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SCANNED JUL 1 8 2016

Form 990-PF

Department of the Treasury Internal Revenue Service

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EXTENDED TO AUGUST 15, 2016 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

| FOI | carer | idar year 2015 or tax year beginning | | , and ending | | |
|------------------------------|--------|--|------------------------------|---------------------|--|--|
| Na | ne o | foundation | | | A Employer identification | number |
| T | ΗE | CARRIGAN FAMILY FOUNDA | 45-4671495 | | | |
| Nur | nber a | and street (or P O box number if mail is not delivered to street | B Telephone number | | | |
| 3 | 33 | E TOUHY AVE | | | 877-693-22 | 218 |
| _ | | own, state or province, country, and ZIP or foreign p | ostal code | | C If exemption application is p | pending, check here |
| | | PLAINES, IL 60018 | | | | |
| G | heck | all that apply: Initial return | Initial return of a fo | rmer public charity | D 1 Foreign organizations | s, check here |
| | | Final return | Amended return | , , | | , |
| | | Address change | Name change | | Foreign organizations me check here and attach co | eeting the 85% test |
| H (| heck | type of organization: X Section 501(c)(3) ex | cempt private foundation | | E If private foundation sta | |
| |] Se | | Other taxable private founda | tion | under section 507(b)(1 | |
| I Fa | ır ma | arket value of all assets at end of year J Accounti | ng method X Cash | Accrual | F If the foundation is in a | |
| (fi | om i | Part II, col. (c), line 16) | ther (specify) | | under section 507(b)(1 | |
| • | \$ | 435,639. (Part I, colu | mn (d) must be on cash b | pasis) | | |
| Pa | ırt I | 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 | 169,050. | | N/A | , |
| | 2 | Check If the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 2. | 2 | | STATEMENT 1 |
| | 4 | Dividends and interest from securities | 9,931. | 9,931 | • | STATEMENT 2 |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | | | | |
| a | 6a | Net gain or (loss) from sale of assets not on line 10 | -5,967. | | l RF | CEIVED |
| , u | b | Gross sales price for all assets on line 6a 196,138. | | | - 1 1 tow | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | 0 | 101 1111 | , o |
| ш | 8 | Net short-term capital gain | | | 3 100 | U 1 ZU16 9 |
| | 9 | Income modifications Gross sales less returns | | | | 88 |
| | 10a | and allowances | | | 90 | DEN HT |
| | | Less Cost of goods sold | | | لقيد البيات « | Hamping Towns |
| | | Gross profit or (loss) | | | | |
| | 11 | Other income | 172 016 | 0.022 | | i |
| _ | 12 | Total Add lines 1 through 11 | 173,016. | 9,933 | | |
| | 13 | Compensation of officers, directors, trustees, etc | U • 1 | 0 | • | 0. |
| | 14 | Other employee salaries and wages Pension plans, employee benefits | | | - | |
| S | | Legal fees | | | | |
| xpenses | | Accounting fees STMT 3 | 4,320. | 0 | | 0. |
| ğ | | Other professional fees STMT 4 | 5,733. | 5,733 | | 0. |
| ē Ē | 17 | Interest | - 3,7334 | 3,733 | ` | <u> </u> |
| ati | 18 | Taxes STMT 5 | 554. | 0 | | 0. |
| istr | 19 | Depreciation and depletion | | | | |
| Ë | 20 | Occupancy | | ., | | · · · · · · · · · · · · · · · · · · · |
| Αď | 21 | Travel, conferences, and meetings | 1,419. | 0 | • | 0. |
| Pu | 22 | Printing and publications | · · | | | |
| ıg a | 23 | Other expenses STMT 6 | 840. | 0 | • | 0. |
| Operating and Administrative | 24 | Total operating and administrative | | | | <u> </u> |
| per | | expenses Add lines 13 through 23 | 12,866. | 5,733 | | 0. |
| 0 | 25 | Contributions, gifts, grants paid | 103,660. | | | 103,660. |
| | 26 | Total expenses and disbursements | | | | |
| | | Add lines 24 and 25 | 116,526. | 5,733 | <u>.l</u> | 103,660. |
| | 27 | Subtract line 26 from line 12. | | | | |
| | а | Excess of revenue over expenses and disbursements | 56,490. | | | |
| | b | Net investment income (if negative, enter -0-) | | 4,200 | | |
| ERK E | C | Adjusted net income (if negative, enter -0-) | | | N/A | |
| 5235 11-2 | - 15 | LHA For Paperwork Reduction Act Notice, see | ınstructions | | | Form 990-PF (2015) |

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Ralance Shoots Attached schedules and amounts in the description | Beginning of year | End of | year |
|--|------|---|---|----------------|---------------------------|
| L | aπ | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| _ | 1 | Cash - non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 9,052. | 18,633. | 18,633. |
| | 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 | 1 | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less; allowance for doubtful accounts | | - | , |
| s | 8 | Inventories for sale or use | | | |
| Assets | | Prepaid expenses and deferred charges | | | |
| As | 1 | Investments - U.S and state government obligations | | | |
| | | Investments - corporate stock | - · · · - · · - · - · · - · · · · · · · | | |
| | ! | Investments - corporate bonds | | | |
| | Į | Investments land, buildings and equipment basis | | | |
| | '' | | | | |
| | 12 | Less accumulated depreciation | | | _ |
| | 13 | Investments - mortgage loans Investments - other STMT 7 | 383,467. | 430,376. | 417,006. |
| | | | 303,407. | 430,370. | 417,000. |
| | 14 | Land, buildings, and equipment: basis | | | |
| | 4.5 | Less accumulated depreciation | | | |
| | | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | 202 510 | 440 000 | 42E 620 |
| _ | 4-7 | instructions. Also, see page 1, item I) | 392,519. | 449,009. | 435,639. |
| | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ij | | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| s | | and complete lines 24 through 26 and lines 30 and 31 | | | |
| alances | 24 | Unrestricted | | | |
| ä | 25 | Temporarily restricted | | | |
| Ä | 26 | Permanently restricted | | | i |
| Net Assets or Fund B | | Foundations that do not follow SFAS 117, check here | | | |
| ř | | and complete lines 27 through 31. | _ | _ | |
| ts | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| SSe | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | ! ! |
| ž | 29 | Retained earnings, accumulated income, endowment, or other funds | 392,519. | 449,009. | i. |
| Š | 30 | Total net assets or fund balances | 392,519. | 449,009. | ī |
| | | | | | |
| | 31 | Total liabilities and net assets/fund balances | 392,519. | 449,009. | |
| P | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| _ | | | | · · · · · · | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | |
| | | at agree with end-of-year figure reported on prior year's return) | | 1 | 392,519. |
| | | amount from Part I, line 27a | | 2 | 56,490. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 449,009. |
| 5 | Decr | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Tota | net assets or fund balances at end of year (line 4 minus line 5) - Part II, col | lumn (b), line 30 | 6 | 449,009. |
| | | | | <u>-</u> | Form 990-PF (2015) |

| Part IV Capital Gains | and Losses for Tax o | n Investmen | t Income | | | | | | |
|---|--|--|--------------------------------------|------------|-----------------|---------------------|-------------------------------|----------------------------------|--|
| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.) (b) How acquired P - Purchase D - Donation | | | | | | (c) Date (mo , d | acquired ay, yr.) | (d) Date sold (mo., day, yr.) | |
| 1a NWM #A40-63288 | 6 - CAPITAL GA | IN DIST | - ST | | | VARI | OUS | 12/31/15 | |
| b NWM #A40-63288 | 6 - CAPITAL GA | IN DIST | - LT | | | VARI | ous | 12/31/15 | |
| c NWM #A40-63288 | 86 - LT - SEE A | TTACHED | | | | VARI | ous | 12/31/15 | |
| d NWM #A40-63288 | 36 - ST - SEE A | TTACHED | | | | VARI | ous | 12/31/15 | |
| e | | | | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | <u> </u> | | ain or (loss s (f) minus i | | |
| a 280 | | | | | | | | 280. | |
| b 4,690 | | | | | | | | 4,690. | |
| c 116,993 | | | 122,43 | | | | | -5,442. | |
| d 74,175 | , | | 79,67 | 70. | | | | -5,495. | |
| е | | | | | | | | | |
| Complete only for assets show | ing gain in column (h) and owne | | | | | | ol. (h) gain | | |
| (i) F M V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col (j), if any | | CC | | not less that (from col. (| (h)) | |
| <u>a</u> | | | | | | | | 280. | |
| b | | | | | | | | 4,690. | |
| C | | | | | | | | -5,442. | |
| d | | | | | | | | -5,495. | |
| <u>e</u> | | | | | , | | | | |
| 2 Capital gain net income or (net o | apital loss) { If gain, also | enter in Part I, line ter -0- in Part I, line | 7 7 | } | 2 | | | -5,967. | |
| 3 Net short-term capital gain or (le | oss) as defined in sections 1222(| (5) and (6): | | | | | | | |
| If gain, also enter in Part I, line 8 | | ,-, (-,- | | <i>]</i> [| | | | | |
| If (loss), enter -0- in Part I, line | | | | | 3 | | N/A | | |
| Part W Qualification | Jnder Section 4940(e) | for Reduced | I Tax on Net | t Inve | estment In | come | | | |
| (For optional use by domestic priva | te foundations subject to the sec | tion 4940(a) tax or | net investment ii | ncome. |) | | | | |
| If postion 4040(d)(2) applies Jasva | this part blank | | | | | | | | |
| If section 4940(d)(2) applies, leave | itiis part viatik. | | | | | | | | |
| Was the foundation liable for the se | ction 4942 tax on the distributab | le amount of any y | ear in the base pe | riod? | | | | Yes X No | |
| If "Yes," the foundation does not qu | | | | | | | | | |
| | each column for each year; see | the instructions be | fore making any e | entries. | | , | | 721 | |
| (a) Base period years | (b) | | Not all a of a | (c) | | | Distrib | (d) oution ratio | |
| Calendar year (or tax year begini | ing in) Adjusted qualifyin | • | Net value of no | oncnarii | table-use asset | | (col (b) div | rided by col. (c)) | |
| 2014 | | 112,847. | | | 261,45 | | | | |
| 2013 | | 0. | | | 42,41 | <u> </u> | | .000000 | |
| 2012 | | | | | | | | | |
| 2011 | | | | | | | <u> </u> | | |
| 2010 | | | | | | | | | |
| | | | | | | | | 404.66= | |
| 2 Total of line 1, column (d) | | | | | | 2 | | .431607 | |
| 3 Average distribution ratio for the | • | total on line 2 by 5, | or by the number | r of yea | rs | | | | |
| the foundation has been in exist | ence if less than 5 years | | | | | 3 | | .215804 | |
| 4 Enter the net value of noncharita | 4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 | | | | 4 | | 452,932. | | |
| | ble-use assets for 2015 from Pa | IIIA, IIIIE 3 | | | | | | | |
| E. Marikania kana 4 haraban 0 | ble-use assets for 2015 from Pa | ii t A, iiile 5 | | | | | | | |
| 5 Multiply line 4 by line 3 | ble-use assets for 2015 from Pa | ii t A, iiile 5 | | | | 5 | | 97,745. | |
| 5 Multiply line 4 by line 3 | ble-use assets for 2015 from Pa | 11 A, IIIIe 3 | | | | | | 97,745. | |
| 6 Enter 1% of net investment inco | | it A, iiile 3 | | | | | | 97,745. 42. | |
| | | 11 A, IIIE 3 | | | | 5 | | 42. | |
| | | 11 A, IIIE 3 | | | | 5 | | | |
| 6 Enter 1% of net investment inco 7 Add lines 5 and 6 | me (1% of Part I, line 27b) | it A, illie 3 | | | | 6 | | 42. 97,787. | |
| 6 Enter 1% of net investment inco7 Add lines 5 and 68 Enter qualifying distributions from | me (1% of Part I, line 27b) | | olete that part usu | ng a 1% | o tax rate | 5 | | 42. | |

| | -46714 | | | age 4 |
|--|--|------------------|--------------------|---------------|
| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494 | B - see ins | truc | tion | is) |
| 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 ► X and enter 1% | <u> </u> | | 4 | <u>42.</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-) | <u>! </u> | | | 0. |
| 3 Add lines 1 and 2 | 3 | | 4 | 42. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 1 | | | 0. |
| 5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | j | | 4 | 42. |
| 6 Credits/Payments. | | | | |
| a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a 100. | | | | |
| b Exempt foreign organizations - tax withheld at source 6b | | | | |
| c Tax paid with application for extension of time to file (Form 8868) | | | | |
| d Backup withholding erroneously withheld 6d 6d | | | | |
| 7 Total credits and payments. Add lines 6a through 6d | <i>i</i> | | 10 | 00. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 3 | | | |
| 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed |) | | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 0 | | | 58. |
| 11 Enter the amount of line 10 to be Credited to 2016 estimated tax > 58 • Refunded > 1 | 1 | | | 0. |
| Part VII-A Statements Regarding Activities | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | Y | es | No |
| any political campaign? | <u> </u> | 1a | | Х |
| 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 published c | ,r | | | |
| distributed by the foundation in connection with the activities | | | | |
| c 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: | - | | \neg | |
| (1) On the foundation. \triangleright \$ 0 • (2) On foundation managers \triangleright \$ 0 • | | | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | ! |
| managers. > \$ 0. | | | | |
| 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 | - | - + | 十 | - |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | 1 | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | ⊢ | 4a | \dashv | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | /- F | 4b | \rightarrow | - |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | <u> </u> | 5 | _ | <u> </u> |
| 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: | ľ | | | |
| By language in the governing instrument, or | | - 1 |] | · 1 |
| By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | , | | | |
| , , | i – | 6 | $\bar{\mathbf{x}}$ | |
| remain in the governing instrument? | ⊢ | | $\frac{x}{x}$ | |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | - | ' ' | ^ | |
| On Enter the states to which the foundation reports or with which it is registered (one instructions) | | 1 | | |
| 8a Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| IL | | | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | - | . | | |
| of each state as required by General Instruction G? If "No," attach explanation | <u> </u> | 8Ь . | 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 calendary | | | | v |
| year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV | <u> </u> | 9 | _+ | X |
| 10 Did any persons become substantial contributors during the tax year? If Yes, attach a schedule listing their names and addresses | | 10 | | Х |

| Pa | art VII-A Statements Regarding Activities (continued) | | | |
|----|---|-------------|------------|----------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | 1 0 | 0.50 | |
| 14 | The books are in care of ► JULIE CARRIGAN Telephone no ►847-72 | | | |
| | Located at ► 333 E TOUHY AVE, DES PLAINES, IL ZIP+4 ►60 | ОТВ | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | ъ. | ▼ 7 / 7 | • |
| 40 | and enter the amount of tax-exempt interest received or accrued during the year At any time during soles day year 2015, did the foundation base or retreating an attention or attention and the soles. | 1 | Yes | No |
| 16 | At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, | 10 | res | X |
| | securities, or other financial account in a foreign country? | 16 | <u> </u> | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. | | | |
| P | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | <u> </u> | | <u> </u> |
| نا | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1: | a During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | ' |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | 1 |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | l , |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | , |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | · |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | 1 | , |
| | ıf the foundation agreed to make a grant to or to employ the official for a period after | | | } |
| | termination of government service, if terminating within 90 days) | | | |
| ı | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | 1 | İ |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A | 1b | <u> </u> | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| (| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | <u></u> |
| _ | before the first day of the tax year beginning in 2015? | 10 | ļ | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | ŀ |
| | defined in section 4942(j)(3) or 4942(j)(5)) | | | , |
| i | a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? Yes X No | | | |
| | If "Yes," list the years ▶ , , , , | | İ | |
| | The street in the search of the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | l | İ |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions) N/A | 2b | | |
| | of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | i |
| | during the year? | | | ' |
| ı | o If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after | 1 | | |
| | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | 1 | | |
| | 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, | 1 | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2015) N/A | 3b | | <u> </u> |
| 4: | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| ı | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2015? | 4b | | X |
| | E ₀ | rm QQ | n_DE | (2015) |

| Form 990-PF (2015) THE CARRIGAN FAMILY FOUN | | | 45-46/14 | 95 Page <u>6</u> | |
|---|---|-----------------------------|--|---|--|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y | es X No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | |
| any voter registration drive? | | | es X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 37 | Y | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | in described in section | | | | |
| 4945(d)(4)(A)? (see instructions) | | Y | es X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | , or educational purposes, or f | for | | | |
| the prevention of cruelty to children or animals? | , , , | | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | der the exceptions described i | | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | • | | N/A | 5b - | |
| Organizations relying on a current notice regarding disaster assistance check h | • | | | - | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | inad | | | |
| expenditure responsibility for the grant? | | | es No | | |
| , , , , , | | 1/A1 | cs NU | ' | |
| If "Yes," attach the statement required by Regulations section 53 494 | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | , | es X No | | |
| a personal benefit contract? | | Y | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | <u> </u> | 6b X | |
| If "Yes" to 6b, file Form 8870 | | | | 13500 | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | Y | es X No | # j 9 i | |
| b If "Yes," did the foundation receive any proceeds or have any net income attrib | | | | 7b | |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | anagers, Highl | У | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deterred compensation | (e) Expense account, other | |
| (a) Name and address | hòurs per week devoted to position | (If not paid, enter -0-) | and deterred compensation | allowances | |
| JULIE CARRIGAN | DIRECTOR | , | - Compensorer | | |
| 333 E TOUHY AVE | = | | | | |
| DES PLAINES, IL 60018 | 0.10 | 0. | l o. | 0. | |
| RICHARD CARRIGAN | DIRECTOR | <u> </u> | | | |
| 333 E TOUHY AVE | 1 | | | | |
| DES PLAINES, IL 60018 | 0.10 | 0. | l o. | 0. | |
| BRIAN CARRIGAN | DIRECTOR | · · · · · · | | <u> </u> | |
| 333 E TOUHY AVE | DIRECTOR | | | | |
| DES PLAINES, IL 60018 | 0.10 | 0. | 0. | 0. | |
| DES PLAINES, IL 00016 | 0.10 | 0. | 0. | <u> </u> | |
| | 1 | | } | | |
| | 4 | | 1 | | |
| | alvidad an line d) linear | - INCALE II | <u> </u> | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contributions to | (-) Evnonce | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances | |
| NONE | | | | | |
| | 1 | | | | |
| | | | | | |
| | 1 | | | | |
| | <u> </u> | | | | |
| | 1 | | | | |
| | | - | | | |
| | 1 | | | | |
| | | | | | |
| · | 1 | | | | |
| Total number of other employees paid over \$50,000 | <u> </u> | I | <u> </u> | 0 | |
| Total number of other employees paid over 450,000 | | | | | |

| Form 990-PF (2015) THE CARRIGAN FAMILY FOUNDATION | | 6/1495 Page 7 |
|---|---------------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundatio Paid Employees, and Contractors (continued) | n Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "N | ONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| TOTAL | | |
| | | |
| | | |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | <u> </u> | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce | information such as the d, etc. | Expenses |
| 1 N/A | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| 0 | | |
| 2 | | |
| | | |
| 3 | + | |
| <u> </u> | | |
| | | |
| <u>, </u> | + | |
| 4 | | |
| | | |
| Part IV R Common of Decrees Deleted Investments | | · · |
| Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2 | Amount |
| | Tanu Z. | Aniount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | 1 | |
| | | |
| | | |
| Total. Add lines 1 through 3 | > | 0. |

| Par | t X | | | · ugo o |
|-------------|---|------------------------------|------------------|---------|
| | Minimum Investment Return (All domestic foundations must complete this part. Foreign fou | ndations, se | e instructions) | |
| 1 Fa | air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | <u> </u> | |
| a A | verage monthly fair market value of securities | 1a | 442, | 726. |
| b A | verage of monthly cash balances | 1b | 17, | 103. |
| c Fa | air market value of all other assets | 1c | | |
| d T | otal (add lines 1a, b, and c) | 1d | 459, | 829. |
| e R | eduction claimed for blockage or other factors reported on lines. 1a and | | | |
| 1 | c (attach detailed explanation) | | | |
| 2 A | cquisition indebtedness applicable to line 1 assets | 2 | | 0. |
| 3 S | ubtract line 2 from line 1d | 3 | 459, | 829. |
| 4 C | ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 6, | 897. |
| | et value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 452, | 932. |
| 6 N | linimum investment return. Enter 5% of line 5 | 6 | | 647. |
| Par | tixI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at | nd certain | | |
| | foreign organizations check here 🕨 🔛 and do not complete this part.) | | | |
| 1 M | Inimum investment return from Part X, line 6 | 1 | 22, | 647. |
| 2a Ta | ax on investment income for 2015 from Part VI, line 5 | | | |
| b In | come tax for 2015 (This does not include the tax from Part VI.) | 1000 1000 1000 1000 | | |
| c A | dd lines 2a and 2b | 2c | | 42. |
| 3 D | stributable amount before adjustments Subtract line 2c from line 1 | 3 | 22, | 605. |
| 4 R | ecoveries of amounts treated as qualifying distributions | 4 | | 0. |
| 5 A | dd lines 3 and 4 | 5 | 22, | 605. |
| 6 D | eduction from distributable amount (see instructions) | 6 | | 0. |
| 7 D | istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. | 7 | 22, | 605. |
| Par | Qualifying Distributions (see instructions) | • | | - |
| 1 A | mounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | | |
| a E | kpenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 103, | 660. |
| b P | rogram-related investments - total from Part IX-B | 1b | | 0. |
| 2 A | mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | | |
| 3 A | mounts set aside for specific charitable projects that satisfy the | | | |
| a S | uitability test (prior IRS approval required) | 3a | | |
| | ash distribution test (attach the required schedule) | 3b | | |
| 4 Q | ualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 103, | 660. |
| | pundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | · | |
| | come Enter 1% of Part I, line 27b | 5 | | 42. |
| | djusted qualifying distributions Subtract line 5 from line 4 | 6 | 103, | |
| | ote. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | qualifies for th | <u>-</u> | |

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2014 | (c) 2014 | (d) 2015 |
|--|---------------------------------------|----------------------------|-------------|---------------------------------------|
| Distributable amount for 2015 from Part XI, | Обіраз | 10015 prior to 2014 | 2017 | 2010 |
| line 7 | | | | 22,605. |
| 2 Undistributed income if any, as of the end of 2015 | | | | 22,003. |
| a Enter amount for 2014 only | | | 0. | , |
| b Total for prior years | | | | |
| b rotation prior years | | 0. | | 1 |
| 3 Excess distributions carryover, if any, to 2015 | | 0. | | |
| a From 2010 | | | | |
| ———— | | | | ļ |
| b From 2011 | | | | , |
| c From 2012 | | | | |
| dFrom 2013 eFrom 2014 99, 265. | | | | ļ |
| • | 99,265. | | | |
| f Total of lines 3a through e | 33,203. | | | |
| 4 Qualifying distributions for 2015 from Part XII, line 4: ►\$ 103,660. | | | | |
| | | | 0. | , |
| a Applied to 2014, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | 0 | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | 0. | | | |
| (Election required - see instructions) | U. | | | 22 605 |
| d Applied to 2015 distributable amount | 01 055 | | | 22,605. |
| e Remaining amount distributed out of corpus | 81,055. | | | |
| 5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below. | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 180,320. | | | |
| b Prior years' undistributed income. Subtract | 100,520. | | | · · · · · · · · · · · · · · · · · · · |
| line 4b from line 2b | | 0. | | } |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously | | 0 | | Ì |
| assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | 0 | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2014. Subtract line | | | 0 | |
| 4a from line 2a Taxable amount - see instr. | P | | 0. | į |
| f Undistributed income for 2015. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | _ |
| be distributed in 2016 | | | | 0. |
| 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 2010 | 0. | | : | |
| not applied on line 5 or line 7 | U • | | | |
| 9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a | 180,320. | | | 1 |
| 10 Analysis of line 9 | 100,520. | | | |
| a Excess from 2011 | | | | |
| b Excess from 2012 | | | | |
| c Excess from 2013 | | - | | |
| d Excess from 2014 99, 265. | | | | 1 |
| e Excess from 2015 81,055. | | | | |
| | | | | L |

| Form 990-PF (2015) THE CARR Part XIV Private Operating Form | | Y FOUNDATIO | | 45-46 | 71495 Page |
|---|---|--|------------------------|---------------------------------|---------------------------------------|
| | | | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling or o | | | | | |
| foundation, and the ruling is effective for 2 | • | • | . ▶ ∟ | 1.0.0.0.0 | |
| b Check box to indicate whether the foundat | | ng foundation described | | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year (a) 2015 | (b) 2014 | Prior 3 years | (4) 2010 | (a) Tatal |
| income from Part I or the minimum | (a) 2015 | (0) 2014 | (c) 2013 | (d) 2012 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | <u> </u> | | | | |
| 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 | (2 | | | 145.000 | |
| Supplementary Information at any time during the | | | if the foundati | on had \$5,000 or mo | ore in assets |
| Information Regarding Foundation | Managers: | | | | · · · · · · · · · · · · · · · · · · · |
| a List any managers of the foundation who I year (but only if they have contributed mo | nave contributed more re than \$5,000). (See s | than 2% of the total cont section 507(d)(2)) | ributions received by | the foundation before the clos | e of any tax |
| ONE | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has a | | | or an equally large po | ortion of the ownership of a pa | rtnership or |
| ONE | | | | | |
| Information Regarding Contribution | n, Grant, Gift, Loan | , Scholarship, etc Pi | ograms: | | |
| Check here X if the foundation only the foundation makes gifts, grants, etc. (see | y makes contributions | to preselected charitable | organizations and do | es not accept unsolicited requi | ests for funds If d |
| a The name, address, and telephone numbe | | - | | | |
| b The form in which applications should be | submitted and informa | tion and materials they sl | nould include: | | |
| c Any submission deadlines. | | | | | |
| d Any restrictions or limitations on awards, s | such as by geographic | al areas, charitable fields | kinds of institutions | or other factors | |

| 3 Grants and Contributions Paid During | | Payment | | |
|--|---|---------------------|-----------------------|-----------------------|
| 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 |
| a Paid during the year | | | " " | |
| | | | | |
| | | | | |
| AKVILLE KISKIS | | П | ALL CONTRIBUTIONS ARE | |
| 333 E TOUHY AVE | | | FOR UNRESTRICTED | |
| DES PLAINES, IL 60018 | | | PURPOSES | 4,500 |
| | | | | _ |
| | | | | |
| ANGELICA KULIKOWSKI | | Ī | ALL CONTRIBUTIONS ARE | |
| 333 E TOUHY AVE | | | FOR UNRESTRICTED | |
| DES PLAINES, IL 60018 | | | PURPOSES | 4,445 |
| | | | | |
| AUSTREBERTO ZARCO | | ī | ALL CONTRIBUTIONS ARE | |
| 333 E TOUHY AVE | | | FOR UNRESTRICTED | |
| DES PLAINES, IL 60018 | | | PURPOSES | 1,406 |
| | | | | |
| | | | | |
| BIG SHOULDERS FUND | | 501(C)(3) | ALL CONTRIBUTIONS ARE | |
| 212 W. VAN BUREN SUITE 900 | | | FOR UNRESTRICTED | |
| CHICAGO, IL 60607 | | 1 | PURPOSES | 10,000 |
| | | | | |
| BRANDON HOFFMAN | | Ī | ALL CONTRIBUTIONS ARE | |
| 333 E TOUHY AVE | | | FOR UNRESTRICTED | |
| DES PLAINES, IL 60018 | | | PURPOSES | 4,500 |
| | CONTINUATION SHE | ET(S) | ▶ 3a | 103,660 |
| b Approved for future payment | | | | |
| NONE | | | | |
| None | | | | |
| | | | | |
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| | | | | |
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| , | | | | |
| | | | | |
| | | | | |
| Total | | | <u>▶ 3b</u> | m 990-PF (2015 |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | by section 512, 513, or 514 | (e) |
|---|---|---------------------------------------|--|------------------------------|-----------------------------------|
| | (a) Business | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue | code | | code | Amount | |
| a | _ | | - | | |
| b | _ | | | | |
| c | _ | - | | | |
| d | _ | | | | |
| e | _ | | - | | |
| † <u> </u> | | | 1 | | |
| g Fees and contracts from government agencies | | | | - | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | 14 | 2. | |
| Investments | | | 14 | 9,931. | - - |
| 4 Dividends and interest from securities | | , , , , | 14 | 9,931. | , |
| 5 Net rental income or (loss) from real estate: | 4 4 7 7 6 | · · · · · · · · · · · · · · · · · · · | | | a to the start of |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | <u> </u> | | - | | |
| 7 Other investment income | | | ├├- | | |
| 8 Gain or (loss) from sales of assets other | | | 18 | -5,967. | |
| than inventory 9 Net income or (loss) from special events | | | 10 | -3,907. | |
| 10 Gross profit or (loss) from sales of inventory | | | + + | | |
| 11 Other revenue | | | + + | | |
| a a | | | | | |
| | - | | - | | |
| | - | | 1 | | |
| c | - | | | | |
| е | _ | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0. | , S | 3,966. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | 1 September 1990 | | F-95 % | 13 | 3,966. |
| (See worksheet in line 13 instructions to verify calculations | .) | | | | |
| | | | 4 | D | - |
| PartXVLEB Relationship of Activitie | S to the Accor | nplishment of Ex | kempt i | Purposes | |
| Line No Explain below how each activity for which is | ncome is reported in (| column (e) of Part XVI-A | contributi | ed importantly to the accomp | lishment of |
| the foundation's exempt purposes (other the | ian by providing fund | s for such purposes). | | | |
| N/A | | · | - | | |
| | | | | | |
| | · - · | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 1 | | | | | |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

| 1 Did th | e organization directly or indi | rectly engage in any of the followin | g with any other organizatio | n described in secti | on 501(c) of | | Yes | No |
|----------------|---|--|------------------------------------|-------------------------|------------------------------------|-----------------------|----------|-------------|
| the Co | de (other than section 501(c) | c)(3) organizations) or in section 52 | 7, relating to political organ | izations? | | | | |
| a Trans | fers from the reporting found | lation to a noncharitable exempt or | ganization of: | | | | 1 | |
| (1) C | ash | | | | ļ | 1a(1) | | X |
| (2) 0 | ther assets | | | | | 1a(2) | | X |
| b Other | transactions: | | | | | | | |
| | ales of assets to a noncharita | | | | | 1b(1) | | _X |
| | | oncharitable exempt organization | | | | 1b(2) | | Х |
| | ental of facilities, equipment, | | | | | 1b(3) | | X |
| | eimbursement arrangements | 3 | | | | 1b(4) | | X |
| | oans or loan guarantees | | | | | 1b(5) | | X |
| | | embership or fundraising solicitatio | | | | 1b(6) | | X |
| | | ailing lists, other assets, or paid em | , , | | | 10 | | X |
| | | s "Yes," complete the following sche foundation. If the foundation receive | | | | | eis, | |
| | | other assets, or services received. | eu 1855 thail iail market valu | e iii any nansaciion | or snaming arrangement, sin | OW III | | |
| (a)Line no | (b) Amount involved | (c) Name of noncharitable | exempt organization | (d) Description | of transfers, transactions, and sh | 2550 | | |
| (-) | (5) | N/A | - January Congarination | (4) Basarption | or dansiers, dansactions, and sin | a ii iy aire | angeme | |
| | · · · · · · · · · · · · · · · · · · · | 21/21 | - . | | | | | |
| | | | | - | | | | |
| | | | <u></u> | - | | | | — |
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| | | <u> </u> | | | | | | |
| | • | tly affiliated with, or related to, one | • | zations described | | _ | _ | _ |
| | | er than section 501(c)(3)) or in sect | ion 527 ? | | <u></u> | Yes | X | No |
| b If Yes | s," complete the following sch | | LANT | | | _ | | |
| | (a) Name of org | ganization | (b) Type of organization | | (c) Description of relationship | p | | |
| | N/A | | | | | | | |
| | | ··· | | | | | | |
| | | | | | | | | — |
| | | | | | | | | |
| Ţυ | nder penalties of perjury, I declare | that I have examined this return, includin | g accompanying schedules and | statements, and to the | best of my knowledge | | | _ |
| Sign | nd belief, it is true, correct, and cor | mplete Declaration of preparer (other that | n taxpayer) is based on all inform | ation of which preparer | return | he IRS di with the | prepare | 37 |
| Here | Quella Com | 101- | 16/28/1/2 | OFFICE | | n below (Yes | see inst | 7'. I |
| | Signature of officer or trustee | | Date | Title | | ı res | | J No |
| | Print/Type preparer's na | | | Date | Check if PTIN | | | |
| | | | • | | self- employed | | | |
| Paid | JOSEPH A. | MACHARA Laure | a.W/oel_ | 6.23.16 | P00 | 445 | 770 | |
| Prepare | | | | | Firm's EIN ▶ 42-07 | | | — |
| Use Or | | • | (| | | | - | |
| | Firm's address ▶ 1 | S. WACKER DRIVE | , STE 800 | | <u> </u> | | | |
| | СН | ICAGO, IL 60606 | | | Phone no. 312-63 | 4-34 | 400 | |
| | | | | | · | m 990 | | 2015) |

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

| | THE CARRIGAN FAMILY FOUNDATION | 45-4671495 | | | | | | |
|--|---|---|--|--|--|--|--|--|
| Organization type (chec | k one) | | | | | | | |
| Filers of: | Section: | | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | | |
| | 527 political organization | | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | | |
| | 501(c)(3) taxable private foundation | | | | | | | |
| General Rule X For an organizat | (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule (c)(7), (8), or (10) organization can check boxes for determining a contributor complete Parts I and II. See instructions for determining a contributor | g \$5,000 or more (in money or | | | | | | |
| Special Rules | | | | | | | | |
| sections 509(a)(any one contribi | tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou EZ, line 1 Complete Parts I and II | , or 16b, and that received from | | | | | | |
| year, total contr | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from ibutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals. Complete Parts I, II, and III | • | | | | | | |
| year, contribution is checked, enter purpose. Do not | tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from one exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the here the total contributions that were received during the year for an exclusively religious to complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year | nore than \$1,000 If this box s, charitable, etc , | | | | | | |
| - | n that is not covered by the General Rule and/or the Special Rules does not file Schedule | , | | | | | | |

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

THE CARRIGAN FAMILY FOUNDATION

45-4671495

| Contributors (see instructions) Use duplicate copies of Part I if additional space is needed | | | | | | | |
|--|---|--|--|--|--|--|--|
| (c) (d) tal contributions Type of contrib | ution | | | | | | |
| Person Z Payroll Noncash (Complete Part II for noncash contribut | or | | | | | | |
| (c) (d) tal contributions Type of contrib | ution | | | | | | |
| Person Payroll Noncash (Complete Part II fo | | | | | | | |
| (c) (d) tal contributions Type of contrib | ution | | | | | | |
| Person Payroll Noncash (Complete Part II fo | | | | | | | |
| (c) (d) tal contributions Type of contrib | ution | | | | | | |
| Person Payroll Noncash (Complete Part II for | | | | | | | |
| (c) (d) tal contributions Type of contrib | ution | | | | | | |
| Person Payroll Noncash (Complete Part II for noncash contribut | | | | | | | |
| (c) (d) tal contributions Type of contrib | ution | | | | | | |
| Person Payroll Noncash (Complete Part II f | | | | | | | |
| tta | Person Payroll Noncash (Complete Part II finoncash contribut (c) Al contributions Person Payroll Noncash (Complete Part II finoncash contribut (c) Al contributions Person Payroll Noncash (Complete Part II finoncash contribut Person Payroll Noncash (Complete Part II finoncash contribut Person Payroll Noncash (Complete Part II finoncash contribut Person Payroll Noncash Person Payroll Noncash Person Payroll Noncash Noncash | | | | | | |

Employer identification number

THE CARRIGAN FAMILY FOUNDATION

45-4671495

| Part II | Noncash Property (see instructions) Use duplicate copies of Par | t 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 |
| | | s | |
| (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 |
| | | \$ | |
| 23453 10-26 | -15 | Schedule B (Form 9 | 90, 990-EZ, or 990-PF) (2015) |

Name of organization Employer identification number 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 Part III the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations 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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) Ño. from (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. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Supplementary Information Part XV 3 'Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor CRYSTAL MARQUEZ ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 1,447. CYSTIC FIBROSIS FOUNDATION 501(C)(3) ALL CONTRIBUTIONS ARE 6931 ARLINGTON RD SUITE 200 FOR UNRESTRICTED BETHESDA, MD 20814 PURPOSES 1,500. ALL CONTRIBUTIONS ARE DAVID MARRON 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 2,700. EMILIJI KISKIS ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. EMMA MCGINN ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 4,500. EMMANUEL ZARCO ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 987. FEED THE DREAM 501(C)(3) ALL CONTRIBUTIONS ARE PO BOX 2642 FOR UNRESTRICTED PURPOSES GLENVIEW, IL 60025 1,500. FREDERICK ROBLES ALL CONTRIBUTIONS ARE FOR UNRESTRICTED 333 E TOUHY AVE PURPOSES DES PLAINES, IL 60018 3,000. GARRETT HOFFMAN ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. HOLY CROSS 501(C)(3) ALL CONTRIBUTIONS ARE PO BOX 543 FOR UNRESTRICTED PURPOSES NOTRE DAME, IN 46556 2,500. 78,809. Total from continuation sheets

THE CARRIGAN FAMILY FOUNDATION

Part XV Supplementary Information 'Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor IMMACULATE CONCEPTION 501(C)(3) ALL CONTRIBUTIONS ARE 709 FRANKLIN STREET FOR UNRESTRICTED CLARKSVILLE, TN 37040 PURPOSES 13,631. INTERNATIONAL MYELOMA FOUNDATION 501(C)(3) ALL CONTRIBUTIONS ARE 12650 RIVERSIDE DR SUITE 206 FOR UNRESTRICTED PURPOSES NORTH HOLLYWOOD, CA 91607 1,000. JENNA SCHIPP ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. KENNETH WHITTLE ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 1,500. LEAH PORTS ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. LES TURNER ALS FOUNDATION 501(C)(3) ALL CONTRIBUTIONS ARE FOR UNRESTRICTED 5550 W. TOUHY AVE SUITE 302 SKOKIE, IL 60077 PURPOSES 2,500. LUCAS LATEN ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 1,500. MICHAEL UNDAS ALL CONTRIBUTIONS ARE FOR UNRESTRICTED 333 E TOUHY AVE PURPOSES DES PLAINES, IL 60018 1,500. MISERACORDIA 501(C)(3) ALL CONTRIBUTIONS ARE 6300 NORTH RIDGE RD FOR UNRESTRICTED CHICAGO, IL 60660 PURPOSES 1,500. MOOSE KRAUSE CHAPTER 501(C)(3) ALL CONTRIBUTIONS ARE FOR UNRESTRICTED PO BOX 230 PURPOSES NOTRE DAME, IN 46556 2,500. Total from continuation sheets

THE CARRIGAN FAMILY FOUNDATION

Part XV Supplementary Information 3 'Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NICOLAS LAURO ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 3,000. OLPH 501(C)(3) ALL CONTRIBUTIONS ARE 1775 GROVE ST FOR UNRESTRICTED GLENVIEW, IL 60025 PURPOSES 2,500. RICARDO VILLALBA ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 2,798. SERGIO VILLALBA ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 2,946. ST. JOSEPH SERVICES 501(C)(3) ALL CONTRIBUTIONS ARE 1501 N OAKLEY BLVD FOR UNRESTRICTED CHICAGO, IL 60622 PURPOSES 1,500. UNIVERSITY OF NOTRE DAME 501(C)(3) ALL CONTRIBUTIONS ARE 1100 GRACE HALL FOR UNRESTRICTED PURPOSES NOTRE DAME, IN 46556 7,500. UNIVERSITY OF NOTRE DAME/ACE APPEAL 501(C)(3) ALL CONTRIBUTIONS ARE 107 CAROLE SANDNER HALL FOR UNRESTRICTED NOTRE DAME, IN 46556 PURPOSES 1,000. YURIDA REYES ALL CONTRIBUTIONS ARE 333 E TOUHY AVE FOR UNRESTRICTED DES PLAINES, IL 60018 PURPOSES 1,800. **Total from continuation sheets**

| FORM 990-PF INTERE | ST ON SAVI | NGS AND TEM | PORARY | CASH IN | VESTMENTS | STATEMENT 1 | |
|--|-----------------|------------------------------|-------------------------------|--------------------------|-------------------------------|-------------------------------------|--|
| SOURCE | | REVE | (A) REVENUE N PER BOOKS | | (B) VESTMENT COME | (C) ADJUSTED NET INCOME | |
| NORTHWESTERN MUTUAL #NM1-319521 | | 2. | | 2. | | | |
| TOTAL TO PART I, LI | | 2. | | 2. | | | |
| FORM 990-PF | DIVIDENDS | S AND INTER | EST FR | OM SECUR | ITIES | STATEMENT 2 | |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | R | (A) EVENUE R BOOKS | (B) NET INVES MENT INCO | (C) T- ADJUSTED ME NET INCOME | |
| NORTHWESTERN MUTUAL ACCT #A40-632886 | 9,931 | | 0. | 9,931. | 9,93 | 1. | |
| TO PART I, LINE 4 | 9,931 | | 0. | 9,931. | 9,93 | 1. | |
| FORM 990-PF | 0-303 | ACCOUNTI | NG FEE | S | | STATEMENT 3 | |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET I | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | _ | 4,320. | - | 0. | | 0. | |
| TO FORM 990-PF, PG | 1, LN 16B | 4,320. | - | 0. | | 0. | |

| FORM 990-PF C | OTHER PROFESSIONAL FEES | | | STATEMENT 4 | | | |
|---|------------------------------|-----------------------------------|-------------|------------------------------|------------------------------|-------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | | | | (D) CHARITAE E PURPOSE | TABLE | |
| MANAGEMENT FEES | 5,733. | 5, | 733. | | | 0. | |
| TO FORM 990-PF, PG 1, LN 16C | 5,733. | 5, | 733. | | | 0. | |
| FORM 990-PF | TAX | ES | | | STATEMENT | 5 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | | | | (D) CHARITAE E PURPOSE | | |
| FOREIGN TAXES PAID FEDERAL TAXES | 94. 460. | | 0. | | | 0. | |
| TO FORM 990-PF, PG 1, LN 18 = | 554. | - | 0. | | | 0. | |
| FORM 990-PF | OTHER EXPENSES | | STATEMENT 6 | | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (C) ADJUSTED NET INCOM | | | |
| INSURANCE EXPENSE STATE FILING FEES | 712. 128. | | | | 0. | | |
| TO FORM 990-PF, PG 1, LN 23 | 840. | - | 0. | | | 0. | |
| FORM 990-PF | OTHER INV | ESTMENTS | | | STATEMENT | 7 | |
| | | | | | | | |
| DESCRIPTION | | LUATION ETHOD | вос | K VALUE | FAIR MARKET VALUE | ? | |
| DESCRIPTION NORTHWESTERN MUTUAL ACCT A40 MUTUAL FUND | <u>M</u> | | вос | 430,376. | | | |