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Form 990-PF

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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

F	or cal	endar year 20	014, or ta	ax year beginni	ng	, 2014	1, and ending			
				LD MEM FOU	NDATI	ON		A	Employer identification nui 36-3487745	
		MIDFIELD HBROOK,		062				В	Telephone number (see instant) 272-42	
_								С	If exemption application is	pending, check here 🕨
G	i Che	eck all that ap	oply [Initial return Final return	_	Initial return of a for Amended return	mer public charity	D	1 Foreign organizations, chec	
Ĥ	Che	eck type of or	ganızatıd	Address char		Name change (c)(3) exempt private	foundation		2 Foreign organizations meet here and attach computation	
ĩ		market value of	all assets a			rust Other taxable ounting method X	private foundation Cash Accrual	E	If private foundation status under section 507(b)(1)(A)	
	(fro	m Part II, column		6) , 433 .		Other (specify) column (d) must be o		F	If the foundation is in a 60 under section 507(b)(1)(B)	
F	Part	Expense columns (es (The l b), (c), a al the an	venue and total of amounts and (d) may not nounts in column)	neces-	(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_		1 Contribution 2 Ck ►	_	s, etc, received (attach schi adn is not required to attach		76,075.				
		1		mporary cash investments		3. 567.	5.4	3 . 57 .	. 3.	
		5 a Gross rer b Net renta	its			307.			307.	
	R E V	or (loss) 6 a Net gain or b Gross sal		le of assets not on line 10	062	8,173.	STATEM	E	NT 8	
	Ε	7 Capital g	line 6a	me (from Part IV, Iir	963. e 2)		74,73	34.	STATEME	VT 9
	E N	9 Income n 10 a Gross sal	nodifications es less nd	-						,
		REGES SO	语D							
3 3	A006	c Gross profit	or (loss) (atta orne (attach	ach priedule) n schedule)						
	<u> </u>	_12Total/	Add-Imes-1-	1 921	nes etc	84,818.	75,30)4	570.	
įL		14 Other en	ployee sala	a ries a nd wages	.c.s, c.t.					
i >	A	16 a Legal fee	s (attach so	chedule)	Cm 1					
)	M H N	b Accounting			ST 1	1,285.	 	_		
[D I P S E T	17 Interest 18 Taxes (attac	:h scheduleXse	ee instrs)						
	R R	19 Deprecial sch) and	tion (attach depletion							
	N P	20 Occupani 21 Travel, co	•	and meetings						
i	A E N X D P		and publicat penses (atta	lions ach schedule)						=
	E	24 Total ope		EE STATEM! administrative	ENT 2	70.				
	S S		s Add lines is, gifts, grants	i 13 through 23 s paid PAR'	r xv	1,355. 27,250.				27,250
			enses and 24 and 25	disbursements		28,605.		0	. 0.	27,250
		a Excess of	line 26 from If revenue c ursements	over expenses		56,213.			b	
				e (if negative, enter	-		75,30	04	570.	
_		1 C Aujusteu	nicomi	- (1) Helianiae' enter	U-)	<u></u>	1		370.	L

Page 2

Parl	NII I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
			(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest	9			
	2	• •	ary cash investments	26,802.	80,971.	80,971.
	3	Accounts receivable				_ 1
		Less allowance for	doubtful accounts •			
	4	Pledges receivable	· · · · · · · · · · · · · · · · · ·			·
	_	Less allowance for	doubtful accounts			
	5	Grants receivable				
	6	disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec				
Š	i	Less allowance for				
ASSET	8	Inventories for sale				
	9	Prepaid expenses a	-			<u> </u>
S		obligations (attach s				
		• Investments — corporate	·			
	(c Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment basis	buildings, and			;
٠		Less accumulated deprec (attach schedule)	lation ►			
	12	Investments - morte				
	13	Investments - other	(attach schedule) STATEMENT 3	14,679.	16,723.	22,462.
	14	Land, buildings, and	equipment basis			1
		Less accumulated deprec (attach schedule)	ation			
	15	Other assets (descri				
		see the instructions	completed by all filers — Also, see page 1, item I)	41,481.	97,694.	103,433.
L I	17		nd accrued expenses			
A B	18	Grants payable				
ı	19	Deferred revenue	to the star O alliand and Madagasa			1
Ļ	20	·	tors, trustees, & other disqualified persons		 _	;
÷	21	* -	s payable (attach schedule) cribe ► SEE STATEMENT 4	5,270.	5,270.	
F	22	Other habilities (des	Cibe SEE STATEMENT 4	3,270.	5,270.	,
E S	23		lines 17 through 22)	5,270.	5,2 <u>7</u> 0.	
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26 and lines 30 and 31.			ļ
NF	24	Unrestricted				,
E U T N	25	Temporarily restricted	ed			
D	26	Permanently restrict	ed			
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.			i
ĒL	27	Capital stock, trust r	orincipal, or current funds			ì
SN	28		or land, bldg, and equipment fund			
O E	29	Retained earnings, accum	ulated income, endowment, or other funds	36,211.	92,424.	1
ŘŠ	30	Total net assets or t	und balances (see instructions)	36,211.	92,424.	
	31	(see instructions)	net assets/fund balances	41,481.	97,694.	
Parl	t III	Analysis of Chan	ges in Net Assets or Fund Balanc	es		
1	Tota	I net assets or fund b	alances at beginning of year - Part II, colu	ımn (a), line 30 (must ag	ree with	
	end-	of-year figure reporte	d on prior year's return)		1	36,211.
		er amount from Part I,			2	56,213.
		increases not included in li	ne z (itemize)		- 3	00 404
		lines 1, 2, and 3 bases not included in line 2	(stamiza)		5	92,424.
-			alances at end of year (line 4 minus line 5)	A - Part II column (b) In		92 424
<u> </u>	TOLA	i net assets of fullu b	arances at end or year (nine 4 minus line 5)	, artificolumn (b), m	10 00	92,424.

(a) List and descri 2-story brick wareho	be the kınd(s) of property sold (e.g., re use, or common stock, 200 shares ML	C Company) P -	ow acquired Purchase Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a			30		
b					
С				-	
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) m	
a					
b					·
СС					
d			_ _		
e					
	owing gain in column (h) and owned by	y the foundation on 12/31/69		(I) Gains (Col	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any		gain minus column (1 nan -0-) <mark>or L</mark> osses (f	
а					
b					
С					
d					
ее					
2 Capital gain net income or (i		enter in Part I, line 7 er -0- in Part I, line 7	2		74,734.
3 Net short-term capital gain of	or (loss) as defined in sections 1222(5)	and (6)			
If gain, also enter in Part I, I in Part I, line 8	ine 8, column (c) (see instructions) If	(loss), enter -0-	3		
	er Section 4940(e) for Reduced	Tax on Net Investment	Income	•	
	section 4942 tax on the distributable ar ualify under section 4940(e) Do not co		period?	Yes	X No
	in each column for each year, see the ins		es		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(со	(d) Distribution lumn (b) divided	
2013	42,365.	39,9	99		1.059151
2012	26,250.	35,5			0.737940
2011	26,179.	42,7			0.612460
2010	45,044.	69,6			0.646738
2009	30,284.	68,0			0.444908
2 Total of line 1, column (d)	30,2021		2		3.501197
Average distribution ratio for number of years the foundat	the 5-year base period — divide the to ion has been in existence if less than	otal on line 2 by 5, or by the 5 years	3		0.700239
4 Enter the net value of nonch	naritable-use assets for 2014 from Part	X, line 5	4		60,784.
5 Multiply line 4 by line 3			5		42,563.
6 Enter 1% of net investment	income (1% of Part I, line 27b)		6		753.
7 Add lines 5 and 6			7		43,316.
8 Enter qualifying distributions	from Part XII, line 4		8		27,250.
If line 8 is equal to or greater t	han line 7, check the box in Part VI, line	1b, and complete that part using	a 1% tax	rate See the	

Parl	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	ions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here	_		
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		1,5	<u> 506.</u>
	check here ► and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			J
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			•
	foundations only Others enter -0-)			0.
3	Add lines 1 and 2		1,5	06.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
	Tax based on investment income. Subtract line 4 from line 5 if 2010 of 1000, officer		1,5	506.
-	Credits/Payments 2014 estimated tax pmts and 2013 overpayment credited to 2014 1.175.			I
	Exempt foreign organizations — tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6 c 6 b			-
	Backup withholding erroneously withheld 6d			ì
	Total credits and payments Add lines 6a through 6d		- - 1	L75.
	Enter any penalty for underpayment of estimated tax. Check here			175.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			331.
9 10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	-		<u> </u>
	Enter the amount of line 10 to be Credited to 2015 estimated tax			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
1 a	participate or intervene in any political campaign?	18	1	Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	11	2	X
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	10	5	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		,	
	(1) On the foundation	<u>0.</u>		
е	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		1	
_				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	1	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4:	а	Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	41	o N	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T		1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	.		
	IL	.	1	
ŧ	olf 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 X	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV))(5) X/V 9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	00.55	X
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	990-PF (2014) DAVID B. ROTHSCHILD MEM FOUNDATION 36-34877	45	F	age 5
Par	t VII-A Statements Regarding Activities (continued)			
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		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			<u> </u>
14	The books are in care of ► JUDITH ROTHSCHILD Telephone no ► (847)	272	-427	0
	Located at ► 650 MIDFIELD LANE NORTHBROOK IL ZIP + 4 ► 60062	· 		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	_N/#	<u> </u>	Π.
	and enter the amount of tax-exempt interest received or accrued during the year			N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If 'Yes,' enter the name of the foreign country			i
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u></u>
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.	7	Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			}
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ı
	(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 X No			į
	(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 X No			,
t	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			
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 2014?	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 $4942(j)(5)$)			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2014?			
	and 6e, Part XIII) for tax year(s) beginning before 2014? If 'Yes,' list the years ▶ 20 , 20 , 20 , 20			,
	 			;
t	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).	2 5	N	/A
,	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	<u> </u>	— "	
	► 20 , 20 , 20		ļ	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
ł	of If 'Yes,' did it have excess business holdings in 2014 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 2014)	3 6	N	/A
4 8	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		х
t	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 2014?	4 h		х
BAA	,	orm 9 9	0-PF	(2014)

Form 990-PF (2014) DAVID B. ROTHSCHII			36-34	87745	Page 6
Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	·	
5 a During the year did the foundation pay or incu	•	4045433			
(1) Carry on propaganda, or otherwise attemp	_		Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ilic election (see section ation drive?	n 4955), or to carry	F-1 F-1	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, oi s)	rganization described	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific on 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)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	otions e	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistand	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			
6 a Did the foundation, during the year, receive all on a personal benefit contract?			∐Yes X	No	
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
If 'Yes' to 6b, file Form 8870 7 a At any time during the tax year, was the found	dation a party to a prob	whited tay shelter transs	action? Yes X	No	
b If 'Yes,' did the foundation receive any proceed			ت لیا ت	N/A 76	-
Part VIII Information About Officers, D					
and Contractors					·
1 List all officers, directors, trustees, foundation		compensation (see inst			
(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) Expens other a	e account, llowances
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	TREASURER	0.	0.		0.
ROBERT ROTHSCHILD	1 REASURER	"	0.		0.
NORTHBROOK, IL 60062	0			}	
Notice Property 22 deep					
]				
	<u> </u>	<u> </u>	<u> </u>		
2 Compensation of five highest-paid employees (o					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expens other a	llowances
NONE					
	<u> </u>				
			_		
	1				
Total number of other employees paid over \$50,000	0	<u> </u>	<u> </u>	 -	
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3 Five highest-paid independent contractors for professional services (see in		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica organizations and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1 N/A		
2		[
3		
"		- -
4		
Part IX-B Summary of Program-Related Investments (see Instru	ctions)	
Describe the two largest program-related investments made by the foundation during the		Amount
1	tax year on mes rana z	71110411
N/A		
222		
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		P 0
BAA		Form 990-PF (2014)

Part X Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	oreign fou	indations,
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	28,053.
b Average of monthly cash balances	1 b	33,657.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	61,710.
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	0.
3 Subtract line 2 from line 1d	3	61,710.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	926.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	60,784.
6 Minimum investment return. Enter 5% of line 5	6	3,039.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ☐ and do not complete this part.)	ating foun	dations
1 Minimum investment return from Part X, line 6	1	3,039.
2a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014 (This does not include the tax from Part VI)]	
c Add lines 2a and 2b	2 c	1,506.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	1,533.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	1,533.
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	1,533.
Part XII Qualifying Distributions (see instructions)		
1 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	27,250.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the	1 25	
a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	27,250.
5 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	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	27,250.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years	undation	

BAA Form 990-PF (2014)

Part·XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				1 522
2 Undistributed income, if any, as of the end of 2014				1,533.
a Enter amount for 2013 only			0.	
b Total for prior years 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009 27, 333.				
b From 2010 41,594.				
c From 2011 24, 104.				
d From 2012 24, 471.				
e From 2013 41,155.	150 657	i		
f Total of lines 3a through e 4 Qualifying distributions for 2014 from Part	158,657.	 		
XII, line 4 ► \$ 27, 250.				
a Applied to 2013, but not more than line 2a			0.	
†		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior years (Election required — see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2014 distributable amount	<u>_</u>			1,533.
e Remaining amount distributed out of corpus	25,717.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
same amount mast be shown in column (b)				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	184,374.			<u>-</u>
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years, undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions		0.		·
e Undistributed income for 2013 Subtract line 4a from				
line 2a Taxable amount — see instructions		 	0.	
f Undistributed income for 2014 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2015.				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(q)(3) (Election				
may be required — see instructions)	0.			
8 Excess distributions carryover from 2009 not				
applied on line 5 or line 7 (see instructions)	27,333.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	157,041.			
10 Analysis of line 9 a Excess from 2010 41.594				
a Excess from 2010 41,594. b Excess from 2011 24,104.				
c Excess from 2012 24, 104.				
d Excess from 2013 41,155.			ľ	
e Excess from 2014 25, 717.				
25,717.		<u> </u>		Cover 000 DE (0014)

Form	990-PF (2014	DAVID B. ROTHSCH	LD MEM FOUN	DATION		36-3487745	Page 10
		ate Operating Foundat					N/A
	is effective fo	on has received a ruling or dete or 2014, enter the date of the	ruling				1040()(5)
		indicate whether the foundat		erating foundation of		4942(j)(3) or	4942(J)(5)
Za	income from	ser of the adjusted net Part I or the minimum	Tax year (a) 2014	(b) 2013	Prior 3 years (c) 2012	(d) 2011	(e) Total
	investment re each year list	eturn from Part X for red	(a) 2014	(b) 2013	(6) 2012	(a) 2011	(6) 10(2)
b	85% of line 2	a					
c	Qualifying dis line 4 for each	stributions from Part XII, h year listed					
	for active conduc	d in line 2c not used directly it of exempt activities					
	for active con Subtract line	stributions made directly aduct of exempt activities 2d from line 2c					
	alternative te	b, or c for the st relied upon					
а		native test – enter					
	(1) Value of						
		assets qualifying under 942(j)(3)(B)(i)					
b		rnative test — enter 2/3 of nent return shown in Part X, ear listed					
c		rnative test – enter					
	investme dividends on securi	port other than gross nt income (interest, s, rents, payments ties loans (section), or royalties)					
	more exemp	m general public and 5 or ot organizations as provided 942(j)(3)(B)(iii)					
	(3) Largest a	amount of support from pt organization					
	(4) Gross inv	vestment income					
Par	t XV Supp asse	olementary Information ts at any time during th	(Complete this e year — see ir	part only if the structions.)	foundation had	\$5,000 or more	in
1	Information I	Regarding Foundation Manag	gers:				
а	List any mana close of any SEE STATI	igers of the foundation who have tax year (but only if they have EMENT 5	e contributed more t e contributed more	han 2% of the total c than \$5,000) (See	contributions received section 507(d)(2))	by the foundation befo	ore the
t	List any mana a partnership NONE	gers of the foundation who own o or other entity) of which the	10% or more of the foundation has a	e stock of a corporation 10% or greater inter	on (or an equally large rest	e portion of the owners	ship of
	Check here requests for to	Regarding Contribution, Gran if the foundation only ma funds. If the foundation make ms 2a, b, c, and d dress, and telephone number o	kes contributions to s gifts, grants, etc	preselected charitab (see instructions) t	ole organizations and o	nizations under othe	
	SEE STAT						
t	The form in v	which applications should be	submitted and info	rmation and materi	als they should inclu	de	
	SEE STAT	TEMENT FOR LINE 2A					
	: Any submiss						
		CEMENT FOR LINE 2A		ahaal areas 1 1 1	الم المالية ال	notifican exalter	factors
(a Any restriction	ons or limitations on awards,	sucn as by geogra	priicai areas, charita	able fields, kinds of I	msululions, or other	IdCIOIS
	SEE STAT	TEMENT FOR LINE 2A					000 BE (2014)

3 Grants and Contributions Paid During the	ear or Approved for Fut	ure Paymen	it .	,
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year SEE STATEMENT 7	Substantial contributor			
Total		τ	<u>▶</u> 3a	27,250
b Approved for future payment				
Total			► 3b	1

er gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exemp function income (See instructions
Program service revenue a			code		
b			 		
<u> </u>					
·					
· 		 			
Fees and contracts from government agencies			 		
Membership dues and assessments			1 1		
Interest on savings and temporary cash investments Dividends and interest from securities			14	3.	
Net rental income or (loss) from real estate			14	567.	
Debt-financed property	 		 		
Not debt-financed property			+ +		
Net rental income or (loss) from personal property			 		
Other investment income			 		
Gain or (loss) from sales of assets other than inventory		 -	18	8,173.	
Net income or (loss) from special events.			 		<u> </u>
Gross profit or (loss) from sales of inventory					
Other revenue					
a					
b			<u> </u>		
c					
			1 1		
d					
de			1		
e Subtotal Add columns (b), (d), and (e)				8,743.	0.74
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	uons)			8,743. 13	8,74
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate	· · · · · · · · · · · · · · · · · · ·			13 _	8,74
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the columns (b). TXVI-B Relationship of Activities to the	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the	e Accomplis		· ·	13 _ es	8,74 y to the structions)
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the columns of the foundation's exemption of the foundation's exemption.	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the columns of the foundation's exemption of the foundation's exemption.	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the columns of the foundation's exemption of the foundation's exemption.	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate TXVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculate Total. Add line 12, columns (b), (d), and (e) Explain below how each activities to the columns of the foundation's exemption of the foundation's exemption.	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis		· ·	13 _ es	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis		· ·	13 _ es	
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d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate Tt XVI-B Relationship of Activities to the	e Accomplis		· ·	13 _ es	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis		· ·	13 _ es	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate rt XVI-B Relationship of Activities to the ne No. Explain below how each activity for which is accomplishment of the foundation's exemption.	e Accomplis		· ·	13 _ es	

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Form 990-PF (2014)

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

		<u>-</u>								7.	
(lescrit	e organization directly bed in section 501(c) g to political organiza	of the Code (o	engage in any of the fi ther than section 501	ollowing wit (c)(3) organ	n any othe izations) (er organization or in section 5	n 27,		Yes	No
a	ransf	ers from the reporting	g foundation to	a noncharitable exen	npt organiza	ition of					1
(1) Ca	sh							1 a (1)		X
(2) Otl	her assets							1 a (2)		X
b (Other t	transactions									
(1) Sa	les of assets to a noi	ncharitable exe	empt organization					1 b (1)		X
(2) Pu	rchases of assets fro	om a noncharita	able exempt organizat	tion				1 b (2)		Χ
(3) Re	ntal of facilities, equi	pment, or othe	er assets					1 b (3)		X
(4) Re	ımbursement arrange	ements						1 b (4)		_X_
(5) Lo	ans or loan guarante	es						1 b (5)		_X_
(6) Pe	rformance of service:	s or membersh	nip or fundraising solic	citations				1 b (6)		X
c S	Sharin	g of facilities, equipm	nent, mailing lis	sts, other assets, or p	aid employe	es			1 c		_X_
d I	f the a	answer to any of the adds, other assets, or se	above is 'Yes,' ervices given by	complete the following the reporting foundation how in column (d) the	ng schedule. n If the foun	Column (dation rece	(b) should alw eived less than other assets	ays show the fair market vant	: fair market vali alue in eceived	ue of	
a) Lin	~ 	(b) Amount involved	, 	of noncharitable exempt org					is, and sharing arran	aement	<u>s</u>
I/A		(2) / 11/02/11 / 11/04/04	(c) manus	or monority table	James	(-)-					
1, 11			<u> </u>								
							_				
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	$\neg +$	······································	 	 							
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		 	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
			 	·							
		·									
		<u></u>									
(lescrit	oundation directly or in bed in section 501(c) ,' complete the follow	of the Code (o	d with, or related to, on other than section 501	e or more ta (c)(3)) or in	x-exempt of section 5	organizations 27?		Yes	X	No
		a) Name of organization		(b) Type of o	rganization	Т.	(c)	Description	of relationship		
I/A				(-,),,					.		
.,						-	<u> </u>				
				'							
						i					
-											
	Unde	penalties of perjury, I decla	are that I have exam	nined this return, including ac than taxpayer) is based on a	companying sch	edules and s	statements, and to	the best of my kr	nowledge and belief, i	t is true,	
ign Iere	Correct	Chud it	Roth s	Chila X	1/4/8	5 ≥ P	Las i dens	<u> </u>	May the I this return preparer (see instr	RS disci	uss ie ielow
	€ig	nature of officer or trustee		Date	<u> </u>	Title		· 	X	Yes	No
		Print/Type preparer's na	ame	Preparer's signatu	ure		Date /	Check	ıf PTIN		
aid		LYNN ROSEN		lent			8/4/15	self employ	P00841	639	
rep	arer	Firm's name	ROSEN AND	COHEN, OLLC				Firm's EIN 🟲 💈	6-1144503		
	Only	· · · · · · · · · · · · · · · · · · ·	5 REVERE I								
	_	i	NORTHBROOM					Phone no	(847) 897-	<u>89</u> 00	
AA	-				·				Form 99		

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

Department of the Treasury Internal Revenue Service Name of the organization

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

2014

Employer identification number

DAVID B. ROTHSCHILD MEM FOUND	ATION	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	
Form 990-PF	X = 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
•	inization can check boxes for both the General Rule and a S	Special Rule See instructions
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
General Rule X For an organization filing Form 990, 990-EZ property) from any one contributor Comple	, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribution of the properties of the	aling \$5,000 or more (in money or itor's total contributions
Special Rules		
\square under sections 509(a)(1) and 170(b)(1)(A)(vi)	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supported that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, ne year, total contributions of the greater of (1) \$5,000 or (20-EZ, line 1 Complete Parts I and II	iba, or ibb, and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received than \$1,000 exclusively for religious, charitable, scientific, lochildren or animals. Complete Parts I, II, and III	from any one contributor, iterary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received or religious, charitable, etc., purposes, but no such contributione total contributions that were received during the year for any of the parts unless the General Rule applies to this organic, etc., contributions totaling \$5,000 or more during the year	ions totaled more than an <i>exclusively</i> religious, anization bec <u>a</u> use
990-PE) but it must answer 'No' on Part IV lir	the General Rule and/or the Special Rules does not file Sc e 2, of its Form 990, or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 9	990-EZ or on its Form 990-PF.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule	В	(Form	990	990-F7	٥r	990-PF	10	2014)	
Schedule	_	(1 01111	JJ0,	JJU-LZ,	O.	וויטעע	, ,	20 I 4)	

1 of Part 1

Name of organization DAVID B. ROTHSCHILD MEM FOUNDATION Page 1 of Employer identification number 36-3487745

Part I	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 NORTHBROOK, IL 60062	\$ <u>76,</u> 07 <u>5</u> .	Person X Payroll Noncash X (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)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions 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)
(a) Number	(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 Complete Part II for noncash contributions)

Page

36-3487745

of Part II

Name of organization DAVID B. ROTHSCHILD MEM FOUNDATION

Employer identification number

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
135	50 SHARES OF ABBVIE INC.		
		 \$74,790.	9/05/14
(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
		 s	
⊢ – ·			

TEEA0703L 07/14/14

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page of Part III Name of organization Employer identification number DAVID B. ROTHSCHILD MEM FOUNDATION 36-3487745 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (d) Description of how gift is held (a) No. from Part I (c) Use of gift N/A (e)
Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (a) No. from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

BAA

D B. RC	(A) EXPENSES PER BOOKS \$ 1,285	IN	(B) NET VESTMEN INCOME	VT A	(C) DJUSTED T INCOME		36-348 (D) HARITABL PURPOSES
TOTAL	EXPENSES PER BOOKS \$ 1,285	_ IN 	VESTMEN INCOME	NT A <u>NE</u>	DJUSTED T INCOME		HARITABL
TOTAL	EXPENSES PER BOOKS \$ 1,285	_ IN 	VESTMEN INCOME	NT A <u>NE</u>	DJUSTED T INCOME		HARITABL
						. \$	
TOTAL	\$ 55 15	IN :	(B) NET VESTMEN INCOME	NT A			(D) CHARITABI PURPOSE
							R MARKET VALUE
TIES							
		COST	TOTAL				22,462
					TOTAL	\$	5,27 5,27
		PER BOOKS \$ 55 15 TOTAL \$ 70	PER BOOKS \$ 55. 15. TOTAL \$ 70. VALUMET	PER BOOKS INCOME \$ 55.	PER BOOKS INCOME NE \$ 55.	PER BOOKS INCOME NET INCOME \$ 55. 15.	PER BOOKS INCOME NET INCOME \$ 55.

JUDITH ROTHSCHILD ROBERT ROTHSCHILD

2014

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:

650 MIDFIELD LANE

STREET ADDRESS: 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 RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
THE HEARD MUSEUM	N/A	PUBLIC	UNRESTRICTED USE	\$ 1,000.
BOTANIC GARDEN	N/A	PUBLIC	UNRESTRICTED USE	500.
CHICAGO ACADEMY FOR THE ARTS	N/A	PUBLIC	UNRESTRICTED USE	5,000.
CONGREGATION HAKAFA	N/A	PUBLIC	UNRESTRICTED USE	2,350.
JEWISH UNITED FUND	N/A	PUBLIC	UNRESTRICTED USE	5,000.
OPERATION BACKPACK	N/A	PUBLIC	UNRESTRICTED USE	200.
SPECIAL GIFTS THEATRE	N/A	PUBLIC	UNRESTRICTED USE	500.
RAVINIA ANNUAL FUND	N/A	PUBLIC	UNRESTRICTED USE	3,500.
JCUA ,	N/A	PUBLIC	UNRESTRICTED USE	3,500.
ARIZONA MUSIC FEST	N/A	PUBLIC	UNRESTRICTED USE	50.
WTTW 11	N/A	PUBLIC	UNRESTRICTED USE	150.

2014

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	
BALLET ARIZONA	N/A	PUBLIC	UNRESTRICTED	\$ 1,000	0.
ASU FOUNDATION	N/A	PUBLIC	UNRESTRICTED	40	0.
CHICAGO HUMANITIES FESTIVAL	N/A	PUBLIC	UNRESTRICTED	2,00	0.
HAZELHURST FIRE PREVENTION	N/A	PUBLIC	UNRESTRICTED USE	10	0.
THE PHOENIX SYMPHONY	N/A	PUBLIC	UNRESTRICTED USE	50	0.
WRITERS THEATRE	N/A	PUBLIC	UNRESTRICTED USE	1,00	0.
LOSS PROGRAM OF CATHOLIC CHARITIES	N/A	PUBLIC	UNRESTRICTED USE	50	0.

TOTAL \$ 27,250.

DAVID B. ROTHSCHILD MEMORIAL FOUNDATION #36-3487745 FYE 12/31/14 FORM 990-PF, PAGE 1, PART 1, COLUMN (a), LINE 6a

STATEMENT	8
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DESCRIPTION	GROSS SALES	COST BASIS	SHORT TERM GAIN (LOSS)	LONG TERM GAIN (LOSS)
1350 SHS - ABBVIE INC GROWTH FD AMER INC - CAPITAL GAIN DISTR	80,919 2,044	74,790 -		6,129 2,044
	82,963	74,790	-	8,173
	SHORT TERM	GAIN (LOS	S)	-
	LONG TERM (GAIN (LOSS)	1	8,173
	NET CAPITAL	GAIN (LOSS	3)	8,173

DAVID B. ROTHSCHILD MEMORIAL FOUNDATION #36-3487745 FYE 12/31/14 FORM 990-PF, PAGE 1, PART 1, COLUMN (b), LINE 7

STATEMENT 9

DESCRIPTION	GROSS SALES	COST BASIS	SHORT TERM GAIN (LOSS)	LONG TERM GAIN (LOSS)
1350 SHS - ABBVIE INC GROWTH FD AMER INC - CAPITAL GAIN DISTR	80,919 2,044	8,229 -		72,690 2,044
	82,963	8,229	_	74,734
	SHORT TERM	GAIN (LOS	S)	-
	LONG TERM G		74,734	
	NET CAPITAL	5)	74,734	

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

internal revent	de Service Information about Form C	ooo and its mist	actions is at www.iis.gov/tornioooo.		
If you a	re filing for an Automatic 3-Month Extension	, complete only	Part I and check this box		► X
If you a	re filing for an Additional (Not Automatic) 3-N	Month Extension	n, complete only Part II (on page 2 of the	ns form)	L
Do not com	nplete Part II unless you have already been gr	anted an autom	natic 3-month extension on a previously	filed Form 8868	
corporation request an e Associated	filing (e-file). You can electronically file Form required to file Form 990-T), or an additional extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, which ling of this form, visit www.irs.gov/efile and c	(not automatic) Part I or Part II v ch must be sent) 3-month extension of time You can el vith the exception of Form 8870, Informatio : to the IRS in paper format (see instruc	ectronically file Form n Return for Transfers	8868 to
Part I	Automatic 3-Month Extension of Ti	me. Only sul	bmit original (no copies needed)		
A corporation	on required to file Form 990-T and requesting	an automatic 6	-month extension - check this box and	complete Part I only	
All other co	rporations (including 1120-C filers), partnersh	ups, REMICs, ai	nd trusts must use Form 7004 to reques	t an extension of time	e to file
income tax	returns		Enter filer's ident	ifying number, see in	structions
	Name of exempt organization or other filer, see instruction	ns	Litter mer 3 identi	Employer identification nu	
Type or	·				
File by the due date for filing your return See instructions	DAVID B. ROTHSCHILD MEM FOU	HILD MEM FOUNDATION		36-3487745	
	Number, street, and room or suite number. If a P.O. box,			Social security number (S	SN)
	650 MIDFIELD LANE				
	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
	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
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
	ks are in the care of JUDITH ROTHSCH	HILD Fax No	· · ·		
	rganization does not have an office or place of				▶ □
	s for a Group Return, enter the organization's			f this is for the whole	ـــــ . group,
check th		_			•
	ension is for				
	est an automatic 3-month (6 months for a corpora				
	8/15, 20 15 , to file the exempt	organization re	turn for the organization named above		
_	xtension is for the organization's return for				
► <u>[</u>	calendar year 20 <u>14</u> or				
	tax year beginning , 20				
2 If the	tax year entered in line 1 is for less than 12 r	months, check r	eason Initial return Fi	nal return	

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

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

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

Change in accounting period

nonrefundable credits. See instructions

1,175.

0.

3a \$

3 b |\$

3 c |\$