased approach. January 31, February 17, February 28 IMPORTANT MESSAGE Certain types of securities (e.g., mutual funds, RBMICs, RBTs) are more likely to receive adjustments to dividend payments that will reduce your tax year, many adjustments are being made to properly reflect amortization and accretion on bonds. In an effort to reduce the need to refile your taxes, Pershing will not held in each account For additional information, please visit mytaxhandbook com

OMB No. 1545-0715		
er Exchange Transactions	(For individuals, report details on Form 8949)	
2014 Form 1099-B		

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

(ssol)	W≠Weeh Sele Loss	(Box 1e)	(Box 1d)	(Box 1c)	(Box 1b)	(Box 1a)	Disposition Method	Transaction
Gand	O-Cytion Premum	Other Bass	Proceeds	Disposed	Acquired	Quartity (		Dspostion
Redized	D=Market Ciscourt	Ost a		Date Stid or	Cate			

Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked.

Covered (Box 3)

(- ::)							
Description (Box 1a)	Description (Box 1a) AMERCAN CENTURY DIVENSHED BOND INVEST	ND INVESTORCLASS			CUSIP 024932402	2402	
SEL	AMPRAECOST	29 630	12/27/2013	04/14/2014	64107	63207	006
SEL	AMPRACECOST	18 156	12/27/2013	04/16/2014	19500	19226	274
SEL	AMERACE COST	135 626	12/27/2013	07/18/2014	1,46883	1,44577	2306
SEL	AMPRACECOST	045	12/31/2013	07/18/2014	0.49	0.48	001
SEL	AMERACECOST	329 321	01/16/2014	07/18/2014	3,56655	3,51055	2800
SEL	AVERACECOST	844	01/31/2014	07/18/2014	914	006	0 14
SEL	AMERACECOST	1175	02/28/2014	07/18/2014	12.73	12.53	020
SEL	AMFRACECOST	1112	03/31/2014	07/18/2014	12.04	1186	0 18
SEL	AMPRACECOST	1 102	04/30/2014	07/18/2014	1133	1175	0 18
SEL	ANEFACECOST	1 039	05/30/2014	07/18/2014	1125	1108	017

# Reapient's Nameand Address CARRGAN FAMILY FOUNDATION

2014 Form 1099-B	1099-B	Proceeds From Broker and Bar (For Individuals, report details on Form 8949)	er and Ba	rter Exchange	Broker and Barter Exchange Transactions details on Form 8949)	OMB	OMB No. 1545-0715 (Continued)	Continued)
Dspation Transdion	Dspation Method	Quentity od (Box 1a)	Date Acqured (Box 1b)	Date Stid or Disposed (Box 1c)	Roæeds (Box 1d)	Octor Other Beas (Box 1e)	Adjustments D=Market Discourt O=Cption Remum W≠Wesh Sile Loss	Redized Ganor (Loss)
Short-Term Tra	ansactions for V	Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked	ne IRS - Repor	t on Form 8949,	Part I, with Box A c	hecked		
Covered (Box 3) (Continued)	3) (Continued)							
Description (Box 1s	3) AMERICAN CENTL	Description (Box 1a) AMERCAN CENTURY DIVERSHED BOND INVEST OR CLASS	×		QUSIP 0249	CUSIP 024932402(Continued)	(pənu	
SEL	AMERICECOST	362	06/30/2014	07/18/2014	10.42	1026		016
SEL	AVERACECOST	217861	07/16/2014	07/18/2014	2,35943	2,32239		37.04
SWEDA	SMEDATETOTAL	689 087	WAROUS	07/18/2014	7,46281	7,345 67		117 14
SECURITYTOTAL	/TOTAL				8,298 88	8,170 00		128 88
Description (Box 12	3) BROWN CAPITAL!	Description (Box 1a) BROWN CARTAL MANAGE MENT SWALL COMPANY F UND INSTITUTIONAL CL	O INSTITUTIONAL (	7	CUSP 115291403	91403		
SEL	AVERACECOST	4 081	12/27/2013	07/17/2014	25500	30662		(5162)
Description (Box 1a	3) COLUMBIA ACOR	Description (Box 1a) COLLMBA ACCIAN INTERNATIONAL RUND CLASSR4			CUSP 197199466	99466		
SÆL	AMERACECOST	15 392	12/27/2013	04/14/2014	72187	71989		198
SEL	AMPPACECOST	4 605	12/27/2013	04/16/2014	21700	21538		162
SÆL	AMERACECOST	11 075	12/27/2013	07/17/2014	54000	51816		2184
SECURITYTOTAL	/TOTAL				1,47887	1,453 43		25 44
Description (Box 1a)	B) DODGE&COXINCOMEFUND	COMEFUND			CUSIP 256210105	10105		
SÆL	AMPRACECOST	88 791	12/27/2013	02/21/2014	1,19354	1,21217		(1863)
SEL	AMERACECOST	75 689	12/27/2013	04/16/2014	1,01300	1,03334	3 12 <sup>w</sup>	(17.22)
SEL	AMERACECOST	116 562	12/27/2013	09/23/2014	1,59021	1,60788	17 67 w	000
SEL	AMERACECOST	99868	12/27/2013	1021/2014	1,22093	1,24060	1967 <sup>w</sup>	000

Reapient's Name and Address
CARRGAN FAMILY FOUNDATION

Date Stidor Cost or Dapastron Mathod (Box 1a) (Box 1b) (Box 1c) (Box 1d) (Box 1e) (Box 1c) (Box 1d) (Box 1e) Short-Term Transactions for Which Basis Is Report ed to the IRS - Report on Form 8949, Part I, with Box A checked			details on Form 8949)	***				
Short-Term Transactions	Clepositon Method	Quartity (Box 1a)	Date Acqured (Box 1b)	Date Sold or Dsposed (Box 1c)	Procest (Box 1d)	Cost or Citrar Basis (Box 1e)	Agustmants D=Market Discurt O=Quton Remum W≠Vv&h Stle Loss	Redized Ganor (Loss)
	for Which Basis	Is Reported to the	IRS - Report	on Form 8949, P	art I, with Box A	checked		
Covered (Box 3) (Continued)	led)							
Description (Box 1a) DODŒ& COX INCOME FUND	COX INCOME FUND				CUSIP 256	QUSP 256210105(Continued)	ed)	
SEL AVERACE COST	SZI	72879	12/27/2013	12/11/2014	80866	1,00969	1161 <sup>w</sup>	000
SEL AMPACE COST	Σď	60 454	01/16/2014	12/11/2014	82792	83782	<sub>w</sub> 066	000
SALEDATETOTAL		133 333	VAROUS	12/11/2014	1,826 00	1,847 51	21 51 <sup>w</sup>	0000
SEURTY TOTAL					6,843 68	6,941 50	61 97 <sup>w</sup>	(35 85)
Description (Box 1a) EATON VAI	EATON VANCE ROATING PATE HIGH INCOME FLU	GH INCOME FUND ADMSOR CLASS	Ralass		OUSP 277911574	911574		
SEL AMPAGEOOST	کا	221239	12/27/2013	03/14/2014	1,99779	2,00264	003w	(4 82)
SEL AVERACE COST	ख	277	12/31/2013	03/14/2014	250	250		000
SEL AMPAGEOOST	Zd Zd	015	12/31/2013	03/14/2014	0 14	0 14		000
SEL AVERACE COST	<b>Σ</b>	343 866	01/16/2014	03/14/2014	3,10511	3,11269		(7 58)
SEL AMPAGEOOST	<b>S</b> d	1044	01/31/2014	03/14/2014	943	945		(0 02)
SEL AMFRACECOST	של	1555	02/28/2014	03/14/2014	1403	1407		(0.04)
Wash sale 77 day	Wesh sale 77 day(s) added to hdding penod	מ						
SALEDATETOTAL		966 299	VAROUS	03/14/2014	5,129 00	5,141 49	0 03 <sup>w</sup>	(12 46)

### Reapient's Name and Address CARRGAN FAMILY FOUNDATION

2014 Form 1099-B	1099-B	Proceeds From Broker and Bar (For Individuals, report details on Form 8949)	oker and Bai	ter Exchange)	Broker and Barter Exchange Transactions details on Form 8949)	OMB N	OMB No. 1545-0715 (Continued)	(Continued)
Dspostion Transaction	Disposition Method	Quentity (Box 1a)	Date Acqured (Box 1b)	Date Stid or Disposed (Box 1c)	Procest (Box 1d)	Cost or Other Bass (Box 1e)	Adustments DEMerket Discount OEQution Prenum WeWesh Stelloss	Redized Ganor (Loss)
Short-Term Tra	insactions for W	ーセ	the IRS - Repor	t on Form 8949, I	ed to the IRS - Report on Form 8949, Part I, with Box A checked.	hecked.		
Covered (Box 3) (Continued)	) (Continued)							
Description (Box 1a)	Description (Box 1a) BURDPACHIC GROWIH FUND CLASSF2	WIH FUND CLASSF-2			CUSP 298715100	Æ100		
SEL	AMPRICECCION	13921	12/27/2013	04/14/2014	67392	68322		(630)
SEL	AMPRACECOST	5576	12/27/2013	04/16/2014	27200	27366		(166)
SEL	AMPRACECOST	10801	12/27/2013	07/17/2014	54100	53010		1090
SECURITY TOTAL	TOTAL				1,486 92	1,486 98		(000)
Description (Box 1a)	HDBJTYADMSORS	Description (Box 1a) HDBJTY ADMSORSTRATEGINCOME CLASSI			QUBP 315920801	120801		
SEL	AVERACECCIST	170658	12/27/2013	04/14/2014	2,13835	2,10465		3370
SEL	AVERACECCIST	13015	12/27/2013	04/16/2014	16308	16051		257
SEL	AMERACECOST	36.227	01/03/2014	04/16/2014	45392	44678		7 14
SALEDATETOTAL	ETOTAL	49 242	VAROUS	04/16/2014	617 00	607 29		971
SEL	AMPRACECOST	56053	01/03/2014	07/17/2014	71300	69146		2154
SEL	AMPRACECOST	90 369	01/03/2014	09/23/2014	1,13039	1,11916		1123
SEL	AMPPACECOST	60 585	01/03/2014	12/11/2014	74095	75097	10 02 W	000
SEL	AMERACECOST	25 353	01/16/2014	12/11/2014	31007	31437	430 <sub>W</sub>	000
SALEDATETOTA	ETOTAL	85 938	VAROUS	12/11/2014	1,051 02	1,065 34	14 32 <sup>w</sup>	000
SECURITYTOTA	TOTAL				5,649 76	5,587 90	14 32 <sup>w</sup>	76 18

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Reapient's Name and Address
CARRGAN FAVILY FOUNDATION

OMB No. 1545-0715 (Continued)		
Proceeds From Broker and Barter Exchange Transactions	(For individuals, report details on Form 8949)	
2014 Form 1099-B		

	•		•					
Departon		Quartity	Date Acqured	Date Stid or Dsposed	Rarect	Cost or Other Beas	Agustments D-Market Discourt O-Option Pernum	Realized Gan or
Transaction	Disposition Method	(Box 1a)	(Box 1b)	(Box 1c)	(Box 1d)	(Box 1e)	V≠Wesh StelLoss	(Loss)
Short-Term Tra	Short-Term Transactions for Which Basis Is Report	s Is Reported to the I	IRS - Report	ed to the IRS - Report on Form 8949, Part I, with Box A checked	t I, with Box A c	hecked		
Covered (Box 3) (Continued)	3) (Continued)							
Description (Box 1a	Description (Box 1a) HDBJTYADMSORNBWINSGHTSFUND CLASS	SRUNDOLASSI			QUSP 316071604	7,1604		
SEL	AVERACECOST	38 131	12/27/2013	02/21/2014	1,04859	1,02416		2443
SEL	AMERICECOST	11354	12/27/2013	04/16/2014	30600	30496		42
SEL	AMERACECOST	31 170	12/27/2013	07/17/2014	87400	83719		3681
SÆL	AMPRACECOST	26724	12/27/2013	12/11/2014	77607	74355		32.52
SECURITYTOTAL	'TOTAL				3,004 66	2,909 86		94 80
Description (Box 1a	Description (Box 1a) RANKLIN HIGH INCOME RUND ADMSOR CLASS	ADMSORGLASS			QUSP 353538309	538309		
SÆL	AMERACECOST	353 224	12/27/2013	04/14/2014	75590	74750		840
SEL	AMERACECOST	101869	12/27/2013	04/16/2014	21800	21558		242
SÆL	AMERACECOST	90 187	12/27/2013	07/17/2014	19300	19090		210
SECURITY TOTAL	'TOTAL				1,166 90	1,153 98		12 92
Description (Box 1a	Description (Box 1a) HAROR BOND FUND INSTITUTIONAL CLASS	ONALCLASS			QUSP 411511108	511108		
SEL	AMERACECOST	109 934	12/27/2013	02/21/2014	1,33460	1,31686		17 74
SEL	AMERACECOST	82 907	12/27/2013	04/16/2014	97400	99313	131 <sup>w</sup>	(17 82)
SEL	AMERACECOST	352 004	12/27/2013	07/16/2014	4,29272	4,21740		7532
SEL	AMERACECOST	841 797	01/16/2014	07/16/2014	1026579	10,08566		18013
SEL	ANERGEOST	5680	03/27/2014	07/16/2014	69.27	9089		121

Reapient's Name and Address CARRGAN FAVILY FOUNDATION

2014 Form 1099-B	_	Proceeds From Broker and Bar (For Individuals, report details on Form 8949)	and Bart (	Broker and Barter Exchange Transactions details on Form 8949)	ransactions		OMB No. 1545-0715 (Continued)	Continued)
Ospositon Transaction D	Dspatten Method	Quentity (Box 1a)	Date Acqured (Box 1b)	Date Std or Dsposed (Box 1c)	Raect (Box 1d)	Cost or Other Bass (Box 1e)	Ağustmerts D=Market Dsœurt C=Qtron Remum V≠Vxeh Stle Loss	Redized Ganor (Loss)
Short-Term Transactions for Which Basis Is Report	tions for Which Ba	sis Is Reported to the I	RS - Report of	ed to the IRS - Report on Form 8949, Part I, with Box A checked	t I, with Box A c	sheck ed		
Covered (Box 3) (Continued)	intinued)							

na la co	Care on (nov o) (confinance)							
Description (Bo	Description (Box 1a) HAROR BOND FUND INSTITUTIONAL CLASS	TIONALCLASS			ABP 4	QUSP 411511108(Continued)		
	Wash sale, 110 day(s) added to hadding penod	period						
SÆL	ANERACECOST	5041	06/26/2014	07/16/2014	6148	60 40		108
SME	SALEDATETOTAL	1,204522	WAROUS	07/16/2014	14,689 26	14,431 52		257 74
SEDI	SEDIRITY TOTAL				16,997 86	16,741 51	131W	257 66
Description (Bo.	Description (Box 1a) THE OAMMARK INTERNATIONAL RUND CLASSI	IL FUND CLASSI			ABD A	CUSP 413838202		
SÆL	AVERACECOST	28 885	12/27/2013	04/16/2014	76400	76255		145
SEL	AMFRACECOST	9342	12/27/2013	07/17/2014	25000	24663		337
SECU	SECURITY TOTAL				1,014 00	1,009 18		4 82
Description (Bo	Description (Box 1a) MFSVALLE FUND CLASSI				CUSIP 6	OUSP 552983694		
SÆL	AMPRACECOST	33.261	12/27/2013	04/14/2014	1,08931	1,10574	1 56 <sup>w</sup>	(1487)
SEL	AVERACECOST	18 373	12/27/2013	04/16/2014	61000	61087		(0.87)
SEL	AGRACECOST	29 168	12/27/2013	07/17/2014	1,00600	26997		3603
SEL	AMPAGEOST	28 063	12/27/2013	09/23/2014	97210	94168		3042
SÆL	AMBRACECOST	31 593	12/27/2013	12/11/2014	1,09819	1,08449		13.70
SECU	SEDJRTY TOTAL				4,775 60	4,712.75	1 56 <sup>w</sup>	64 41

# Reapient's Name and Address CARRGAN FAMILY FOUNDATION

2014 TAX and YEAR-END STATEMENT As of 02/23/2015

2014 Form 1099-B	1099-B	Proceeds From Broker (For Individuals, report details o	Broker and Bardetails on Form 8949)	rter Exchange	Broker and Barter Exchange Transactions		OMB No. 1545-0715 (Continued)	(Continued)
Ospætion Transection	Departion Method	Quentity cd (Box1a)	Date Acqured (Box 1b)	Date Stid or Disposed (Box 1c)	Raseds (Box 1d)	Oct or Other Beas (Box 1e)	Adustrents D=Narket Dscourt Q=Qbion Premum V#Vven 38 e Loss	Redized Ganor (Loss)
Short-Term Tra	ansactions for V	Short-Term Transactions for Which Basis Is Reported to the	IRS - Repor	t on Form 8949,	to the IRS - Report on Form 8949, Part I, with Box A checked	check ed		
Covered (Box 3) (Continued)	3) (Continued)							
Description (Box 1a	() METROPOLITANV	Description (Box 1a) METROPOLITAN WEST TO TAL FETURN BOND FUND CLASSIN	5		CUSP 592905103	2905103		
SEL	AMERACECOST	129 780	12/27/2013	04/14/2014	1,39254	1,37503		1751
SÆL	AMERACECOST	39236	12/27/2013	04/16/2014	42100	41571		529
SECURITYTOTAL	′TOTÆ				1,813.54	1,790 74		22 80
Description (Box 1a	) METROPOLITANV	Description (Box 1a) METROPOLITAN WEST TO TAL RETURN BOND FUND CLASSI			OUSIP 592905509	2905509		
SEL	AMERACECOST	111 080	12/27/2013	0923/2014	1,17078	1,19106	20 28 <sup>w</sup>	000
SÆL	AMERACECOST	134 086	12/27/2013	12/11/2014	1,43400	1,44804	14 04 <sup>w</sup>	000
SECURITY TOTAL	'TOTAL				2,604 78	2,639 10	34 32 <sup>w</sup>	00 0
Description (Box 1a	NEUBERCER BERN	Description (Box 1a) NBJBRGRBBRWAN MID CAP GROWIH RUND CLASSA			CUSP 641224266	1224266		
SEL	AMPPACECOST	23866	12/27/2013	04/16/2014	52100	53547		(1447)
SEL	AMPPACECOST	88 002	12/27/2013	07/16/2014	1,99236	1,97539		1697
SEL	AMERACECOST	172 450	01/16/2014	07/16/2014	3,90427	3,87100		3327
SALEDATETOTAL	E TOTAL	260 452	WAROUS	07/16/2014	5,896 63	5,846 39		50 24
SECURITY TOTAL	/TOTAL				6,417 63	6,38186		35 77
Description (Box 1a	) OPPENHEMBRIN	Description (Box 1a) OPPENIEMERINTERNATIONAL GROWTH FUND CLASSY			CUSP 68380_407	380_407		
SEL	AMPPACECOST	8517	01/16/2014	04/16/2014	32500	32174		326
SEL	AVERACECOST	6 135	01/16/2014	07/17/2014	23600	23176		424

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2014 Form 1099-B	1099-B	Proceeds From (For Individuals, repor	. +	and Bard Form 8949)	Broker and Barter Exchange Transactions details on Form 8949)	ransactions	OMB No	OMB No 1545-0715 (Continued)	Continued)
Dspætion Transedion	Dspation Method		Qærtity (Box 1a)	Date Acqured (Box 1b)	Date Sold or Dspoæd (Box 1c)	Rosseds (Box 1d)	Cost or Other Bass (Box 1e)	Agustments D=Narket Dscourt O=Qtion Premum V#Vv&th Ste Loss	Redized Ganor (Loss)
Short-Term Tra	ansactions for V	Which Basis Is R	eported to the II	Report	Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked	t I, with Box A cl	neck ed		
Covered (Box 3) (Continued)	3) (Continued)								
Description (Box 1a	OPPENHEMERING	Description (Box 1a) OPPENHEMERINTENATIONAL GROWTH FUND CLASSY	H FUND OL ASSY			0.15P 6838	OUSP 68380.407 (Continued)	ed)	
SECURITYTOTAL	TOTAL					561 00	553 50		7 50
Description (Box 1a)		OPPENHEMBEDEAE OR NG MARKETS FLUND CLASS Y	UNDCLASSY			QUSIP 683974505	74505		 
SEL	AMBRACECOST	*	35 518	12/27/2013	04/14/2014	1,33370	1,31532		1838
SEL	AMERICECOST	71	10676	12/27/2013	04/16/2014	39800	39536		264
SEL	AMERACECOST	53	29 123	12/27/2013	07/17/2014	1,15500	1,07849		7651
SECURITY TOTAL	TOTAL					2,886 70	2,789 17		97 53
Description (Box 1a	Description (Box 1a) HMOO INCOME FUND CLASSA	JND QL ASSA				QUSP 7220F474	F474		
SÆL	AMERACECOST	246	246 428	12/27/2013	01/03/2014	3,01874	3,01874		000
Description (Box 1a)	) RIMCO INCOMERUND CLASSP	JND QL ASSP				QUSP 72201M719	IM719		
SEL	AMERACECOST	117	117 685	12/27/2013	04/14/2014	1,46989	1,45039		1950
SÆL	AMERACECOST	8	34 908	12/27/2013	04/16/2014	43600	43022		578
SEL	AMERACECOST	156	159 402	12/27/2013	07/17/2014	2,02600	1,96518		6082
SEL	AMERACECOST	8	94638	12/27/2013	10/21/2014	1,19623	1,17860		1763
SÆL	ANEPACECOST		267	12/31/2013	10/21/2014	337	333		004
SEL	AMERACECOST	2	2818	01/16/2014	10/21/2014	3562	3510		052
SALEDATETOTAL	ETOTAL	26	97 723	VAROUS	10/21/2014	1,235 22	1,217 03		18 19

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Reapient's Name and Address CARRGAN FAVILY FOUNDATION

	OMB No. 1545-0715 (Continued)		
- (	Proceeds From Broker and Barter Exchange Iransactions	(For individuals, report details on Form 8949)	
	2014 Form 1099-B		

Dspation Transaction	Dspatron Nethod	Qentity (Box 1a)	Date Acqured (Box 1b)	Date Stid or Dsposed (Box 1c)	Roceat (Box 1d)	Cator Oher Bass (Box 1e)	Agustments D=Merket Dscourt O=Qulon Remum W≠Webt Stelloss	Redized Gan or (Loss)
Short-Term Trar	Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked	Is Reported to the I	RS - Report	on Form 8949, Pa	irt I, with Box A	checked		
Covered (Box 3) (Continued)	(Continued)							
Description (Box 1a)	Description (Box 1a) RIMCO INCOME RUND CL ASSP				QUBP 722	CUSP 72201M719(Continued)	ned)	
SEL	AMPRACECOST	61844	01/16/2014	12/1/2014	76996	77387	391 <sup>w</sup>	000
SECURITY TOTAL	OTAL				5,937 07	5,836 69	391 <sup>w</sup>	104 29
Description (Box 1a)	Description (Box 1a) RIMOO COMINO DITESPLUS STRATESY RUND CLASSA	TEGY FUND CLASSA			CUSP 722019159	201 <b>P</b> 159		
SEL	AVERACECOST	113670	12/27/2013	02/21/2014	1,24241	1,19793		44
Description (Box 1a)	Description (Box 1a) RIMOO COMINO DITIES R. US STRATESY RUND CLASSP	TESY FUND CLASSP	!		QUBP 7220P167	20 <b>P</b> 167		
SEL	AMERACECOST	78 471	12/27/2013	04/16/2014	89300	85398		8302
SEL	AMERICOST	10 437	12/27/2013	07/17/2014	11700	11049		651
SEL	AMPRACECOST	168 581	12/27/2013	11/18/2014	1,56949	1,79030		(22081)
SEL	AMFRACECOST	609 488	01/16/2014	11/18/2014	5,67434	6,47268		(79834)
SEL	AMERICOST	6 938	06/19/2014	11/18/2014	62.59	7368		(606)
SEL	AVERACECOST	195 192	09/05/2014	11/18/2014	1,81724	2,07291		(25567)
) TBS	AVERACECOST	8 408	09/18/2014	11/18/2014	78.28	88 28		(1101)
SALEDATETOTAL	TOTAL	988 607	VAROUS	11/18/2014	9,203 94	10,498 86		(1,294 92)
SECURITY TOTAL	OTAL				10,213 94	11,439 33		(1,225 39

# Reapient's Nameand Address CARRGAN FAMILY FOUNDATION

2014 Form 1099-B	1099-B	Proceeds From B (For individuals, report of	Sroker and Bardetails on Form 8949)	ter Exchang))	Broker and Barter Exchange Transactions		OMB No. 1545-0715 (Continued)	(Continued)
Dspation Transdion	Dspation Method	Quentity d (Box 1a)	Date Acqured (Box 1b)	Date Stid or Disposed (Box 1c)	Proceds (Box 1d)	Cost cr Other Bass (Box 1e)	Agustments D=Market Dscourt O=Quton Pernum V=Veth Stel Loss	Redized Ganor (Loss)
Short-Term Tr	ansactions for M	Short-Term Transactions for Which Basis is Reported	to the IRS - Repor	t on Form 8949,	to the IRS - Report on Form 8949, Part I, with Box A checked	check ed		
Covered (Box 3) (Continued)	3) (Continued)							
Description (Box 1a	Description (Box 1a) TRONE FROE BLUE CHIP GROWTH	ECHIPGROWTH			QUBP 779540106	542106	:	
SEL	AMFRACECOST	8 609	12/27/2013	04/16/2014	51100	55907		(4807)
JHS.	AMPPACECOST	9876	12272013	07/17/2014	62300	64135		(1835)
SECURITYTOTAL	Y TOTAL				1,134 00	1,200 42		(66 42)
Description (Box 1a	Description (Box 1a) TROME FROE FFALESTATE	LESTATE			QUSP 779919109	919109		
SEL	AMFRACECOST	52 408	12/27/2013	02/21/2014	1,16858	1,13485		3373
SEL	AMPPACECOST	37 765	12/27/2013	04/16/2014	86200	81802		4398
SÆL	AMPPACECOST	34 151	12/27/2013	07/17/2014	81900	74027		7873
SEL	AMPPACECOST	38 993	12/27/2013	10/21/2014	94989	87233		77.56
SÆL	AMPPACECOST	24 565	12/27/2013	12/11/2014	63748	58431		5317
SEL	AMFRACECOST	21647	01/16/2014	12/11/2014	56176	51490		4686
SWEDA	SALEDATETOTAL	46 212	WAROUS	12/11/2014	1,19924	1,099 21		100 03
SECURITYTOTAL	YTOTAL				4,998 71	4,664 68		334 03
Description (Box 1a)		RUSSEL TAX EXEMPT BOND FUND CLASSS			QUSP 782493837	493837		
SEL	AMPPACECOST	40713	07/18/2014	10/21/2014	94577	93504		1073
SET.	AMFRACECOST	29756	07/18/2014	12/11/2014	69004	68477		527
SECURITYTOTA	Y TOTAL				1,635 81	1,61981		16 00

48 40

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12/27/2013

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AVERACE COST AVERACE COST

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SECURITY TOTAL

1476

Reapient's Name and Address
CARRGAN FAVILY FOUNDATION

2014 Form 1099-B	1099-B	Proceeds From Broker and Bar (For individuals, report details on Form 8949)	ker and Bai	Broker and Barter Exchange Transactions details on Form 8949)	Transactions	OMB NG	OMB No. 1545-0715 (Continued)	(Continued)
			- Cate	Date Sold or		(Cst cr	Agustments D=Merket Discourt	Redized
Dspætion Transection	Dspoation Method	Quartity CBox 1a)	Acqured (Box 1b)	Disposed (Box 1c)	Proceds (Box 1d)	Other Bass (Box 1e)	O=Option Remum V/=V/deh Stle Loss	Gan a (Loss)
Short-Term Tra	ansactions for M	Short-Term Transactions for Which Basis Is Reported to	the IRS - Repor	t on Form 8949, P	ed to the IRS - Report on Form 8949, Part I, with Box A checked	:heck ed	-	
Covered (Box 3) (Continued)	3) (Continued)							
Desarption (Box 1a	3) VANGUARD SHORI	Description (Box 1a) VANGUATO SHORT-TERM INVESTMENT GRADE RUND INVESTOR SHARES	MESTOR SHARES		CUSP 922031406	131406		
SEL	AMFRACECOST	176 048	12/27/2013	02/21/2014	1,86076	1,88807	w760	(26.34)
SEL	AMERICECOST	200 308	12/27/2013	04/14/2014	2,12331	2,15084	1949 <sup>w</sup>	(804)
SEL	AMPRACECOST	76723	12/27/2013	04/16/2014	79400	82450		(30 50)
SÆL	AMERICECOST	49 907	12/27/2013	07/17/2014	50700	53634	3 89 <sup>w</sup>	(25 45)
SEL	AMPPACECOST	162 856	12/27/2013	09/23/2014	1,71582	1,75223	3641W	000
SEL	AMPPACECOST	120 197	12/27/2013	1021/2014	1,26332	1,29514	31 82 <sup>w</sup>	000
SEL	AMFRACECOST	148 540	12/27/2013	12/11/2014	1,56234	1,59965	37.31 <sup>w</sup>	000
SEL	AMPPACECOST	100	12/31/2013	12/11/2014	105	107	0 02 <sup>w</sup>	000
SEL	AMFFACECOST	25 767	01/16/2014	12/11/2014	27102	27775	673w	000
SALE DA.	SALE DATE TOTAL	174 407	WAROUS	12/11/2014	1,83441	1,878 47	44 06 <sup>w</sup>	000
SECURITYTOTAL	/TOTAL				10,098 62	10,325 59	136 64 <sup>w</sup>	(90 33)
Description (Box 1a	3) VANGUARD SWALL	Description (Box 1a) VANGUAD SWALL-CAPI NDEXSGNAL RUND			QUSIP 922908421	08421		
		9.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!		74111	

OMB No. 1545-0715 (Continued) Proceeds From Broker and Barter Exchange Transactions (For individuals, report details on Form 8949) 2014 Form 1099-B

Redized Ganor (<u>1</u>00) O-Option Plemum W#Wash Sale Loss D-Market Discourt Adustments Oher Bass (Box 1e) Osta Roceeds (Box 1d)

> DeeSda (Box 1c)

> > Acquired (Box 1b)

Short-Term Transactions for Which Basis Is Reported to the IRS - Report on Form 8949, Part I, with Box A checked.

(Box 1a) **Centity** 

Dapastran Method

Transaction Disposition

Covered (Box 3) (Continued)

Description (Box	Description (Box 1a) VASHINGTON MUTUALIN VESTORS RUND CLASSF-2	ESTORS FLUND CLASSF-2			QUSP	CUSIP 939330825		
SÆL	AMPRACECOST	31 294	12/27/2013	04/14/2014	1,22486	1,22909	0.24 <sup>W</sup>	(3 36)
SÆL	AMPPACECOST	16119	12/27/2013	04/16/2014	64200	63310		890
SÆL	AMPPACECOST	25877	12/27/2013	07/17/2014	1,07700	1,01667		6033
SÆL	AMPRACECOST	24 923	12/27/2013	09/23/2014	1,04901	99280		5621
SEL SEL	AMFRACECOST	18010	12/27/2013	12/11/2014	76847	73934		2913
SKU	SE URTY TOTAL				4,761 34	4,611 00	0 24 <sup>w</sup>	150 58
Short-Term Covered Total	ered Total				119,937 88	120,207 73	254 32W	(15 53)
Overed Total				. '	119,937 88	120,207 73	254 32 <sup>w</sup>	(1553)
Total					119,937 88	120,207 73	254 32 <sup>w</sup>	(1553)
				•				

# RS Form 1099B - Proceedsfrom Broker and Barter Exchange Transactions

Short-Emmandlong-term transadions are segregated in your 1099B form in a format comparable to IRS Form 8949 for dispositions of covered and noncovered securities. Since your finance organization subsidies to our premum Tax and Year-End Statement, the date of acquisition cost or other basis. type of gain or loss (short-term or long-term), whether any loss is disallowed due to a wash safe and market discount for both covered and noncovered securities transactions will be displayed when available. Reasende that such detail for The amounts in this section of you. Tax Information Statement reflect proceeds from securities transactions such as safes, redemptions, tender offers, return of principal distributions, covered options, the option premumportion of reverse convertibles and bond maturities. noncoveed transations is not reported to the IRS

Typeof Gain or Loss (Box 2). The section headings within the 1099B indicate the type of gain or loss for the transactions, short-term or long-term.

Covered (Box 3) or Noncovered (Box 5) Security. The section he adrigs within the 1099B indicate whether you security transation is or is not a covered security under the IRS cost basis reporting program.

Description and Quartity (Box1a). Shows a brief description of the liern or service for which the proceeds are bang reported, as well as the number of shares included in the sale or exchangefor the lot reported if fractional shares are part of the disposition, those shares will be dispayed to three decorral places.

<u>CUSP.</u> Broker transadons may show the Committee on Uniform Security Identification Procedues (CUSP) number of the Itan reported

Osposton Transadon The cdum will dende the type of transadron for example, SELL
Disposition Method The method used to add which lot will be disposed for example, first-out (FFC). Pleasener for the Chert Service Information Section in your brokenage account statement for your account's existing task of disposition method.

FORM 990-PF INTERE	ST ON	SAVIN	GS AND	TEM:	PORARY	CASH	IN	VESTMENTS	SI	ATEMENT	1
SOURCE				(A REVE ER B	•	NET	IN	(B) VESTMENT COME	N	(C) ADJUSTED MET INCOM	
NORTHWESTERN MUTUAL #NM1-319521	ACCT				1.			1.			
TOTAL TO PART I, LI	NE 3				1.			1.			
FORM 990-PF	DIV	IDENDS	AND II	NTER	EST FR	OM SE	CUR	ITIES	Sī	ATEMENT	2
SOURCE		OSS DUNT		ITAL INS DEND	R	(A) EVENUI R BOOI		(B) NET INVES MENT INCO		(C) ADJUSTI NET INC	
NORTHWESTERN MUTUAL ACCT #A40-632886	(	5,234.			0.	6,2	34.	6,23	34.		
TO PART I, LINE 4	(	5,234.			0.	6,2	34.	6,23	34.		==
FORM 990-PF		·	Ll	EGAL	FEES				SI	ATEMENT	3
DESCRIPTION			(A) EXPENSI PER BOO		NET I	B) NVEST- INCOMI		(C) ADJUSTEI NET INCOM		(D) CHARITAI PURPOSI	
LEGAL FEES		<del>-</del>	13,8	361.		(	0.				0.
TO FM 990-PF, PG 1,	LN 1	 6A	13,8	361.	· ·		0.			-	0.

FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	2,517.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	2,517.	0.		0.
FORM 990-PF (	OTHER PROFES	SIONAL FEES	S	TATEMENT 5
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
MANAGEMENT FEES	3,043.	3,043.		0.
TO FORM 990-PF, PG 1, LN 16C	3,043.	3,043.		0.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
FOREIGN TAXES PAID	105.	0.		0.
TO FORM 990-PF, PG 1, LN 18	105.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE EXPENSE BANK FEE IL ANNUAL FILING FEE IL LATE FILING FEE OTHER EXPENSE	712. 25. 10. 100.	0. 0. 0. 0.		0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	863.	0.		0.

FORM 990-PF	OTHER INVE	ESTMENTS		STATEMENT	8
DESCRIPTION		JUATION ETHOD	BOOK VALUE	FAIR MARKE	T
NORTHWESTERN MUTUAL AC - MUTUAL FUND	CT A40-632886 C	COST	383,467.	376,1	36.
TOTAL TO FORM 990-PF,	PART II, LINE 13	_	383,467.	376,1	36.
FORM 990-PF	LIST OF SUBSTANTIAI PART VII-A, I	· <del>-</del>	TORS	STATEMENT	9
NAME OF CONTRIBUTOR	ADDRE	ESS			
UNITED DISPLAYCRAFT		TOUHY AV	<del>-</del>		
MARY CARRIGAN		V TOUHY AV			

### Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ·

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box		<b>•</b>	X
<ul> <li>If you are</li> </ul>	e filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)	•	
Do not com	nplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	sly filed Fo	rm 8868	
Electronic	filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	6 months for a corpo	oration
required to	file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 88	868 to request an ex	tension
of time to fi	le any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With Cei	taın
Personal B	enefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing of this f	orm,
visit www ii	rs gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).		
A corporati	on required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete		
Part I only					<b>&gt;</b>	
	prporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
to tile incon	me tax returns			Enter file	er's identifying num	ber
Type or	Name of exempt organization or other filer, see instru-	ctions		Employer	dentification numb	er (EIN) or
print						_
File by the	THE CARRIGAN FAMILY FOUNDAT	NOL			45-467149	5
due date for	Number, street, and room or suite no If a PO box, so	ee instruc	tions	Social se	curity number (SSN	)
filing your return See	333 E TOUHY AVE					
instructions	City, town or post office, state, and ZIP code For a fo	reign add	ress, see instructions			
	DES PLAINES, IL 60018					
Enter the R	leturn code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	n	Return	Application			Return
ls For		Code	ls For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-E		02	Form 1041-A			08
	(individual)	03	Form 4720 (other than individual)			09_
Form 990-F	F	04	Form 5227			10
	(sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
	JULIE CARRIGAN		7. DI 1 TUDA - TT - 600	10		
	oks are in the care of $\triangleright$ 333 E TOUHY AVE	נע - צו	ES PLAINES, IL 600	18		
•	ne No ▶ 847-721-2952		Fax No 🕨			
	ganization does not have an office or place of business		•		<b>&gt;</b>	
	for a Group Return, enter the organization's four digit					
box L	If it is for part of the group, check this box				ers the extension is	for
	uest an automatic 3-month (6 months for a corporation $ ext{AUGUST}  ext{ } 15$ , $ ext{ } 2015$ , to file the exempt		to file Form 990·T) extension of time tion return for the organization name		The extension	
	the organization's return for		organization ham	45010	0	
	Calendar year 2014 or					
<b>▶</b> □	tax year beginning	an	d ending			
	, , , , , , , , , , , , , , , , , , , ,				<del>_</del>	
2 If the	tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Fınal returi	n	
	Change in accounting period				•	
3a If this	s application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069	enter the tentative tax, less any			
	efundable credits See instructions		one are terraine tax, less ary	3a	\$	200.
	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	v refundable credits and			
	nated tax payments made Include any prior year overp			3b	\$	0.
	nce due. Subtract line 3b from line 3a Include your pa					<del></del>
	sing EFTPS (Electronic Federal Tax Payment System)	-	· · · · · · · · · · · · · · · · · · ·	3c	\$	200.
	you are going to make an electronic funds withdrawal					

instructions