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# SCANNEL MAY 1 5 2015

Form **990-PF** Department of the Treasury Internal Revenue Service **Return of Private Foundation** 

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

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Ford	alen	dar year 2014 or tax year beginning		, and ending		
		foundation		<del>_</del>	A Employer identification	on number
		RCHILD FOUNDATION			26 54 5 1 5	
		PAUL W. FAIRCHILD, JR.			36-716448	8
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	161
		SOUTH RINGWOOD ROAD	natal and		847-295-0	
		own, state or province, country, and ZIP or foreign $ ho$ $ m E~FOREST$ , $ m IL~60045$	ostai code		C If exemption application is	pending, check here
		all that apply: Initial return	Initial return of a fo	rmer nublic charity	D 1 Foreign organization	ns check here
•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return	Amended return	Tiller public charity	D 1 Toleigh organization	its, direct liefe
		Address change	Name change		2 Foreign organizations in check here and attach in	neeting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex	<del></del>		E If private foundation st	
	] Se		Other taxable private founda	tion	under section 507(b)(	
I Fa	ır ma	rket value of all assets at end of year   J   Accounting		Accrual	F If the foundation is in a	
			her (specify)		under section 507(b)(	
		246,130 . (Part I, colu	mn (d) must be on cash b	pasis)		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		<u></u>	N/A	
	2	Check X if the foundation is not required to attach Sch. B Interest on savings and temporary		<del></del>	ļ <u></u>	
	3	cash investments	35.	35	•	STATEMENT 1
	4	Dividends and interest from securities	935.	935.	·	STATEMENT 2
		Gross rents		<del></del>		<del>                                     </del>
		Net rental income or (loss)	3,322.			
ine	oa b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 93,082.	3,344.			
Revenue	7	assets on line 6a 93, 002.  Capital gain net income (from Part IV line 2)		3,322.		
æ	8	Net short-term capital gain		3,322	ن ا ا ا ا	
	9	Income modifications		· <del></del>	16	
	10a	Gross sales less returns and allowances			CINZ OF	MAIN 12.
	b	Less Cost of goods sold			12	C.
	C	Gross profit or (loss)				1
	11	Other income			1 2.77	7
	12	Total Add lines 1 through 11	4,292.	4,292		
	13	Compensation of officers, directors, trustees, etc	0.	0.	·	0.
	14 15	Other employee salaries and wages Pension plans, employee benefits				
es	_	Legal fees			<del> </del>	
Expense		Accounting fees STMT 3	3,702.	1,851.	<del></del>	0.
ğχ		Other professional fees	5,,02.			
ve E		Interest				
Administrative	18	Taxes STMT 4	367.	0 .		0.
nist	19	Depreciation and depletion				
Ē	20	Occupancy				
d Ac	21	Travel, conferences, and meetings			<u> </u>	
and	22	Printing and publications			<del> </del>	
gui	23	Other expenses STMT 5	443.	443.	·	0.
Operating	24	Total operating and administrative	4 510	2 204		_
ŏ	25	expenses Add lines 13 through 23 Contributions, gifts, grants paid	4,512. 13,221.	2,294	•	13,221.
		Total expenses and disbursements	13,441.			13,441.
	20	Add lines 24 and 25	17,733.	2,294		13,221.
	27	Subtract line 26 from line 12	11,133.	4,434	<del>'</del>	13,441.
		Excess of revenue over expenses and disbursements	-13,441.			
		Net investment income (if negative, enter -0-)		1,998		<del></del>
	С	Adjusted net income (if negative, enter -0-)			N/A	
4235	) 1  - 14	LHA For Paperwork Reduction Act Notice, see	instructions			Form <b>990-PF</b> (2014)

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$\overline{}$			Degraphe of year		7164488 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	(a) book value	(b) book value	(c) Tall Warket Value
	1	Savings and temporary cash investments	35,783.	59,325.	59,325.
	1	Accounts receivable ►		3373231	337323.
	ľ	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			· · · · · · · · · · · · · · · · · · ·
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			· · · · · · · · · · · · · · · · · · ·
	1	Investments - corporate stock STMT 6	165,057.	128,074.	186,805.
	1	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe ►			
	16	Total assets (to be completed by all filers - see the			<u> </u>
		instructions. Also, see page 1, item I)	200,840.	187,399.	246,130.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ	19	Deferred revenue			
₹	20	Loans from officers, directors, trustees and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
ت	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26 and lines 30 and 31			
ĕ	24	Unrestricted			
or Fund Balances	25	Temporarily restricted			
1 Ba	26	Permanently restricted			
Š	}	Foundations that do not follow SFAS 117, check here			
౼౼		and complete lines 27 through 31			
	27	Capital stock, trust principal, or current funds	0.	0.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	200,840.	187,399.	
Net	30	Total net assets or fund balances	200,840.	187,399.	
	31	Total liabilities and net assets/fund balances	200,840.	<u> </u>	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	<u> </u>		·
•		st agree with end-of-year figure reported on prior year's return)	···		200,840.
2		r amount from Part I, line 27a		1 1	-13,441.
		r increases not included in line 2 (itemize)		2	-13,441. 0.
		lines 1, 2, and 3		3	187,399.
		eases not included in line 2 (itemize)		5	167,399.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	187,399.
_		Tarting Co	(0), 00	101	Form <b>990-PF</b> (2014)

C/O PAUL W. FAIRCHILD, JR.

F	Part IV Capital Gains a	nd Losses for Tax on In	vestmen	t Income					
		be the kind(s) of property sold (e.g shouse; or common stock, 200 shs			( <b>b)</b> Hor P - P D - [	w acquired Purchase Donation	(c) Date acqu (mo , day, y		(d) Date sold (mo., day, yr.)
<u>1a</u>									
_ <u>b</u>	SEE ATTACHED	STATEMENT							
_ <u>c</u>	· · · · · · · · · · · · · · · · · · ·				ļ		<del></del>		
<u>_d</u>					<u> </u>				
<u>e</u>			-		<u> </u>				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	, , , ,	st or other basis expense of sale			(h) Gain o (e) plus (f) r		
<u>a</u>									
<u>b</u>									
<u>d</u>				00 50					2 200
_е		source on the section of the section	1b a fa a dat. a a	89,76	0.	· · · · · · · · · · · · · · · · · · ·			3,322.
	Complete only for assets snowing	gain in column (h) and owned by	ı				l) Gains (Col. (f l. (k), but not le		
_	(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col (j), if any			Losses (fron		
<u>a</u>									
<u>b</u>									· <del></del> - · · · · · · · · · · · · · · · · ·
_ <u>c</u>									<del></del>
<u>d</u>									
<u>e</u>				······································					3,322.
2	Capital gain net income or (net capi	$ \begin{cases}     \text{If gain, also enter} \\     \text{If (loss), enter -0-} \end{cases} $			$\left  \cdot \right $	2			3,322.
3	Net short-term capital gain or (loss	) as defined in sections 1222(5) an	ıd (6):						
	If gain, also enter in Part I, line 8, co				}				
_	If (loss), enter -0- in Part I, line 8	-la Cati 4040(-) (-	<b>D</b>	·	نبلل	3		N/A	
ت	<del></del>	der Section 4940(e) for				stment in	come		· · · · · · · · · · · · · · · · · · ·
(Fc	or optional use by domestic private f	oundations subject to the section 4	1940(a) tax on	net investment in	come)				
If s	section 4940(d)(2) applies, leave this	s part blank							
		·							
	as the foundation liable for the section			•	lods				Yes X No
1	Yes," the foundation does not qualify				-1				
<u>-</u>	Enter the appropriate amount in ea		istructions be	fore making any e					(d)
	Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C)	hla-uca accato			oùtion ratio
	Calendar year (or tax year beginning	1 2 2 2		- Net value of flo			(601.	(a) aiv	ided by col. (c))
_	2013		5,725.			215,866			.072846
_	2012		5,722.			223,835			.070239
_	2011		5,458.			231,444			.066789
_	2010		3,796.			201,251			.068551
_	2009		2,758.		<u>·</u>	<u>171,966</u>	? •		.074189
^	Tetal of line 4, actions (d)								252617
	Total of line 1, column (d)	was been period, duvide the total of	an line O hii C	ar hii tha aireah air	-4		2		.352614
ა	Average distribution ratio for the 5-		on line 2 by 5,	or by the number	or years	<b>,</b>			07050
	the foundation has been in existence	e ii less iliali 5 years					_ 3		.070523
4	Enter the net value of noncharitable	-use assets for 2014 from Part X,	line 5				4		238,642.
5	Multiply line 4 by line 3						5		16,830.
6	Enter 1% of net investment income	(1% of Part I, line 27b)					6		20.
7	Add lines 5 and 6						7		16,850.
8	Enter qualifying distributions from f		46 - 1	Isas No. 2			8		13,221.
	If line 8 is equal to or greater than to See the Part VI instructions	ine 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1% 1	ax rate.			

FAIRCHILD FOUNDATION C/O PAUL W. FAIRCHILD, JR. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 40. 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 40. 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 -0-6 Credits/Payments: 300. 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 300. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 9 260. 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 260 . Refunded ▶ Enter the amount of line 10 to be: Credited to 2015 estimated tax 11 0. Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X any political campaign? 1a X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b 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? Х 1c 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 > \$ 0. X 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 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 Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 4b Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5

If "Yes," attach the statement required by General Instruction T
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?

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
Ba Enter the states to which the foundation reports or with which it is registered (see instructions)

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
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
10 Did any persons become substantial contributors during the tax year? If Yes attach a schedule listing their names and addresses

10 X Form **990-PF** (2014)

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FAIRCHILD FOUNDATION

	n 990-PF (2014) C/O PAUL W. FAIRCHILD, JR. 36-716 art VII-A   Statements Regarding Activities (continued)	<u>4488</u>		Page 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	T		ļ
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ PAUL W. FAIRCHILD, JR. Telephone no. ▶847-2	95-0	464	
	Located at ►899 SOUTH RINGWOOD ROAD, LAKE FOREST, IL ZIP+4 ►6	0045		
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		/A	·
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	, 1	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
D	foreign country	Щ		L
Pa	art 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
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No	1 1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) 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.)			
	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)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
(	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			7,
^	before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))	+ 1		
č	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?  Yes X No	l i		
	tf "Vos " Let the years			
,	b Are there any years listed in 2a for which the foundation is <b>not</b> 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.)	25		
,	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
•		İ		
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0.	during the year?  Yes X No			
ŀ	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			
Ì	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)  N/A	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70		- 27
	had not been removed from jeonardy before the first day of the tay year beginning in 2014?	46		v

FAIRCHILD FOUNDATION Form 990-PF (2014) C/O PAUL W. FAIRCHILD, JR. 36-7164488 Page 6 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: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any 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)? N/A 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 Yes No expenditure responsibility for the grant? N/A 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 Yes X No a personal benefit contract? Х 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 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. (d) Contributions to employee benefit plans and deterred compensation (b) Title, and average hours per week devoted (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address to position allowances PAUL W. FAIRCHILD, JR. TRUSTEE 899 SOUTH RINGWOOD DRIVE LAKE FOREST, IL 60045 1.00 0 0 0. REBECCA M. FAIRCHILD TRUSTEE 899 SOUTH RINGWOOD DRIVE LAKE FOREST, IL 60045 1.00 0. 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

Form **990-PF** (2014)

Total number of other employees paid over \$50,000

FAIRCHILD FOUNDATION		
Form 990-PF (2014) C/O PAUL W. FAIRCHILD, JR.  Part VIII Information About Officers, Directors, Trustees, Paid Employees, and Contractors (continued)	Foundation Managers, Highly	- <u>7164488 Page 7</u>
3 Five highest-paid independent contractors for professional services. If r		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include re number of organizations and other beneficiaries served, conferences convened, research	levant statistical information such as the papers produced, etc.	Expenses
1N/A		
		-
2		
3		
		-
4		_
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2.	Amount
1 N/A		- - -
2		
All other program-related investments. See instructions  3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

0. Form **990-PF** (2014)

36-7164488 Form 990-PF (2014) C/O PAUL W. FAIRCHILD, JR. Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1 Average monthly fair market value of securities 174,018. 1a Average of monthly cash balances 68,258. 1b c Fair market value of all other assets 1c 242,276. Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 Subtract line 2 from line 1d 3 276. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 3,634. 4 238,642. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 11,932. 6 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.) Minimum investment return from Part X, line 6 11,932. Tax on investment income for 2014 from Part VI, line 5 40. Income tax for 2014 (This does not include the tax from Part VI) 2b Add lines 2a and 2b 2с Distributable amount before adjustments. Subtract line 2c from line 1 11,892. 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 892 5 Deduction from distributable amount (see instructions) 6 0. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 892 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 13,221. 1a Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 13,221 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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income, Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

4940(e) reduction of tax in those years

### FAIRCHILD FOUNDATION Form 990-PF (2014) C/O PAUL W. FAIRCHILD, JR.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
1 Distributable amount for 2014 from Part XI, line 7		, care p. c. to 20 to		11,892.
2 Undistributed income, if any, as of the end of 2014				11,092.
a Enter amount for 2013 only			0.	
b Total for prior years:		•	5,	
3 Excess distributions carryover, if any, to 2014:		0.		
a From 2009 4, 164.				
<b>b</b> From 2010 4,583.				
c From 2011 4,348.				
d From 2012 4,860.				
e From 2013 5, 436.				
f Total of lines 3a through e	23,391.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 13,221.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			-	
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				11,892.
e Remaining amount distributed out of corpus	1,329.			•
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	24,720.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr.			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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	4,164.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	20,556.			
10 Analysis of line 9:				<u> </u>
<b>a</b> Excess from 2010 <b>4</b> , 583.				
b Excess from 2011 4,348.				
c Excess from 2012 4,860.				
d Excess from 2013 5, 436.				
e Excess from 2014 1,329.			<u> </u>	
423581 11-24-14				Form <b>990-PF</b> (2014)

Form 990-PF (2014) C/O PAU	L W. FAIRCH	IILD, JR.		36-71	L <b>64488</b> Pa	ge 1
Part XIV Private Operating For	<b>oundations</b> (see in	structions and Part VI	I-A, question 9)	N/A		
1 a If the foundation has received a ruling of	determination letter tha	t it is a private operating				
foundation, and the ruling is effective for	2014, enter the date of	the ruling	<b>&gt;</b>	<u>-</u>		
<b>b</b> Check box to indicate whether the found	ation is a private operati	ng foundation described	in section	4942(j)(3) or 4	942(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total	
investment return from Part X for						
each year listed						
<b>b</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					į	
for active conduct of exempt activities.					į	
Subtract line 2d from line 2c 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				<u></u>	.]	
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets	
at any time during t	he year-see inst	ructions.)	<del></del>			
Information Regarding Foundation     a List any managers of the foundation wh     year (but only if they have contributed in     SEE STATEMENT 7	o have contributed more		tributions received by the	e foundation before the clo	ose of any tax	
b List any managers of the foundation who ther entity) of which the foundation has			(or an equally large port	on of the ownership of a p	partnership or	
NONE	<del>-</del>					
2 Information Regarding Contribution Check here ► X if the foundation o	nly makes contributions	to preselected charitable	organizations and does			
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations i	under other conditions, c	omplete items 2a, b, c, an	d d.	
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addre	essed:		
<b>b</b> The form in which applications should b	e submitted and informa	ation and materials they s	hould include:			
c Any submission deadlines:	****					_
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	, kınds of institutions, or	other factors		

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year A SAFE PLACE NONE PUBLIC SOCIAL WELFARE 2710 17TH STREET, SUITE 100 ZION, IL 60099 200. AMERICAN RED CROSS NONE PUBLIC SOCIAL WELFARE 2025 E STREET, NW WASHINGTON DC 20006 500. AMHERST COLLEGE ALUMNI FUND NONE PUBLIC EDUCATIONAL P.O. BOX 5000 AMHERST, MA 01002 1,821. ART INSTITUTE OF CHICAGO PUBLIC NONE EDUCATIONAL 111 SOUTH MICHIGAN AVENUE CHICAGO, IL 60603 500. AUTISM SPEAKS NONE PUBLIC SOCIAL WELFARE 5455 WILSHIRE BLVD., #2250 LOS ANGELES CA 90036 200. SEE CONTINUATION SHEET(S) Total ▶ 3a 13,221. b Approved for future payment NONE Total **▶** 3b

### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated t	Unrelated business income Excluded by s			(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a					
b					
<u> </u>					
d					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments				· · · · · · · · · · · · · · · · · · ·	
3 Interest on savings and temporary cash	<del></del>				
investments			14	35.	
4 Dividends and interest from securities			14	935.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	3,322.	
9 Net income or (loss) from special events					- · · - · · · · · · · · · · · · · · · ·
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					<del></del>
d					
e				4 000	
12 Subtotal Add columns (b), (d), and (e)		(	0.	4,292.	0. 4,292.
13 Total. Add line 12, columns (b), (d), and (e)	,			13	4,292.
(See worksheet in line 13 instructions to verify calculat					
Part XVI-B Relationship of Activi	ties to the Accon	plishment of	Exempt P	urposes	
Line No Explain below how each activity for wh	•	, ,		importantly to the accomp	lishment of
the foundation's exempt purposes (oth	er trian by providing fund:	s for such purposes).	•		

ILAV	relationship of Activities to the Accomplishment of Exempt Furposes
No ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
_	
-+	
t	
_	

# 4) C/O PAUL W. FAIRCHILD, JR. 36-7164488 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2014) Part XVII Ir

the Code (other than section 50(c)(3) organizations) or in section 527, retaining to political organizations?  1 Infantis retain the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets  5 Other transactions:  (3) Floridation of transactions:  (3) Floridation of a concharitable exempt organization  (4) Sales of assets for on a noncharitable exempt organization  (5) Sales of assets from a noncharitable exempt organization  (6) Floridation of securities of properties of propertie	1 Did th	e organization directly or indir	rectly engage in any	of the followin	g with any other organization	on described in sect	ion 501(c) of		Yes	No
19 (1) Salts assets 6 (their transactions: 19 Pouchassets 10 (1) Salts of assets to an anotherisable exempt organization 19 Pouchasset of a seets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchasset of assets from a noticharisable exempt organization 19 Pouchas	the Co	de (other than section 501(c)	)(3) organizations) o	r in section 52	7, relating to political organ	uzations?				
22   Differ assets	<b>a</b> Trans	fers from the reporting founda	ation to a noncharital	ble exempt or	ganization of:					
(2) Other assets   142  X   Subtractions:  (1) Sels of assets for a noncharitable evempt organization   161  X   X   162  Purchases of assets from a noncharitable evempt organization   161  X   X   162  Purchases of assets from a noncharitable evempt organization   161  X   162  X   163  X   164  X   164  X   165  X	(1) C	ash						1a(1)		Х
10   Site of assets or a noncharitable exempt organization   11   X   X   15   X   16   X   X   X   X   X   X   X   X   X	(2) C	ther assets								
(2) Purchases of assets from a noncharable exempt organization   (3) Retail of bottomies, equipment, or other assets   (3) Retail of bottomies, equipment, or other assets   (3) Retail of bottomies, equipment, or other assets   (3) Retail of bottomies, equipment, organizations   (3) Lears or form guarantees   (4) Lears or form guarantees	<b>b</b> Other	transactions:							-	
(2) Purchases of assets from a noncharable exempt organization   (3) Retail of bottomies, equipment, or other assets   (3) Retail of bottomies, equipment, or other assets   (3) Retail of bottomies, equipment, or other assets   (3) Retail of bottomies, equipment, organizations   (3) Lears or form guarantees   (4) Lears or form guarantees	(1) S	ales of assets to a noncharital	ble exempt organizat	ion				16(1)		Х
(a) Ramal of facilities, goupment, or other assets  (b) Losis or foan guarantees  (c) Petromance of services or membership or fundraising solicitations  (d) Petromance of services or membership or fundraising solicitations  (e) Petromance of services or membership or fundraising solicitations  (e) Petromance of services or membership or fundraising solicitations  (e) Petromance of services or membership or fundraising solicitations  (f) It is asswer 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 received.  (b) Amount involved (c) Name of monotheridable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  (b) Amount involved (c) Name of organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  (e) Petromance of services or membership organization (d) Description of relationship (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Description of relationship (e) Type of organization (e) Description of relationship (e) Type of o										
(4) Rembursement arrangements (5) Leans or loan guarantees (6) Petromance of services or membership or fundraising solicitations (6) Petromance of services or membership or fundraising solicitations (7) Petromance of services or membership or fundraising solicitations (8) Petromance of services or membership or fundraising solicitations (8) If the answer to any of the above 's reg. complete the following schediels. Column (b) should always show the fair market value of the goods, other assess, 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 (g) the value of the goods, other assess 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 (g) the value of the goods, other assess or services given by the reporting foundation of the properties.  22a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization  (d) Description of relationship arrangements.  N/A  22a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (d) Description of relationship arrangements are set to 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 52??    Ves				<b>3</b>					~ -	
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Exercise of the answer to any the above is "tes," complete the following schedule. Column (1) should always show the fair market value of the goods, other assets, or services received.  3) Line to 1 (8) Amount involved (1) Name of noncharidable exempt organization (1) Description of transfers, transactions, and artising arrangements.  2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization (1) Description of transfers, transactions, and arrangements.  N/A  2a. Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationships  N/A  (b) Type of organization (c) Description of relationships  N/A  1 Treusman  Priority per preparer's name  Priority per perparer's name  Priority perparer'										
(e) Performance of services or membership or fundratising solicitations  • Sharing of facilities, equipment, mailing lists, other assets, or paid employees  • 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 gown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services gown by the results of the goods, other assets, or services gown by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) Amount involved  • (a) Name of noncharitable exempt organization  • (b) Amount involved  • (c) Name of noncharitable exempt organization  • (d) Description of transfers, transactions, and sharing arrangements and sharing arrangements are sharing arrangements.  • (a) Name of organization  • (b) Type of organization  • (c) Description of relationship  • (d) Description of relationship  • (e) Description of relationship  • (e) Description of relationship  • (f) De		<del>-</del>								
Sharing of facilities, equipment, mailing lists, other assets, or paid employees  It If he answer to any of the above is "ves," complete the following schedule. Column (s) should always show the fair market value of the goods, other assets, or services received.  It is not services given by the reporting foundation. If the foundation received less than fair market value in any it transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  It is not services given by the reporting foundation of the goods, other assets, or services received.  It is not serviced the goods, other assets, or services received.  If yes a service is received.  If yes a se			mhershin or fundrai	sına salıcıtatın	ne					
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 the goods, other assets, or services received.  4) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) cescription of transfers, transactions, and sharing arrangements in section 50 (c) of the Code (other than section 50 1(c) of the Code (other than section 50 1(c)(3)) or in section 50 1(c) of the Code (other than section 50 1(c)(3)) or in section 50 1(c) of the Code (other than section 50 1(c)(3)) or in section 50 1(c) of the Code (other than section 50 1(c)(3)) or in section 50 1(c) of the Code (other than section 50 1(c)(3)) or in section 50 1(c) of the Code (other than section 50 1(c)(3)) or in section 50 1(c) or in section										
or services given by the reporting foundation. If the foundation eccived 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, bransactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more lax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    Yes   X  No				•	· ·	wave chow the fair i	market value of the goods, of		ote l	
a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N / A  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?  1 If Yes, Complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N / A									cis,	
a) Lundor penalties of peruty 1 declare that have examined this return, including accompanying schadules and distements and to the best of my knowledge settlements the management of the penalties of peruty 1 declare that have examined this return, including accompanying schadules and distements and to the best of my knowledge settlements to the correct and complete Declaration of the penalties of peruty 1 declare that have examined this return, including accompanying schadules and distements and to the best of my knowledge settlements to the correct and complete Declaration of prepare (other than texpelve) is based on all information of which prepare has any knowledge settlements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my knowledge accompanying schadules and distements and to the best of my kno					cu icss triali iair ffiai ket vait	ie ili aliy transactioi	TOF SHAFING AFFANGEMENT, SH	OW III		
N/A  2a is the foundation directly or indirectly athiliated 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   X   No					avemnt organization	(d) December				
2a Is the foundation directly or inducetly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (c) of the Code (other than section 501(c)(3)) or in section 527?    If Yes, complete the following schedule:   (a) Name of organization   (b) Type of organization   (c) Description of relationship   N/A   (b) Type of organization   (c) Description of relationship   N/A   (c) Description of relationship   (c) Description of relationship   (d) Type of organization   (e) Description of relationship   (e) Descript	a) Cilie 110	(b) / inodite involved	(c) Name of		- CACTIFIC OF GATILEATION	(d) Description	Tot transfers, transactions, and sr	iaring ari	angeme	nis
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1				N/A	<del> </del>					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes							· · · · · · · · · · · · · · · · · · ·			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes						_	<del></del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes					· · · · · · · · · · · · · · · · · · ·		<del></del>			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	-					<del>_</del>				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1	•									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If Yes, complete the following schedule.  (a) Name of organization  N/A    Sign   Under penalties of perjury   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 Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true correct and complete Obclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief it is true.  PrintyType preparer's name  Preparer's signature  PrintyType preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN self-employed  Pol 10 4 5 1 2 0  Firm's name MORRISON & MORRISON LTD.  Firm's EIN More 36 - 31 4 31 8 6  Phone no 312 - 346 - 214 1										
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes	2a Is the	foundation directly or indirect	tly affiliated with or r	elated to one	or more tax-exempt organi	zations described				
Sign   Under penalties of perjury   declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge   May the IRS discuss this return with the preparer shown below (see inst; )?						zutions described		7 Vac	x	No.
(a) Name of organization  N/A    Name of organization   (b) Type of organization   (c) Description of relationship				(0)) 01 111 3001	1011 027		<u> </u>	103		J 110
N/A  Sign Here  Paid Preparer Use Only  Preparer Use Only  Firm's address ▶ 19 SOUTH LASALLE ST., SUITE 1100  CHICAGO, IL 60603  Phone no 312-346-2141	<b>U</b> 11 100				(b) Type of organization	T	(c) Description of relationship	n		
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 shown below (see instr.)?  TRUSTEE  TRUSTEE  TRUSTEE  TRUSTEE  Tritle  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Print/Ty		· · · · · · · · · · · · · · · · · · ·			(b) Type of organization		(v) Description of relationship	Р		
Sign   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's name   Preparer's name   Print/Type preparer's name   Prin		1N/ IX	<del></del>							
Sign   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's name   Preparer's name   Print/Type preparer's name   Prin		<del> </del>								
Sign   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's name   Preparer's name   Print/Type preparer's name   Prin		•					<del></del>			
Sign   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's name   Preparer's name   Print/Type preparer's name   Prin										
Sign   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Print/Type preparer's name   Preparer's signature   Print/Type preparer's name   Print/Type preparer's name   Preparer's name   Preparer's name   Print/Type preparer's name   Prin		-da11-a11	15-115							
Here	l						May			
Signature of officer or trustee  Date  Title  Print/Type preparer's name  Preparer's signature  Preparer Use Only  Firm's address ▶ 19 SOUTH LASALLE ST., SUITE 1100  CHICAGO, IL 60603  Pale  TROSTEE  TROSTEE  A Yes No  TROSTEE  Trostes  Print's EIN ▶ 36-3143186  Polio 45120  Print's EIN ▶ 36-3143186	Sign	POI	1 . 1			<b>L</b>	show	n with the	s prepare (see inst	er tr)?
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Proparer's signature  Print/Type preparer's name  Proparer's signature  Print/Type preparer's name	1 .	and whom	and		5/5/15	<b>▼</b> TRUSTI	<u>3Ε</u> LX	Yes		JNo
Paid Preparer Use Only  Firm's address ▶ 19 SOUTH LASALLE ST., SUITE 1100 CHICAGO, IL 60603  Pigh Self- employed P1/27/5  P01045120 Pond 51-3143186  Phone no 312-346-2141		Signature of officer or trustee	!	<b>,</b>	Date	Title	<b>L</b>			
Paid Preparer Use Only  Firm's address ▶ 19 SOUTH LASALLE ST., SUITE 1100 CHICAGO, IL 60603  P01045120 P01045120 Firm's EIN ▶ 36-3143186		Print/Type preparer's na	ime	Preparer's si	gnature	Date	Check If PTIN			
Preparer Use Only  Firm's name ► MORRISON & MORRISON LTD.  Firm's address ► 19 SOUTH LASALLE ST., SUITE 1100  CHICAGO, IL 60603  Phone no 312-346-2141						11/2-11.	self- employed			
Preparer Use Only   Firm's name ► MORRISON & MORRISON LTD.   Firm's EIN ► 36-3143186	Paid	FRED M. BR	ODY			17/27/15	P01	045	120	
Use Only  Firm's address ▶ 19 SOUTH LASALLE ST., SUITE 1100  CHICAGO, IL 60603  Phone no 312-346-2141	•	111111311111111111111111111111111111111	RISON & M	ORRISO	N/LTD.					
CHICAGO, IL 60603 Phone no 312-346-2141	Use Or				[/					
CHICAGO, IL 60603 Phone no 312-346-2141		Firm's address ▶ 19	SOUTH LA	SALLE	ST. SUITE 1	100				
		l l					Phone no 312-34	6-2	1 4 1	
										(2014)

Capital Gains and Los	ises for rax on investment income			T	
(a) List and 2-story bri	describe the kind(s) of property solick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 150 SH STRATAS	YS LTD		P	08/13/13	01/14/14
b 119 SH CELGENE			P	07/15/13	
c 30 SH CELGENE (			P	01/30/14	
d 100 SH FACEBOOK			P	09/23/13	
e 220 SH GILEAD S			P	12/10/13	
f 74 SH MIDDLEBY			P	10/01/13	
g 386 SH COGNIZAL		S	P	10/01/13	
h					
1					
k					
1					
m					
n_					
_0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) llus (f) minus (g)	
a 17,235.		16,058.			1,177.
b 16,553.		16,021.			532.
c 4,173.		4,685.			-512.
d 5,676.		4,985.			691.
e 15,934.		16,055.			-121.
16,288.		15,927.			361.
g 17,223.		16,029.			1,194.
h					
1					
k					
<u> </u>					
m					
n					
0					
Complete only for assets showin	g gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(1) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		of col (h) gain over ot less than "-0-")	col. (k),
a					1,177.
b					532.
С				<u>.</u>	-512.
d				· <u> </u>	691.
<u>e</u>					-121.
f					361.
g					1,194.
h			<del></del>		
1					
<del></del>					
<u>k</u>			<del></del>		
<u> </u>			·		
<u>m</u>					
n	···			<del></del>	· — .— .— .
0					
2 Capital gain net income or (net cap	pital loss) { If gain, also enter "-0	ın Part I, line 7 -" ın Part I, line 7	2		3,322.
	s) as defined in sections 1222(5) an	d (6)			
If gain, also enter in Part I, line 8, of (loss), enter *-0-* in Part I, line 8		}	3	N/A	

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or Foundation show any relationship to status of recipient Amount contribution any foundation manager Name and address (home or business) or substantial contributor BRAIN RESEARCH FOUNDATION NONE PUBLIC MEDICAL RESEARCH 5812 S. ELLIS AVENUE, MC 7112, ROOM 500. J-141 CHICAGO, IL 60637 CANCER WELLNESS CENTER NONE PUBLIC SOCIAL WELFARE 215 REVERE DRIVE NORTHBROOK, IL 60062 300. NONE CATO INSTITUTE PUBLIC SOCIAL WELFARE 1000 MASSACHUSETTS AVENUE, N.W WASHINGTON, DC 20001 500. CONSUMER REPORTS FOUNDATION NONE PUBLIC SOCIAL WELFARE 101 TRUMAN AVENUE 200. YONKERS NY 10703 DELTA RESCUE PUBLIC NONE SOCIAL WELFARE P.O. BOX 9 GLENDALE, CA 91209 200. DOCTORS WITHOUT BORDERS NONE PUBLIC SOCIAL WELFARE 333 7TH AVENUE, 2ND FLOOR 500. NEW YORK, NY 10001 FISHER HOUSE FOUNDATION NONE PUBLIC SOCIAL WELFARE 111 ROCKVILLE PIKE, SUITE 420 ROCKVILLE MD 20850 500. FRIEDMAN FOUNDATION FOR EDUCATIONAL NONE PUBLIC EDUCATIONAL CHOICE ONE AMERICAN SQUARE, SUITE 2420 INDIANAPOLIS, IN 46282 500. GIRLS IN THE GAME NONE PUBLIC SOCIAL WELARE 1501 W RANDOLPH STREET CHICAGO, IL 60607 300. GIRLS INC. NONE PUBLIC SOCIAL WELFARE 120 WALL STREET NEW YORK, NY 10005 400. Total from continuation sheets 10,000.

Part XV Supplementary Information	ו			
8 Grants and Contributions Paid During the Y				
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
GORTON COMMUNITY CENTER	NONE	PUBLIC	SOCIAL WELFARE	
400 EAST ILLINOIS ROAD			Booms waaring	
LAKE FOREST, IL 60045				200.
GREATER CHICAGO FOOD DEPOSITORY	NONE	PUBLIC	SOCIAL WELFARE	
4100 W. ANN LURIE PLACE	NONE	OBBIC	BOCINE WEELING	
CHICAGO, IL 60632				400.
HABITAT FOR HUMANITY	NONE	PUBLIC	SOCIAL WELFARE	
315 N. MARTIN LUTHER KING JR. AVENUE	HONE	TOBBIC	BOCIAL WELLTAKE	
WAUKEGAN, IL 60085				400.
HARTWELL FIRST UNITED METHODIST	NONE	PUBLIC	SOCIAL WELFARE	1
CHURCH 200 EAST HOWELL STREET				
HARTWELL GA 30643				100.
INTREPID FALLEN HEROES WEST 46TH STREET AND 12TH AVENUE	NONE	PUBLIC	SOCIAL WELFARE	
NEW YORK, NY 10036				500.
LAKE FOREST OPEN LANDS	NONE	PUBLIC	SOCIAL WELFARE	
350 NORTH WAUKEGAN ROAD LAKE FOREST, IL 60045				200.
LAMBS FARM 14245 WEST ROCKLAND ROAD	NONE	PUBLIC	SOCIAL WELFARE	
LIBERTYVILLE IL 60048				400.
MEMORIAL SLOAN-KETTERING CANCER	NONE	PUBLIC	SOCIAL WELFARE	
CENTER				
1275 YORK AVENUE NEW YORK NY 10065				600.
new rotat, wr roots				
MERCY HOME FOR BOYS & GIRLS	NONE	PUBLIC	SOCIAL WELFARE	
1140 W. JACKSON BLVD. CHICAGO, IL 60607				600.
2.120.30, 12 0000.				
NATIONAL MILITARY FAMILY ASSOCATION	NONE	PUBLIC	SOCIAL WELFARE	
3601 EISENHOWER AVENUE. SUITE 425 ALEXANDRIA, VA 22304				500.
Total from continuation sheets				500.
rotar nom continuation sneets				1

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
SACRED HEART OF JESUS CATHOLIC CHURCH 1077 TOWER ROAD	NONE	PUBLIC	SOCIAL WELFARE	
WINNETKA, IL 60093				100
SALVATION ARMY 5040 N. PULASKI ROAD	NONE	PUBLIC	SOCIAL WELFARE	
CHICAGO, IL 60630				500
SPECIAL OLYMPICS ILLINOIS	NONE	DUDI TO		
605 E. WILLOW STREET	NONE	PUBLIC	SOCIAL WELFARE	
NORMAL, IL 61761				100
THE HILLARY FOUNDATION	NONE	PUBLIC	SOCIAL WELFARE	
5102 EAST WINDSTONE TRAIL	ANONE	FORLIC	SOCIAL WELFARE	
CAVE CREEK, AZ 85331				300
UNITED STATES OLYMPICS COMMITTEE	NONE	PUBLIC	SOCIAL WELFARE	
1 OLYMPIC PLAZA	NONE	T OBBIC	SOCIAL WELFARE	
COLORADO SPRINGS, CO 80909				200
VANDERBILT UNIVERSITY	NONE	PUBLIC	EDUCATIONAL	
2301 VANDERBILT PLACE				
NASHVILLE, TN 37240				200
WORLD WILDLIFE FUND	NONE	PUBLIC	SOCIAL WELFARE	
1250 24TH STREET, NW WASHINGTON, DC 20077				500
MAGNINGTON, DC 20077				300
WTTW CHANNEL 11	NONE	PUBLIC	EDUCATIONAL	
5400 NORTH ST. LOUIS AVENUE CHICAGO, IL 60625				300
				300
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVIN	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE			) NUE OOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME
MORGAN STANLEY SMIT HOLDINGS, LLC	H BARNEY		35.		35.	
TOTAL TO PART I, LINE 3		35.		35.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	ST- ADJUSTED
MORGAN STANLEY SMITH BARNEY HOLDINGS, LLC	935.		0.	935.	93	35.
TO PART I, LINE 4	935.	,	0.	935.	93	35.
FORM 990-PF		ACCOUNTI	NG FEE	S		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I		(C) ADJUSTEI NET INCOM	CHARITABLE
ACCOUNTING FEES	<del></del>	3,702.		1,851.		0.
TO FORM 990-PF, PG	1, LN 16B	3,702.		1,851.		0.

FORM 990-PF	TAX:	ES		STATEMENT 4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
IL ANNUAL FILING FEE FEDERAL EXCISE TAX	15. 352.	0.		0.	
TO FORM 990-PF, PG 1, LN 18 =	367.	0.		0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
INVESTMENT FEES	443.	443.	•	0.	
	443.	442			
TO FORM 990-PF, PG 1, LN 23	443.	443.			
TO FORM 990-PF, PG 1, LN 23  FORM 990-PF	CORPORAT			STATEMENT 6	
		E STOCK	OK VALUE		
FORM 990-PF	CORPORAT:	E STOCK		STATEMENT FAIR MARKET	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

7

NAME OF MANAGER

PAUL W. FAIRCHILD, JR. REBECCA M. FAIRCHILD