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OMB No 1545-0052

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. By law, the IRS cannot redact the information on the form.
► Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

For	cale	endar year 2013, or tax year beginning 0	6-01-2013 , and	d end	ling 05-31-	2014	
		undation _			A Employer id	lentification numbe	er
	thkopf@ undatio	Greenberg Family n Trust			11-2975013		
Num	ber and	d street (or P O box number if mail is not delivered to street addi	ress) Room/suite		B Telephone nu	ımber (see ınstructioi	าร)
	Sparrow		cosy Noom, sale		(516) 921-086	1	
Cıtı	or town	n, state or province, country, and ZIP or foreign postal code			C If evernment	application is pendin	g, check here ▶ □
		NY 11797			C ii exemption	аррікацоп із репаін	g, check here 📮 j
_							
GC	песка	all that apply Initial return Initial return Amended re	n of a former public cha cturn	rity	_	rganizations, check h	•
		Address change Name change				rganizations meeting re and attach comput	
		ype of organization Section 501(c)(3) exempt pr	ivate foundation			undation status was t n 507(b)(1)(A), chec	
S	ection	14947(a)(1) nonexempt charitable trust Other to				. , , , , ,	
			d ▼ Cash ▼ Acc	rual		ation is in a 60-mont n 507(b)(1)(B), chec	. –
			ust be on cash basıs.)				
Pa	rt I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b) N	et investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach	14,575				
	2	schedule)	L .				
		Check ► ☐ If the foundation is not required to attac Sch B	n				
	3	Interest on savings and temporary cash investment	s				
	4	Dividends and interest from securities	26,853		26,853	26,853	
	5a	Gross rents					
	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	-27				
	b	Gross sales price for all assets on line 6a 20,347					
	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	41,401		26,853	26,853	
	13	Compensation of officers, directors, trustees, etc					
_	14	Other employee salaries and wages					
Š	15	Pension plans, employee benefits					
Expenses	16a	Legal fees (attach schedule)			600		500
EX		Accounting fees (attach schedule)			680	680	680
	17	Other professional fees (attach schedule) Interest					
Admını strative	18		4 04		109	404	404
¥	19	Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
4	21	Travel, conferences, and meetings					
and	22	Printing and publications					
е Б	23	Other expenses (attach schedule)	. 🤧 398		398	398	398
atın	24	Total operating and administrative expenses.					
Operating		Add lines 13 through 23	. 1,482		1,187	1,482	1,482
õ	25	Contributions, gifts, grants paid	37,338				37,338
	26	Total expenses and disbursements. Add lines 24 and 25	38,820		1,187	1,482	38,820
	27	Subtract line 26 from line 12					
	а	Excess of revenue over expenses and disbursements	2,581				
	b	Net investment income (If negative, enter -0-)			25,666		
	c	Adjusted net income (if negative, enter -0-)	-	1		25,371	

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book	Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	7,751	(=) 2001	15,902	
	2	Savings and temporary cash investments	•			· ·
	3	Accounts receivable 🟲				
		Less allowance for doubtful accounts				
	4	Pledges receivable -				
	~	Less allowance for doubtful accounts -				
	5	Grants receivable				
		•				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ▶				
sets		Inventories for sale or use				
Š	9	Prepaid expenses and deferred charges				
⋖		Investments—U S and state government obligations (attach schedule)				
		Investments—corporate stock (attach schedule)	348,796	<u>%</u> J	343,226	773,612
		Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis 🟲				
		Less accumulated depreciation (attach schedule) 🟲				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis 🟲				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe 🕨)				
	16	Total assets (to be completed by all filers—see the				
		instructions Also, see page 1, item I)	356,547		359,128	789,514
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ķ	19	Deferred revenue				
ET &	20	Loans from officers, directors, trustees, and other disqualified persons				
ā	21	Mortgages and other notes payable (attach schedule)				
=	22	Other liabilities (describe				
		,				
	23	Total liabilities (add lines 17 through 22)			0	
		Foundations that follow SFAS 117, check here 🕨 🦵				1
		and complete lines 24 through 26 and lines 30 and 31.				
ě.	24	Unrestricted				
ä.	25	Temporarily restricted				
<u> </u>	26	Permanently restricted				
Fund Balances		Foundations that do not follow SFAS 117, check here				1
Ĩ		and complete lines 27 through 31.				
<u> </u>	27	Capital stock, trust principal, or current funds	356,547		359,128	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	330,347			
Assets	29	Retained earnings, accumulated income, endowment, or other funds				
Š		Total net assets or fund balances (see page 17 of the				-
Š	30	· · · · ·	356,547		250 120	
Ž		Instructions)	330,347		359,128	
	31	Total liabilities and net assets/fund balances (see page 17 of	256 547		250 120	
		the instructions)	356,547		359,128	
Pa	rt II	Analysis of Changes in Net Assets or Fund Balances				
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must a	gree		
		with end-of-year figure reported on prior year's return)			1	356,547
2		Enter amount from Part I, line 27a			2	2,581
3		Other increases not included in line 2 (itemize)			3	
4		Add lines 1, 2, and 3			4	359,128
5		Decreases not included in line 2 (itemize) ►		ľ	5	· · · · · · · · · · · · · · · · · · ·
6		Total net assets or fund balances at end of year (line 4 minus line 5)—F		 ne 30 .	6	359,128
		<u> </u>		<u> </u>		·

• •	e the kind(s) of property sold (e g , renouse, or common stock, 200 shs M	· I P—PIIrchace	(c) Da	ate acquired , day, yr)	(d) Date sold (mo , day, yr)
1a					
(e) Gross sales price	(f) Deprectation allowe (or allowable)	d (g) Cost or other basis plus expense of sale		(h) Gain	or (loss) ı mınus (g)
a	(or anowable)	pros expense or sole		(c) plus (i)	minus (g)
b					
с					
d					
е					
Complete only for assets	showing gain in column (h) and owne				(h) gaın mınus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any	col	(k), but not l Losses (fro	ess than -0-) o i om col (h))
a					
b			-		
c d			-		
e e					
	ome or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0 - in Part I, line 7	} _		
n Not short torm conit	L		J 2		- 2
·	al gain or (loss) as defined in sectio		,		
If gain, also enter in in Part I, line 8 .	Part I, line 8, column (c) (see instru	ictions) If (loss), enter -0-	}		
<u> </u>	Under Section 4940(e) for R	and the second transfer	J 3	<u> </u>	
"Yes," the foundation does r	ne section 4942 tax on the distributa not qualify under section 4940(e) Do	o not complete this part			┌ Yes ┌ No
1 Enter the appropriate amo	ount in each column for each year, so	ee page 18 of the instructions befoi	e makıng	any entries	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(4	(d) Distribution col (b) divided	
2012	37,430	639,491			0 0585
2011	35,165	592,419			0 05936
2010	38,689 34,303	580,195 521,942			0 06668
2009	28,174	518,648			0 0543
	,	,			
2 Total of line 1, colun	nn (d)		2		0 3046
•	ratio for the 5-year base period—div				
the number of years	the foundation has been in existence	e if less than 5 years	3		0 0 6 0 9
4 Enter the net value of	of noncharitable-use assets for 2013	3 from Part X, line 5	4		710,0
5 Multiply line 4 by lin	e 3		5		43,2
6 Enter 1% of net inve	estment income (1% of Part I, line 2	7b)	6		2 !
7 Add lines 5 and 6.			7		43,5
8 Enter qualifying dist	ributions from Part XII, line 4		8		38,82
If line 8 is equal to o the Part VI instructi	r greater than line 7, check the box	in Part VI, line 1b, and complete th	at part us	ıng a 1% tax	rate See

	990-PF (2013) EXECUTE: Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the inst	ructio		age 4
1a		ructio	,	
Lu	on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary–see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check			513
	here ► and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			513
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			513
6	Credits/Payments			
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here 🔽 If Form 2220 is attached. 📽 🔒			6
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			519
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid \(\beta\)			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax Refunded 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	ıt partıcıpate or ıntervene ın any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of			
	the instructions for definition)?	1b		No
	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?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation \$ (2) On foundation managers \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
_	on foundation managers 🕨 \$	١ ,		N.
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
_	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		N.
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No No
ь 5	If "Yes," has it filed a tax return on Form 990-T for this year?	4b 5		No No
3	If "Yes," attach the statement required by General Instruction T.			140
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
ŭ	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	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and			
-	Part XV.	7	Yes	
	Enter the states to which the foundation reports or with which it is registered (see instructions) NY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)?			
	If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10		No

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶George Rothkopf Telephone no ▶(516)	921-	0861	
	Located at ▶9 Sparrow Lane Woodbury NY ZIP+4 ▶1179732			
4-				
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			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the			
	foreign country 🕨			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) A gree 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)			
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 page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here.			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2013?	1c		No
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(1)(3) or 4942(1)(5))			
а	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?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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 (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.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			l <u>.</u> .
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		No

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Par	t VII-B Statements Rega				ich Form 4720	May	Be Required <i>(cont</i>	tinue	<u>d)</u>		
5a	During the year did the foundation							_			
	(1) Carry on propaganda, or othe	rwise	attempt to influence	e leg	ıslatıon (section 49	45(e))? T Yes [✓ No			
	(2) Influence the outcome of any	spec	ific public election (see	section 4955), or to	carı	-y				
	on, directly or indirectly, any	votei	registration drive?.				\ \ Yes \	✓ No			
	(3) Provide a grant to an individu	ıal for	travel, study, or oth	ners	ımılar purposes?		☐ Yes 「	√ No			
	(4) Provide a grant to an organiz	atıon	other than a charıta	ble,	etc , organization de	scrib	ed				
	ın section 509(a)(1), (2), or	\ \ Yes \	√ No								
	(5) Provide for any purpose othe										
	educational purposes, or for	the pr	evention of cruelty t	to ch	ıldren or anımals?.		Yes 🖟	√ No			
b	If any answer is "Yes" to 5a(1)-	(5), d	ıd any of the transac	tion	s fail to qualify unde	r the	exceptions described in	1			
	Regulations section 53 4945 or	ın a c	urrent notice regard	ling c	lısaster assıstance	(see	ınstructions)?		. 5b	No	
	Organizations relying on a currei	nt not	ice regarding disast	eras	sistance check here	e		_			
c	If the answer is "Yes" to questio										
	tax because it maintained expen				· ·			√ No			
	If "Yes," attach the statement requ						, , , , , , , , , , , , , , , , , , , ,				
6a	Did the foundation, during the ye					nrer	nuims on				
ou	a personal benefit contract?							- No			
b	Did the foundation, during the ye						· · ·		6b	No	
		ат, ра	y premiums, unecci	y 01 1	nunectly, on a perso	onari	Jeneni Contract.	•		110	
	If "Yes" to 6b, file Form 8870.	41				I		- N-			
	At any time during the tax year,										
	If yes, did the foundation receive								7b	No.	
Par	t VIII and Contractors	it Of	ncers, Directors	5, II	ustees, Founda	ιοιτε	n Managers, Highly	Paid	ı Emp	ioyees,	
1	List all officers, directors, trustee	s, fou	ındation managers a	ınd t	heir compensation (see i	nstructions).				
	, ,		Title, and average		c) Compensation	(d) Contributions to			(-) [
	(a) Name and address		hours per week	[(1	(If not paid, enter		mployee benefit plans	(e) Expense account, other allowances			
	(a) Name and address			_		1		l of	ner and		
George Rothkopf		+	evoted to position		-0-)	and	deferred compensation	01	ner and		
	•	Trus	stee			and	deferred compensation	01	ner and		
9 Spa	arrow Lane	+	stee		-0-)	and	deferred compensation	ot	ner and		
9 Spa Wood	arrow Lane Ibury, NY 11797	Trus	stee)		-0-)	and	deferred compensation	ot	ner and		
9 Spa Wood Lillian	arrow Lane Ibury, NY 11797 Rothkopf	Trus	stee)		-0-)	and	deferred compensation	ot	ner and		
9 Spa Wood Lillian 9 Spa	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane	Trus 0 00	stee)		-0-)	and	deferred compensation	01	ner and		
9 Spa Wood Lillian 9 Spa Wood	arrow Lane Ibury, NY 11797 Rothkopf	Trus 0 00	stee) stee)	those	- 0-) 0	and	·				
9 Spa Wood Lillian 9 Spa Wood	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797	Trus 0 00	stee stee oloyees (other than		- 0-) 0	and	·				
9 Spa Wood Lillian 9 Spa Wood	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-pair	Trus 0 00 Trus 0 00	oloyees (other than	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood	arrow Lane Houry, NY 11797 Rothkopf arrow Lane Houry, NY 11797 Compensation of five highest-pair	Trus 0 00 Trus 0 00	stee stee oloyees (other than	age	- 0-) 0	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens		
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	
9 Spa Wood Lillian 9 Spa Wood 2	arrow Lane Ibury, NY 11797 Rothkopf arrow Lane Ibury, NY 11797 Compensation of five highest-paid Name and address of each emplo	Trus 0 00 Trus 0 00	oloyees (other than hours per week	age	-0-) 0 0 e included on line 1-	and -see	instructions). If none, e (d) Contributions to employee benefit plans and deferred	nter"	NONE." Expens	e account,	

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Higl	hly Paid Employees,
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		
Tabel number of able an arrange and FO 000 for any formation		<u> </u>
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re		of Expenses
organizations and other beneficiaries served, conferences convened, research papers prod	duced, etc	
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	•	A mount
1		
2		
All other program-related investments See page 24 of the instruction	s	
3		
Total. Add lines 1 through 3		•

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign	foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	708,421
b	A verage of monthly cash balances	1b	12,448
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	720,869
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	720,869
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	10,813
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	710,056
6	Minimum investment return. Enter 5% of line 5	6	35,503
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	atıng	foundations and
	certain foreign organizations check here 🕨 I and do not complete this part.)		25.502
1	Minimum investment return from Part X, line 6	1	35,503
2a	Tax on investment income for 2013 from Part VI, line 5		
Ь	Income tax for 2013 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	513
3	Distributable amount before adjustments Subtract line 2c from line 1	3	34,990
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	34,990
6	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	34,990
Par	Qualifying Distributions (see instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	38,820
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	38,820
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	38,820
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	ner the	foundation qualifies for

the section 4940(e) reduction of tax in those years

For	m 990-PF (2013)				Page 9
Р	art XIII Undistributed Income (see ins	tructions)			
		(a)	(b)	(c)	(d)
	Destruite the consent for 2012 from Dest VI. Inc. 7	Corpus	Years prior to 2012	2012	2013
	Distributable amount for 2013 from Part XI, line 7				34,990
	Undistributed income, if any, as of the end of 2013				
a	Enter amount for 2012 only				
ь		-			
3	Excess distributions carryover, if any, to 2013	16			
a	From 2008				
D	From 2010				
ď	From 2011 6,0				
u	From 2012 6,0				
	Total of lines 3a through e				
	Qualifying distributions for 2013 from Part	,			
_	XII, line 4 > \$ 38,820				
а	Applied to 2012, but not more than line 2a				
	Applied to undistributed income of prior years				
b	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2013 distributable amount				34,990
е	Remaining amount distributed out of corpus	3,830			
5	Excess distributions carryover applied to 2013				
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	27.076			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	37,076			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2012 Subtract line				
	4a from line 2a Taxable amount—see				
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				
٥	Instructions)		+		
0	applied on line 5 or line 7 (see instructions).	2,846			
9	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	34,230			
10	Analysis of line 9				
а	Excess from 2009 8,2	06			
	Excess from 2010 10,1				
	Excess from 2011 6,0				
	Excess from 2012 6,0				
е	Excess from 2013 3,8	30			

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors

3 Grants and Contributions Paid		proved for F	uture Payment	1
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data TableSee Additional Data Table	or substantial contributor			
Total	<u> </u>	<u> </u>		37,338
			<u> </u>	

Form 990-P	F (2013) -A Analysis of Income-Produci	na Activitie				Page 12
	amounts unless otherwise indicated		usiness income	Excluded by section	n 512, 513, or 514	(e)
-	service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See instructions)
с						
е						
g Fees a 2 Member 3 Interes	rand contracts from government agencies rship dues and assessments t on savings and temporary cash nents					
4 Dividen	ds and interest from securities					26,853
a Debt-1	tal income or (loss) from real estate					
6 Netren	ebt-financed property					
8 Gain or	ovestment income (loss) from sales of assets other than					
	ory					-27
11 Other re	rofit or (loss) from sales of inventory evenue a					
с						
e						
	I Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				 3	26,826 26,826
	orksheet in line 13 instructions to verify ca B Relationship of Activities to		plishment of E			
Line No.	Explain below how each activity for whic the accomplishment of the foundation's instructions)					

Part	XVII	Information R Noncharitable					actions	and F	Relationships	With		, ,	<u>9</u>
		rganization directly or i 01(c) of the Code (oth	ındırectly	engage	ın any of t	he following wit						Yes	No
orga	anızat	ions?											
a Tra	nsfers	from the reporting fou	ndatıon to	a nonc	harıtable e	exempt organiz	ation of						
(1)	Cash	1									1a(1)		No
(2)	Othe	erassets									1a(2)		No
b Oth	er tra	nsactions											
(1)	Sale	s of assets to a noncha	arıtable ex	empt o	rganızatıor	1					1b(1)		No
(2)	Purc	hases of assets from a	noncharit	able ex	xempt orga	nızatıon					1b(2)		No
(3)	Rent	al of facilities, equipme	ent, or oth	erasse	ets						1b(3)		No
(4)	Reim	nbursement arrangeme	nts								1b(4)		No
		s or loan guarantees.									1b(5)		No
		rmance of services or r									1b(6)		No
		of facilities, equipment,											No
		swer to any of the above										luo	140
	ny tra	ods, other assets, or se insaction or sharing arr (b) Amount involved	rangement	, show	ın column		fthe good	s, other		es receive	ed		nts
(4) Line		(D) ranount involved	(c) Hairie	or none	Hartable exc	pt organization	(4) 5		or transfers, transaction	ons, and one	inig and	ngemer	
-													
		indation directly or indi									. Г үе	s F	
b If"	Yes,"	complete the following	schedule										
		(a) Name of organizatio	n		(b) Type of organiza	tion		(c) Descript	tion of relation	onship		
-													
								+					
	l												
Sign	the bas	ler penalties of perjury, best of my knowledge a ed on all information of	and belief,	ıt ıs tr	ue, correct	, and complete owledge	Declarat	ion of pi		n taxpayeı	r or fıdu	ciary)	IS
Here		*****				2014-07-28	— b -	*****		with the j	RS discuss orep <u>are</u> r sh	nown belo	w
	7	Signature of officer or t	trustee			Date	y 1	Title		(see ınstı	-) ⁷	s∏ No	<u></u>
Paid Prepa	arer	Print/Type preparer's H CAREY BARNES CPA		Prepa	arer's Signa	ature	Date		Check if self- employed ▶	PTIN P(001104	108	
Use Only		Firm's name 🕨			ritt & Barne				Firm's EIN ►	-			
-		Fırm's address ▶	1955	Cliff V	alley Way	NE 245 Atlan	ta, GA 3	0329	Phone no (404))636-663	8 8		

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
American Jewish Joint 711 Third Ave New York, NY 10017	NONE	501(c)(3)	Charitable	1,000
Antı Defamation Leaque 3490 Piedmont Rd Ste 610 Atlanta, GA 30305	NONE	501(c)(3)	Charitable	100
Aqugath Achim Congregation and Ceme 9401 Village Green Dr Shreveport,LA 71115	NONE	501(c)(3)	Charitable	300
Atlanta Mission 2353 Bolton Rd Atlanta,GA 30318	NONE	501(c)(3)	Charitable	100
Auditory Verbal Center 1901 Century Blvd Ste 20 Atlanta,GA 30345	NONE	501(c)(3)	Charitable	350
Best Buddies 1705 DeSales St Ste 400 Washington, DC 20036	NONE	501(c)(3)	Charitable	300
Bnaı Torah 700 Mt Vernon Hwy Atlanta, GA 30328	NONE	501(c)(3)	Charitable	1,000
Brandel Chamblee Charity 1901 N MacArthur Blvd Irving, TX 75061	NONE	501(c)(3)	Charitable	1,000
Bright Light Foundation P O Box 974 St Charles, MO 63301	NONE	501(c)(3)	Charitable	500
Child Mind Institute 445 Park Avenue New York, NY 10022	NONE	501(c)(3)	Charitable	1,000
Medical College of Georgia 1120 15th St Augusta, GA 30912	NONE	501(c)(3)	Charitable	250
Community Renewal 838 Margaret Place Shreveport,LA 71101	NONE	501(c)(3)	Charitable	100
Connecticut College 270 Mohegan Ave New London, CT 06320	NONE	501(c)(3)	Charitable	500
Crohns Colotis Foundation 386 Park Avenue So 17th Floor New York,NY 10016	NONE	501(c)(3)	Charitable	100
Doctors Without Borders 333 7th Avenue New York, NY 10001	NONE	501(c)(3)	Charitable	100
Total				37,338

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Evidence Action 641 S Street Washington, DC 20001	NONE	501(c)(3)	Charitable	500
Eye to Eye 1430 Broadway Floor 6 New York, NY 10019	NONE	501(c)(3)	Charitable	1,000
Finding Faith 7985 Knight Rd Ste B Gainesville, GA 30506	NONE	501(c)(3)	Charitable	250
Focus 3825 Presidential Pkwy Ste 103 Atlanta,GA 30340	NONE	501(c)(3)	Charitable	550
Forget Me Not Foundation 41639 State Hwy 65 Naushwauk, MN 55769	NONE	501(c)(3)	Charitable	250
Four Seasons Cool 4150 N MacArthur Blvd Irving, TX 75038	NONE	501(c)(3)	Educational	500
Galloway School 215 W Wieuca Rd NW Atlanta,GA 30342	NONE	501(c)(3)	Educational	250
Georgia Firefighters Burn Foundatio 2575 Chantilly Dr Atlanta,GA 30324	NONE	501(c)(3)	Charitable	500
Institute of Southern Jewish 4915 I- 55 North Ste 100A Jackson, MS 39206	NONE	501(c)(3)	Charitable	100
Irving Healthcare Foundation 1901 N MacArthur Blvd Irving, TX 75015	NONE	501(c)(3)	Charitable	300
Jewish Family Career Service 4549 Chamblee Dunwoody Rd Atlanta,GA 30338	NONE	501(c)(3)	Charitable	250
Jewish Federation of Greater 1440 Spring St Atlanta,GA 30309	NONE	501(c)(3)	Charitable	1,518
Jewish Guild Health Care 15 West 65th St New York, NY 10023	NONE	501(c)(3)	Charitable	100
Lekotek of Georgia Inc 1955 Cliff Valley Way Ste 102 Atlanta, GA 30329	NONE	501(c)(3)	Charitable	13,700
Mazon 10495 Santa Monica Blvd Ste 100 Los Angeles, CA 90025	NONE	501(c)(3)	Charitable	1,100
Total				37,338

show any relationship to	status of	contribution	
any foundation manager or substantial contributor	recipient		
NONE	501(c)(3)	Charitable	2,300
NONE	501(c)(3)	Educational	200
NONE	501(c)(3)	Charitable	100
NONE	501(c)(3)	Charitable	100
NONE	501(c)(3)	Charitable	300
NONE	501(c)(3)	Charitable	250
NONE	501(c)(3)	Charitable	500
NONE	501(c)(3)	Charitable	500
NONE	501(c)(3)	Charitable	200
NONE	501(c)(3)	Charitable	250
NONE	501(c)(3)	Charitable	1,000
NONE	501(c)(3)	Charitable	400
NONE	501(c)(3)	Charitable	100
NONE	501(c)(3)	Charitable	300
NONE	501(c)(3)	Charitable	100
	NONE NONE NONE NONE NONE NONE NONE NONE	NO NE 501(c)(3) NO NE S01(c)(3) NO N	NONE 501(c)(3) Charitable NONE 501(c)(3) Educational NONE 501(c)(3) Charitable NONE 501(c)(3) Charitable

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Torah Fund Jewish Theology Seminary 3080 Broadway New York, NY 10027	NONE	501(c)(3)	Charitable	300
UJA Federation 130 East 59th St New York, NY 10022	NONE	501 (C)(Charitable	2,020
US Holocaust Memorial Museum 100 Raoul Wallenberg Pl Washington, DC 20024	NONE	501(c)(3)	Charitable	500
Weinstein Hospice 3150 Howell Mill Rd Atlanta,GA 30327	NONE	501(c)(3)	Charitable	250
Whitney Museum 945 Madison Avenue New York, NY 10021	NONE	501(c)(3)	Charitable	100
Total				37,338

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OMB No 1545-0047

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

Schedule of Contributors

2013

Name of the organization	Employer identification number
RothkopfGreenberg Family	
Foundation Trust	11-2975013

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				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions				
General Rule					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ny one contributor Complete Parts I and II				
Special Rules					
under sections 5	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the regulations 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
during the year,	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and				
during the year, not total more tha the year for an e applies to this or	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did an \$1,000 if this box is checked, enter here the total contributions that were received during exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule ganization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more				

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization RothkopfGreenberg Family Foundation Trust

Employer identification number

11-2975013

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	George Rothkopf 9 Sparrow Lane Woodbury, NY 11797	\$ <u>14,575</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions) (d) Type of contribution
		\$	Person
			(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization RothkopfGreenberg Family Foundation Trust

Employer identification number

11-2975013

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	200 shares Aetna Inc17 shares Prudential Financial Inc	\$14,575	2013-12-13
(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 received
		\$	

organization			
eenberg Family			Employer identification number
Trust			11-2975013
that total more than \$1,000 for the year. Of For organizations completing Part III, enter the contributions of \$1,000 or less for the year.	Complete columns total of <i>exclusive</i> (Enter this inform	s (a) through (e) and e/y religious, charitab	the following line entry ble, etc.,
No. m (b) Purpose of gift (c) Use of gift		(d) Description of how gift is held	
Transferee's name, address, and	• •	=	nship of transferor to transferee
(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held
Transferee's name, address, and		_	nship of transferor to transferee
(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held
Transferee's name, address, and			nship of transferor to transferee
(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held
Transferee's name, address, and			nship of transferor to transferee
	Exclusively religious, charitable, etc., ind that total more than \$1,000 for the year. Or organizations completing Part III, enter the contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional spanning (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift (b) Purpose of gift	Exclusively religious, charitable, etc., individual contributat total more than \$1,000 for the year. Complete columns For organizations completing Part III, enter the total of exclusive contributions of \$1,000 or less for the year. (Enter this inform Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) U (e) Tr Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) U (c) U (d) Purpose of gift (d) U (e) Tr Transferee's name, address, and ZIP 4 (e) Tr Transferee's name, address, and ZIP 4	Exclusively religious, charitable, etc., individual contributions to section 5 that total more than \$1,000 for the year. Complete columns (a) through (e) and For organizations completing Part III, enter the total of exclusively religious, charitat contributions of \$1,000 or less for the year (Enter this information once. See institute duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift (d) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift (c) Use of gift (d) Transfer of gift (e) Transfer of gift (e) Transfer of gift Relation (b) Purpose of gift (c) Use of gift (d) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP 4 (e) Transfer of gift (f) Use of gift

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TY 2013 Accounting Fees Schedule

Name: RothkopfGreenberg Family

Foundation Trust

EIN: 11-2975013

Software ID: 13000170

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	680	680	680	680

TY 2013 Investments Corporate Stock Schedule

Name: RothkopfGreenberg Family

Foundation Trust

EIN: 11-2975013

Software ID: 13000170

Name of Stock	End of Year Book Value	End of Year Fair Market Value
403 shs Astrazeneca PLC Spon ADR	13,396	29,097
600 shs BP PLC Spon ADR	12,040	30,270
1,123 shs Centerpoint Energy Inc	22,563	27,087
400 shs ConocoPhillips	7,746	31,976
792 shs Exxon Mobil Corp	11,878	79,620
200 shs FirstEnergy Corp	6,540	6,764
628 shs Fresenius Medical Care AG & Co	9,950	20,774
96 shs Frontier Communications Corp	1,088	556
200 shs Glaxo SmithKline PLC ADR	11,506	10,788
200 shs Grace (WR) & Co	2,438	18,416
1,125 shs New Jersey Resources CRP	11,313	61,886
749 shs New York Community Bank	11,290	11,445
1,265 shs Old Republic Intl Corp	19,467	21,632
600 shs Pepsico Inc	17,638	52,998
648 shs Pfizer Inc	15,171	19,200
200 shs Phillips 66	2,442	16,958
411 shs Plum Creek Timber Co Inc	6,700	18,536
750 shs PNM Resources Inc	11,545	21,345
320 shs Sealed Air Corp	6,890	10,538
200 shs Southern Co	2,459	8,756
1,200 shs UGI Corp	9,300	58,404
400 shs Verizon Communications Inc	17,927	19,984
400 shs Wal Mart Stores Inc	11,770	30,708
240 shs YUMI Brands Inc	1,449	18,554
136 shs Gabellı Healthcare & Wellness Tr	1,161	1,384
600 shs Gabellı Equity Trust Inc	4,557	4,536
800 shs Enbridge Energy Partners LP	13,325	24,800
600 shs Magellan Midstream Partners LP	11,059	49,128
400 shs Regency Energy Partners LP	10,151	11,120
1,000 shs Flaherty & Crumrine PFD Income	12,852	11,680

Name of Stock	End of Year Book Value	End of Year Fair Market Value
621 shs Flaherty & Crumrine PFD SECS	16,040	12,495
600 shs Barclays Bk PLC Ser 2	15,000	15,270
200 shs Aetna Inc	13,072	15,510
17 shs Prudential Financial Inc	1,503	1,397

TY 2013 Other Expenses Schedule

Name: RothkopfGreenberg Family

Foundation Trust

EIN: 11-2975013

Software ID: 13000170

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Brokerage fees	298	298	298	298
State registration	100	100	100	100

TY 2013 Taxes Schedule

Name: RothkopfGreenberg Family

Foundation Trust

EIN: 11-2975013

Software ID: 13000170

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Foreign tax on dividends	109	109	109	109
U S Treasury	295		295	295

TY 2013 IRS Payment

Name: RothkopfGreenberg Family

Foundation Trust

EIN: 11-2975013

Software ID: 13000170

Software Version: 2013v3.1

Routing Transit Number: Bank Account Number:

Type of Account: Savings

Payment Amount in Dollars and 519

Cents:

Requested Payment Date: 2014-10-15

Taxpayer's Daytime Phone (516) 921-0861

Number: