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### Form **990-PF**

**Return of Private Foundation** 

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

For 0	caler	idar year 2014 or tax year beginning		, and ending	_	
Nar	ne of	foundation	-		A Employer identification	n number
F	RA	NKEL FAMILY CHARITABLE	TRUST			
С	/0	STÈINBERG ADVISORS, L'	TD		36-7347911	_
Nun	nber a	nd street (or P O box number if mail is not delivered to stree	et address)	Room/suite	B Telephone number	- <del>-</del>
5	R	EVERE DRIVE, SUITE 400			847-205-47	700
		own, state or province, country, and ZIP or foreign	nostal code	l.	C If exemption application is p	
-		THBROOK, IL 60062	pootar oodo		o ii exemption application is p	bencing, check hare
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization:	s check here
u	11001	Final return	Amended return	anior public charty	D 1 Torcigit organization	S, GIICGK HOIC
		X Address change	<u> </u>		2 Foreign organizations me check here and attach co	eeting the 85% test,
	haal		Name change		check here and attach co	omputation
H - C	_		exempt private foundation		E If private foundation sta	
<u></u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1	)(A), check here $ ightharpoonup$
			ting method: X Cash	Accrual	F If the foundation is in a	
			Other (specify)		under section 507(b)(1	)(B), check here ►∟
		1,648,156. (Part I, col	umn (d) must be on cash b	oasis.)		71
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
	,	necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	217,047.		N/A	
	2	Check In the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	35,123.	35,123.	,	STATEMENT 1
	5a	Gross rents		•		
	Ь	Net rental income or (loss)				
	۱ ـ	Net gain or (loss) from sale of assets not on line 10	5,523.			<del></del>
ğ	l on	Gross sales price for all	7,525.		TO E	
Revenue	7	assets on line 6a SO, SOS.  Capital gain net income (from Part IV, line 2)		5,52-3-	# GEIVE	
æ	l '		*	1471		1
	8	Net short-term capital gain		<del></del>	PR 16 2015 3	
	9	Income modifications Gross sales less returns			PR 16 2015	1
	Ι.	and allowances			1. V. T. V.	
	l	Less Cost of goods sold		1 00		1
	C	Gross profit or (loss)			'LIV. UI	ļ
	11	Other income			ļ	ļ
	12	Total Add lines 1 through 11	257,693.	40,646.		
	13	Compensation of officers, directors, trustees, etc	0.	0.	,	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits		·		
ses	16a	Legal fees				
and Administrative Expens	b	Accounting fees STMT 2	6,800.	0.	,	6,800
X	С	Other professional fees				
ě	17	Interest				
ati	18	Taxes STMT 3	363.	363.		0
str	19	Depreciation and depletion				
를	20	Occupancy				
호	21	Travel, conferences, and meetings				<del></del>
ğ		Printing and publications		·	<del></del>	<del></del>
_	22		10		<del> </del>	+
atıng	23	Other expenses STMT 4	10.	0.	·	0
a.	24	Total operating and administrative	7 172	262		6 000
Ö		expenses Add lines 13 through 23	7,173.	363.		6,800
_	25	Contributions, gifts, grants paid	84,050.	-		84,050
	26	Total expenses and disbursements				
		Add lines 24 and 25	91,223.	363.		90,850
	27	Subtract line 26 from line 12:				
Operating	a	Excess of revenue over expenses and disbursements	166,470.			
	b	Net investment income (if negative, enter -0-)		40,283		
	C	Adjusted net income (if negative, enter -0-)			N/A_	
4235	01 4-14	LHA For Paperwork Reduction Act Notice, see	e instructions			Form <b>990-PF</b> (201

Form 990-PF (2014) C/O STEINBERG ADVISORS, 36-7347911 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 366,698. 310,174. 310,174. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable 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 236,352. STMT 6 245,057. 1,337,982. b Investments - corporate stock c 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 603,050. 555,231. instructions. Also, see page 1, item I) 1,648,156. 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 22 Other liabilities (describe > 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted ▼ [X] Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 0. 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0 603,050. 555,231 29 Retained earnings, accumulated income, endowment, or other funds š 603,050. 555,231 30 Total net assets or fund balances 603,050. 555,231 31 Total liabilities and net assets/fund balances 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) 603,050. 2 Enter amount from Part I, line 27a 2 <u>166,470.</u> 3 Other increases not included in line 2 (itemize) ► ADJUSTMENT TO BASIS OF SECURITIES 487. 4 Add lines 1, 2, and 3 770,007. 4 5 Decreases not included in line 2 (itemize) SEE STATEMENT 5 214,776. 5 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 <u>555,231.</u>

Form **990-PF** (2014)

F	Part IV   Capital Gains	and Los	sses for Tax on In	vestmen	t Income						· ·
			d(s) of property sold (e.g. or common stock, 200 shs			( <b>b</b> )   P D	How a - Purc - Don	cquired chase ation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
	CAPITAL GAIN D							P		-	_
_	PUBLICLY TRADE					ļ		P	VARI		12/31/14
		BLICLY TRADED SECURITIES P			VARI	OUS	12/31/14				
_	<del></del>								<del></del>	<del> </del>	<del></del>
6		(f) D	epreciation allowed	(a) Cos	st or other basis	<u> </u>			/b\ (	Gain or (loss	\
	(e) Gross sales price		(or allowable)		expense of sale					s (f) minus	
	159.		-								159.
b					94	2.				_	32.
	FF 436	_			50,10	4.			-		5,332.
	<u> </u>										
_6											
_	Complete only for assets showing	<del></del>	`,	he foundation	on 12/31/69					Col. (h) gain	
	(i) F.M.V. as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			CO		not less tha (from col. (	
_a	1										159.
_ <u>b</u>	)										32.
_					<del></del>						5,332.
e						_		<del></del>	<del>,</del>	<del></del>	
2	Capital gain net income or (net ca	pıtal loss)	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	ın Part I, line ın Part I, line	7 7	}	2				5,523.
3	Net short-term capital gain or (los	s) as defin	ed in sections 1222(5) and	d (6):							
	If gain, also enter in Part I, line 8,	column (c)	).							/ -	
E	If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Se	ection 4940(e) for	Reduced	Tay on Not	Jp.v	3 Ostn	nont Inc	·omo	N/A	·
_								Terre inc	Joine		
(1	or optional use by domestic private	loungation	ns subject to the section 4	940(a) tax on	net investment in	come	÷.)				
lf :	section 4940(d)(2) applies, leave th	ns part blai	nk.								
	as the foundation liable for the sect "Yes," the foundation does not qual				•	iods					Yes X No
<u>"</u> 1	Enter the appropriate amount in					ntries	<u>-</u>				
_	(a)		(b)		3 3 3	(c)		_	ĺ	D -1 -1	(d)
	Base periód years Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dist	ributions	Net value of no			-use assets		Distrit (col. (b) div	oùtión ratio vided by col. (c))
	2013		4:	3,184.	_	1	,14	5,985		<u> </u>	.037683
	2012		2	5,894.				7,657			.030548
_	2011			7,012.			56	6,721	. •		.030018
_	2010			4,336.				6,994			.030055
_	2009		41	<u>8,309.</u>			41	7,684			.115659
2	Total of line 1, column (d)								2		.243963
	Average distribution ratio for the	5-year base	e period - divide the total o	n line 2 by 5,	or by the number	of ye	ars				
	the foundation has been in exister	nce if less t	han 5 years		-	-			3		.048793
4	Enter the net value of noncharitab	le-use asse	ets for 2014 from Part X, I	пе 5					4		1,428,896.
5	Multiply line 4 by line 3								5		69,720.
6	Enter 1% of net investment incom	ne (1% of P	Part I, line 27b)						6		403.
7	Add lines 5 and 6								7		70,123.
8	Enter qualifying distributions from	n Part XII, I	ine 4						8		90,850.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, che	ck the box in Part VI, line	1b, and comp	lete that part using	g a 1	% tax	rate.			

_	m 990-PF (2014) C/O STEINBERG ADVISORS, LTD	<u> 36-</u>	73479	<del>)</del> 11		Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u> 4948 </u>	<u>- see in</u>	stru	ıctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.	1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
1	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1			4	03.
	of Part I, line 27b					
(	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				0.
3	Add lines 1 and 2	3			4	03.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			4	03.
6	Credits/Payments:			_		
á	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1, 985	.				
	Exempt foreign organizations - tax withheld at source 6b	i '				
	: Tax paid with application for extension of time to file (Form 8868)	7 /				
	f Backup withholding erroneously withheld 6d	-				1
	Total credits and payments. Add lines 6a through 6d	7		-	1 9	85.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u> </u>	<del></del>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>			
10		10		-	1 5	82.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	11	<u> </u>		<u> </u>	0.
	art VII-A Statements Regarding Activities					
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
	any political campaign?	•	T	1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n)?	F	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish					<del></del> -
	distributed by the foundation in connection with the activities.	0.0				
6	Did the foundation file Form 1120-POL for this year?			1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		.	10		
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	<u>.</u>				1
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>			-	i
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
	If "Yes," attach a detailed description of the activities		-			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	-		3		x '
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		·	5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.	e law				ı
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XI	V		7	X	
	, , , , , , , , , , , , , , , , , , , ,					
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IL		— I			
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)		— I			
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	endar	-			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		_x_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
	and addresses			<u> </u>		<del></del>

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	art 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		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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► NONE			
14	The books are in care of ▶ SAMUEL H. FRANKEL, C/O STEINBERG AD Telephone no. ▶847-20	5-4	700	
	Located at ▶ 5 REVERE DRIVE, SUITE 400, NORTHBROOK, IL ZIP+4 ▶60	062		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
	foreign country			:
Pa	ort VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		'	<del></del>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		_	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			ì
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1
	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.)		.	Ì
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)?  N/A	1b	1	· . 1
	Organizations relying on a current notice regarding disaster assistance check here	<u> </u>		
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		İ	
	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)):			,
а	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			į
-	before 2014?			
	If "Yes," list 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.)  N/A	2b		•
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	•	,		1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
h	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.		1	
	Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	2.		
A2	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		
U	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	1.		х
	national statement of the motion of the tax your beginning in 2014.	4b	1	Λ

7 mm				
LTD	<del></del>	<u> 36-73479</u>	911	Page 6
Form 4/20 May Be	Required (contin	ued)		<del></del>
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tion described in section	<del></del> 1.			
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ry, or educational purposes, or				
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	in Regulations		_	
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	. —	l		
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stees, Foundation Ma	anagers, nigniy	,		
ir compensation.				
(b) Title, and average	(c) Compensation	(d) Contributions to	1 6	e) Expense
(b) Title, and average hours per week devoted to position	(If not paid.	(d) Contributions to employee benefit plans and deferred	ac	e) Expense count, other
hours per week devoted to position		(d) Contributions to employee benefit plans and deferred compensation	ac ac	e) Expense count, other allowances
hours per week devoted	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	ac	e) Expense count, other allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation		e) Expense count, other allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE	(If not paid, enter -0-)	compensauon		allowances
hours per week devoted to position  TRUSTEE  1.00	(If not paid, enter -0-)	O .		0 .
hours per week devoted to position  TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average	enter "NONE."	O .		0 .
hours per week devoted to position  TRUSTEE  1.00	(If not paid, enter -0-)	O .	(ac	allowances
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
TRUSTEE  1.00  cluded on line 1). If none, (b) Title, and average hours per week	enter "NONE."	(d) Contributions to employee benefit plans and deferred	(ac	O .
	ion 4945(e))?  i; or to carry on, directly or indirectly or educational purposes, or inder the exceptions described tructions)?  In the tax because it maintains or indirectly or indire	ion 4945(e))?  It or to carry on, directly or indirectly,  es?  It ion described in section  Try, or educational purposes, or for  Inder the exceptions described in Regulations tructions)?  It has because it maintained  In I has because it maintained  In I has because it maintained  I has because it maint	tion 4945(e))?  It ion 4945(e))?  It is or to carry on, directly or indirectly,  It is or to carry on, directly,  It is or to c	tion 4945(e))?  It on 4945(e))?  It or to carry on, directly or indirectly,  It on described in section  If yes X No  It on described in section  If yes X No  If

Form **990-PF** (2014)

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

Form 990-PF (2014) C/O STEINBERG ADVISORS, LTD	36-	7347911	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	<b>(c)</b> Com	pensation
NONE	·		
Total number of others receiving over \$50,000 for professional services		<b>•</b>	0
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,  1 N/A		Expense	S
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	Land 2	Amount	
1 N/A	1 0110 2.	Amount	
2			
All other program-related investments. See instructions.  3			
Total. Add lines 1 through 3	<b>•</b>		0.

36-7347911

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; a Average monthly fair market value of securities <u>1,090,964.</u> 1a Average of monthly cash balances 359,692. 1b c Fair market value of all other assets 1c 1,450,656. d Total (add lines 1a, b, and c) 1đ Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 0. 1e Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 3 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 21,760. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 1,428,896. 5 Minimum investment return Enter 5% of line 5 6 .445. 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 71,445. Tax on investment income for 2014 from Part VI, line 5 403. 2a Income tax for 2014. (This does not include the tax from Part VI.) 2b Add lines 2a and 2b 403. C 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 042. Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 5 042. Deduction from distributable amount (see instructions) 6 6 n 71 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 042 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 90,850. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 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: a Suitability test (prior IRS approval required) За 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 4 90,850 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 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

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,			2010	2011
line 7				71,042.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2014:		0.		-
• *				
<b>a</b> From 2009 <b>6</b> , <b>037</b> . <b>b</b> From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	6,037.			
4 Qualifying distributions for 2014 from	0,037.	· · · · · · · · · · · · · · · · · · ·		
Part XII, line 4: ►\$90,850.				
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				71,042.
e Remaining amount distributed out of corpus	19,808.			, = 1 0 = = 0
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				ŧ
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,845.			
<b>b</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				0.
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				100 714 .0
not applied on line 5 or line 7	6,037.	•		
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	19,808.			
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 19,808.				5 000 PE (0014)

Part XIV Private Operating F	INBERG ADVI		/II.A. question (I)		347911 Page 1
<del></del>	<del></del>		<del></del>	N/A	
1 a If the foundation has received a ruling of		-			
foundation, and the ruling is effective fo	•	_	▶ └	40.40(1/0)	40.404.1451
b Check box to indicate whether the found		ng toundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	(b) 2013	Prior 3 years (c) 2012	(d) 2011	
income from Part I or the minimum	(a) 2014	(0) 2013	(6) 2012	(4) 2011	(e) Total
investment return from Part X for					
each year listed					
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			ļ		
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	<del></del>				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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:			<del></del>		
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)	1				
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info			if the foundation	had \$5,000 or r	nore in assets
at any time during t	ne year-see insti	ructions.)			
1 Information Regarding Foundation	=				
a List any managers of the foundation wh year (but only if they have contributed in	o have contributed more nore than \$5,000). (See s	than 2% of the total cor ection 507(d)(2) )	tributions received by the	foundation before the o	lose of any tax
SAMUEL H. FRANKEL					
<ul> <li>b List any managers of the foundation wh other entity) of which the foundation has</li> </ul>			(or an equally large portio	n of the ownership of a	partnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation of				ot accept uncollected re	augete for funde. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations	under other conditions, co	mplete items 2a, b, c, a	ind d
a The name, address, and telephone num	ber or e-mail address of t	he person to whom app	lications should be addres	sed:	
b The form in which applications should b	e submitted and informa	tion and materials they :	should include:		· · · · · · · · · · · · · · · · · · ·
c Any submission deadlines;					
d Any restrictions or limitations on awards	s, such as by geographic	al areas, charitable fields	s, kinds of institutions, or o	ther factors	

Form 990-PF (2014) C/O STEINBERG ADVISORS, LTD

ADVISORS, LTD 36-7347911 Page 11

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CHARITABLE AMERICAN HEBREW ACADEMY N/A 4334 HOBBS RD 10,000, GREENSBORO NC ASSOCIATION OF WOMEN IN MATHEMATICS N/A CHARITABLE 11240 MAPLES MILL RD 1,000. FAIRFAX, VA B'NAI AMOONA CONGREGATION N/A RELIGIOUS 324 S MASON ROAD 5,000. ST LOUIS, MO 63141 BETH CHAIM CONGREGATION RELIGIOUS N/A 1800 HOLBROOK DRIVE 12,250. DANVILLE, CA 94506 CHABAD JEWISH CENTER N/A RELIGIOUS 3977 HUNT ROAD CINCINNATI OH 45236 10,200, SEE CONTINUATION SHEET(S) ▶ 3a 84 050 Total **b** Approved for future payment NONE **▶** 3b Total

Unrelated business income

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

Enter gross amounts unless otherwise indicated.	Unrelated business income		Exclu	uded by section 512, 513, or 514	(e)		
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income		
1 Program service revenue:	code	7	code	Anount	Idiletion medine		
a				-,			
b							
C		· · · · · · · · · · · · · · · · · · ·					
đ			<u> </u>				
e			ļ				
f					<del></del>		
g Fees and contracts from government agencies			ļ				
2 Membership dues and assessments			<u> </u>		<del></del>		
3 Interest on savings and temporary cash			}				
investments					,		
4 Dividends and interest from securities			14	35,123.	,		
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	5,523.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:					<del></del>		
a							
b					-		
C							
d		,					
e							
e12 Subtotal. Add columns (b), (d), and (e)		0.		40,646.	0.		
		0.			0. 40,646.		
12 Subtotal. Add columns (b), (d), and (e)		0.			40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	the Acc			13	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to		omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
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12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which income	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which income	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
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12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incom	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which income	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
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12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which income	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which income	ne is reported	omplishment of Ex	emp	13 ot Purposes	40,646.		

NORTHBROOK, IL 60062

Form 990-P		TEINBER	G ADVISC	RS, LTD		36-73	347911	Pa	age 13
Part XV	Information Re		ansfers To	and Transactions	and Relations	hips With Nonc	haritable		
1 Did the			any of the follows	a with any other organizati	on described in sect	on F01/a) of	1	Yes	No
	e organization directly or indi					011 50 1(0) 01	ŀ	162	140
	de (other than section 501(c)			- · ·	nizations		ŀ		
	ers from the reporting founda	ation to a nonch	aritable exempt or	ganization or:					l
(1) Ca							1a(1)		X
• •	ther assets						1a(2)		X
	ransactions:								
(1) Sa	ales of assets to a noncharital	ble exempt orgai	nization				1b(1)		X
(2) Pu	urchases of assets from a noi	ncharitable exem	npt organization				1b(2)		X
(3) Re	ental of facilities, equipment,	or other assets					1b(3)		Х
(4) Re	eimbursement arrangements						1b(4)		X
(5) Lo	oans or loan guarantees						1b(5)		X
(6) Pe	erformance of services or me	mbership or fun	draising solicitation	ons			1b(6)		Х
	g of facilities, equipment, ma						1c		Х
d If the a	nswer to any of the above is	"Yes," complete	the following sch	edule. Column (b) should al	ways show the fair m	narket value of the goo	ds. other ass	ets.	
	rices given by the reporting fo							,	
	n (d) the value of the goods,				,,		,		
(a) Line no	(b) Amount involved	<del></del>		e exempt organization	(d) Description	of transfers, transactions,	and sharing ar	rangeme	ents
·/			N/A		(0)		and onlawing to	· argomo	
			N/A		<del></del>		_		
	<del></del>			<del></del>	<del>                                     </del>		_		
		-							
					<del></del>				
	<del></del>	<u> </u>			<del></del>	<del></del>			
				· · · · · · · · · · · · · · · · · · ·					
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+			· · · ·					-	
		, , , , , , , , , , , , , , , , , , ,	·		-	<del></del>			
					_	<del></del> -			
						<u> </u>			
2a Is the f	oundation directly or indirect	tly affiliated with,	or related to, one	or more tax-exempt organi	zations described				
ın sect	ion 501(c) of the Code (other	than section 50	1(c)(3)) or in sect	tion 527?			Yes	X	ON 🗌
b If "Yes,	<u>complete</u> the following sche	edule.							
	(a) Name of org	anization		(b) Type of organization	(	c) Description of relati	onship		
	N/A								
	<del></del> -								
						<del> </del>			
	ider penalties of perjury, I declare t						May the IRS		<u> </u>
Sign an	d belief, it is trile, correct, and com	nplete Declaration o	of preparer (other tha	n taxpayer) is based on all inform	nation of which preparer	has any knowledge	return with the	e prepar	er
Here	Xunh			×315/15	TRUSTE	:E	shown below X Yes		] No
5	Signature of officer or trustee		_	Date	Title		103		
	Print/Type preparer's na	ıme	Preparer's s		Date	Check If PT	TN		
	, , , , , , , , , , , , , , , , , , ,		101	1 /11/11	1 1 1	self- employed			
Paid	DANIEL A.	WOLF	Wan	. <i>المالال الجريا</i> لي	3/5/15	, ,	00806	685	
Prepare			ADVICORC	T.TD	<u> </u>	Firm's EIN ► 36 -			
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<b></b> .	Firm's address ▶ 5	REVERE	DRIVE		<del></del>		<del></del>		
			C1(T A T)			I			

Phone no. (847) 205-4700

### Schedule B

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

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

Name of the organization

ion
FRANKEL FAMILY CHARITABLE TRUST

C/O STEINBERG ADVISORS, LTD

Employer identification number

36-7347911

Organization type (check one): Section: Filers of: ] 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 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 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 1/3% 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),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
FRANKEL 'FAMILY CHARITABLE TRUST
C/O STEINBERG ADVISORS, LTD

Employer identification number

36-7347911

Part I	Contributors	(see instructions	). Use duplicate co	pies of Part I if addit	ional space is needed
--------	--------------	-------------------	---------------------	-------------------------	-----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAMUEL H. FRANKEL  5143 COYLE AVE  SKOKIE, IL 60077	\$217,0 <b>4</b> 7.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

### FRANKEL 'FAMILY CHARITABLE TRUST C/O STEINBERG ADVISORS, LTD

36-7347911

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1900 SHARES OF APPLE		
		\$\\$\$	12/29/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number FRANKEL 'FAMILY CHARITABLE TRUST C/O STEINBERG ADVISORS, LTD 36<u>-</u>7347911 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Entit Ihis Inflo once) > \$ Use duplicate copies of Part III if additional space is needed (a) No. from 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from 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. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient CINCINNATI COMMUNITY KOLLEL N/A CHARITABLE 2241 LOSANTIVILLE AVE 1,000. CINCINNATI OH CHARITABLE CONTRA COSTA MIDRASHA N/A 74 ECKLEY LANE 1,000. WALNUT CREEK, CA 94596 DAVID HOROWITZ FREEDOM CENTER N/A CHARITABLE PO BOX 55089 5,000. SHERMAN OAKS CA 91499-1964 JEWISH EDUCATION FOR EVERY PERSON N/A EDUCATIONAL 1995 SECTION ROAD 2,350. CINCINNATI, OH 45237 JEWISH FEDERATION OF CINCINNATI N/A CHARITABLE 8499 RIDGE ROAD CINCINNATI, OH 1.000. JEWISH FEDERATION OF THE EAST BAY N/A RELIGIOUS 300 GRAND AVENUE 1,000. OAKLAND, CA 94610 JEWISH UNITED FUND OF CHICAGO CHARITABLE N/A 30 S WELLS 2,500. CHICAGO, IL 60606 KOL EMETH CONGREGATION N/A RELIGIOUS 5130 W TOUHY AVENNUE SKOKIE, IL 60077 10,000. NATIONAL ASSOCIATION OF SCHOLARS N/A CHARITABLE 8 WEST 38TH STREET, SUITE 503 NEW YORK, NY 10018 2,000. CHARITABLE N/A ORT AMERICA 3701 COMMERCIAL 5,000. NORTHBROOK IL Total from continuation sheets 45,600.

**Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient PRAGER UNIVERSITY FOUNDATION N/A CHARITABLE 10045 RED RUN BLVD OWINGS MILLS, MD 5,000. REUTLINGER COMMUNITY FOR JEWISH N/A CHARITABLE LIVING 4000 CAMINO TASSAJARA DANVILLE, CA 3,500. THE ARK N/A CHARITABLE 6450 N CALIFORNIA AVEUE CHICAGO IL 60645 1.000. THE ATHENIAN SCHOOL N/A EDUCATIONAL 2100 MT DIABLO SCENIC BLVD DANVILLE, CA 3,250. TORAH AND NATURE FOUNDATION CHARITABLE N/A 9200 SUNSET BLVD WEST HOLLYWOOD, CA 1,500. UNITED WAY - ST LOUIS OFFICE N/A CHARITABLE 910 N. 11TH ST LOUIS, MO 500. Total from continuation sheets

FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUR	ITIES ST	PATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MESIROW FINANCIAL	35,123.		0. 35,123.	35,123.	
TO PART I, LINE 4	35,123.		0. 35,123.	35,123.	
FORM 990-PF		ACCOUNTI	NG FEES	នា	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		6,800.	0.		6,800.
TO FORM 990-PF, PG 1,	LN 16B	6,800.	0.		6,800.
FORM 990-PF		TAX	ES	Sī	'ATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID		363.	363.		0.
TO FORM 990-PF, PG 1,	LN 18	363.	363.		0.
FORM 990-PF		OTHER E	XPENSES	ST	'ATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
MISCELLANEOUS EXPENSE	_	10.	0.	<del></del>	0.
TO FORM 990-PF, PG 1,	LN 23	10.	0.		0.
	=				

FORM 990-PF	OTHER DECREASI	ES IN NET ASSETS C	OR FUND BALANCES	STATEMENT	5
DESCRIPTION				AMOUNT	
COST ADJUSTME SECURITIES	NT BETWEEN BOOK	VALUE AND FMV OF	CONTRIBUTED	214,7	76.
TOTAL TO FORM	1990-PF, PART II	II, LINE 5		214,7	76.
FORM 990-PF		CORPORATE STOC		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE	Т
COMMON STOCK	- SEE ATTACHED S	STATEMENT	245,057.	1,337,98	82.

Statement for the Period December 1, 2014 to December 31, 2014

FRANKEL FAMILY CHARITABLE TRUST - Trust: Under Agreemnt Account Number: WMP-002538



### Holdings

NFS-provided cost basis, realized gain (loss) and holding period information may not reflect all adjustments necessary for tax purposes. Please refer to Footnotes and Cost Basis Information at the end of this statement for more information.

CASH AND CASH EQUIVALENTS - 19.62% of Total Account Value

					A CONTRACT OF CONTRACT OF THE	CONTRACTOR	AND DESCRIPTION OF THE PERSONS ASSESSED.
Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/14	Current Market Value	Estimated Annual Income		
Money Markets							
FEDERATED US TREAS CASH RESERVES FD SS Dividend Option Cash Capital Gam Option Cash	FS FD SS TISXX CASH	326,674.09	\$1.00	\$326.674 09			
Total Cash and Cash Equivalents	23			\$326,674.09			
HOLDINGS > EQUITIES - 78.94% of Total Account Value	78.94% of Total Accou	nt Value					
Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/14	Current Market Value	Estimated Annual Income	Total Cost Basis	Unrealized Gain (Loss)
Equity							
ALLSTATE CORP Estimated Yield 1.59% Dividend Option Cash Capitel Gain Option Cash Next Dividend Paveble 01/02/15	ALL MARGIN	470	<i>\$7</i> 0 25	<b>\$33,017.50</b>	\$526 40	\$6,959 69 T	\$26,057.81
ALTRIA GROUP INC Estimated Yield 422% Dividend Option Cash Capital Gain Option Cash Next Dividend Pavable 01/09/15	MARGIN	2,500	\$49.27	\$123,175.00	\$5,200,00	12,511,94	
APPLE INC Estimated Yield 1.70% Dividend Option Cash	AAPL	3,195	\$110.38	\$352,664.10	\$6,008.60	\$3,822 42 C	\$348,841.58
Capital Gain Option Cash							



Statement for the Period December 1, 2014 to December 31, 2014

FRANKEL FAMILY CHARITABLE TRUST - Trust: Under Agreemnt Account Number: WMP-002538



## HOLDINGS > EQUITIES continued

TO THE TOTAL OF TH	Symbol/Cusip Account Type	Quantity	Price on 12/3 1/14	Current Market Value	Estimated Annual Income	Total Cost Basis	Uhrealized Gain (Loss)
Artes Carri Al. Cuttr CUM STK USDO.001 Estimated Yield 9.74% Dividend Option Cash Capital Gain Option Cash	ARCC MARGIN	415	\$15 605	\$6,476 08	\$630.80	\$11,865 02 T	(\$5,389.94)
BALL CORP Estimated Yield O 76% Dividend Option Cash Capital Gain Option Cash	BLL MARGIN	1,296	\$68 17	\$88,348.32	\$673.92	\$12,880.87 T	\$75,467 45
BANK OF MONTREAL COM NPV ISIN #CA0636711016 SEDOL #2076009 Dividend Option Cash Capital Gain Option Cash	BM0 MARGIN	746	\$70.73	\$52,764 58		\$41,133.67 T	\$11,630.91
CHEVRON CORP NEW Stimated Yield 3.81% Dividend Option Cash Septial Gain Option Cash	CVX MARGIN	236	\$112.18	\$26,474.48	\$1,010.08	\$5,000 00 T	\$21,474.48
CONOCOPHILLIPS Estimated Yield 4.22% Dividend Option Cash Capital Gain Option Cash	COP MARGIN	745	90 693	\$51,449.70	\$2,175.40	٥٢.١٧٢,٤١	
RON MOUNTAIN INC DEL Estimated Yield 491% Dividend Option Cash Capital Gain Option Cash	IRM	396	\$3866	\$15,309.36	\$752.40	\$2,715 14 T	\$12,594.22
KRAFT FOODS GROUP INC COM NPV Estimated Yield 3.51% Dividend Option Cash Capital Gain Option Cash Next Dividend Payable 01/16/15	KRFT MARGIN	807	\$62 66	\$50,568 62	\$1,775.40	364219	
MB FINANCIAL INC NEW COM ISIN FUSS5264U1088 SED0L #2817651 Estimated Yield 170% Dividend Option Cash Capital Gain Option Cash	MBF1 MARGIN	482	\$32.86	\$15,838.52	2569 25	1 80 770,18	\$14,761.44

FRANKEL FAMILY CHARITABLE TRUST - Trust: Under Agreemnt Account Number: WMP-002538



# HOLDINGS > EQUITIES continued

	Symbol/Cusip Account Type	Quantity	Price on 12/31/14	Current Market Value	Estimated Annual Income	Total Cost Basis	Unrealized Gain (Loss)
MONDELEZ INT. INC COM Estimated Yield 165% Dwidend Option Cash Capital Gain Option Cash Next Dividend Payable: 01/15/15	MDLZ MARGIN	1,038	\$36.325	\$37,705.35	\$622.80	30/1168	
OLD REPUBLIC INTL CORP Estimated Y ield 499% Dividend Option Cash Capital Gain Option Cash	ORI MARGIN	821	\$14.63	\$12,011 23	\$589.33	\$4,989 93 T	\$7,021.30
PHILIP MORRIS INTL INC COM Estimated Yield 4.91% Dividend Option Cash Capital Gain Option Cash Next Dividend Payable: 01/09/15	PM Margin	3,500	\$81 45	\$285,075 00	\$14,000 00	39559,W	
RAYTHEON CO COM NEW Estimated Yield 2.23% Dividend Option Cash Capital Gain Option Cash Next Dividend Payable: 02/05/15	RTN MARGIN	727	\$108 17	\$24,554 59	\$549.34	\$6,114.74 T	\$18,439.85
THERMO FISHER SCIENTIFIC INC Estimated Yield 0 47% Dividend Opton Cash Capital Gam Option Cash Next Dividend Payable 01/15/15	TMO MARGIN	549	\$125.29	\$68,784.21	\$329.40	NA	
US BANCORP DEL COM NEW Estimated Yield 2.18% Dividend Opton Cash Capital Gain Opton Cash Next Dividend Payable 01/15/15	USB MARGIN	307	\$44.95	\$13,789 65	\$300 86	\$918.97 T	\$12,880 68
VANGUARD BD INDEX FD INC SHORT TERM BD ETF Estimated Yield 1.19% Dividend Option Cash Capital Gain Option Cash	BSV MARGIN	700	\$79.95	\$55,965.00	\$671 04	\$56,168.93 T	(\$203 93)

Statement for the Period December 1, 2014 to December 31, 2014

FRANKEL FAMILY CHARITABLE TRUST - Trust: Under Agreemnt Account Number: WMP-002538



HOLDINGS > EQUITIES continued

Description	Symbol/Cusip Account Type	Quantity	Price on 12/31/14	Current Market Value	Estimated Annual Income	Total Unrealized Cost Basis Gain (Loss)	Unrealized Gain (Loss)
Total Equity				\$1,313,979.29	\$36,093.69	\$153,647.46	\$543,575.95
Total Equities				\$1,313,979.29	\$36,093.69	\$153,647.46	\$543,575.95
Total Securities				\$1,313,979.29	\$36,093.69	415984746-	\$543,575.95
HOLDINGS > OTHER SECURITIES - 1.44% of Total Account Value	CURITIES - 1.44% of Total Accour	al Account Value					
	Symbol/Cusip Account Type	Quantity	Price on 12/31/14	Current Market Value	Estimated Annual Income	Total Cost Basis	Unmalized Gain (Loss)
EDUITY RESIDENTIAL Estimated Yield 278% Next Dividend Payable: 01/09/15	EOR MARGIN	228	\$7184	\$16,379 52	\$456.00	\$4,642.58 T	\$11,736.94
MACK CALI REALTY CORP Estimated Yield 314% Next Dividend Payable 01/14/15	CLI MARGIN	400	\$19.06	\$7,624 00	\$240 00	\$6,31502 T	\$1,308.98
Total Other Securities				\$24,003.52	\$696.00	\$10,957.60	\$13,045.92
TOTAL PORTFOLIO VALUE	GE C			\$1,664,656.90	\$36,789.69	\$184,505,06 \$7,65.05.00	\$556,621.87

### Activity

CORE FUND ACTIVITY

The Paris Control of the Paris	AND DESCRIPTION OF THE PARTY OF			The state of the s	
Settlement Account	Account				
Date	Type	Transaction	Description	Quantity	Amount
12/01/14 CASH	CASH	YOU BOUGHT	FEDERATED US TREAS CASH RESERVES FD SS @ 1	545 59	(\$545.59)