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Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

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▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014, or tax year beginning 01-01-2014 , and ending 12-31-2014

|                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of foundation<br>The Earl and Bettie Fields<br>Automotive Group Foundation Inc<br>% JOHN R FIELDS                                                                                                                                                                                                                                |  | A Employer identification number<br><br>36-4006933                                                                                                                               |  |
| Number and street (or P O box number if mail is not delivered to street address)<br>c/o John Fields<br>2100 Frontage Road Suite                                                                                                                                                                                                       |  | B Telephone number (see instructions)<br><br>(847) 998-5200                                                                                                                      |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>Glencoe, IL 60022                                                                                                                                                                                                                                         |  | C If exemption application is pending, check here ▶ <input type="checkbox"/>                                                                                                     |  |
| G Check all that apply<br><div><input type="checkbox"/> Initial return<br/><input type="checkbox"/> Final return<br/><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Initial return of a former public charity<br/><input type="checkbox"/> Amended return<br/><input type="checkbox"/> Name change</div> |  | D 1. Foreign organizations, check here ▶ <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation ▶ <input type="checkbox"/> |  |
| H Check type of organization<br><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation                                                                                   |  | E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>                                                                  |  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16)▶\$ 2,924,290                                                                                                                                                                                                                                       |  | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>                                                               |  |
| J Accounting method<br><input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br>(Part I, column (d) must be on cash basis.)                                                                                                                                     |  |                                                                                                                                                                                  |  |

| Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small> |                                                                                                       | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue                                                                                                                                                                            | 1 Contributions, gifts, grants, etc , received (attach schedule) . . . . .                            | 547,476                            |                           |                         |                                                             |
|                                                                                                                                                                                    | 2 Check ▶ <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . . |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 3 Interest on savings and temporary cash investments                                                  | 71                                 | 53                        |                         |                                                             |
|                                                                                                                                                                                    | 4 Dividends and interest from securities. . . . .                                                     | 56,542                             | 56,542                    |                         |                                                             |
|                                                                                                                                                                                    | 5a Gross rents . . . . .                                                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Net rental income or (loss) _____                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 6a Net gain or (loss) from sale of assets not on line 10                                              | -769                               |                           |                         |                                                             |
|                                                                                                                                                                                    | b Gross sales price for all assets on line 6a<br>272,696                                              |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 7 Capital gain net income (from Part IV, line 2) . . .                                                |                                    | 0                         |                         |                                                             |
|                                                                                                                                                                                    | 8 Net short-term capital gain . . . . .                                                               |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 9 Income modifications . . . . .                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 10a Gross sales less returns and allowances                                                           |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Less Cost of goods sold . . . . .                                                                   |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Gross profit or (loss) (attach schedule) . . . . .                                                  |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 11 Other income (attach schedule) . . . . .                                                           | 2                                  | 2                         |                         |                                                             |
|                                                                                                                                                                                    | 12 <b>Total.</b> Add lines 1 through 11 . . . . .                                                     | 603,322                            | 56,597                    |                         |                                                             |
| Operating and Administrative Expenses                                                                                                                                              | 13 Compensation of officers, directors, trustees, etc                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 14 Other employee salaries and wages . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 15 Pension plans, employee benefits . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 16a Legal fees (attach schedule) . . . . .                                                            |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | b Accounting fees (attach schedule) . . . . .                                                         |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | c Other professional fees (attach schedule) . . . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 17 Interest . . . . .                                                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 18 Taxes (attach schedule) (see instructions) . . .                                                   | 904                                | 904                       |                         |                                                             |
|                                                                                                                                                                                    | 19 Depreciation (attach schedule) and depletion . . .                                                 |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 20 Occupancy . . . . .                                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 21 Travel, conferences, and meetings . . . . .                                                        |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 22 Printing and publications . . . . .                                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | 23 Other expenses (attach schedule) . . . . .                                                         | 3,234                              | 3,024                     |                         |                                                             |
|                                                                                                                                                                                    | 24 <b>Total operating and administrative expenses.</b>                                                |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | Add lines 13 through 23 . . . . .                                                                     | 4,138                              | 3,928                     |                         | 0                                                           |
|                                                                                                                                                                                    | 25 Contributions, gifts, grants paid . . . . .                                                        | 364,133                            |                           |                         | 364,133                                                     |
|                                                                                                                                                                                    | 26 <b>Total expenses and disbursements.</b> Add lines 24 and 25                                       | 368,271                            | 3,928                     |                         | 364,133                                                     |
|                                                                                                                                                                                    | 27 Subtract line 26 from line 12                                                                      |                                    |                           |                         |                                                             |
|                                                                                                                                                                                    | a <b>Excess of revenue over expenses and disbursements</b>                                            | 235,051                            |                           |                         |                                                             |
|                                                                                                                                                                                    | b <b>Net investment income</b> (if negative, enter -0-)                                               |                                    | 52,669                    |                         |                                                             |
|                                                                                                                                                                                    | c <b>Adjusted net income</b> (if negative, enter -0-)                                                 |                                    |                           |                         |                                                             |

| Part II Balance Sheets      |                                                                                                                               | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )               | Beginning of year | End of year    |                       |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|-----------------------|
|                             |                                                                                                                               |                                                                                                                                   | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| Assets                      | 1                                                                                                                             | Cash—non-interest-bearing . . . . .                                                                                               | 415,375           | 474,763        | 474,769               |
|                             | 2                                                                                                                             | Savings and temporary cash investments . . . . .                                                                                  | 496,503           | 96,554         | 96,554                |
|                             | 3                                                                                                                             | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                       |                   |                |                       |
|                             | 4                                                                                                                             | Pledges receivable ▶ _____<br>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) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                        |                   |                |                       |
|                             | 8                                                                                                                             | Inventories for sale or use . . . . .                                                                                             |                   |                |                       |
|                             | 9                                                                                                                             | Prepaid expenses and deferred charges . . . . .                                                                                   |                   |                |                       |
|                             | 10a                                                                                                                           | Investments—U S and state government obligations (attach schedule)                                                                | 69,612            | 110,641        | 113,533               |
|                             | b                                                                                                                             | Investments—corporate stock (attach schedule) . . . . .                                                                           | 1,085,933         | 1,403,686      | 1,647,904             |
|                             | c                                                                                                                             | Investments—corporate bonds (attach schedule). . . . .                                                                            | 383,591           | 600,421        | 591,530               |
|                             | 11                                                                                                                            | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____               |                   |                |                       |
|                             | 12                                                                                                                            | Investments—mortgage loans . . . . .                                                                                              |                   |                |                       |
|                             | 13                                                                                                                            | Investments—other (attach schedule) . . . . .                                                                                     |                   |                |                       |
|                             | 14                                                                                                                            | Land, buildings, and equipment basis ▶ _____<br>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)                                    | 2,451,014                                                                                                                         | 2,686,065         | 2,924,290      |                       |
| Liabilities                 | 17                                                                                                                            | Accounts payable and accrued expenses . . . . .                                                                                   |                   |                |                       |
|                             | 18                                                                                                                            | Grants payable . . . . .                                                                                                          |                   |                |                       |
|                             | 19                                                                                                                            | Deferred revenue . . . . .                                                                                                        |                   |                |                       |
|                             | 20                                                                                                                            | Loans from officers, directors, trustees, and other disqualified persons                                                          |                   |                |                       |
|                             | 21                                                                                                                            | Mortgages and other notes payable (attach schedule) . . . . .                                                                     |                   |                |                       |
|                             | 22                                                                                                                            | Other liabilities (describe ▶ _____)                                                                                              | 180               | 180            |                       |
|                             | 23                                                                                                                            | Total liabilities (add lines 17 through 22) . . . . .                                                                             | 180               | 180            |                       |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31. |                                                                                                                                   |                   |                |                       |
|                             | 24                                                                                                                            | Unrestricted . . . . .                                                                                                            |                   |                |                       |
|                             | 25                                                                                                                            | Temporarily restricted . . . . .                                                                                                  |                   |                |                       |
|                             | 26                                                                                                                            | Permanently restricted . . . . .                                                                                                  |                   |                |                       |
|                             | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.   |                                                                                                                                   |                   |                |                       |
|                             | 27                                                                                                                            | Capital stock, trust principal, or current funds . . . . .                                                                        |                   |                |                       |
|                             | 28                                                                                                                            | Paid-in or capital surplus, or land, bldg , and equipment fund                                                                    |                   |                |                       |
|                             | 29                                                                                                                            | Retained earnings, accumulated income, endowment, or other funds                                                                  | 2,450,834         | 2,685,885      |                       |
|                             | 30                                                                                                                            | Total net assets or fund balances (see instructions) . . . . .                                                                    | 2,450,834         | 2,685,885      |                       |
|                             | 31                                                                                                                            | Total liabilities and net assets/fund balances (see instructions) . . .                                                           | 2,451,014         | 2,686,065      |                       |

| Part III 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 agree with end-of-year figure reported on prior year’s return) . . . . . | 1 2,450,834 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                                       | 2 235,051   |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                           | 3           |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                                    | 4 2,685,885 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                                 | 5           |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                              | 6 2,685,885 |

Part IV

Capital Gains and Losses for Tax on Investment Income

|                                                                                                                                   |                           |                                              |                                      |                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------|--------------------------------------|----------------------------------|
| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) |                           | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr ) |
| 1a                                                                                                                                | See Additional Data Table |                                              |                                      |                                  |
| b                                                                                                                                 |                           |                                              |                                      |                                  |
| c                                                                                                                                 |                           |                                              |                                      |                                  |
| d                                                                                                                                 |                           |                                              |                                      |                                  |
| e                                                                                                                                 |                           |                                              |                                      |                                  |

|                       |                                            |                                                 |                                              |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
| a                     | See Additional Data Table                  |                                                 |                                              |
| b                     |                                            |                                                 |                                              |
| c                     |                                            |                                                 |                                              |
| d                     |                                            |                                                 |                                              |
| e                     |                                            |                                                 |                                              |

|                                                                                             |                                      |                                               |                                                                                              |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------|
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (I) Gains (Col (h) gain minus<br>col (k), but not less than -0-) or<br>Losses (from col (h)) |
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                              |
| a                                                                                           | See Additional Data Table            |                                               |                                                                                              |
| b                                                                                           |                                      |                                               |                                                                                              |
| c                                                                                           |                                      |                                               |                                                                                              |
| d                                                                                           |                                      |                                               |                                                                                              |
| e                                                                                           |                                      |                                               |                                                                                              |

|   |                                                                                                                                                                                                              |                                                                                     |   |      |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---|------|
| 2 | Capital gain net income or (net capital loss)                                                                                                                                                                | { If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 } | 2 | -769 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)<br><br>If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-<br>in Part I, line 8 . . . . . | }                                                                                   | 3 |      |

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

|                                                                      |                                          |                                              |                                                           |
|----------------------------------------------------------------------|------------------------------------------|----------------------------------------------|-----------------------------------------------------------|
| (a)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col (b) divided by col (c)) |
| 2013                                                                 | 203,344                                  | 2,468,246                                    | 0 082384                                                  |
| 2012                                                                 | 258,106                                  | 1,974,112                                    | 0 130745                                                  |
| 2011                                                                 | 125,175                                  | 1,670,739                                    | 0 074922                                                  |
| 2010                                                                 | 139,072                                  | 1,539,228                                    | 0 090352                                                  |
| 2009                                                                 | 106,350                                  | 1,499,278                                    | 0 070934                                                  |

|   |                                                                                                                                                                                       |   |           |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 2 | Total of line 1, column (d). . . . .                                                                                                                                                  | 2 | 0 449337  |
| 3 | Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by<br>the number of years the foundation has been in existence if less than 5 years . . . . | 3 | 0 089867  |
| 4 | Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .                                                                                                 | 4 | 2,725,207 |
| 5 | Multiply line 4 by line 3. . . . .                                                                                                                                                    | 5 | 244,906   |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b). . . . .                                                                                                                   | 6 | 527       |
| 7 | Add lines 5 and 6. . . . .                                                                                                                                                            | 7 | 245,433   |
| 8 | Enter qualifying distributions from Part XII, line 4. . . . .                                                                                                                         | 8 | 364,133   |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See  
the Part VI instructions

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

|    |  |                                                                                                                                                                      |  |      |     |
|----|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|-----|
| 1a |  | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1                                          |  |      |     |
| b  |  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . . |  | 1527 |     |
| 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-)                                                            |  | 2    |     |
| 3  |  | Add lines 1 and 2. . . . .                                                                                                                                           |  | 3527 |     |
| 4  |  | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                          |  | 4    |     |
| 5  |  | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .                                                                    |  | 5527 |     |
| 6  |  | Credits/Payments                                                                                                                                                     |  |      |     |
| a  |  | 2014 estimated tax payments and 2013 overpayment credited to 2014                                                                                                    |  | 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. . . . .                                                                                                         |  | 7    | 0   |
| 8  |  | Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached                                         |  | 8    | 13  |
| 9  |  | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .                                                                              |  | 9    | 540 |
| 10 |  | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .                                                                   |  | 10   |     |
| 11 |  | Enter the amount of line 10 to be Credited to 2015 estimated tax  Refunded                                                                                           |  | 11   |     |

Part VII-A

Statements Regarding Activities

|    |  |                                                                                                                                                                                                                                                                |  |    |     |    |
|----|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|-----|----|
| 1a |  | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?                                                                                           |  | 1a | Yes | No |
| b  |  | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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.                                                                  |  |    |     |    |
| c  |  | 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  \$                                                                                                     |  |    |     |    |
| e  |  | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers  \$                                                                                                                       |  |    |     |    |
| 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  |     | No |
| 4a |  | Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .                                                                                                                                                          |  | 4a |     | No |
| b  |  | If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .                                                                                                                                                                                     |  | 4b |     |    |
| 5  |  | Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .                                                                                                                                                       |  | 5  |     | No |
|    |  | If "Yes," attach the statement required by General Instruction T.                                                                                                                                                                                              |  |    |     |    |
| 6  |  | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                                                                                                                                               |  |    |     |    |
|    |  | • By language in the governing instrument, or                                                                                                                                                                                                                  |  |    |     |    |
|    |  | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .                                                                         |  | 6  | 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 |    |
| 8a |  | Enter the states to which the foundation reports or with which it is registered (see instructions)  IL                                                                                                                                                         |  |    |     |    |
| b  |  | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .                                                  |  | 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 2014 or the taxable year beginning in 2014 (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 | Yes |    |

Part 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 |     | 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 JOHN R FIELDS Telephone no (847) 998-5200<br>Located at 2100 FRONTAGE ROAD GLENCOE IL ZIP+4 60022                                                                |    |     |    |
| 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.       | 15 |     |    |
| 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 |
| See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country |                                                                                                                                                                                           |    |     |    |

Part 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? Yes No                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
|                                                                                         | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No                                                                                                                                                                                                                                                                                                                                                                            |    |     |    |
|                                                                                         | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No                                                                                                                                                                                                                                                                                                                                                                                                |    |     |    |
|                                                                                         | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
|                                                                                         | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No                                                                                                                                                                                                                                                                                                                                             |    |     |    |
|                                                                                         | (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 No                                                                                                                                                                                                                                          |    |     |    |
| 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)? Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                                                                         | 1b |     |    |
| 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?                                                                                                                                                                                                                                                                                                          | 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(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? If "Yes," list the years 20 , 20 , 20 , 20 Yes No                                                                                                                                                                                                                                                                                              |    |     |    |
| 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 , 20                                                                                                                                                                                                                                                                                                                                                                |    |     |    |
| 3a                                                                                      | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No                                                                                                                                                                                                                                                                                                                                                                |    |     |    |
| b                                                                                       | 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.). | 3b |     |    |
| 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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?                                                                                                                                                                                                                                                                | 4b |     | No |

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

|                                                                                                                                                                                                                                  |  |                              |                                        |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|----------------------------------------|----|
| 5a During the year did the foundation pay or incur any amount to                                                                                                                                                                 |  |                              |                                        |    |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                                        |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                              |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| (3) Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                               |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| (4) Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).                                                                                       |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                            |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| b If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? |  | 5b                           |                                        |    |
| Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                              |  |                              |                                        |    |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                     |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No            |    |
| If "Yes," attach the statement required by Regulations section 53.4945–5(d).                                                                                                                                                     |  |                              |                                        |    |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                               |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                     |  | 6b                           |                                        | No |
| If "Yes" to 6b, file Form 8870.                                                                                                                                                                                                  |  |                              |                                        |    |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                          |  | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |    |
| b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                        |  | 7b                           |                                        |    |

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| 1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).                     |                                                           |                                           |                                                                       |                                       |
| (a) Name and address                                                                                                         | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| JOHN R FIELDS                                                                                                                | TREASURER/DIRECTOR                                        | 0                                         |                                                                       |                                       |
| 717 ROCKEFELLER ROAD                                                                                                         | 2 0                                                       |                                           |                                                                       |                                       |
| LAKE FOREST,IL 60045                                                                                                         |                                                           |                                           |                                                                       |                                       |
| EARL D KLEIN                                                                                                                 | DIRECTOR                                                  | 0                                         |                                                                       |                                       |
| c/o John Fields                                                                                                              | 1 0                                                       |                                           |                                                                       |                                       |
| Glencoe,IL 60022                                                                                                             |                                                           |                                           |                                                                       |                                       |
| 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE." |                                                           |                                           |                                                                       |                                       |
| (a) Name and address of each employee paid more than \$50,000                                                                | (b) Title, and average hours per week devoted to position | (c) Compensation                          | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
|                                                                                                                              |                                                           |                                           |                                                                       |                                       |
| Total number of other employees paid over \$50,000.                                                                          |                                                           |                                           |                                                                       |                                       |

## Part VIII

**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

**Total** number of others receiving over \$50,000 for professional services. . . . . ▶

## Part IX-A

## Expenses

**1 NONE**

**2**

3

4

## Part IX-B

Amount

**1 NONE**

**2**

All other program-related investments See instructions

3

**Total.** Add lines 1 through 3 . . . . .

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |                                                                                                                    |    |           |
|---|--------------------------------------------------------------------------------------------------------------------|----|-----------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes         |    |           |
| a | Average monthly fair market value of securities. . . . .                                                           | 1a | 2,143,994 |
| b | Average of monthly cash balances. . . . .                                                                          | 1b | 622,714   |
| c | Fair market value of all other assets (see instructions). . . . .                                                  | 1c | 0         |
| d | Total (add lines 1a, b, and c). . . . .                                                                            | 1d | 2,766,708 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | 1e |           |
| 2 | Acquisition indebtedness applicable to line 1 assets. . . . .                                                      | 2  | 0         |
| 3 | Subtract line 2 from line 1d. . . . .                                                                              | 3  | 2,766,708 |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .  | 4  | 41,501    |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4                | 5  | 2,725,207 |
| 6 | Minimum investment return. Enter 5% of line 5. . . . .                                                             | 6  | 136,260   |

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

|    |                                                                                                           |    |         |
|----|-----------------------------------------------------------------------------------------------------------|----|---------|
| 1  | Minimum investment return from Part X, line 6. . . . .                                                    | 1  | 136,260 |
| 2a | Tax on investment income for 2014 from Part VI, line 5. . . . .                                           | 2a | 527     |
| b  | Income tax for 2014 (This does not include the tax from Part VI ). . . . .                                | 2b |         |
| c  | Add lines 2a and 2b. . . . .                                                                              | 2c | 527     |
| 3  | Distributable amount before adjustments Subtract line 2c from line 1. . . . .                             | 3  | 135,733 |
| 4  | Recoveries of amounts treated as qualifying distributions. . . . .                                        | 4  |         |
| 5  | Add lines 3 and 4. . . . .                                                                                | 5  | 135,733 |
| 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  | 135,733 |

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. . . . .                                                                         | 1a | 364,133 |
| b                                                                                                                                                                                            | Program-related investments—total from Part IX-B. . . . .                                                                                                    | 1b | 0       |
| 2                                                                                                                                                                                            | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .                                           | 2  | 0       |
| 3                                                                                                                                                                                            | Amounts set aside for specific charitable projects that satisfy the                                                                                          |    |         |
| a                                                                                                                                                                                            | Suitability test (prior IRS approval required). . . . .                                                                                                      | 3a | 0       |
| b                                                                                                                                                                                            | Cash distribution test (attach the required schedule). . . . .                                                                                               | 3b | 0       |
| 4                                                                                                                                                                                            | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4                                                    | 4  | 364,133 |
| 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  | 527     |
| 6                                                                                                                                                                                            | Adjusted qualifying distributions. Subtract line 5 from line 4. . . . .                                                                                      | 6  | 363,606 |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years |                                                                                                                                                              |    |         |

Part XIII

Undistributed Income (see instructions)

|                                                                                                                                                                                     | (a)<br>Corpus | (b)<br>Years prior to 2013 | (c)<br>2013 | (d)<br>2014 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2014 from Part XI, line 7                                                                                                                                |               |                            |             | 135,733     |
| 2 Undistributed income, if any, as of the end of 2014                                                                                                                               |               |                            |             |             |
| a Enter amount for 2013 only. . . . .                                                                                                                                               |               |                            | 0           |             |
| b Total for prior years 2012 , 2011 , 2010                                                                                                                                          |               | 0                          |             |             |
| 3 Excess distributions carryover, if any, to 2014                                                                                                                                   |               |                            |             |             |
| a From 2009. . . . .                                                                                                                                                                | 32,156        |                            |             |             |
| b From 2010. . . . .                                                                                                                                                                | 62,946        |                            |             |             |
| c From 2011. . . . .                                                                                                                                                                | 42,250        |                            |             |             |
| d From 2012. . . . .                                                                                                                                                                | 159,918       |                            |             |             |
| e From 2013. . . . .                                                                                                                                                                | 81,664        |                            |             |             |
| f Total of lines 3a through e. . . . .                                                                                                                                              | 378,934       |                            |             |             |
| 4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 364,133                                                                                                              |               |                            |             |             |
| a Applied to 2013, but not more than line 2a                                                                                                                                        |               |                            | 0           |             |
| b Applied to undistributed income of prior years (Election required—see instructions). . . . .                                                                                      |               |                            |             |             |
| c Treated as distributions out of corpus (Election required—see instructions). . . . .                                                                                              |               |                            |             |             |
| d Applied to 2014 distributable amount. . . . .                                                                                                                                     |               |                            |             | 135,733     |
| e Remaining amount distributed out of corpus                                                                                                                                        | 228,400       |                            |             |             |
| 5 Excess distributions carryover applied to 2014<br>(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:                                                                                                                            |               |                            |             |             |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                                                                   | 607,334       |                            |             |             |
| 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. . . . . |               |                            |             |             |
| 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(g)(3) (Election may be required - see instructions) . . . . .      |               |                            |             |             |
| 8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . .                                                                                 | 32,156        |                            |             |             |
| 9 Excess distributions carryover to 2015.<br>Subtract lines 7 and 8 from line 6a . . . . .                                                                                          | 575,178       |                            |             |             |
| 10 Analysis of line 9                                                                                                                                                               |               |                            |             |             |
| a Excess from 2010. . . .                                                                                                                                                           | 62,946        |                            |             |             |
| b Excess from 2011. . . .                                                                                                                                                           | 42,250        |                            |             |             |
| c Excess from 2012. . . .                                                                                                                                                           | 159,918       |                            |             |             |
| d Excess from 2013. . . .                                                                                                                                                           | 81,664        |                            |             |             |
| e Excess from 2014. . . .                                                                                                                                                           | 228,400       |                            |             |             |

Part XIVPrivate Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. . . . .

b

Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

☐ 4942(j)(3) or ☐ 4942(j)(5)

|    |                                                                                                                                                            |          |               |          |          |           |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------|----------|----------|-----------|
| 2a | Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                        | Tax year | Prior 3 years |          |          | (e) Total |
|    |                                                                                                                                                            | (a) 2014 | (b) 2013      | (c) 2012 | (d) 2011 |           |
|    |                                                                                                                                                            |          |               |          |          |           |
| b  | 85% of line 2a . . . . .                                                                                                                                   |          |               |          |          |           |
| c  | Qualifying distributions from Part XII, line 4 for each year listed . . . . .                                                                              |          |               |          |          |           |
| d  | Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .                                                            |          |               |          |          |           |
| e  | Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                    |          |               |          |          |           |
| 3  | Complete 3a, b, or c for the alternative test relied upon                                                                                                  |          |               |          |          |           |
| a  | "Assets" alternative test—enter                                                                                                                            |          |               |          |          |           |
|    | (1) Value of all assets . . . . .                                                                                                                          |          |               |          |          |           |
|    | (2) Value of assets qualifying under section 4942(j)(3)(B)(i)                                                                                              |          |               |          |          |           |
| b  | "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                 |          |               |          |          |           |
| c  | "Support" alternative test—enter                                                                                                                           |          |               |          |          |           |
|    | (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties). . . . . |          |               |          |          |           |
|    | (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                      |          |               |          |          |           |
|    | (3) Largest amount of support from an exempt organization                                                                                                  |          |               |          |          |           |
|    | (4) Gross investment income                                                                                                                                |          |               |          |          |           |

Part XVSupplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

NA

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NA

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

JOHN R FIELDS  
2100 FRONTAGE ROAD  
GLENCOE, IL 60022  
(847) 446-5100

b

The form in which applications should be submitted and information and materials they should include

NONE

c

Any submission deadlines

NONE

d

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

NONE

### 3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2014)

Enter gross amounts unless otherwise indicated

## **Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Form **990-PF** (2014)

Part XVII

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

1

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes

No

a

Transfers from the reporting foundation to a noncharitable exempt organization of

(1)

Cash.

1a(1)

No

(2)

Other assets.

1a(2)

No

b

Other transactions

(1)

Sales of assets to a noncharitable exempt organization.

1b(1)

No

(2)

Purchases of assets from a noncharitable exempt organization.

1b(2)

No

(3)

Rental of facilities, equipment, or other assets.

1b(3)

No

(4)

Reimbursement arrangements.

1b(4)

No

(5)

Loans or loan guarantees.

1b(5)

No

(6)

Performance of services or membership or fundraising solicitations.

1b(6)

No

c

Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

1c

No

d

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line No | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|-------------|---------------------|-----------------------------------------------|----------------------------------------------------------------------|
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |
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|             |                     |                                               |                                                                      |
|             |                     |                                               |                                                                      |

2a

Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes

checked

No

b

If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

\*\*\*\*\*

Signature of officer or trustee

2015-05-15

Date

\*\*\*\*\*

Title

May the IRS discuss this return with the preparer shown below (see instr.)?

checked

Yes

No

Paid Preparer Use Only

Print/Type preparer's name

ROBERT SABIN

Preparer's Signature

Date

2015-05-15

Check if self-employed

checked

PTIN

P00033618

Firm's name

MILLER COOPER & CO LTD

Firm's EIN

Firm's address

1751 Lake Cook Road Suite 400 Deerfield, IL 60015

Phone no.

(847) 446-5100

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

| (a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co ) | (b) How acquired<br>P—Purchase<br>D—Donation | (c) Date acquired<br>(mo , day, yr ) | (d) Date sold<br>(mo , day, yr ) |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|----------------------------------|
| PUBLICLY TRADED SECURITIES                                                                                                        | P                                            |                                      |                                  |
| PUBLICLY TRADED SECURITIES                                                                                                        | P                                            |                                      |                                  |
| POWERSHARES DB COMMODITY                                                                                                          | P                                            |                                      |                                  |
| FROM POWERSHARES DB COMMODITY                                                                                                     | P                                            |                                      |                                  |
| FROM POWERSHARES DB COMMODITY                                                                                                     | P                                            |                                      |                                  |
| CAPITAL GAIN DIVIDENDS                                                                                                            | P                                            |                                      |                                  |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>(e) plus (f) minus (g) |
|-----------------------|--------------------------------------------|-------------------------------------------------|----------------------------------------------|
| 215,493               |                                            | 233,906                                         | -18,413                                      |
| 31,975                |                                            | 22,060                                          | 9,915                                        |
| 17,469                |                                            | 17,499                                          | -30                                          |
| 15                    |                                            | 0                                               | 15                                           |
| 35                    |                                            | 0                                               | 35                                           |
|                       |                                            |                                                 | 7,709                                        |

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 |                                      |                                               | (l) Gains (Col (h) gain minus col (k), but not less than -0-) or<br>Losses (from col (h)) |
|---------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------|
| (i) F M V as of 12/31/69                                                                    | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col (i)<br>over col (j), if any |                                                                                           |
|                                                                                             |                                      |                                               | -18,413                                                                                   |
|                                                                                             |                                      |                                               | 9,915                                                                                     |
|                                                                                             |                                      |                                               | -30                                                                                       |
|                                                                                             |                                      |                                               | 15                                                                                        |
|                                                                                             |                                      |                                               | 35                                                                                        |
|                                                                                             |                                      |                                               |                                                                                           |

|                                                                                                                  |                                                                                                                                                                                                                          |                                     |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <b>Schedule B</b><br>(Form 990, 990-EZ, or 990-PF)<br><br>Department of the Treasury<br>Internal Revenue Service | <b>Schedule of Contributors</b><br><br>▶ <b>Attach to Form 990, 990-EZ, or 990-PF.</b><br><br>▶ <b>Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>.</b> | OMB No 1545-0047<br><br><b>2014</b> |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|

|                                                                                                  |                                                         |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>Name of the organization</b><br>The Earl and Bettie Fields<br>Automotive Group Foundation Inc | <b>Employer identification number</b><br><br>36-4006933 |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------|

Organization type (check one)

|                    |                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Filers of:</b>  | <b>Section:</b>                                                                                           |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)( ) (enter number) organization                                            |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization                                                       |
| Form 990-PF        | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation                                   |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 501(c)(3) taxable private foundation                                             |

Check if your organization is covered by the **General Rule** or a **Special Rule**.  
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$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
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**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)

|                                                                                              |                                                     |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>The Earl and Bettie Fields<br>Automotive Group Foundation Inc | <b>Employer identification number</b><br>36-4006933 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------|

| Part I     | Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed |                            |                                                                                                                                                                |
|------------|----------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                            | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                    |
| _____      | See Additional Data Table<br><br>_____<br><br>_____<br><br>_____                             | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                                              | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                                              | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                                              | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                                              | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                                              | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |
| _____      | _____<br><br>_____<br><br>_____                                                              | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for<br>noncash contribution ) |

|                                                                                              |                                                     |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>The Earl and Bettie Fields<br>Automotive Group Foundation Inc | <b>Employer identification number</b><br>36-4006933 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------|

**Part II** **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|----------------------------------------------|------------------------------------------------|----------------------|
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| _____                     | _____<br>_____<br>_____<br>_____             | _____<br>\$                                    | _____                |

|                                                                                              |                                                     |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Name of organization</b><br>The Earl and Bettie Fields<br>Automotive Group Foundation Inc | <b>Employer identification number</b><br>36-4006933 |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------|

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.

| (a) No.<br>from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|------------------------------------------|-------------------------------------|
| —                                     | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |                                          |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| (a) No.<br>from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| —                                     | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |                                          |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| (a) No.<br>from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| —                                     | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |                                          |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| (a) No.<br>from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
| —                                     | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |                                          |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |

Additional Data

Software ID:

Software Version:

EIN: 36-4006933

Name: The Earl and Bettie Fields  
Automotive Group Foundation Inc

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                                     | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                           |
|------------|-------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | <div>ME FIELDS INC</div> <div>2100 FRONTAGE ROAD</div> <div>GLENCOE, IL60022</div>                    | \$ <u>51,622</u>           | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> |
| <u>2</u>   | <div>FIELDS PAG INC</div> <div>963 WYMORE ROAD</div> <div>WINTER PARK, FL32789</div>                  | \$ <u>38,918</u>           | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> |
| <u>3</u>   | <div>FIELDS MOTORCARS OF FLORIDA INC</div> <div>963 WYMORE ROAD</div> <div>WINTER PARK, FL32789</div> | \$ <u>193,519</u>          | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> |
| <u>4</u>   | <div>JOHN FIELDS</div> <div>162 N BEACH ROAD</div> <div>HOBE SOUND, FL33455</div>                     | \$ <u>120,000</u>          | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> |
| <u>5</u>   | <div>DANIEL FIELDS</div> <div>440 HENKEL CIRCLE</div> <div>WINTER PARK, FL32789</div>                 | \$ <u>100,000</u>          | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> |
| <u>6</u>   | <div>FIELDS OF LAKE COUNTY LLC</div> <div>649 NEW AIRPORT ROAD</div> <div>FLETCHER, NC 28732</div>    | \$ <u>5,555</u>            | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for noncash contribution )</div> |

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                      | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                                                               |
|------------|----------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>7</u>   | <div>DAVE MCCULLOCH</div> <div>305 BASSWOOD RD</div> <div>LAKE FOREST, IL60045</div>   | \$ <div>10,000</div>       | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for<br/>noncash contribution )</div> |
| <u>8</u>   | <div>CJD SANFORD LLC</div> <div>75 TOWNE CENTER BLVD</div> <div>SANFORD, FL32771</div> | \$ <div>8,103</div>        | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for<br/>noncash contribution )</div> |
| <u>9</u>   | <div>VNF Inc</div> <div>770 West Frontage Road</div> <div>Northfield, IL60093</div>    | \$ <div>8,500</div>        | <div>Person <input checked="" type="checkbox"/></div> <div>Payroll <input type="checkbox"/></div> <div>Noncash <input type="checkbox"/></div> <div>(Complete Part II for<br/>noncash contribution )</div> |



**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which NO adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS

☐ **(F)** Long-term transactions not reported to you on Form 1099-B

**Note.** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

**Note:** To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**TY 2014 Depreciation Schedule**

**Name:**

The Earl and Bettie Fields  
Automotive Group Foundation Inc

**EIN:**

36-4006933

**TY 2014 Investments Corporate  
Bonds Schedule**

**Name:** The Earl and Bettie Fields  
Automotive Group Foundation Inc

**EIN:** 36-4006933

| Name of Bond          | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|-----------------------|---------------------------|----------------------------------|
| SEE ATTACHED SCHEDULE | 600,421                   | 591,530                          |

# TY 2014 Investments Corporate Stock Schedule

**Name:** The Earl and Bettie Fields

Automotive Group Foundation Inc

**EIN:** 36-4006933

| Name of Stock         | End of Year Book<br>Value | End of Year Fair<br>Market Value |
|-----------------------|---------------------------|----------------------------------|
| SEE ATTACHED SCHEDULE | 1,403,686                 | 1,647,904                        |

**TY 2014 Other Expenses Schedule****Name:** The Earl and Bettie Fields

Automotive Group Foundation Inc

**EIN:** 36-4006933

| Description       | Revenue and Expenses<br>per Books | Net Investment<br>Income | Adjusted Net Income | Disbursements for<br>Charitable Purposes |
|-------------------|-----------------------------------|--------------------------|---------------------|------------------------------------------|
| STATE FILING FEES | 13                                |                          |                     |                                          |
| BANK FEES         | 197                               |                          |                     |                                          |
| INVESTMENT FEES   | 1,663                             | 1,663                    |                     |                                          |
| MISCELLANEOUS     | 1,361                             | 1,361                    |                     |                                          |

TY 2014 Other Income Schedule

**Name:** The Earl and Bettie Fields  
Automotive Group Foundation Inc

**EIN:** 36-4006933

| Description                     | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|---------------------------------|-----------------------------------|--------------------------|---------------------|
| miscellaneous investment income | 2                                 | 2                        |                     |

## TY 2014 Other Liabilities Schedule

**Name:** The Earl and Bettie Fields

Automotive Group Foundation Inc

**EIN:** 36-4006933

| Description      | Beginning of Year -<br>Book Value | End of Year - Book<br>Value |
|------------------|-----------------------------------|-----------------------------|
| DUE TO B. BECKER | 180                               | 180                         |

TY 2014 Taxes Schedule

**Name:** The Earl and Bettie Fields  
Automotive Group Foundation Inc  
**EIN:** 36-4006933

| Category    | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|-------------|--------|--------------------------|------------------------|---------------------------------------------|
| FOREIGN TAX | 904    | 904                      |                        |                                             |

**The Earl and Bettie Fields Foundation**

**Schedule of Contributions**

**January 1, 2014 to**

**December 31, 2014**

| check # | Paid to                                    |           |
|---------|--------------------------------------------|-----------|
| 3388    | March of Dimes                             | 25,000 00 |
| 3396    | ESGA Elite Foundation                      | 250.00    |
| 3400    | Variety, the children's charity of FL, Inc | 5,000 00  |
| 3397    | Kohl Children's Museum                     | 25,000.00 |
| 3399    | SPCA                                       | 2,500.00  |
| 3401    | March of Dimes                             | 5,940 00  |
| 3402    | Foundation for Foster Children             | 10,000 00 |
| 3403    | Special Olympics                           | 500 00    |
| 3293    | ERASE Stigma                               | 100.00    |
| 3385    | The Philippines Red Cross                  | 5,000.00  |
| 3398    | The Junior League of Greater Lakeland      | 3,000 00  |
| 3409    | Orlando Magic Youth Foundation             | 3,000.00  |
| 3410    | United Way - Northwest                     | 2,135.00  |
| 3411    | Leukemia & Lymphoma Society                | 2,000.00  |
| 3412    | Land Rover Winnetka                        | 2,000 00  |
| 3413    | Fields Volvo Northfield                    | 2,000.00  |
| 3414    | Wesley Child Care Center                   | 300 00    |
| 3416    | Fields BMW                                 | 2,000 00  |
| 3404    | American Cancer Society                    | 200.00    |
| 3415    | Griffith Tutoring                          | 500 00    |
| 3418    | Feed the Dream                             | 500.00    |
| 3419    | Stanford University                        | 20,000 00 |
| 3420    | Stanford GSB                               | 3,000.00  |
| 3421    | Coast Guard Foundation                     | 1,000.00  |
| 3422    | Northfield Township Food Pantry            | 500 00    |
| 3423    | Make A Wish Foundation                     | 24,000.00 |
| 3425    | Union Church of Lake Bluff                 | 3,000 00  |
| 3427    | Low Bond Memorial 5K Walk Run              | 500.00    |

**The Earl and Bettie Fields Foundation**  
**Statement of Cash Receipts and Disbursements**  
**January 1, 2014 to**  
**December 31, 2014**

|                                                         |           |
|---------------------------------------------------------|-----------|
| 3424 Adrenaline Youth Sports                            | 500 00    |
| 3428 Muscular Dystrophy Association                     | 150.00    |
| 3429 Muscular Dystrophy Association                     | 150.00    |
| 3431 Hear Congo                                         | 5,000 00  |
| 3433 Easter Seals                                       | 9,000 00  |
| 3434 Charity Challenge, Inc                             | 2,500.00  |
| 3435 New Hope for Kids                                  | 5,000.00  |
| 3437 Tampa Museum of Art                                | 1,000.00  |
| 3438 Base Camp Children's Foundation                    | 10,000 00 |
| 3439 America's Vet Dogs                                 | 5,000.00  |
| 3440 Cystic Fibrosis Foundation                         | 5,000 00  |
| 3441 1 Boy 4 Change                                     | 1,000 00  |
| 3443 Back to Nature Refuge                              | 1,000.00  |
| 3444 Blessings in a Backpack                            | 1,000.00  |
| 3445 CF Foundation                                      | 1,000.00  |
| 3446 Compassionate Hands and Hearts                     | 1,000.00  |
| 3447 Conductive Education Center of Orlando             | 1,000 00  |
| 3448 Down Syndrome Assoc of Central Fl                  | 1,000.00  |
| 3449 For Autistic Kids                                  | 1,000 00  |
| 9450 Libby's Legacy Breast Cancer Foudation             | 1,000 00  |
| 2451 Our Place of New Trier Township                    | 1,000.00  |
| 3452 Project Walk Orlando                               | 1,000.00  |
| 3453 Ribbon Riders, Inc.                                | 1,000.00  |
| 3454 Team Red White and Blue                            | 1,000.00  |
| 3455 The Alzheimer's Associateion                       | 1,000.00  |
| 3456 The Chicago Lighthouse for the Blind               | 1,000 00  |
| 3457 The Porch Light                                    | 1,000.00  |
| 3458 Wounded Warrior Project                            | 1,000 00  |
| 3459 Zebra Coalition                                    | 1,000.00  |
| 3461 Association of Horizon, Inc.                       | 500.00    |
| 3464 Epilepsy Foundation of Greater Chicago             | 500.00    |
| 3466 Harbour House of Central Florida                   | 500.00    |
| 3467 House of Refuge Outreach Ministrier of Lakeland Fl | 500 00    |
| 3468 Make a Wish - Central Florida                      | 1,000 00  |
| 3469 Mattews Hope                                       | 500 00    |
| 3470 Midwesey Palliative and Hospice Care Center        | 500 00    |
| 3471 Friends of Lake Forest Parks and Recreation        | 35,000 00 |
| 3472 OCA - A special place for special needs            | 1,000.00  |
| 3473 One Heart for Women and Children                   | 500.00    |
| 3474 Operation Smile                                    | 500.00    |
| 3475 Our Community of Il, Inc.                          | 500.00    |
| 3476 Rett Syndrome Research Trust                       | 500 00    |
| 3477 The Mustard Seed of Central Florida                | 500.00    |
| 3478 The Sharing Center                                 | 500 00    |
| 3480 Youth Services of Glenview/Northbrook              | 500.00    |
| 3481 Hospice care partners                              | 400.00    |
| 3482 Administer Justice                                 | 400.00    |
| 3483 All Children's Hospital                            | 400.00    |
| 3484 ALS                                                | 400 00    |
| 3485 Beacon Place                                       | 400.00    |
| 3486 Buddy Cruise                                       | 400 00    |
| 3487 Central Florida Children s Home                    | 400.00    |
| 3488 Cure - Citizens United for Research on Epilepsy    | 400 00    |
| 3489 Gridlock                                           | 400.00    |

**The Earl and Bettie Fields Foundation**  
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|                                                       |        |
|-------------------------------------------------------|--------|
| 3490 Howard Brown Health Center                       | 400 00 |
| 3491 Misericordia                                     | 400.00 |
| 3492 Northern Illinois Food Bank                      | 400.00 |
| 3493 Paws Chicago                                     | 400.00 |
| 3494 Rainbows for All Children                        | 400 00 |
| 3495 Renee Israel Foundation                          | 400.00 |
| 3496 Ronald McDonald's House Central Florida          | 400.00 |
| 3497 Safe                                             | 400 00 |
| 3498 Shore Community Services, Inc.                   | 400 00 |
| 3499 Spina Bifida Association of Central Florida      | 400 00 |
| 3500 Starlight Children's Foundation Midwest          | 400.00 |
| 3501 The Autism Society of Illinois                   | 400.00 |
| 3502 The Cradle Adoption Agency                       | 400 00 |
| 3503 The H Foundation                                 | 400 00 |
| 3506 Camp Boggy Creek                                 | 300 00 |
| 3507 Career Resource Centerm                          | 300.00 |
| 3508 COTA                                             | 300.00 |
| 3509 Foundation Fighting Blindness                    | 300.00 |
| 3510 Give Kids the World                              | 300 00 |
| 3511 Healing Touch                                    | 300.00 |
| 3512 Hebni Nutrition Consultants, Inc                 | 300.00 |
| 3514 Make A Wish                                      | 300.00 |
| 3516 National Kidney Foundation                       | 300.00 |
| 3518 Sanford & Oviedo Crisis Pregnancy Center         | 300.00 |
| 3519 Skin of Steel NFP                                | 300 00 |
| 3521 Navy League of the US                            | 300 00 |
| 3522 St Michaels Soldiers                             | 300.00 |
| 3523 Team Salute                                      | 300.00 |
| 3524 Northshore University Hospital                   | 300.00 |
| 3525 The Danny Did Foundation                         | 300 00 |
| 3526 The Golden Apple                                 | 300.00 |
| 3527 The Young Adult Program                          | 300.00 |
| 3528 Wings of Hope Living Forward                     | 300.00 |
| 3529 A Grateful Mind International                    | 200 00 |
| 3530 Acts of Kindness                                 | 200 00 |
| 3531 Alliance for Independence                        | 200 00 |
| 3534 Arts Refreshing the Soul                         | 200.00 |
| 3537 Habitat for Humanity                             | 200 00 |
| 3538 Bach Festival Society of Winter Park             | 200.00 |
| 3539 Bear Necessities Pediatric Cancer Foundation     | 200 00 |
| 3540 Beyond Sports Education                          | 200.00 |
| 3542 Boystown of Central Florida                      | 200.00 |
| 3543 Brian Christopher Lanier Wings of Hope           | 200.00 |
| 3544 Bridge to Ability                                | 200 00 |
| 3545 Camp Kessem                                      | 200.00 |
| 3546 Cancer Care Foundation                           | 200.00 |
| 3547 Canine Companions for Independence               | 200.00 |
| 3548 Care and Care                                    | 200 00 |
| 3550 Center on Halsted                                | 200 00 |
| 3551 Centurion Battalion US Navy Sea Cadets           | 200 00 |
| 3552 Chaps Center for Horsemanship & Personal Success | 200 00 |
| 3553 Charity Cars, Inc                                | 200.00 |
| 3554 Chicago Scleroderma Foundation                   | 200 00 |
| 3556 Childhood Cancer Foundation, Inc.                | 200.00 |
| 3557 Children's Home Society of Florida               | 200 00 |
| 3558 Cinderellas Hope Cat Rescue                      | 200.00 |
| 3559 Citrus Center Boys & Girls Club                  | 200.00 |
| 3560 Club Esteem                                      | 200 00 |
| 3562 Community Hospice of North East Florida          | 200.00 |
| 3564 Crohn's & Colitis Foundation - Camp Oasis        | 200 00 |
| 3565 Cures Within Reach                               | 200.00 |
| 3567 Designs for Dignity                              | 200 00 |
| 3568 Dolly's Foundation                               | 200 00 |

**The Earl and Bettie Fields Foundation**  
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|                                                     |        |
|-----------------------------------------------------|--------|
| 3569 Dom Dziecka NFP                                | 200 00 |
| 3570 Dry Hontch of America, Inc                     | 200 00 |
| 3571 Dueling Dragons of Orlando                     | 200 00 |
| 3572 Embarc                                         | 200 00 |
| 3573 Excellerate                                    | 200.00 |
| 3574 FARA Friedreich's Ataxia Research Alliance     | 200.00 |
| 3575 Fare                                           | 200.00 |
| 3577 Foundation for Foster Children                 | 200 00 |
| 3578 Foundation for Women's Cancer                  | 200 00 |
| 3579 Freedom Ride, Inc                              | 200 00 |
| 3582 Gary Katz Foundation                           | 200.00 |
| 3583 Gilda's Club of Chicago                        | 200.00 |
| 3585 Great Lakes Adaptive Sports Association        | 200 00 |
| 3586 Greater Chicago Food Depository                | 200.00 |
| 3587 Growning Power                                 | 200 00 |
| 3588 Have Dreams                                    | 200 00 |
| 3589 Healing Touch Therapedic Riding                | 200.00 |
| 3590 Heartland Animal Shelter                       | 200 00 |
| 3591 Honor Flight Chicago                           | 200.00 |
| 3592 Hope for Huntington's Disease                  | 200 00 |
| 3594 Hunger Resource Network                        | 200.00 |
| 3595 Impower                                        | 200.00 |
| 3596 Interfaith House                               | 200.00 |
| 3597 JDRF Central Florida Chapter                   | 200 00 |
| 3599 MCC Joy Metropolitan Community Church          | 200.00 |
| 3600 Kids Bridge Family Visitation Center           | 200 00 |
| 3601 Kidspack                                       | 200 00 |
| 3602 Lawrence Hall Youth Services                   | 200 00 |
| 3604 Literature for All of Us                       | 200.00 |
| 3606 Luries Children's Hospital                     | 200.00 |
| 3608 Mars CFL, Inc                                  | 200 00 |
| 3609 Meals on Wheels, Etc                           | 200.00 |
| 3611 Mercy Home ofr Boys & Girls                    | 200 00 |
| 3614 New Hope of Orlando                            | 200.00 |
| 3615 New Trier Booster Club                         | 500.00 |
| 3616 Alzheimers & Dementia Resource Center          | 500.00 |
| 3617 North Shore Senior Center                      | 200 00 |
| 3618 Northwestern Settlement                        | 200.00 |
| 3621 Orlando Orthopedic Center Foundation           | 200 00 |
| 3622 Orlando Union Rescue Mission                   | 200.00 |
| 3623 PACE Center for Girls, Inc                     | 200 00 |
| 3624 Pet Rescue by Judy                             | 200 00 |
| 3625 Pine Hills Community Performing Art Center     | 200 00 |
| 3627 Russell Home for Atypical Children             | 200 00 |
| 3628 Second Harvest Foodbank of Central Florida     | 200.00 |
| 3629 Shepherds Hope                                 | 200.00 |
| 3630 Shriner's Hospitals for Children               | 200.00 |
| 3631 Small World Foundation                         | 200 00 |
| 3632 Spay N Save, Inc.                              | 200 00 |
| 3633 Special Gifts Theatre                          | 200.00 |
| 3636 St Gerards House                               | 200.00 |
| 3637 Sydney has a Sister                            | 200.00 |
| 3638 Ted Mullin Fund for Pediatric Sarcoma Research | 200 00 |
| 3639 The Auxillary of Evanston & Glenbrook Hospital | 200 00 |

**The Earl and Bettie Fields Foundation**  
**Statement of Cash Receipts and Disbursements**  
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|                                                          |          |
|----------------------------------------------------------|----------|
| 3640 The Chest Foundation                                | 200 00   |
| 3641 The Evans Scholars Foundation                       | 200 00   |
| 3642 The Josselyn Center for Mental Health               | 200.00   |
| 3643 The Leukemia & Lymphoma Society - Lite the Night Wa | 200.00   |
| 3644 The Puppy Mill Project                              | 200.00   |
| 3645 The Russell Home                                    | 200 00   |
| 3647 The Thomas Promise Foundation                       | 200 00   |
| 3650 Tri 4 Schools                                       | 200 00   |
| 3651 UCP of Central Florida                              | 200.00   |
| 3653 VISTE                                               | 200.00   |
| 3654 Waste Not Want Not                                  | 200 00   |
| 3655 Willow House                                        | 200.00   |
| 3656 Wilmette Open Lands                                 | 200 00   |
| 3657 Winnetka Community House                            | 200.00   |
| 3658 Winter Park Day Nursery                             | 200.00   |
| 3659 Wisconsin Lions Camp                                | 200.00   |
| 3660 AACC of Florida                                     | 100 00   |
| 3661 Adult Literary League of Orlando                    | 100 00   |
| 3662 Bombshell bullies Pit Bull Rescue                   | 100.00   |
| 3663 Bread of Fellowship, Inc.                           | 100 00   |
| 3664 Brianna Marie Foundation                            | 100.00   |
| 3665 Catholic Charities                                  | 100 00   |
| 3668 Christian Help                                      | 100 00   |
| 3670 Disability Wellness Center                          | 100 00   |
| 3671 Elevate Orlando                                     | 100 00   |
| 3672 K9's 4cops Program                                  | 100.00   |
| 3673 Evanston Hospital Auxiliary's Gala                  | 100.00   |
| 3674 Family Focus, Inc                                   | 100.00   |
| 3676 Fanconi Anemia Research                             | 100 00   |
| 3677 Fat Cat Rescue, Inc                                 | 100.00   |
| 3678 Friends For Animals Sanctuary                       | 100.00   |
| 3679 Florida Boxer Rescue                                | 100 00   |
| 3680 Florida Little Dog Rescue                           | 100.00   |
| 3681 HAVE Dreams                                         | 100 00   |
| 3682 Habitat for Humanity                                | 100 00   |
| 3683 Historic Pughsville Association, Inc.               | 100 00   |
| 3684 Hope in Oviedo                                      | 100.00   |
| 3685 Hope Now International, Inc.                        | 100.00   |
| 3586 Humane Society                                      | 100.00   |
| 3688 Jobs Partnerships                                   | 100.00   |
| 3689 Kids House Children's Advocacy Center               | 100 00   |
| 3690 Kiwanis Club of Daytona Beach                       | 100.00   |
| 3691 Lighthouse Ministries Hope Center                   | 100.00   |
| 3692 Little Bookworms Community Resource Agency, Inc.    | 100.00   |
| 3694 Love Inc of Brevard                                 | 100 00   |
| 3695 Mulliganeers                                        | 100.00   |
| 3696 Muskego Food Pantry                                 | 100 00   |
| 3697 Nami Metro Suburban Drop in Center                  | 100.00   |
| 3698 New Beginnings Global Outreach                      | 100.00   |
| 3699 Orlando Shakespeare Theater                         | 100.00   |
| 3700 Orlando Sports Foundation                           | 100 00   |
| 3701 Outreach Love, Inc.                                 | 100 00   |
| 3703 Polk County Alumni Chapter Florida A&M              | 100.00   |
| 3704 Share of Strength of the Nations Orlando            | 100.00   |
| 3706 Fields BMW                                          | 1,732.00 |
| 3707 Wounded Warrior                                     | 100 00   |
| 3708 SPCA FL                                             | 100.00   |
| 3709 Southern Cross Campus, Inc.                         | 100 00   |

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|                                                           |          |
|-----------------------------------------------------------|----------|
| 3710 The Arc of The St Johns                              | 100 00   |
| 3711 The Cara Program                                     | 100 00   |
| 3712 The Christian Sharing Center                         | 100 00   |
| 3713 The Enterprise Preservation Society                  | 100 00   |
| 3714 The Glenview Hangar One Foundation                   | 100.00   |
| 3715 The Jamaican American Association of Central Florida | 100.00   |
| 3717 The Parents Television Council                       | 100 00   |
| 3718 The Rescue Outreach Mission of Central Florida       | 100 00   |
| 3719 Unity Outreach                                       | 100 00   |
| 3721 Work Oriented Rehab Center                           | 100.00   |
| 3722 Young at Heart Pet Rescue                            | 100.00   |
| 3723 Meals on Wheels Orlando                              | 1,000.00 |
| 3724 Special Olympics                                     | 300.00   |
| 3725 Nami DKK                                             | 100 00   |
| 3727 North Center for Handicapped Children                | 250.00   |
| 3728 Orlando Philharmonic                                 | 250 00   |
| 3730 e Angel Community                                    | 100.00   |
| 3731 Lurie Children's Foundation                          | 250.00   |
| 3732 Marion Therapeutic Riding Association                | 100.00   |
| 3733 Habitat for Humanity of East & Central Pasco County  | 100.00   |
| 3734 Charcot Marie Tooth Association                      | 5,000 00 |
| 3735 Equestrian Connection                                | 250 00   |
| 3737 Florida Wildlife Hospital                            | 100 00   |
| 3738 Catholic Charities                                   | 1,500.00 |
| 3442 A Better life for Kids                               | 1,000.00 |
| 3462 Catholic Charities                                   | 500.00   |
| 3463 Dress for Success Greater Orlando                    | 500.00   |
| 3479 Wayne Densch YMCA                                    | 500 00   |
| 3504 1P36 Deletion Support and Awareness                  | 300 00   |
| 3505 Bambino Buddy Ball                                   | 300 00   |
| 3513 Loeffel Epilepsy Foundation                          | 300 00   |
| 3520 Snook & Gamefish Founation                           | 300.00   |
| 3532 St Michaels Soldiers                                 | 200.00   |
| 3533 Amerian Diabetes Association                         | 200.00   |
| 3541 Boys and Girls Clubs of Central Florida              | 200 00   |
| 3555 Chicago Windy City Lions Club                        | 200.00   |
| 3561 Coalition for Pulmonary Fibrosis                     | 200 00   |
| 3566 Dancing for Diabetes                                 | 200.00   |
| 3580 Free Geek Chicago                                    | 200 00   |
| 3593 Hope Reins, Inc.                                     | 200 00   |
| 3598 John McNichol Pediatric Brain Tumor Foundation       | 200 00   |
| 3603 Leukemia & Lymphoma Socitey Team in Training         | 200 00   |
| 3605 Living Kidney Donors Network                         | 200 00   |
| 3607 Marion County Literacy Council                       | 200 00   |
| 3613 Nami Cook Co North Suburban                          | 200.00   |
| 3619 Orange County Sheriff Founation                      | 200 00   |
| 3620 Orlando Gay Chorus                                   | 200.00   |
| 3634 St Augustine Seroma Club                             | 200 00   |
| 3635 St Demiana Captic Orthodox Church                    | 200 00   |
| 3646 The Scott Center for Autism Treatment                | 200 00   |
| 3648 Tianvica Riding Academy, Inc.                        | 200.00   |
| 3652 Uruyango Children's Network                          | 200 00   |
| 3666 Chicago Filmmakers                                   | 100 00   |
| 3675 Family Forever Animal Foundation                     | 100 00   |
| 3693 Liv For a Cure                                       | 100 00   |
| 3720 Voices for Illinois Children                         | 100 00   |
| 3726 Autism Society of Greater Orlando                    | 250.00   |
| 3736 The American Committee for The Weizerman Institute   | 300.00   |
| 3739 Community Based Care of Central Florida              | 5,000 00 |
| 3740 Community Based Care of Central Florida              | 5,000 00 |
| 3741 Solomon Schecher Day School                          | 500 00   |

**The Earl and Bettie Fields Foundation**  
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|---------------------------------------------------------------|------------|
| 3515 Me Strong                                                | 300 00     |
| 3581 Friends of Agassy                                        | 200.00     |
| 3584 Girls Inc of Lakeland                                    | 200.00     |
| 3649 Total Link 2 Community                                   | 200.00     |
| 3669 Creative Sanford                                         | 100.00     |
| 3687 Illinois Association for the Education of Young Children | 100 00     |
| 3746 Navy League Tampa Council                                | 1,000.00   |
| 3747 FSMA                                                     | 1,000 00   |
| 3749 Spay N Save                                              | 200 00     |
| 3750 Cure Search for Children's Cancer                        | 1,000.00   |
| 3667 Chicago Hope                                             | 100 00     |
| 3742 Pink Heels                                               | 200 00     |
| 3744 Lou Malnatis Cancer Research Fund                        | 1,250.00   |
| 3745 Alliance for early Childhood                             | 500 00     |
| 3748 Carbone Cancer Center                                    | 2,000.00   |
| 3751 Fields BMW Northfield                                    | 423.64     |
| 3752 Camp Boggy Creek                                         | 1,750.00   |
| 3753 IL Shock Wave                                            | 500 00     |
| 3755 North Chore Senior Center                                | 250 00     |
| 3743 Tampa Kiwanis Foundation                                 | 900 00     |
| 3754 Natonal Kidney Foundation                                | 1,500.00   |
| 3756 Mel's Bad Girls Club                                     | 200.00     |
| 3758 Positive Flow Foundation, Inc                            | 1,000.00   |
| 3760 Community Based Care of Central Florida                  | 6,457 42   |
| 3762 Fields BMW                                               | 1,575.18   |
| 3757 The RDHIZ Fund                                           | 100 00     |
| 3763 March of Dimes - Chefs                                   | 1,500.00   |
| 3764 Northfield Community Church                              | 150.00     |
| 3765 Union Church of Lake Bluff                               | 3,000.00   |
| 3766 St Michael's Soldiers                                    | 1,000 00   |
| 3767 Florida Hospital Foundation                              | 10,000.00  |
| 3768 Fields Infiniti - Charity Expenses March of Dimes        | 219 69     |
| 3769 The Neighborhood Chapel                                  | 650.00     |
|                                                               | <hr/>      |
| Total Contributions Paid                                      | 364,132.93 |

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