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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2012

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

SCANNED AUG 2 2 2013

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For ca	lendar year 2012, or tax year beginning	, 2012,	and ending		•	
	D B. ROTHSCHILD MEM FOUNDATI	ON		A	Employer Identification num 36-3487745	
	MIDFIELD LANE CHBROOK, IL 60062			В	Telephone number (see the (847) 272-427	7 0
				С	If exemption application is	pending, check here
G Ch	eck all that apply Initial return	Initial return of a form	ner public charity	D	1 Foreign organizations, chec	k here
	Address change	Name change			2 Foreign organizations meet here and attach computation	
H (Check type of organization: X Section 50 Section 4947(a)(1) nonexempt charitable t	(c)(3) exempt private f		E	If private foundation status	لبا
	air market value of all assets at end of year J Acc	ounting method: XC		-	under section 507(b)(1)(A)	
(► !	(from Part II, column (c), line 16)	Other (specify) column (d) must be on	cash basis 7	F	If the foundation is in a 60- under section 507(b)(1)(B)	
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	expenses per books	ıncome		income	for charitable purposes (cash basis only)
	(see instructions)) Contributions, gifts, grants, etc, received (att sch)	50,560.				
	2 Ck lifthe foundnis not req to att Sch B 3 Interest on savings and temporary					
	cash investments	1.	-	1.	1.	
	4 Dividends and interest from securities 5 a Gross rents	5.		5.	5.	
_	b Net rental income or (loss)					
R E V	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a	<u>, </u>				
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain					
Ü	9 Income modifications					
Ε.	10 a Gross sales less returns and allowances					
	b Less Cost of goods sold					
	c Gross profit/(loss) (att sch) 11 Other income (attach schedule)					
	12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc.	50,566. 0.		6.	6.	
	14 Other employee salaries and wages					
А	15 Pension plans, employee benefits 16a Legal fees (attach schedule)					
D M	D Accounting less (attach sen) DEE DE T	1,080.				
O N	c Other prof fees (attach sch) 17 Interest				H KECEIV	
O P T R A T	18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach				16	Tig/
1 1	sch) and depletion				AUG 192	013 😲
N V G E	20 Occupancy 21 Travel, conferences, and meetings				OGDEN	
A E N X D P	22 Printing and publications23 Other expenses (attach schedule)				L UGDEN.	اللا
E	See Statement 2	40.				
S E S	24 Total operating and administrative expenses. Add lines 13 through 23	1,120.				
	25 Contributions, gifts, grants paid Part XV	26,250.				26,250.
	26 Total expenses and disbursements. Add lines 24 and 25	27,370.		0.	0.	26,250.
	27 Subtract line 26 from line 12: a Excess of revenue over expenses					
	and disbursements b Net investment income (if negative, enter -0.)	23,196.		6.		
	C Adjusted net income (if negative, enter -0)				6.	
BAA	For Paperwork Reduction Act Notice, see ins	tructions.		TEE	A0504L 12/23/12	Form 990-PF (2012)

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Part		Balance Sheets	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest		(a) Dook Value	(b) Book Value	(c) all Market Value
	1		ary cash investments	C 350	21 020	21 000
	2	Accounts receivable	-	6,758.	31,029.	31,029.
	3	Less allowance for		-		
	4	Pledges receivable	adubital accounts			
	7	Less: allowance for	doubtful accounts	-		
	5	Grants receivable	doubtidi accodints			
	6		cers, directors, trustees, and other			
		disqualified persons (atta	ch schedule) (see instructions)			
	7	Other notes and loans rec	ewable (attach sch)		······································	
Ą		Less allowance for	doubtful accounts	1		
Š	8	Inventories for sale	or use			
A S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10 a	Investments – US. obligations (attach s	and state government schedule)			
	k	Investments — corporate	stock (attach schedule)			
		: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment: basis	buildings, and			
		Less accumulated depred (attach schedule)	elation •			
	12	Investments - mort				
	13	Investments – other	r (attach schedule) Statement 3	13,378.	13,383.	15,605.
	14	Land, buildings, and	i equipment. basis ►	_		
		Less accumulated depred (attach schedule)	-			
		Other assets (descri	•			
		see the instructions.	completed by all filers — . Also, see page 1, item l)	20,136.	44,412.	46,634.
Ī	17	• •	nd accrued expenses			
Á	18	Grants payable				
B	19	Deferred revenue			_	
Ļ	20		ctors, trustees, & other disqualified persons			•
Ť	21	• •	s payable (attach schedule)	2 050	4 020	
F	22	Outer habilities (des	scribe► See Statement 4)	2,950.	4,030.	
E S	23		lines 17 through 22)	2,950.	4,030.	
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			
NF	24	Unrestricted				
E U T N	25	Temporarily restricted	ed			
D	26	Permanently restrict	ted			
A S S A E I T A		Foundations that do and complete lines	o not follow SFAS 117, check here 🕒 🛚 🗓 27 through 31.			
SAEL	27	Capital stock, trust p	orincipal, or current funds			
SN	28	Paid-in or capital surplus	, or land, building, and equipment fund			
O E	29	Retained earnings, accum	ulated income, endowment, or other funds	17,186.	40,382.	
R S	30	Total net assets or t	fund balances (see instructions)	17,186.	40,382.	
	31	Total liabilities and (see instructions)	net assets/fund balances			
Davi	ERET		ges in Net Assets or Fund Balanc	20,136.	44,412.	
<u> </u>						
1	l ota end-	l net assets or fund b of-vear figure reporte	alances at beginning of year – Part II, colu d on prior year's return)	umn (a), line 30 (must ag	ree with	17 106
2		r amount from Part I,			2	17,186. 23,196.
3		increases not included in li			3	23,130.
_		lines 1, 2, and 3				40,382.
		ases not included in line 2 ((Itemize)		5	30,302.
			alances at end of year (line 4 minus line 5)) – Part II, column (b), lii	 	40,382.
						

(a) List and describe 2-story brick warehouse	D) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)		
la N/A					
b					
С			•		
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b		- 			
c					
d					
<u>e</u>					
(i) Fair Market Value	ng gain in column (h) and owned by the			(I) Gains (Col	
as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		gain minus column (k han -0-) or Losses (fr	
a					
<u>b</u>			_		
<u>c</u>					
d					-
е					
2 Capital gain net income or (net		enter in Part I, line 7 er -0- in Part I, line 7	2		
3 Net short-term capital gain or (oss) as defined in sections 1222(5) ar	nd (6).			
If gain, also enter in Part I, line in Part I, line 8	8, column (c) (see instructions). If (lo	oss), enter -0-	3		
Part V Qualification Under	Section 4940(e) for Reduced	Tax on Net Investment	Income	<u> </u>	
If 'Yes,' the foundation does not qual	from 4942 tax on the distributable amount fry under section 4940(e) Do not comp to each column for each year, see the	olete this part.		Yes	X No
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution lumn (b) divided l	
2011	26,179.	42.	744.		0.612460
2010	45,044.		648.		0.646738
2009	30,284.		068.		0.444908
2008	3,900.		167.		0.037084
2007	55,186.		105.		0.340434
2 Total of line 1, column (d)			2		2.081624
3 Average distribution ratio for the number of years the foundation	e 5-year base period – divide the total has been in existence if less than 5 y	I on line 2 by 5, or by the ears	3		0.416325
4 Enter the net value of nonchari	table-use assets for 2012 from Part X,	line 5	4		35,572.
5 Multiply line 4 by line 3	,		5		14,810.
6 Enter 1% of net investment inc	ome (1% of Part I, line 27h)		6		14,010.
7 Add lines 5 and 6	Control of the Contro				14 010
	one Doub VII. I.e 4		7		14,810.
8 Enter qualifying distributions from If line 8 is equal to or greater the	om Part XII, line 4 nan line 7, check the box in Part VI, lir	ne 1b, and complete that part	using a 1%	tax rate. See the	26,250.
Part VI instructions	The second of th				~ 990 PE (2012)

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Par		<u>ns)</u>		
1 a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			<u>0.</u>
	check here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
,	foundations only Others enter -0-) Add lines 1 and 2			<u>0.</u>
3				0.
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>0.</u>
6	Credits/Payments:			<u>0.</u>
٠,				
	2012 estimated tax pmts and 2011 overpayment credited to 2012 Exempt foreign organizations — tax withheld at source 6a 1,570.			
	Tax paid with application for extension of time to file (Form 8868) 6 c			
	Backup withholding erroneously withheld 6 d			
	Total credits and payments Add lines 6a through 6d		1	570.
Ŕ	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8		1,	570.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		- -	0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1 1	570.
11	Enter the amount of line 10 to be Credited to 2013 estimated tax 1,570. Refunded 11		<u> </u>	0.
	t VII-A Statements Regarding Activities			- 0.
1.2	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ı a	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
	(see the instructions for definition)?	1 ь		X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		,	
_	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ 0. 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	Ì	Х
	If 'Yes,' attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
•	of incorporation, or bylaws, or other similar instruments? If 'Yes' attach a conformed copy of the changes	3	1	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A
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 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, column (c), and Part XV	7	X	
	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 <i>General Instruction G? If 'No,' attach explanation</i>	8 b	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 calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV			
		9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		X
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jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

enterprise at any time during the year?

charitable purposes?

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3 b

4 a

N/A

X

Yes X No

b If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation

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

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

or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)

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5a During the year did the foundation pay or incu		1 4/20 May De Neq	uned (continued)		1 1	
(1) Carry on propaganda, or otherwise attempt	•	n (section 4945(e))?	☐ Yes [X	No		
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section			No		
(3) Provide a grant to an individual for travel,		purposes?	— — —	No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described uctions)	Yes X	No		
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	; literary, or or animals?	Yes X	No		
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b	N	′A
Organizations relying on a current notice rega	rding disaster assistand	ce check here	▶ [,
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?	•	N/A Yes] No	,	
If 'Yes,' attach the statement required by Reg		• •				
6 a Did the foundation, during the year, receive all on a personal benefit contract?b Did the foundation, during the year, pay prem		, , , , ,	∐Yes ∑	No 6 b		Х
If 'Yes' to 6b, file Form 8870	iamo, amoony or manoo	ay, on a personal bene	11. CO110 GG12	00		
7 a At any time during the tax year, was the found	dation a party to a proh	ibited tax shelter transa	action? Yes X	No		
b If 'Yes,' did the foundation receive any proceed				N/A 7b		
Part VIII Information About Officers, Din and Contractors	ectors, Trustees, Fo	oundation Managers	s, Highly Paid Emp	oyees,		
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	tructions).			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		se acco allowan	
MARK ROTHSCHILD	President	0.	0.			0
650 MIDFIELD LAND NORTHBROOK, IL 60062	0					
JUDITH ROTHSCHILD 650 MIDFIELD LANE	Secretary 0	0.	0.			0 .
NORTHBROOK, IL 60062 ROBERT ROTHSCHILD	Treasurer	0.	0.	+		0.
650 MIDFIELD LANE NORTHBROOK, IL 60062	0	0.	0.			<u> </u>
2 Compensation of five highest-paid employee	es (other than those inc	luded on line 1 – see i	nstructions). If none,	⊥_ enter 'NONE		
(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) Expens		
None						
		· ·· · · · · · · · · · · · · · · · · ·		 		
				1		
				ļ		
Total number of other employees paid over \$50,000 BAA	TEEA0306L 1	2/25/12	•	Form 99	0-PF /	0
	120,0000					1 1

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	oyees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services ▶	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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	A
1	Amount
N/A	
N/A	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	0.
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Form 990-PF (2012) DAVID B. ROTHSCHILD MEM FOUNDATION 36-3487745 Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities . 1 a 14,649. **b** Average of monthly cash balances 1 b 21,465. c Fair market value of all other assets (see instructions). 1 c d Total (add lines 1a, b, and c) 1 d 36,114. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 0 1 e Acquisition indebtedness applicable to line 1 assets 2 0. Subtract line 2 from line 1d 3 114 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 542 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 35,572 Minimum investment return. Enter 5% of line 5 6 779 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 1 1,779. 2 a Tax on investment income for 2012 from Part VI, line 5 2 a b Income tax for 2012. (This does not include the tax from Part VI.) 2 b c Add lines 2a and 2b 2 c 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 1,779. Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 1,779. Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 7 1,779. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 26,250. **b** Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3 a **b** Cash distribution test (attach the required schedule) 3 b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 26,250. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 26,250.

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.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				1 770
2 Undistributed income, if any, as of the end of 2012				1,779.
a Enter amount for 2011 only			0.	
b Total for prior years. 20, 20, 20	······································	0.		,,
3 Excess distributions carryover, if any, to 2012. a From 2007 47 231				
a From 2007 47, 231. b From 2008		,		
c From 2009 27, 333.				
d From 2010 41,594.				
e From 2011 24, 104.				
f Total of lines 3a through e	140,262.			
4 Qualifying distributions for 2012 from Part				
XII, line 4: \$ 26,250.				
a Applied to 2011, but not more than line 2a			0.	
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 2012 distributable amount	<u> </u>			1,779.
e Remaining amount distributed out of corpus	24,471.			1,113.
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
Same amount must be shown in column (a)				
6 Enter the net total of each column as				
indicated below:	164 700			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	164,733.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-		<u> </u>		
ed 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 6c from line 6b Taxable				
amount – see instructions		0.		······································
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			0	
inic za Taxable amount — See instructions			0.	· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	47,231.			
9 Excess distributions carryover to 2013.	17,201.			
Subtract lines 7 and 8 from line 6a	117,502.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009 27, 333.				
c Excess from 2010 41,594. d Excess from 2011 24 104				
24,104.				
e Excess from 2012 24, 471.		L		F 000 PF (0010)

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Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)						N/A
	alf the foundation has received a ruling or d is effective for 2012, enter the date of the	ruling		-		
	Check box to indicate whether the foundation		rating foundation d		4942(J)(3) or	4942(j)(5)
Z a	a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	(h) 2011	Prior 3 years	(4) 3000	(a) Tatal
	investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	s 85% of line 2a		,			
c	c Qualifying distributions from Part XII, line 4 for each year listed					
C	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	a 'Assets' alternative test – enter					
	(1) Value of all assets	· -				
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
t	b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	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					
Pai	rt XV Supplementary Information assets at any time during th	(Complete this e year — see in	part only if the structions.)	foundation had	\$5,000 or more	in
	Information Regarding Foundation Managers at List any managers of the foundation who have close of any tax year (but only if they have See Statement 5	ave contributed me	ore than 2% of the than \$5,000). (See	total contributions re section 507(d)(2).)	eceived by the found	dation before the
ŀ	b List any managers of the foundation who can a partnership or other entity) of which the None	own 10% or more o foundation has a 1	f the stock of a cor 0% or greater inter	poration (or an equa est.	illy large portion of	the ownership of
2	Information Regarding Contribution, Grar Check here ☐ if the foundation only make requests for funds. If the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	ritable organizations		
	a The name, address, and telephone numbe	r or e-mail of the p	erson to whom app	lications should be	addressed [.]	
	See Statement 6					
·	b The form in which applications should be s	submitted and infor	mation and materia	ls they should includ	de [,]	
	See Statement for Line 2a					
	c Any submission deadlines					
	See Statement for Line 2a					
(d Any restrictions or limitations on awards, s	such as by geograp	hical areas, charita	ble fields, kinds of in	nstitutions, or other	factors:
	See Statement for Line 2a					

٠.

3 Grants and Contributions Paid During the	Vear or Approved for Eut	ura Payman	•	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	contribution	
a Paid during the year				
See Statement 7				
	Ì			
	İ			
		1		
		}		
]		
		ļ		
			•	
Total		<u> </u>	► 3a	26,250.
b Approved for future payment				20,230.
		1		
	İ			
		[-
]		
]		
Total	1	<u>L</u>	► 3b	
i Viai			- 3 b	1

Part XVI-A Analysis of Income-Producing Activities

Enter gross	s amounts unless otherwise indicated.	Unrelated	d business income	Excluded by s	ection 512, 513, or 514	
1 Progr	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
a				<u> </u>		
-						
Ğ.—		-	<u></u>			
°	·		 	-		
f				+		
a Fees	and contracts from government agencies	 		+		
•	bership dues and assessments			 		
	st on savings and temporary cash investments			14	1.	
4 Divid	ends and interest from securities			14	5.	
5 Net r	ental income or (loss) from real estate:					
a Debt	-financed property					
b Not c	lebt-financed property					
	ntal income or (loss) from personal property					
	r investment income				<u> </u>	
	r (loss) from sales of assets other than inventory					
	ncome or (loss) from special events			<u> </u>		
	s profit or (loss) from sales of inventory	ļ		ļļ		
	r revenue:			<u></u>		
.a				 		
b						
d				 		
e				 		
		 		-	<i>c</i>	
12 Subt	otal Add columns (b), (d), and (e)	1 1			n	
	otal Add columns (b), (d), and (e).	L	· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-	<u>. L</u>	6. 13	6.
13 Total	otal Add columns (b), (d), and (e). I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	L			13	6.
13 Total (See works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation		hment of Exemp	t Purnoses	13	6.
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	_		13	
13 Total (See works	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the
13 Total (See works Part XVI	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which income.	Accomplis	ted in column (e) of P	art XVI-A cor	13	to the

Form 990-PF (2012) DAVID B. ROTHSCHILD MEM FOUNDATION 36-3487745 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		· · · · · · · · · · · · · · · · · · ·										
de	escribed	rganization directly d in section 501(c) (o political organizal	of the Code (o	ingage in any of the than section	the following wit 501(c)(3) organ	th any oth nizations)	er organizatio or in section 5	n 527,			Yes	No
a Tr	ansfers	from the reporting	foundation to	a noncharitable	exempt organiz	ation of.						
(1) Cash	_							ĺ	1 a (1)		Х
(2) Other	r assets							-	1 a (2)		X
ьО	, ther tra	nsactions.								()		
		s of assets to a non	ocharitable eve	emnt organization					İ	15(1)	1	v
				-					<u> </u>	1 b (1)		<u>X</u>
•	•	nases of assets from		. •	nization				<u> </u>	1 b (2)		X
•	_	al of facilities, equip		r assets					L	1 b (3)		X
(4) Reim	bursement arrange	ements						L	1 b (4)		<u>X</u>
(5) Loan	s or Ioan guarantee	es						L	1 b (5)		X
(6) Perfo	rmance of services	s or membersh	ip or fundraising	solicitations					1 b (6)		X
c S	haring (of facilities, equipm	ent, mailing lis	sts, other assets,	or paid employ	ees				1 c		\overline{X}
		swer to any of the a s, other assets, or s saction or sharing a								arket valı value in	ue of	
(a) Line	no.	(b) Amount involved	(c) Name (of noncharitable exem	pt organization	(d) [Description of tran	sfers, transacti	ons, and sh	arıng arrar	ngement	s
N/A			1									
												
	_											
												
	-+-					-						
	_		 									
												
		·										
			1				<u> </u>					
			+									
			 									
			<u> </u>									
d	escribe	undation directly or d in section 501(c) o complete the followi	of the Code (o	ated with, or rela ther than section	ted to, one or m 501(c)(3)) or in	nore tax-e section 5	xempt organiz 527?	zations		Yes	X	No
	(a)	Name of organizati	ion	(b) Type	of organization		(c) Description	of relat	ionship		
N/A												
									_			
												—
	Under pe	nalties of perjury, I declare	that I have examined	this return, including a	companying schedule	s and stateme	ents, and to the best	of my knowledge	and belief	it is true		
Sign Here	correct, a	and complete Declaration	of preparer (other	than taxpayer) is base	d on all information o	f which prep	S/13/	2013	and sener,	May the I this return preparer (see insti	n with th shown b	ne pelow
	Signat	re of officer or trustee		. 10.	Date	Titte	, – – –			X	Yes	No
		Print/Type preparer's nai	me	Preparer's s	ignature		Date / /	Check	ıf F	TIN		
aid		Lynn Rosen	1	lend			8/4/13	self-emplo	yed 1	P00841	639	
repa	ror		ROSEN AND	COHEN, LLC		!	,,,,,,	, 	26-11			
-			REVERE I		50				<u>~ ∪ 11'</u>	14303		—
Jse C	illy		ORTHBROOK					Dhane ==	(0.47)	907	مممه	
		1 11	ONTUDEOU	ч, ть боло 2				Phone no		897-		
BAA									1	Form 99	U-PF (2012)

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
DAVID B. ROTHSCHILD MEM FOUND	DATION	36-3487745
Organization type (check one):		<u> </u>
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 priv	/ate foundation
		rate roundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the C	General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General Rule and a S	Special Rule See instructions.
General Rule		
	EZ, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and receive	Form 990 or 990-EZ that met the 33-1/3% support test of the ed from any one contributor, during the year, a contribution of tto VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I a	f the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organitotal contributions of more than \$1,000 for the prevention of cruelty to children or an	ization filing Form 990 or 990-EZ that received from any one r use <i>exclusively</i> for religious, charitable, scientific, literary, o imals. Complete Parts I, II, and III	contributor, during the year, r educational purposes, or
If this box is checked, enter here the total	ization filing Form 990 or 990-EZ that received from any one ous, charitable, etc, purposes, but these contributions did not contributions that were received during the year for an <i>exclu</i> s unless the General Rule applies to this organization becaus	total to more than \$1,000 issuelv religious, charitable, etc.
religious, charitable, etc, contributions of	· · · · · · · · · · · · · · · · · · ·	► \$
	Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or k the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990 form 990, 990-EZ, or 990-PF).	
BAA For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990, 990EZ, Schedule B	(Form 990, 990-EZ, or 990-PF) (2012

Schedule Name of org	B (Form 990, 990-EZ, or 990-PF) (2012)	Page	1 of 1 of Part 1
•	B. ROTHSCHILD MEM FOUNDATION	' *	3487 <u>745</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	1.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JUDITH AND ROBERT ROTHSCHILD 650 MIDFIELD LANE	\$50 <u>,</u> 560	1 -
(a) Number	NORTHBROOK, IL 60062 (b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II if there is a noncash contribution.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization

BAA

Page

1 to

of Part II

DAVID B. ROTHSCHILD MEM FOUNDATION

Employer identification number 36-3487745

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. (a) No. (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) from Part I (see instructions) N/A (a) No. from Part I (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part I (see instructions) (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) Part I (see instructions) (a) No. from (c) FMV (or estimate) (see instructions) (d) Description of noncash property given Date received Part I (a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given

	3 (Form 990, 990-EZ, or 990-PF) (2012)			Page 1		of Part III
Name of organ DAVID E	nization 3. ROTHSCHILD MEM FOUNDATION				ployer identification 1 1 1 1 1 1 1 1 1	on number
Part III	Exclusively religious, charitable, etc organizations that total more than For organizations completing Part III, enter contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	, individual contributions to \$1,000 for the year. Complete total of exclusively religious, cha (Enter this information once. See	te columns (a) i aritable, etc.	1(c)(7), (8) or through (e) and	(10)	ne entry.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description	(d) on of how gift	is held
	N/A					
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relati	onship of trans	sferor to trans	iferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description	(d) on of how gift	is held
	Transferee's name, addre	Relati	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description	(d) on of how gift	is held
						
	Transferee's name, addre	Relati	onship of trans	sferor to trans	iferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		Description	(d) on of how gift	is held
		(a)				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					

2012	Federal Statements	Page 1
	DAVID B. ROTHSCHILD MEM FOUNDATION	36-3487745
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		
ACCOUNTING FEES	(a) (b) Net (c) Expenses Investment Adjusted Per Books Income Net Income \$ 1,080. Total \$ 1,080. \$ 0.	(d) Charitable Purposes
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses		
BANK CHARGES ILLINOIS CHARITABLE BURE	(a) (b) Net (c) Expenses Investment Adjusted per Books Income Net Income \$ 25. AU	(d) Charitable Purposes \$ 0.
Statement 3 Form 990-PF, Part II, Line 13 Investments - Other		
	Valuation Book <u>Method</u> Value	Fair Market Value
Other Publicly Traded Se		
GROWTH FD AMER INC	Cost \$ 13,383. \$	15,605.
	Total \$ 13,383.	15,605.
Statement 4 Form 990-PF, Part II, Line 22 Other Liabilities		
DUE TO JUDY ROTHSCHILD	ş	4,030.
	Total 3	4,030.
Statement 5 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or JUDITH ROTHSCHILD ROBERT ROTHSCHILD	More Contributors	

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Federal Statements

Page 2

DAVID B. ROTHSCHILD MEM FOUNDATION

36-3487745

Statement 6 Form 990-PF, Part XV, Line 2a-d **Application Submission Information**

Name of Grant Program:

Name:

JUDITH ROTHSCHILD

Care Of:

Street Address:
City, State, Zip Code:
Telephone:
E-Mail Address:

650 MIDFIELD LANE NORTHBROOK, IL 60062

Form and Content:

N/A

Submission Deadlines:

NONE

Restrictions on Awards:

NONE

Statement 7 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	<u>Amount</u>
CONGREGATION HAKAFA	N/A	PUBLIC	UNRESTRICTED USE	\$ 2,350.
JEWISH UNITED FUND	N/A	PUBLIC	UNRESTRICTED USE	15,000.
JEWISH COUNCIL ON URBAN AFFAIR	N/A	PUBLIC	UNRESTRICTED USE	5,500.
NORTHWOOD WILDLIFE CENTER, IN	N/A	PUBLIC	UNRESTRICTED USE	100.
SPECIAL GIFTS THEATRE, INC	N/A	PUBLIC	UNRESTRICTED USE	400.
CATHOLIC CHARITIES/ LOSS PROG.	N/A	PUBLIC	UNRESTRICTED	300.
CHICAGO ACADEMY FOR THE ARTS	N/A	PUBLIC	UNRESTRICTED USE	1,000.
HEIFER INTERNATIONAL	N/A	PUBLIC	UNRESTRICTED	100.
WORLD BICYCLE	N/A	PUBLIC	UNRESTRICTED USE	100.

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Z	u	•	Z

Federal Statements

Page 3

DAVID B. ROTHSCHILD MEM FOUNDATION

36-3487745

Statement 7 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation <u>Status</u>	Purpose of <u>Grant</u>	Amount
THE GUILD OF CHICAGO HISTORY MUSEUM	N/A	PUBLIC	UNRESTRICTED USE	\$ 400.
ARIZONA MUSIC FESTIVAL	N/A	PUBLIC	UNRESTRICTED USE	500.
PAWS	N/A	PUBLIC	UNRESTRICTED USE	100.
JEWISH COMMUNITY CENTER	N/A	PUBLIC	UNRESTRICTED USE	100.
OPERATION BACKPACK	N/A	PUBLIC	UNRESTRICTED USE	200.
CHANGING WORLD'S	N/A	PUBLIC	UNRESTRICTED USE	100.
			Total	\$ 26,250.

Application for Extension of Time To File an Exempt Organization Return

File a senarate application for each return

OMB No 1545-1709

Department of the Treasury

Internal Revenu	Je Service	- File a Sep	arate appin	cation for each return.			
If you a	re filing for an	Automatic 3-Month Extension, cor	nplete only	Part I and check this box		<u>► [X</u>	
• If you a	re filing for an a	Additional (Not Automatic) 3-Mont	h Extensio	n, complete only Part II (on page 2 of the	s form)	ت	
				iatic 3-month extention on a previously fi			
corporation request an Associated	required to file extension of tin With Certain Pe	Form 990-T), or an additional (not ne to file any of the forms listed in	t automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, In to the IRS in paper format (see instruction Charities & Nonprofits	ctronically file Forn formation Return for	n 8868 to or Transfers	
Part I	Automatic	3-Month Extension of Time.	Only subm	nt original (no copies needed).			
A corporation	4			month extension – check this box and	complete Part I only	<u> </u>	
	orporations (incl	-		nd trusts must use Form 7004 to request		ne to file	
~~~~~~~	Name of exempt	organization or other filer, see instructions			Employer identification number (EIN) or		
Type or print		ROTHSCHILD MEM FOUND			36-3487745 Social security nur		
File by the due date for	1	IELD LANE			333.27 333.2.17, 7.2.1		
filing your return See		t office, state, and ZIP code. For a foreign add	ress, see instru	ctions	1		
instructions	NORTHBRO	OK, IL 60062					
Enter the R	Return code for	the return that this application is fo	or (file a sep	parate application for each return)		04	
Application Is For	1		Return Code	Application Is For		Return Code	
Form 990 o	r Form 990-EZ		01	Form 990-T (corporation)		07	
Form 990-E	3L		02	Form 1041-A		08	
Form 4720	(ındıvıdual)		03	Form 4720		09	
Form 990-P	F		04	Form 5227		10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other that	an above)	06	Form 8870		12	
Telepho If the or If this is check to the external line quantil The e 2 If the	one No - (84) rganization doe s for a Group Rehis box ension is for lest an automat - 8/15 - extension is for X calendar yea tax year entere	ic 3-month (6 months for a corpora , 20 13 _, to file the exempt orga the organization's return for: 20 12 or nning, 20 d in line 1 is for less than 12 months	FAX No siness in the digit Group theck this bestion require anization re	e United States, check this box Exemption Number (GEN) and attach a list with the naived to file Form 990-T) extension of time turn for the organization named above.	this is for the whol mes and EINs of al		
3a If this nonre	fundable credit	or Form 990-BL, 990-PF, 990-T, 47 s. See instructions			3 a \$	0.	
		or Form 990-PF, 990-T, 4720, or 6 ude any prior year overpayment al		any refundable credits and estimated tax credit	3ь\$	1,570.	
		ct line 3b from line 3a. Include you ederal Tax Payment System). See		vith this form, if required, by using	3 c \$	0.	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

$\mathsf{Form}\,8868$

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

• If you ar	e filing for an Automatic 3-Month Extension	n. complete only	Part I and check this box .	-	▶ 🗓
	e filing for an Additional (Not Automatic)			is form)	ت
	plete Part II unless you have already been				58
- 	ling (e-file). You can electronically file Forrequired to file Form 990-T), or an addition	n 8868 if you need	t a 3-month automatic extension of time	to file (6 mg	onths for a
collect an e	viencion of time to file any of the forms lis	ited in Part I or Pa	art II with the exception of Form 88/U. In	iormation Re	elurn for Transfers
Accordated \	With Certain Personal Benefit Contracts, while some some some some some some some som	hich must be sent	to the IRS in paper format (see instructi	ions) Formo	ore details on the
	Automatic 3-Month Extension of Ti				
1	n required to file Form 990-T and requesting	no an automatic 6	month extension - check this box and	complete Par	rt I only ► □
•	porations (including 1120-C filers), partner				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Enter filer's identi	<u> </u>	
	Name of exempt organization or other filer, see instruc	tions		Employer ident	ification number (EIN) or
Type or					
print	MESIROW FAMILY CHARITABLE			36-6060	
File by the	Number, street, and room or suite number. If a P.O. bo	ox, see instructions		Social se	curity number (SSN)
due date for filing your	610 CENTRAL AVENUE #200			<u> </u>	
return See nstructions	City, town or post office, state, and ZIP code For a for	eign address, see instru	ctions		
IBUUCUOIB	HIGHLAND PARK, IL 60035				
Enter the Re	eturn code for the return that this application	on is for (file a sep	arate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 4720 (individual)	03	Form 4720		09
Form 990-P	F	04	Form 5227		10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telepho If the ore If this is check the	ne No. ►847 681-2340 ganization does not have an office or place for a Group Return, enter the organization his box □ . If it is for part of the gension is for. est an automatic 3-month (6 months for a context of the gension).	FAX No e of business in the 's four digit Group roup, check this be	e United States, check this box Exemption Number (GEN) and attach a list with the na		
The ex	8/15 , 20 13 , to file the exem ktension is for the organization's return for calendar year 20 12 or tax year beginning , 20	, and endin	g, 20		
	tax year entered in line 1 is for less than 1; ange in accounting period	2 months, check re	eason: Initial return Fin	al return	
	application is for Form 990-BL, 990-PF, 99 undable credits. See instructions	0-T, 4720, or 6069	, enter the tentative tax, less any	3 a \$	0.
	application is for Form 990-PF, 990-T, 4720 ents made. Include any prior year overpaym			3 ь \$	743.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3 c \$