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Department of the Treasury Internal Revenue Service

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

► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545 0052

2013

| For ca | lendar year 2013, or tax year beginning | , 2013, | and ending | , | |
|--------------------------------|--|---|---------------------------|--|-------------------------------------|
| | D B. ROTHSCHILD MEM FOUNDATION | ON | | Employer identification num 36-3487745 | |
| | MIDFIELD LANE HBROOK, IL 60062 | | ן | B Telephone number (see the (847) 272-427 | |
| G Ch | eck all that apply Initial return | Initial return of a form | aer public charity | C If exemption application is | pending, check here |
| G 011 | Final return | Amended return | ' | D 1 Foreign organizations, chec | k here |
| | Address change | Name change | | 2 Foreign organizations meet | |
| H | Check type of organization X Section 5010 Section 4947(a)(1) nonexempt charitable to | (c)(3) exempt private for | | here and attach computation | on D |
| 1 F | | ounting method X Ca | | E If private foundation status under section 507(b)(1)(A) | |
| | · • · · · · · · · · · · · · · · · · · · | Other (specify) | | F If the foundation is in a 60 | |
| ► 5 | | column (d) must be on | cash basis) | under section 507(b)(1)(B) | , check here |
| Part | Analysis of Revenue and Expenses (The total of amounts in | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable |
| | columns (b), (c), and (d) may not neces- sarily equal the amounts in column (a) | expenses per books | income | income | purposes (cash basis only) |
| | (see instructions)) | 20.000 | | | basis only) |
| | Contributions, gifts, grants, etc, received (att sch) Ck fif the foundn is not reg to att Sch B | 38,888. | | | n |
| | 3 Interest on savings and temporary cash investments | 2. | | 2. 2. | ` |
| | 4 Dividends and interest from securities | ۷. ا | | 2. | |
| | 5 a Gross rents b Net rental income | | | | |
| R | or (loss) 6 a Net gain/(loss) from sale of assets not on line 10 | 1,008. | | | |
| R E V | b Gross sales price for all assets on line 6a 39, 896. | , | 00.40 | | |
| É N U | 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain | | 39,49 | 0. | |
| Ü | 9 Income modifications | | | | |
| _ | 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) | | | | |
| | Ti Other income (attach schedule) | | | | |
| | 12 Total. Add lines 1 through 11 | 39,898. 0. | 39,49 | 2. 2. | |
| | 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages | 0. | | | |
| | 15 Pension plans, employee benefits | | | | |
| A D | 16a Legal fees (attach schedule) b Accounting fees (attach sch) See St 1 | 1,240. | | | |
| M 1 N | c Other prof fees (attach sch) | 1,240. | | | |
| o i <u>p⇔P</u> § | 17 Interest | | | | |
| OPERATING | 18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach | | | RECEIVED | |
| - Τ Γ (- Β) [(- Ε | sch) and depletion 20 Occupancy | - | | SECEIAED 18 | |
| | 21 Travel, conferences, and meetings | | | AUC 8 4 2814 10 | |
| ACO Exp | 22 Printing and publications 23 Other expenses (attach schedule) | | 8 | AUG & A EMIT O | |
| | See Statement 2 | 69. | | SUSPAI IIT | |
| S S | Total operating and administrative expenses. Add lines 13 through 23 | 1,309. | | MARIA 6 1 | - |
| S S | 25 Contributions, gifts, grants paid Part XV | 42,760. | | | 42,760. |
| SCANNED | 26 Total expenses and disbursements. Add lines 24 and 25 | 44,069. | | 0. 0. | 42,760. |
| (F) | 27 Subtract line 26 from line 12: | 11,005. | <u> </u> | - · · · · · · · · · · · · · · · · · · · | 12,730. |
| | a Excess of revenue over expenses and disbursements. | -4,171. | | | _ |
| | b Net investment income (if negative, enter 0-). | | 39,49 | | |
| DAA | C Adjusted net income (if negative, enter -0) | | L | 2. | Form 900 PF (2012) |

Page 2

| Par | 111 | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | | or year |
|-------------------|------|---|---|-----------------------------|-----------------------|--|
| | | | (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest | - | | | |
| | 2 | - | ary cash investments | 31,029. | 26,802. | 26,802. |
| | 3 | Accounts receivable | | | | |
| | | Less allowance for | doubtful accounts | | | |
| | 4 | Pledges receivable | | 1 | , at | |
| | _ | Less allowance for | doubtful accounts | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from office disqualified persons (atta- | cers, directors, trustees, and other ch schedule) (see instructions) | | | |
| | 7 | Other notes and loans rec | | | | |
| A | | Less: allowance for | | - | | |
| S | 8 | Inventories for sale | or use | | | |
| A S E T | 9 | Prepaid expenses a | nd deferred charges | | | |
| Ś | 10: | a Investments – U S obligations (attach s | and state government | | | |
| | | b Investments — corporate | • | | | |
| | | c Investments — corporate | | | | |
| | 11 | Investments – land, equipment basis | buildings, and | | | Page 1 |
| | | Less. accumulated depred (attach schedule) | ciation | | | e de commune de la commune |
| | 12 | Investments - mort | gage loans | | | |
| | 13 | | r (attach schedule) Statement 3 | 13,383. | 14,679. | 20,715. |
| | 14 | Land, buildings, and | | 13,303. | 14,015. | 20, 113. |
| | | Less: accumulated deprec (attach schedule) | | - | | |
| | 15 | · . | ibe ► | | | |
| | 16 | Total assets (to be | completed by all filers — — — — — — Also, see page 1, item I) | 44,412. | 41,481. | 47,517. |
| Ļ | 17 | Accounts payable a | nd accrued expenses | | | |
| Å | 18 | Grants payable | | | | |
| В | 19 | Deferred revenue | | | | |
| Ĺ | 20 | • | ctors, trustees, & other disqualified persons | | | |
| ł | 21 | = = | s payable (attach schedule) | | | , |
| į E | 22 | | cribe ► See Statement 4 | 4,030. | 5,270. | <u>.</u> |
| <u> </u> | 23 | | l lines 17 through 22) | 4,030. | 5,270. | <u>.</u> , |
| | | Foundations that fo and complete lines | llow SFAS 117, check here 24 through 26 and lines 30 and 31. | | | |
| N F E U | 24 | Unrestricted | | | | |
| N F E U T N | 25 | Temporarily restricted | ed | | | |
| D | 26 | - | _ | | | |
| A B A L T A | | Foundations that do and complete lines | o not follow SFAS 117, check here 🕒 🔀 27 through 31. | | : | |
| E L T A | 27 | Capital stock, trust j | principal, or current funds | | | , a (m.) |
| SN | 28 | Paid-in or capital surplus | , or land, building, and equipment fund | | |) |
| οE | 29 | Retained earnings, accum | ulated income, endowment, or other funds | 40,382. | 36,211. | |
| RS | 30 | | fund balances (see instructions) | 40,382. | 36,211. | ر پ |
| | 31 | Total liabilities and (see instructions) | net assets/fund balances | 44,412. | 41,481. | |
| Par | | Analysis of Chan | iges in Net Assets or Fund Balanc | | | |
| 1 | Tota | I net assets or fund b | alances at beginning of year — Part II, col | umn (a), line 30 (must a | gree with | |
| | end- | of-year figure reporte | d on prior year's return) | • | 1 | 40,382. |
| 2 | | er amount from Part I, | | | 2 | -4,171. |
| 3 | | increases not included in li | ne 2 (Itemize) | | 3 | |
| 4 | | lines 1, 2, and 3 | (itamiza) | | 4 | 36,211. |
| 5 | | eases not included in line 2 | alances at end of year (line 4 minus line 5 | S = Part II solumn (b) | June 30 5 | 20 211 |
| 6 | Ula | ii net assets of fulld b | alances at end of year (line 4 minus line 5 | y - r art ii, columiii (b), | line 30 6 | 36,211. |

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How acquire P — Purchast D — Donation | | How acquired — Purchase — Donation | (C) Date acquired (month day, year) | (d) Date sold (month, day, year) | |
|--|---|---|-------------------------------------|--|---|
| 1 a | | | | | |
| b | | | | | |
| c | · | | | | |
| 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 | | | | | |
| Complete only for accets the | | Abo (a) adabas as 10/21/00 | | | |
| (i) Fair Market Value | ving gain in column (h) and owned by (i) Adjusted basis | (k) Excess of column (i) | | (I) Gains (Col gain minus column (I | |
| as of 12/31/69 | as of 12/31/69 | over column (j), if any | | han -0-) or Losses (fi | |
| <u>a</u> | 1 | | | | · • |
| <u>b</u> | | | | | |
| <u>c</u> d | + | <u> </u> | | | |
| e | + | | | | |
| 2 Capital gain net income or (ne | L | enter in Part I, line 7 er -0- in Part I, line 7 | 2 | | 39,490. |
| | (loss) as defined in sections 1222(5) ne 8, column (c) (see instructions). If (| · · · · · · · · · · · · · · · · · · · | 3 | | -288. |
| · · · · · · · · · · · · · · · · · · · | er Section 4940(e) for Reduced | Tay on Net Investmen | | | 200. |
| If 'Yes,' the foundation does not qua | ction 4942 tax on the distributable am alify under section 4940(e) Do not cor in each column for each year, see the | nplete 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 | |
| 2012 | 26,250. | 25 | 572. | | 0.737940 |
| 2012 | 26,230. | | 744. | | 0.612460 |
| 2010 | 45,044. | | 648. | | 0.646738 |
| 2009 | 30,284. | | 068. | | 0.444908 |
| 2008 | 3,900. | 105, | | | 0.037084 |
| | 3,300.] | 100, | 107. | | 0.037003 |
| 2 Total of line 1, column (d) | | | 2 | <u> </u> | 2.479130 |
| 3 Average distribution ratio for t number of years the foundation | the 5-year base period — divide the to on has been in existence if less than 5 | tal on line 2 by 5, or by the years | 3 | _ | |
| 4 Enter the net value of noncha | | | ı | 1 | 0.495826 |
| 5 Multiply line 4 by line 3 | ritable-use assets for 2013 from Part | X, line 5 | 4 | | |
| J Multiply line 4 by line 3 | ritable-use assets for 2013 from Part | X, line 5 | 5 | | 39,999. |
| 6 Enter 1% of net investment in | | X, line 5 | | | 39,999. 19,833. |
| | | X, line 5 | 5 | | 39,999. 19,833. 395. |
| 6 Enter 1% of net investment in | icome (1% of Part I, line 27b) | X, line 5 | 5 | | 0.495826 39,999. 19,833. 395. 20,228. |
| 6 Enter 1% of net investment in7 Add lines 5 and 68 Enter qualifying distributions for | icome (1% of Part I, line 27b) | | 5 6 7 | % tax rate. See | 39,999. 19,833. 395. 20,228. 42,760. |

| | 1 990-PF (2013) DAVID B. ROTHSCHILD MEM FOUNDATION 36-348 | | | Р | age 4 |
|-----|--|-------------|-----------------|-------------|--------------------|
| Par | | truction | 15) | , | |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1 | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary – see instrs) | | | _ | |
| t | Domestic foundations that meet the section 4940(e) requirements in Part V, | | | | <u> 395.</u> |
| _ | check here. X and enter 1% of Part I, line 27b | | | | |
| (| All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b) | 1 | | | - |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | | ^ |
| 3 | Add lines 1 and 2 | | | | <u>0.</u> 395. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | → | | | <u></u> 395. |
| 6 | Credits/Payments | + | | | , , , , |
| a | a 2013 estimated tax pmts and 2012 overpayment credited to 2013 6a 1,570. | ` | | | |
| | Exempt foreign organizations — tax withheld at source | 4 | | | |
| c | Tax paid with application for extension of time to file (Form 8868). | | | | |
| c | Backup withholding erroneously withheld | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | i | | 1,5 | 570. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached | | | | -, |
| 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 | L75. |
| 11 | Enter the amount of line 10 to be: Credited to 2014 estimated tax 1, 175. Refunded 1 | | | | 0. |
| Par | t VII-A Statements Regarding Activities | | | | , |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? | | 1 a | Yes | No X |
| t | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? | | 1 b | | х |
| | 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 | | | | |
| c | Did the foundation file Form 1120-POL for this year? | | 1 c | - | χĺ |
| C | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. | | | , | |
| | (1) On the foundation | 0. | - | | |
| • | 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 | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles | | | | |
| • | 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 | | X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4 a | | X |
| t | olf '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 | | | ٠, | ľ. |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? | | 6 | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV. | | 7 | <u>X</u> | <u> </u> |
| | Enter the states to which the foundation reports or with which it is registered (see instructions) | | - | | |
| | IL | | | | |
| t | of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation | | 8 b | х | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494 | 42(1)/5) | | | |
| • | for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV)? | art XIV | 9 | | _x_ |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names | | | | <u> </u> |
| | and addresses | | 10 | | X |
| BAA | | Fo | orm 99 0 | I-PF (2 | (110) |

| F.ori | m 990-PF (2013) DAVID B. ROTHSCHILD MEM FOUNDATION art VII-A Statements Regarding Activities (continued) | 36- | 348774 | 5 | F | age |
|-------|---|---------------|-------------|-------------|--------------------------|-------------|
| | | | | | | |
| '' | 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 | 2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persoi advisory privileges? If 'Yes,' attach statement (see instructions). | n had | | 12 | | x |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption | applicat | ion? | 13 | X | |
| | Website address ► N/A | | | | | |
| 14 | The books are in care of ► JUDITH ROTHSCHILD Telephone | | (847) | 272 | -427 | 70_ |
| 16 | Located at 650 MIDFIELD LANE NORTHBROOK IL ZIP + 4 > | 600 | <u>62 </u> | _NT / ₹ | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year | ▶ 1 | 15 | Ņ/Ą | | ∐ N/A |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority ov | era. | | | Yes | No |
| _ | bank, securities, or other financial account in a foreign country? | c, u | | 16 | | X |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country. ▶ | | | · · · · · | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | | | we. |
| _ | File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies. | | | , eve | Yes | No |
| 1 | a During the year did the foundation (either directly or indirectly) | ٦., | | 1 | 學院 | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | Yes | X No | | | . |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | Yes | XNo | | į (| *4 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | X No | | | ٠. |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | Yes | X No | | , | , |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | Yes | XNo | | | , |
| | (6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | Yes | XNo | • | ٠, | , . |
| | b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | | | 1 b | N | A |
| | Organizations relying on a current notice regarding disaster assistance check here | • | | | •••• | 9.7 |
| | 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 before the first day of the tax year beginning in 2013? | | | 1 c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | ۰۰ ۱۰ | • , |
| | a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? | Yes | XNo | , | | |
| | If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 |] . • • | Δ | in the well | क हैं दे नु उ | ٠,٠ |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a | \/ 3 \ | | الميراء ا | 1 | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see instructions.) | (2) to | | 2 b | N | /A |
| | c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he | re | | | | <u> </u> |
| | ► 20 , 20 , 20 , 20 | | | | , | , |
| 3 | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 7 Vac | V No | | ٠,, | , , |
| | L. C. | Yes | X No | | | |
| | b If 'Yes,' did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or | | | | , , | 74 |
| | (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 2013) | | | 3 b | N | /A |
| 4 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | | | 4 a | | x |

Form **990-PF** (2013)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

BAA

| Form 990-PF (2013) DAVID B. ROTHSCHII | | | 36-34 | 87745 Page 6 |
|--|---|---|--|---------------------------------------|
| Part VII-B Statements Regarding Activit | | 1 4720 May Be Req | uired (continued) | |
| 5 a During the year did the foundation pay or incu | | | п. с | |
| (1) Carry on propaganda, or otherwise attempt | ot to influence legislatio | n (section 4945(e))? | ∐ Yes X | No E |
| (2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra | lic election (see section ation drive? | 4955), or to carry | Yes X | No |
| (3) Provide a grant to an individual for travel, | study, or other similar | purposes? | Yes | 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 | rganization described uctions) | Yes X | No |
| (5) Provide for any purpose other than religio educational purposes, or for the preventio | us, charitable, scientific n of cruelty to children | c, 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)? | 5b N/A | | | |
| Organizations relying on a current notice rega | rding disaster assistand | ce check here | ▶ [| , n |
| 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 | uiations section 53 494: | 5-5(a) | | |
| 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 ∐X | No 6b X |
| If 'Yes' to 6b, file Form 8870 | idins, directly of maired | illy, on a personal bene | iii contract. | 6b X |
| 7 a At any time during the tax year, was the found | dation a party to a proh | ibited tax shelter transa | ection? Yes X | No |
| b If 'Yes,' did the foundation receive any proceed | <u> </u> | | transaction? | N/A 7b |
| Part VIII Information About Officers, D | irectors, Trustees, | Foundation Manag | gers, Highly Paid I | Employees, |
| and Contractors | · · · · · · · · · · · · · · · · · · · | ······································ | | |
| 1 List all officers, directors, trustees, foundation | | T | | 1605 |
| (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 | (e) Expense account, other allowances |
| MARK ROTHSCHILD | President | 0. | 0. | 0. |
| 650 MIDFIELD LAND | 0 | | | |
| NORTHBROOK, IL 60062 | | | | |
| JUDITH_ROTHSCHILD | Secretary | 0. | 0. | 0. |
| 650 MIDFIELD LANE | 0 | | | |
| NORTHBROOK, IL 60062 | Two saures | | 0. | 0. |
| ROBERT ROTHSCHILD 650 MIDFIELD LANE | Treasurer 0 | 0. | 0. | 0. |
| NORTHBROOK, IL 60062 | 0 | | | |
| North Brook, 11 0002 | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (o | | | 1 | |
| (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 | | | | |
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| | | | <u> </u> | |
| Total number of other employees paid over \$50,000 |) | | <u> </u> | 0 |

| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Er and Contractors (continued) | npioyees, |
|--|---------------------------------------|
| 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 | |
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| | |
| 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 | |
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| 3 | |
| | |
| 4 | |
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| | |
| 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 | Amount |
| 1 | |
| N/A | |
| | |
| 2 | |
| | |
| | |
| All other program-related investments. See instructions | |
| 3 | |
| | |
| Total. Add lines 1 through 3 | |
| BAA | 0 . Form 990-PF (2013) |

Page 7

36-3487745

Form 990-PF (2013) DAVID B. ROTHSCHILD MEM FOUNDATION

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 17,934. b Average of monthly cash balances 1 b 22,674. c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c) 1 d 40,608. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 0 2 Acquisition indebtedness applicable to line 1 assets 0. 3 Subtract line 2 from line 1d 3 40,608 Cash deemed held for charitable activities Enter 1-1/2% of line 3 609. (for greater amount, see instructions) 4 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 39,999. Minimum investment return. Enter 5% of line 5. 6 6 2 000 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part_≅XI, and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 1 2,000. 2a Tax on investment income for 2013 from Part VI, line 5 2 a 395 b Income tax for 2013 (This does not include the tax from Part VI) 2b c Add lines 2a and 2b 2 c 395. 3 Distributable amount before adjustments Subtract line 2c from line 1 3 1,605 4 Recoveries of amounts treated as qualifying distributions 5 1,605. Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 7 7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1 1,605 Part XII: Qualifying Distributions (see instructions) سا مُرُون سخ با 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 42,760. 1 b **b** Program-related investments — total from Part IX-B 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 4 42,760. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 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). 5 395 6 Adjusted qualifying distributions. Subtract line 5 from line 4 365.

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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Form 990-PF (2013)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
|---|----------------------|----------------------------|--------------------|---------------------------------------|
| 1 Distributable amount for 2013 from Part XI, line 7 | | | | 1,605. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years 20, 20, 20 | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013 | | | | |
| a From 2008 | | | | |
| b From 2009 27, 333. | | | | |
| c From 2010 41,594. | , | | | |
| d From 2011 24, 104. | | | | , |
| e From 2012 24, 471. | | | , | (|
| f Total of lines 3a through e. | 117,502. | , , , | , | <u> </u> |
| 4 Qualifying distributions for 2013 from Part | | | | * |
| XII, line 4 \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{ | ' | ' | | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| 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 2013 distributable amount | | | | 1,605. |
| e Remaining amount distributed out of corpus | 41,155. | | | |
| 5 Excess distributions carryover applied to 2013 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | , |
| came amount must be shown in column (a) | | | | · |
| 6 Enter the net total of each column as | | | | , |
| indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 158,657. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency | | | | |
| ed income for which a notice of deficiency has been issued, or on which the section | | | | |
| 4942(a) tax has been previously assessed | | 0. | | i L |
| d Subtract line 6c from line 6b Taxable | | | * | |
| amount - see instructions | | 0. | | · · · · · · · · · · · · · · · · · · · |
| e Undistributed income for 2012. Subtract line 4a from | | | | , |
| line 2a Taxable amount — see instructions. | | | 0. | · · · · · · · · · · · · · · · · · · · |
| f Undistributed income for 2013 Subtract lines | | | | |
| 4d and 5 from line 1. This amount must be | | ' | | |
| distributed in 2014 | ···· | | | 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 2008 not applied on line 5 or line 7 (see instructions) | 0. | | | |
| 9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a | 158,657. | | | - |
| 10 Analysis of line 9 | | | | |
| a Excess from 2009 27, 333. | | | | |
| b Excess from 2010 41,594. | | | | • |
| c Excess from 2011 24, 104. | | | | |
| d Excess from 2012 24,471. | | | | |
| e Excess from 2013 41,155. | | | | |

| Form 990-PF (2013) DAVID B. ROTHSCHILD MEM FOUNDATION | | | | | Page 10 | |
|---|--|--|---|------------------------|----------------|--|
| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/ | | | | | | |
| 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling | | | | | | |
| b Check box to indicate whether the founda | | erating foundation d | | 4942(j)(3) or | 4942(j)(5) | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum | Tax year | (h) 2012 | Prior 3 years | (d) 2010 | (a) Total | |
| investment return from Part X for each year listed | (a) 2013 | (b) 2012 | (c) 2011 | (a) 2010 | (e) Total | |
| 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 | | | | | | |
| 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 | | | | | | |
| Part XV Supplementary Information assets at any time during the | i (Complete this ne year — see ii | s part only if the nstructions.) | foundation had | \$5,000 or more | in | |
| 1 Information Regarding Foundation Mana a List any managers of the foundation who have close of any tax year (but only if they have See Statement 5 | e contributed more | than 2% of the total contract than \$5,000) (See | ontributions received (section 507(d)(2)) | by the foundation befo | ore the | |
| b List any managers of the foundation who ow a partnership or other entity) of which the None | n 10% or more of the foundation has a | e stock of a corporation 10% or greater inter | on (or an equally large est. | portion of the owner | ship of | |
| 2 Information Regarding Contribution, Gra Check here ☐ If the foundation only m requests for funds If the foundation make complete items 2a, b, c, and d | akes contributions to es gifts, grants, etc | preselected charitab (see instructions) to | le organizations and o o individuals or orga | nizations under othe | | |
| a The name, address, and telephone number of | or e-mail of the perso | on to whom applicatio | ns should be address | ed | | |
| | | | | | | |
| See Statement 6 | | | | | | |
| b The form in which applications should be | submitted and info | ormation and materia | als they should inclu | de | | |
| See Statement for Line 2a c Any submission deadlines | | | | | | |
| See Statement for Line 2a | | | | | | |
| d Any restrictions or limitations on awards, | such as by geogra | phical areas, charita | able fields, kinds of i | nstitutions, or other | factors: | |
| See Statement for Line 2a | | | | | | |

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or contribution Amount status of recipient Name and address (home or business) a Paid during the year See Statement 7 Total ► 3a 42,760. b Approved for future payment

Total

▶ 3b

Form **990-PF** (2013)

Part XVI-A Analysis of Income-Producing Activities

BAA

| Ente | er gross | amounts unless otherwise indicated | Unrelate | ed business income | Excluded by section 512, 513, or 514 | | (e) | |
|------|-------------|--|---------------------------------------|--|--|--|--|--|
| | Progr | ATT CONVICE PRIVATURE | (a) Business code | (b) Amount | (c) Exclu- sion | (d) Amount | Related or exempt function income (See instructions) | |
| | | am service revenue | | | code | | | |
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| | a Fees | and contracts from government agencies | | | | | | |
| | - | pership dues and assessments | | | | | | |
| 3 | | t on savings and temporary cash investments | <u> </u> | | 14 | 2. | ~ | |
| 4 | | ends and interest from securities | | | 14 | 2. | | |
| • | , | ental income or (loss) from real estate | The Shelling to | ないではています。 | 1614.00 | | The state of the s | |
| | | financed property | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 4 1 2 2 | |
| | | ebt-financed property | | | | · · · · · · · · · · · · · · · · · · · | | |
| 6 | | ntal income or (loss) from personal property | | | | | · | |
| 7 | | investment income | | | | • | | |
| 8 | | (loss) from sales of assets other than inventory | | - | 18 | 1,008. | · · · · · · · · · · · · · · · · · · · | |
| 9 | | ncome or (loss) from special events | · · · · · · · · · · · · · · · · · · · | | 1 10 | 1,000. | | |
| 10 | | s profit or (loss) from sales of inventory | | | | | · | |
| 11 | | revenue | | | ┼──┤ | | · · · · · · · · · · · · · · · · · · · | |
| | a | 10701100 | | | | | ., ., | |
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| | - e | | | | | | | |
| | | otal Add columns (b), (d), and (e) | 5 , 2 3 | | 2.5 | 1,010. | | |
| | | Add line 12, columns (b), (d), and (e) | 2 , 3 5 | <u> </u> | | 13 | 1,010. | |
| | | heet in line 13 instructions to verify calculation | ons) | | | | 1,010. | |
| , | | | | | | | | |
| Pa | rt XVI- | B Relationship of Activities to the | Accomp | Isnment of Exemp | t Purpo | oses | | |
| Lir | ne No. ▼ | Explain below how each activity for which in accomplishment of the foundation's exempt | ncome is rep purposes (o | orted in column (e) of F ther than by providing f | Part XVI- | A contributed important such purposes) (See ii | ly to the nstructions) | |
| j | N/A | | | | | | | |
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TEEA0502L 07/11/13

Form 990-PF (2013) DAVID B. ROTHSCHILD MEM FOUNDATION 36-3487745

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | | | | | | | | Yes | No |
|--------------------------|---|--|---|---|-----------------------------|---|--|-----------------------|------------|-------------|
| de | d the organization direct escribed in section 501(c lating to political organiz |) of the Code (o | ngage in any of the folk ther than section 501(c) | owing with (3) organiz | any oth zations) | ner organization or in section 5 | n 527, | | , | , |
| | ansfers from the reportu | | a noncharitable exempl | t organizati | ion of | | | | | |
| |) Cash | | | . 5 | | | | 1 a (1) | | x |
| • | Other assets | | | | | | | 1 a (2) | | X |
| \ | ther transactions | | | | | | | - 1 | | |
| a. |) Sales of assets to a n | oncharitable exe | mot organization | | | | ı | 1 b (1) | | X |
| • |) Purchases of assets fr | | | ı | | | | 1 b (2) | | X |
| • | Rental of facilities, eq | | | | | | | 1 b (3) | | X |
| • | Reimbursement arrang | • | | | | | | 1 b (4) | | X |
| • |) Loans or loan guarant | - | | | | | | 1 b (5) | | X |
| • | Performance of service | | in or fundraising solicita | tions | | | | 1 b (6) | | X |
| • | naring of facilities, equip | | • | | 26 | | | 1 c | | X |
| C Ø | aring or racinges, equip | ment, maning it | sts, other assets, or part | 2 cmployee | -5 | | | | L | <u> </u> |
| d If the ar | the answer to any of the e goods, other assets, or s ny transaction or sharing | e above is 'Yes,' services given by arrangement, s | complete the following the reporting foundation how in column (d) the v | schedule (If the found alue of the | Column ation re goods | (b) should alw ceived less than , other assets, | vays show the fair in fair market value in or services receive | market val า ed | ue of | |
| (a) Line | | | of noncharitable exempt organi | | | | sfers, transactions, and | | ngemen | ts |
| N/A | | | | | | | | | | |
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| de | the foundation directly or escribed in section 501(c 'Yes,' complete the follo | c) of the Code (o | d with, or related to, one of ther than section 501(c) | or more tax (3)) or in s | -exempt section | t organizations 527? | | Yes | X | No |
| | (a) Name of organiz | | (b) Type of org | anization | 1 | (c |) Description of re | lationship | | |
| N/A | (L) Hamile of Grigorian | | (5) | | | | , | | | |
| 11/11 | | | | | | - | | | | |
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| —— | Under penalties of periury I de | clare that I have exam | I | nnanving sche | edules and | statements and to | the hest of my knowled | ne and belief | it is true | ı. |
| | correct, and complete Declarat | ion of preparer (other | than taxpayer) is based on all i | nformation of v | which pre | parer has any know | ledge | jo and bonon, | 15 11 50 | ., |
| Sign | (V) | T. 10 | · - ^ ^ | | . (| | | May the this retur | IRS disc | uss he |
| Here | XXVXIV | to wind | was klug | UST/3. W | 0, P | Jackostar | ZY | preparer (see inst | shown | below |
| | Signature of officer or trustee | | /Date_ | ,,,, | \$ ∕₹ | le | | | Yes | No |
| | Print/Type preparer's | name | Preparer's signature | / 4 | • | Date / / | Check If | PTIN | | <u> </u> |
| Paid | Lynn Rosen | | Lynn Rosen | lak | | 8/7/14 | self-employed | P00843 | 1639 | |
| Prepa | ************************************** | ROSEN AND | COHEN, LLC | | | 1-1/1-1 | | 144503 | | |
| • | | | OR. SUITE 350 | | | | 20 1 | . 1 1 1 1 0 0 0 | | |
| Use O | iny | NORTHBROOM | | | | | Phone no (84° | 7) 897- | ganr | ١ |
| BAA | | 1101(1111)1(001 | ., 11 00002 | | | | (04 | Form 99 (| | |
| | | | | | | | | FOH 11 331 | J*FF (4 | 2013) |

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

| Name of the organization | Employer identification number | | | | | |
|--|--|---------------------------------|--|--|--|--|
| DAVID B. ROTHSCHILD MEM FOUND | 36-3487745 | | | | | |
| Organization type (check 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 | , | | | | |
| | OZ/ pointed organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a priva | ate foundation | | | | |
| | | ate roundation | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| Check if your organization is covered by the Ge | eneral Rule or a Special Rule | | | | | |
| , , , | • | Constant Dule Constant | | | | |
| Note. Only a section 501(c)(7), (8), or (10) orga | inization can check boxes for both the General Rule and a S | pecial Rule See Instructions | | | | |
| General Rule | | | | | | |
| X For an organization filing Form 990, 990-EZ, or contributor (Complete Parts I and II) | $^{\circ}$ 990-PF that received, during the year, \$5,000 or more (in mone | y or property) from any one | | | | |
| commission (complete rans rand ir) | | | | | | |
| Special Rules | | | | | | |
| <u>·</u> | 000 000 57 11 11 111 00 1/04 | | | | | |
| 509(a)(1) and 170(b)(1)(A)(vi) and received | orm 990 or 990-EZ that met the 33-1/3% support test of the from any one contributor, during the year, a contribution of VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I ai | the greater of (1) \$5,000 or | | | | |
| For a section 501(c)(7), (8), or (10) organization | n filing Form 990 or 990-EZ that received from any one contribut | or, during the year, | | | | |
| total contributions of more than \$1,000 for the prevention of cruelty to children or anim | use exclusively for religious, charitable, scientific, literary, or nals. Complete Parts I. II. and III | educational purposes, or | | | | |
| | · | or during the year. | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. | | | | | | |
| If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively | | | | | | |
| | religious, charitable, etc, contributions of \$5,000 or more during the year | | | | | |
| Caution: An organization that is not assessed by | the Canaral Bula and/or the Special Bulas dass and file Sat | nodulo P. (Form 000, 000 F7, or | | | | |
| 990-PF) but it must answer 'No' on Part IV, line | r the General Rule and/or the Special Rules does not file Scl e 2, of its Form 990; or check the box on line H of its Form 9 | 990-EZ or on its Form 990-PF. | | | | |
| Part I, line 2, to certify that it does not meet the | e filing requirements of Schedule B (Form 990, 990-EZ, or 9 | 90-PF). | | | | |
| DAA 5 D 1 D 1 11 A 131 11 | | - 000 000 F7 000 DF) (0010) | | | | |

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2013)

| Schedule B (Form 990, 990-EZ, or 990-PF) (2013) | Page | 1 _ | of | 1 of Part 1 |
|--|----------|-------------|-------------|--------------------|
| Name of organization | Employer | ıdentı fica | tion number | |
| DAVID B. ROTHSCHILD MEM FOUNDATION | 36-34 | 8774 | 5 | |

| Parti | Contributors (see instructions) Use duplicate copies of Part I if additional space | is needed | |
|---------------|--|-------------------------------|---|
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JUDITH AND ROBERT ROTHSCHILD 650 MIDFIELD LANE | \$38,888. | Person Payroll Noncash X (Complete Part II for |
| (a) Number | NORTHBROOK, IL 60062 (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) Number | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions) |

Page

<u>l</u> to

1 of Part II

Name of organization

Employer identification number

DAVID B. ROTHSCHILD MEM FOUNDATION

36-3487745

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 1 | 460 SHARES OF PROCTER & GAMBLE COMPANY | | |
| | | \$38,888. | 11/18/13 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date receive |
| | | | |
| } | | \$ | |

| Schedule F | B (Form 990, 990-EZ, or 990-PF) (2013) | | Page | 1 to | 1 of Part III | |
|---------------------------|---|--|------------------------|------------------------|-----------------|--|
| Name of organ | nization | | | Employer ident | fication number | |
| Part III | B. ROTHSCHILD MEM FOUNDATION Exclusively religious, charitable, etc | individual contributions | to section 501(c) | 36-34877 | | |
| <u> </u> | organizations that total more than \$ For organizations completing Part III, enter total of contributions of \$1,000 or less for the year (E) Use duplicate copies of Part III if additional sp | 1,000 for the year. Complete of exclusively religious, charitable, enter this information once. See i | olumns (a) through (e) | and the following | g line entry | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Desc | (d) cription of how | gift is held | |
| | N/A | | | | | |
| | | (e) Transfer of gift | | | | |
| | Transferee's name, address, | Relationship of | transferor to t | ransferee | | |
| | | | | | | |
| (a) No. from Part i | (b) Purpose of gift | (c) Use of gift | Desc | (d) cription of how | gift is held | |
| | | | - | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | Des | gift is held | | |
| | | | | | | |
| | Transferee's name, address, | Polationship of | tuanafayay ta t | | | |
| | Transferee's fiame, address, | Relationship of | | | | |
| (a) No. from | (b) Purpose of gift | | (d) cription of how | | | |
| Part I | | (c) Use of gift | | | | |
| | | | | | | |
| | Transferee's name, address, | (e) Transfer of gift and ZIP + 4 | Relationship of | transferor to t | ransferee | |

| 2013 | 2013 Federal Statements | | | | | |
|--|--|---------------------------------|--|--|--|--|
| | 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 \$ 1,240. Total \$ 1,240. \$ 0. \$ 0 | (d) Charitable Purposes . \$ 0. | | | | |
| 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 \$ 54. 15. Total \$ 69. \$ 0. \$ 0 | (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 | | ¢ 20.715 | | | | |
| GROWIN PD AMER INC | Cost \$ 14,679. Total \$ 14,679. | | | | | |
| Statement 4 Form 990-PF, Part II, Line 22 Other Liabilities | | | | | | |
| DUE TO JUDY ROTHSCHILD | | \$ 5,270. | | | | |
| | Total | \$ 5,270. | | | | |
| Statement 5 Form 990-PF, Part XV, Line 1a Foundation Managers - 2% or I JUDITH ROTHSCHILD ROBERT ROTHSCHILD | More Contributors | | | | | |

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2013

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:

650 MIDFIELD LANE

City, State, Zip Code:

NORTHBROOK, IL 60062

Telephone:

E-Mail Address:

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 | Amount |
|--------------------------------|------------------------------|---------------------------|---------------------|-----------|
| THE HEARD MUSEUM | N/A | PUBLIC | UNRESTRICTED USE | \$ 1,500. |
| ARTHRITIS FOUNDATION | N/A | PUBLIC | UNRESTRICTED USE | 200. |
| BOTANIC GARDEN | N/A | PUBLIC | UNRESTRICTED USE | 250. |
| CHICAGO ACADEMY FOR THE ARTS | N/A | PUBLIC | UNRESTRICTED USE | 10,100. |
| CONGREGATION HAKAFA | N/A | PUBLIC | UNRESTRICTED USE | 2,210. |
| JEWISH COUNCIL ON URBAN AFFAIR | N/A | PUBLIC | UNRESTRICTED USE | 8,000. |
| CHANGING WORLD'S | N/A | PUBLIC | UNRESTRICTED USE | 200. |
| JEWISH UNITED FUND | N/A | PUBLIC | UNRESTRICTED USE | 15,000. |
| OPERATION BACKPACK | N/A | PUBLIC | UNRESTRICTED USE | 200. |
| SPECIAL GIFTS THEATRE | N/A | PUBLIC | UNRESTRICTED USE | 500. |

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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 Relationship | Found- ation Status | Purpose of Grant | | Amount |
|-------------------------------|-----------------------|---------------------------|---------------------|-------------|--------|
| RAVINIA ANNUAL FUND | N/A | PUBLIC | UNRESTRICTED USE | \$ | 3,500. |
| ARIZONA MUSIC FESTIVAL | N/A | PUBLIC | UNRESTRICTED USE | | 500. |
| LOSS PROGRAM OF CATHOLIC CHAR | N/A | PUBLIC | UNRESTRICTED USE | | 500. |
| HADLEY SCHOOL FOR THE BLIND | N/A | PUBLIC | UNRESTRICTED USE | | 100. |
| | | | Total | <u>\$</u> | 42 760 |

DAVID B. ROTHSCHILD MEMORIAL FOUNDATION #36-3487745 FYE 12/31/13 FORM 990-PF, PAGE 1, PART 1, COLUMN (a), LINE 6a

STATEMENT 8

| DESCRIPTION | GROSS SALES | COST BASIS | SHORT TERM GAIN (LOSS) | LONG TERM GAIN (LOSS) |
|---|-----------------|---------------|------------------------------|-----------------------------|
| 460 SHS - PROCTER & GAMBLE COMPANY GROWTH FD AMER INC - CAPITAL GAIN DISTR | 38,600 1,296 | 38,888 - | | (288) 1,296 |
| | 39,896 | 38,888 | - | 1,008 |
| | SHORT TERM | GAIN (LOS | S) | - |
| LONG TERM GAIN (LOSS) | | | | 1,008 |
| | NET CAPITAL | 1,008 | | |

DAVID B. ROTHSCHILD MEMORIAL FOUNDATION #36-3487745 FYE 12/31/13 FORM 990-PF, PAGE 1, PART 1, COLUMN (b), LINE 7

| S | T | Δ | T | F | N | A | F | ۸ | IT | 9 | |
|---|---|---|---|---|---|---|---|----|----|---|--|
| _ | | - | | ᆮ | н | " | ᆮ | ı١ | | 3 | |

| DESCRIPTION | GROSS SALES | COST BASIS | SHORT TERM GAIN (LOSS) | LONG TERM GAIN (LOSS) |
|---|-----------------|---------------|------------------------------|-----------------------------|
| 460 SHS - PROCTER & GAMBLE COMPANY GROWTH FD AMER INC - CAPITAL GAIN DISTR | 38,600 1,296 | 406 | | 38,194 1,296 |
| | 39,896 | 406 | - | 39,490 |
| | SHORT TERM | I GAIN (LOS | 5) | - |
| | LONG TERM (| GAIN (LOSS) | • | 39,490 |
| | NET CAPITAL | GAIN (LOSS | 5) | 39,490 |

Fòrm 8868

(Rev January 2014)

Department of the Treasury sternal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No 1545-1709

| | re filing for an Automatic 3-Month Extension, o | | | | ► [X] |
|--|--|---|--|--|-----------------|
| · · | re filing for an Additional (Not Automatic) 3-Mo | | | | |
| | plete Part II unless you have already been gran | | | | |
| corporation request an e Associated | illing (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (rextension of time to file any of the forms listed in Pawith Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and clic | not automatic) art I or Part II v must be sent |) 3-month extension of time. You can ele vith the exception of Form 8870, Information to the IRS in paper format (see instruct | ectronically file Forr n Return for Transfer: | n 8868 to s |
| Part I | Automatic 3-Month Extension of Tim | ne. Only sul | omit original (no copies needed). | · · · · · · · · · · · · · · · · · · · | |
| | on required to file Form 990-T and requesting a | | | | у 🕨 🗀 |
| • | rporations (including 1120-C filers), partnership | | | | |
| income tax | | , | | fying number, see | instructions |
| | Name of exempt organization or other filer, see instructions | | | Employer identification | number (EIN) or |
| Type or print | | | | | |
| File by the | Number, street, and room or suite number. If a P O box, se | | | Social security number | (SSN) |
| due date for filing your | 650 MIDFIELD LANE | | | <u> </u> | · |
| return See | City, town or post office, state, and ZIP code. For a foreign a | address, see instru | ections | | |
| | NORTHBROOK, IL 60062 | | | | |
| Enter the R | eturn code for the return that this application is | for (file a sep | parate 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 |
| orm 990-B | L | 02 | Form 1041-A | | 08 |
| Form 4720 (| ndıvıdual) | 03 | Form 4720 (other than individual) | | 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 |
| Telephor If the or If this is check the exterior The exterior X If the interior If the or If | the No. \(\lambda \lambda 47 \rangle 272 - 4270 \) Iganization does not have an office or place of the for a Group Return, enter the organization's four box \(\begin{array}{c} \lambda \lambda & \lambda \left] \] If it is for part of the group insign is for. If it is for part of the group insign is for. If it is for part of the group insign is for. If it is for part of the group insign is for a corporation in the exempt of its form in the exempt of i | Fax No pusiness in the ur digit Group, check this be on required to finganization reference, and ending | e United States, check this box Exemption Number (GEN) . If ox I and attach a list with the natile Form 990-T) extension of time turn for the organization named above. | this is for the whole mes and EINs of al | |
| 3 a If this | application is for Forms 990-BL, 990-PF, 990-T | | 9, enter the tentative tax, less any | 3a\$ | 0. |
| b If this tax par | application is for Forms 990-PF, 990-T, 4720, o yments made Include any prior year overpaym | r 6069, enter | any refundable credits and estimated | 3b\$ | 1,570. |
| | te due. Subtract line 3b from line 3a. Include yo (Electronic Federal Tax Payment System). Se | | | 3c \$ | 0. |
| Caution. If y payment ins | ou are going to make an electronic funds withd tructions. | Irawal (direct | debit) with this Form 8868, see Form 84 | 53-EO and Form 88 | 379-EO for |

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No 1545-1709

| If you are | re filing for an Automatic 3-Month Extension, co | omplete only | Part I and check this box | | ► X | |
|--|--|---|---|---|---|--|
| If you ar | re filing for an Additional (Not Automatic) 3-Moi | nth Extension | n, complete only Part II (on page 2 of th | is form). | | |
| Do not com | iplete Part II unless you have already been gran | ted an autom | atic 3-month extention on a previously f | iled Form 8868 | | |
| Electronic f corporation request an e Associated | illing (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (nxtension of time to file any of the forms listed in Pa With Certain Personal Benefit Contracts, which ling of this form, visit www irs gov/efile and click | 68 if you need ot automatic) rt I or Part II w must be sent | d a 3-month automatic extension of time 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct | e to file (6 months for ectronically file Form Return for Transfers | 1 8868 to | |
| Part I | Automatic 3-Month Extension of Tim | e. Only sul | omit original (no copies needed). | | | |
| ļ | on required to file Form 990-T and requesting ar | | | | / ▶ □ | |
| - | · · · · · · · · · · · · · · · · · · · | | | | | |
| income tax | rporations (including 1120-C filers), partnerships returns | s, REIVIICS, ai | | fying number, see i | | |
| | | | | • • | Employer identification number (EIN) or | |
| Type or | | | | | | |
| print | DAVID B. ROTHSCHILD MEM FOUNDATION 36- | | | | -3487745 | |
| File by the | | | | | Social security number (SSN) | |
| due date for filing your | 650 MIDFIELD LANE | | | | | |
| return See | City, town or post office, state, and ZIP code. For a foreign address, see instructions | | | | | |
| instructions | NORTHBROOK, IL 60062 | | | | | |
| Enter the R | eturn code for the return that this application is | for (file a seg | parate 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-BL | | 02 | Form 1041-A | | 08 | |
| Form 4720 (individual) | | 03 | Form 4720 (other than individual) | | 09 | |
| Form 990-PF | | 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 | |
| Telephon If the or If this is check the external requesion of the control of th | rest an automatic 3-month (6 months for a corporation 8/15 , 20 14 , to file the exempt or xtension is for that year beginning , 20 tax year entered in line 1 is for less than 12 mo | Fax No business in th ur digit Group , check this b on required to ganization re | e United States, check this box Exemption Number (GEN) ox I and attach a list with the na file Form 990-T) extension of time turn for the organization named above | f this is for the whole imes and EINs of al | • | |
| CI | nange in accounting period application is for Forms 990-BL, 990-PF, 990-T | | | nai return | | |
| nonrefundable credits. See instructions. | | | | 3a \$ | 0. | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | 3 ь \$ | 1,570. | |
| 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 \$ | 0. | |
| Caution. If payment in: | you are going to make an electronic funds witho structions. | drawal (direct | debit) with this Form 8868, see Form 8 | 453-EO and Form 8 | 879-EO for | |