7 1 1

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

OMB No 1545-0052

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. rmation about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

		le service			<u>ut 17 17 17 17 17 17 17 17 17 17 17 17 17 </u>	s.govnormovopii	<u> </u>
	me of for	lar year 2016 or tax year beginning $12/01/16$, a	ing enging TT/3	0/1/	A Empl	oyer identification number	
		ROTHMAN FAMILY FOUNDATION			, cb.	oyer identification number	
					12	-3920023	
		R ROTHMAN I street (or P O box number if mail is not delivered to street address)	T 00	om/suite		hone number (see instruction	
		GLEN LAKE COURT	1.0	ionii salte		0-672-3620	5,
		, state or province, country, and ZIP or foreign postal code					
F	ORT	WAYNE IN 46814			C If exe	mption application is pending,	check here
G	heck a	all that apply Initial return Initial return	n of a former public ch	narity	D 1 F	oreign organizations, check he	ere 🕨
		Final return Amended	return		2 Fc	oreign organizations meeting t	he
		Address change Name cha	nge	_	ſ	5% test, check here and attach	
Н С	heck f	type of organization X Section 501(c)(3) exempt private	foundation	F. 12-	E If priv	ate foundation status was term	ninated linder
			e private foundation			n 507(b)(1)(A), check here	▶ [
		ket value of all assets at J Accounting method	Cash X Acc	rual	F If the	foundation is in a 60-month te	rmination
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check h	
	ne 16)		he on cash hasis)			1	
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	136	2 - 1	<u>. </u>	(d) Disbursements
, (4161	amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books	FP		18	(cash basis only)
1)(1	Contributions, gifts, grants, etc , received (attach schedule)	10,059	} Eu. h-	· · · · · · · · · · · · · · · · · · ·		
ハツ	2	Check ► ☐ if the foundation is not required to attach Sch B		***************************************		8×->>	
, A	\3	Interest on savings and temporary cash investments		()(3		<u> </u>	
	4	Dividends and interest from securities	4,509		4,509	4,509	
	5a	Gross rents					
<u>o</u>	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 $$ STMT $$ $$ $$	44,343				
Ş	b	Gross sales price for all assets on line 6a 358, 642		<u> </u>			
8	7	Capital gain net income (from Part IV, line 2)	***************************************		0		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances			·····		·
	b	Less Cost of goods sold			······································		
	С	Gross profit or (loss) (attach schedule)	 				
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	58,911		4,509	4,509	
Ś	13	Compensation of officers, directors, trustees, etc	0	 			
enses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
×	16a	Legal fees (attach schedule)		L			_
9	b	Accounting fees (attach schedule) STMT 2	850				850
Ęį	С	Other professional fees (attach schedule)					
ţ	17	Interest	40				4.0
Πis	18	Taxes (attach schedule) (see instructions) STMT 3	151				
Ē	19	Depreciation (attach schedule) and depletion		 			
Ad	20	Occupancy					
ğ	21	Travel, conferences, and meetings					
Operating and Administrative Exp	22	Printing and publications					
ng	23	Other expenses (att sch)					
ati	24	Total operating and administrative expenses.			_		· ·
er		Add lines 13 through 23	1,041		0	0	890
o	25	Contributions, gifts, grants paid	26,885				26,885
	26	Total expenses and disbursements. Add lines 24 and 25	27,926	ļ	0	0	27,775
	27	Subtract line 26 from line 12	<u>.</u>				
	a	Excess of revenue over expenses and disbursements	30,985				
	b	Net investment income (if negative, enter -0-)			4,509		
	C	Adjusted net income (if negative, enter -0-)	i			4,509	

	Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of	year
_	7 4141	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	4,947	9,557	9,557
	2	Savings and temporary cash investments			
	3	Accounts receivable ► 500			
	}	Less allowance for doubtful accounts ▶		500	
	4	Pledges receivable ▶			
	1	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	{	disqualified persons (attach schedule) (see		}	
	}	instructions)		ļ	
	7	Other notes and loans receivable (att_schedule)			
	ļ	Less allowance for doubtful accounts ▶ 0			
হ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule) SEE STMT 4	298,226	324,101	420,567
	С	Investments – corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis ▶			
	1	Less accumulated depreciation (attach sch.)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach sch.)	L		
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
_	Ì	instructions Also, see page 1, item l)	303,173	334,158	430,124
	17	Accounts payable and accrued expenses	 		
	18	Grants payable			
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable (attach schedule)			
-1	22	Other liabilities (describe ▶)			
_	23	Total liabilities (add lines 17 through 22)	0	0	
ł		Foundations that follow SFAS 117, check here			
nces		and complete lines 24 through 26 and lines 30 and 31.			
ž	24	Unrestricted	303,173	334,158	
or Fund Bala	25	Temporarily restricted			
8	26	Permanently restricted			
딁		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	ļ		
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
ğ	30	Total net assets or fund balances (see instructions)	303,173	334,158	
	31	Total liabilities and net assets/fund balances (see			
4		instructions)	303,173	334,158	
	Part II				
1		net assets or fund balances at beginning of year – Part II, column (a), line 30 (mus	st agree with		
_		f-year figure reported on prior year's return)		1	303,173
		amount from Part I, line 27a		2	30,985
		increases not included in line 2 (itemize)		3	
		nes 1, 2, and 3		4	334,158
		ases not included in line 2 (itemize)	\	5	
6	ı otal	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (t	o), line 30		334,158

Part IV Capital Gains at	nd Losses for Tax on Investme	nt Income					
	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date a (mo , da		(d) Date sold (mo , day, yr)	
1a N/A							
_b							
С							
d							
<u>e</u>						<u>L</u>	
(a) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	 	(h) Gain (e) plus (f)		
<u>a</u>							
b		<u> </u>					
d d							
e							
	g gain in column (h) and owned by the fo	oundation on 12/3	31/69				
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	ccess of col (i)			(h) gain minus less than -0-) or om col (h))	
а							
b			· 	 -			
С							
d		<u> </u>					
_e		<u></u>		· · · · · · · · · · · · · · · · · · ·			
2 Capital gain net income or (net ca	apital loss) If gain, also enter in If (loss), enter -0- in		,	2			
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6	·)					
If gain, also enter in Part I, line 8,	, column (c) (see instructions) If (loss), e	enter -0- in 🧻	,				
Part I, line 8		_ 	 	3			
	nder Section 4940(e) for Reduc			me			
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net inv	estment income)				
If section 4940(d)(2) applies, leave th	is part blank						
Was the foundation liable for the sect	tion 4942 tax on the distributable amoun	t of any year in th	ne base period?			Yes X No	
If "Yes," the foundation does not qual	lify under section 4940(e) Do not comple	ete this part					
1 Enter the appropriate amount in e	each column for each year, see the instri	uctions before ma	aking any entries				
(a)	(b)		(c)		Date	(d)	
Base period years Calendar year (or tax year beginning in)) Adjusted qualifying distributions	Net v	alue of noncharitable-use asset	s		ibution ratio ivided by col. (c))	
2015		,198		193		0.082121	
2014		,241	350,6			0.034911	
2013		,630	311,3			0.043784	
2012		,229	266,			0.064628	
2011	13_	,652	258,6	539		0.052784	
						0 00000	
2 Total of line 1, column (d)	5 b	Ot . 5 h	.1 -	2	 	0.278228	
	5-year base period – divide the total on li		ine	1,		0 055646	
number of years the foundation h	has been in existence if less than 5 years			3	 	0.055646	
4 Enter the net value of noncharital	ble-use assets for 2016 from Part X, line	5		4		388,031	
5 Multiply line 4 by line 3				5		21,592	
				[ļ		
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6	 	4 5	
7 Add hass 5 and 6				_	1	21 (27	
7 Add lines 5 and 6				7	 	21,637	
8 Enter qualifying distributions from	n Part XII, line 4			8_		27,775	
	n line 7, check the box in Part VI, line 1b	, and complete th	at part using a 1% tax r				
Part VI instructions							

3

	990-PF (2016) THE ROTHMAN FAMILIT FOUNDATION 13-3920023				age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exemplionerating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				4 =
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b	1			45
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
·	Part I, line 12, col (b)	į			
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			45
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			45
6	Credits/Payments				
а	2016 estimated tax payments and 2015 overpayment credited to 2016				
b	Exempt foreign organizations – tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
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			45
10		10			
11		11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in 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		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c	ĺ	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers ▶ \$				
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	Ì	X
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		$\frac{\lambda}{X}$
4a		A\N			
b 5	If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?	14/ A	5		X
J	If "Yes," attach the statement required by General Instruction T		"		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
U	By language in the governing instrument, or			-	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	1	Х
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 II.	YV.	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	\ V	'	-	
Ju	NY			l	
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		86	X	
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			ĺ	\circ
	complete Part XIV		9		$_{\rm X}$ \angle
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				 -
	names and addresses		10	}	X
			Form 99	0-PF	

DAA

Forn	. , n 990-PF (2016) THE ROTHMA	N FAMILY FOUNDATION	N 13-3	920023			Page 6	
		rding Activities for Which Fo			tinued)			
5a								
		se attempt to influence legislation (sec	tion 4945(e))?		res X No			
	· · · · ·	ecific public election (see section 4955		ليبيا				
	directly or indirectly, any voter re	·	,, , . ,		res X No		ŀ	
	•	or travel, study, or other similar purpos	es?	⊢ ≓	res X No		ŀ	
	-	n other than a charitable, etc , organiza						
	section 4945(d)(4)(A)? (see instr	-			res X No			
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	an religious, charitable, scientific, litera	ry or educational	<u>. </u>				
	purposes, or for the prevention o		,, 01 000000000000000000000000000000000		res X No			
b	• • •	ld any of the transactions fail to qualify	under the exceptions d		.00			
-	Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? N/A							
	•	otice regarding disaster assistance che	•		▶ (5b		
С		(4), does the foundation claim exemption						
_	because it maintained expenditure re			N/A 🗍	res No			
	•	ed by Regulations section 53 4945–5(d))	/ [
6a		eceive any funds, directly or indirectly,						
-	on a personal benefit contract?	,,,,,,,,,,,			res X No			
b	•	pay premiums, directly or indirectly, on	a personal benefit contr	L		6b	X	
	If "Yes" to 6b. file Form 8870	bay promitanto, and only or monderly, on	a poroonar borrom com			"		
7 a		the foundation a party to a prohibited to	ax shelter transaction?		res X No			
	· · ·	ny proceeds or have any net income at			N/A	7b		
		Officers, Directors, Trustees						
, ,	and Contractors	• · · · · · · · · · · · · · · · · · · ·	,	-g,g,	·	,		
1		foundation managers and their com	pensation (see instruc	tions).				
				(c) Compensation	(d) Contributions to			
	(a) Name	and address	(b) Title, and average hours per week	(If not paid,	employee benefit plans and deferred		ense account, allowances	
			devoted to position	enter -0-)	compensation	Ollier	allowalices	
PI	ETER M ROTHMAN	FORT WAYNE	TRUSTEE					
6.5	509 GLEN LAKE COURT	IN 46804	0.00	0	d	.}	0	
	ENNIFER LAIRD	SEATTLE	TRUSTEE					
60	012 27 AVE NE	WA 98115	0 00	0	0		0	
	LLSON J. ROTHMAN	SEATTLE	TRUSTEE					
60	012 27 AVE NE	WA 98115	0 00	0	0		0	
2	Compensation of five highest-paid	employees (other than those include	ded on line 1 - see ins	tructions). If non	e, enter			
	"NONE."							
			(b) Title, and average		(d) Contributions to			
	(a) Name and address of each emplo	oyee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense account, allowances	
			devoted to position		compensation			
N	ONE			ļ		1		
						ł		
_				<u> </u>				
]				
				<u></u>	<u> </u>	<u>_</u>		
				<u></u>		_		
Tota	l	- 050 000				i	0	
101	I number of other employees paid ove	r \$50,000						

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Part VIII	Information About Officers, Directors, Trustees, Fou	ndation Managers, Highly Paid I	Employees,
_ 	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			1
			
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical informati other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
,			
			<u></u>
2			
			
3			
			 -
7			
			İ
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
			
2			
All other program-re	elated investments. See instructions		
3			
Fotal Add lines	4 Abraniah 2		

Form	990)-P	F	(20	16)

3a

3b

4

5

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b (see instructions)

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

7,712

8,418

10

Analysis of line 9

Excess from 2015

Excess from 2016

a Excess from 2012 Excess from 2013 c Excess from 2014

13-3920023

Pa	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)									
1a										
	foundation, and the ruling is effective for			•						
b										
2a	Enter the lesser of the adjusted net	the adjusted not Tay years								
20	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total				
	investment return from Part X for	(4) -4 .5	(2) 2010	(0, 2011	1 - (1,55.5					
	· · · · ·		ļ							
	each year listed									
b	85% of line 2a									
С	Qualifying distributions from Part XII,									
	line 4 for each year listed	<u> </u>			 					
ď	Amounts included in line 2c not used directly									
_	for active conduct of exempt activities									
е	Qualifying distributions made directly				/					
	for active conduct of exempt activities									
	Subtract line 2d from line 2c				/					
3	Complete 3a, b, or c for the		i	,	1					
	alternative test relied upon			, , ,						
а	"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		,	<u> </u>						
	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		11							
	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>							
Pa	rt XV Supplementary Inforr	nation (Complete	this part only if	the foundation h	ad \$5,000 or more	in assets at				
	any time during the y	<u>ear – see instruc</u>	tions.)		- 					
1	Information Regarding Foundation Ma	anagers:								
а	List any managers of the foundation who	have contributed mor	e than 2% of the total	contributions received	by the foundation					
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(d)(2	2))					
	N/A									
b	List any managers of the foundation who		•		e portion of the					
	ownership of a partnership or other entity	of which the foundat	tion has a 10% or grea	ter interest						
	N/A			. <u></u>		· · · · · · · · · · · · · · · · · · ·				
2	Information Regarding Contribution, C									
	Check here ► X if the foundation only	makes contributions	to preselected charitat	ole organizations and	does not accept					
	unsolicited requests for funds. If the four	idation makes gifts, gr	ants, etc (see instruct	ions) to individuals or	organizations under					
	other conditions, complete items 2a, b, c	, and d								
а	The name, address, and telephone numl	ber or e-mail address	of the person to whom	applications should be	e addressed					
	N/A									
b	The form in which applications should be	submitted and inform	nation and materials the	ey should include						
-	N/A			•						
С	Any submission deadlines									
-	N/A									
d	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable fi	elds, kinds of institution	ins, or other					
_	factors		a. c.e., silainable iii							
	N/A									
										

3 Grants.and Contributions Paid During th	e Year or Approved for F	uture Payment		
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		
a Paid during the year SEE STATEMENT 5				26,885
Total	<u> </u>	<u> </u>		26,885
b Approved for future payment N/A			▶ 3a	20,003
Total			▶ 3b	

_	art XVI-A	. Analysis of Income-Producing A			Evaluded	hu aaahan 512 512 as 514	
		ounts unless otherwise indicated	(a) Business code	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program ser	vice revenue					(See instructions)
			_		 		
			- 				
	ć.———		-				
					- 		
	_		_ 		 		
	f		-				
_		d contracts from government agencies	 				
		dues and assessments			1		
		savings and temporary cash investments			111	4 500	
		nd interest from securities			14	4,509	
Þ		come or (loss) from real estate					<u>.</u>
		anced property			- 		
		t-financed property			++		-
		come or (loss) from personal property			++		
		ment income			18	44 343	
		s) from sales of assets other than inventory	 		+ + 0 +	44,343	
		or (loss) from special events			+		
		or (loss) from sales of inventory			 		
• •		ue a			+		
			1 1		++		
					+		
			- 		+		
42		d columns (b), (d), and (e)	_		0	48,852	
		ne 12, columns (b), (d), and (e)		·	<u> </u>	13	48,852
		in line 13 instructions to verify calculations)				13	40,032
	Part XVI-B	Relationship of Activities to the	Accomplishm	ent of Exempt F	Purnoses		
	Line No. ▼	Explain below how each activity for which incon accomplishment of the foundation's exempt put	ne is reported in co	olumn (e) of Part XV	I-A contribu	ited importantly to the	ns)
	N/A			<u> </u>		<u> </u>	····
_						 	
							
_							
_							· · · · · · · · · · · · · · · · · · ·
_							

Part	XVII	Exempt C	_	_	ansters to an	a iransa	ctions ai	na Relation	isnips wi	tn Noncha	iritable		
1 D	d the ora				ge in any of the fol	llowing with a	any other o	rganization de	scribed			Yes	No
	_		=		on 501(c)(3) organ	=	-	_					
	ganizatio	` '			- (,,, 3	,		. 3	•				
			ting found	ation to a no	oncharitable exem	ipt organizati	on of						İ
(1) Cash	•	•								1a(1)		x
(2) Other a	ssets									1a(2)		Х
b O	ther trans	actions											
(1) Sales o	of assets to a	noncharita	able exempt	organization						1b(1)		Х
(2) Purcha	ses of assets	from a no	ncharitable	exempt organizati	ion					1b(2)		Х
(3) Rental	of facilities, e	quipment,	or other as:	sets						1b(3)		Х
(4) Reimbi	irsement arra	ingements	j							1b(4)		Х
(5) Loans	or loan guara	ntees								1b(5)		X
(6) Perforn	nance of serv	ices or me	mbership o	r fundraising solic	itations					1b(6)		X
c SI	haring of	facilities, equi	ipment, ma	ailing lists, c	other assets, or pa	ıd employee	s				1c		X
d If	the answ	er to any of th	ne above is	s "Yes," com	plete the following	g schedule (Column (b)	should always	s show the fa	ıır market			
va	lue of the	goods, othe	r assets, o	r services g	iven by the reporti	ing foundation	n If the fo	undation receiv	ved less thar	n fair market			
va	lue in an	transaction	or sharing	arrangeme	nt, show in columi	n (d) the valu	e of the go	oods, other ass	ets, or servi	ces received			
	ine no	(b) Amount	involved	(c) Nam	e of noncharitable exem	npt organization		(d) Description	n of transfers, tra	ansactions, and s	haring arrangeme	nts	
N/A		<u> </u>											
		 											
		 											
		<u> </u>											
		 											
		 		 									
													
		 		<u> </u>								-	
		 											
		 		 									
		 											
		 											—–
20 10	the form	detien directly		the officer of	with a rolated to								
		-		· ·	with, or related to than section 501(is		□ v _e	s X	. No
		mplete the fo	•	•	than section 50 to	C)(3)) OI III S	ection 527	,				S A	NO
<u> </u>		a) Name of organ		ledule	(b) Type of o	organization			(c) Descrip	tion of relationshi			
		ay realite of organ			(5) 1960 61	organization			(C) Descrip	HOT OF TELEVIOLEN	<u> </u>		
	7.1				 						···		
													
					 								
					 								
					ined this return, including					ny knowledge ar	id belief, it is true		
	correct, a	and complete De	eclaration of p	reparer (other t	than taxpayer) is based	d on all informat	on of which pi	reparer has any kn	owledge	May the	IRS discuss this re	turn	\neg
Sign		//		0							preparer shown be		٦[
Here		Jan Jan	- AA h	4			- 44			(see inst	ructions)? X	Yes	No
		itu		Minne	w		2-10-	18	TRUS	TEE			
	Sign	ature of officer or	trustee				Darie		Title				
	Print/T	ype preparer's na	ime			Preparer's	plante /				Date	Check	
امنط	1					1	2425			1		self-emp	
Paid	CYNT	HIA M. V	VIRTNE	R, CPA		11	M			lo	1/19/18		
Prepare Jse On	Firm's	name 🕨	LEONA	ARD J.	ANDORFER		, LLP			PTIN	P00017	581	
26 OU	Firm's	address >		BERRY	•		2202			Firm's ElN ▶	35-167	936:	1
			FORT	WAYNE	, IN 468	02-231	1			Phone no	260-42	3 - 94	405
				•	-						- 00	A DE	

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

Department of the Treasury Internal Revenue Service

Name of the organization

THE ROTHMAN FAMILY FOUNDATION

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

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

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016

PETER ROTHMAN		13-3920023
Organization type (check one))	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)(7), instructions	overed by the General Rule or a Special Rule . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e See
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determinations.	
Special Rules		
regulations under section 13, 16a, or 16b, and the \$5,000 or (2) 2% of the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3 % support test ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pa at received from any one contributor, during the year, total contributions of the greater of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	rt II, line of (1) I and II
	year, total contributions of more than \$1,000 exclusively for religious, charitable, scienti purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, ar	•
contributor, during the y contributions totaled me during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless that this organization because it received nonexclusively religious, charitable, etc., contributions that were received nonexclusively religious.	eived ne
990-EZ, or 990-PF), but it must	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form t answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on its

PAGE 1 OF 1

Name of organization

Employer identification number

THE	ROTHMAN FAMILY FOUNDATION	13	-3920023
Part I	Contributors (See instructions) Use duplicate copies o		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER M ROTHMAN 6509 GLEN LAKE COURT FORT WAYNE IN 46804	\$ 10,059	Person X Payroll Noncash X (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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
NO.	Name, address, and En 1 4	\$	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)

PAGE 1 OF 1

Page 3

Name of organization
THE ROTHMAN FAMILY FOUNDATION

Employer identification number 13-3920023

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	49.5 SH MASTERCARD INC	\$ 5,059	
(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
		\$	

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548101 THE ROTHMAN FAMILY FOUNDATION 13-3920023

Federal Statements

FYE: 11/30/2017

Assets
- Sale of
, Line 6a
F, Part
1990-PF
I - Form
Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

				m١	~
		Net Gain / Loss		44,34	44,34
		Net ain / L		4	4
		9		₹	S.
		on			0
		Depreciation			
		Depr			
		_		ر ا	را ا ا
		se			
		Expense			
		Щ			,,
		ļ		\$ 66	66
		st		314,299	314,299
		Cost		3	3
_	pe,		Œ	υ	Ω. ∥
How	Received		PURCHASE	58,645	358,642
	8	Sale Price	PUI	358	358
		1		₩,	₩"
		Date Sold		VARIOUS	
				VAF	
	on	Date Acquired		ous	
	Description	Acqu		VARIOUS	
	Des				
		Whom Sold	SS		. 1
	į	× ^S	1130		TOTAL
			WF ADVISORS		r
	ł		WE		

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	\$ 850	\$ 850
Adjusted Net	₩.	ν·
Net Investment	v.	٠ 0
Total	\$ 850	\$ 850
Description	ACCOUNTING FEES	TOTAL

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	ጭ	\$
Adjusted Net	₩	w.
Net Investment	₩	w
Total	51	151
	₩	v.
Description	FEDERAL EXCISE TAX NY DEPT OF LAW - FILING FEE	TOTAL

Statement 4 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 420,567	\$ 420,567
Basis of Valuation	MARKET	
End of Year	324,101	324,101
Beginning of Year	<i>\O</i> ₁	10 ."
Description	WF ADVISORS	TOTAL

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548101 THE ROTHMAN FAMILY FOUNDATION

Federal Statements

FYE: 11/30/2017

13-3920023

statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the	Year
Statement 5 - Form 990-PF, Part XV, Line	

1,000 580 100 100 100 650 500 9,983 724 500 500 125 200 850 5,040 2,600 1,250 Amount Purpose UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED FLOO 1110 VERMONT AVE STE 550 1550 CRYSTAL DR STE 1004 1110 W. MICHIGAN LO 506 1300 SPRING ST STE 500 195 MANTAGUE ST 14TH 413 E JEFFERSON BLVD Status 999 EAST TILLMAN RD 2609 FAIRFIELD AVE 453 NEW JERSEY AVE 3204 CLAIRMONT CT 5601 COVINGTON RD Address 4901 FULLER DR 123 WILLIAM ST 134 WEST 37 ST 2270 LAKE AVE 9 LABEL ST 25 PARK ST Relationship RELATIO MEDICI NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE NONE CENTER BOYS AND GIRLS CLUB FORT WAYNE INDIANA UNIVERSITY SCHOOL OF BROOKLYN COMMUNITY BAIL FUND HEBREW IMMIGRANT AID SOCIETY COUNCIL ON AMERICAN-ISLAMIC COMMUNITY HARVEST FOOD BANK SE WASHINGTON DC 20003 SILVER SPRING MD 20910 FORT WAYNE SEXUAL ASSAULT INDIANAPOLIS IN 46202 FORT WAYNE IN 46835 FORT WAYNE IN 46805 WASHINGTON DC 20005 FORT WAYNE IN 46835 FORT WAYNE IN 46802 FORT WAYNE IN 46808 FORT WAYNE IN 46804 FORT WAYNE IN 46807 HUMAN NEEDS FOOD PANTRY MONTCLAIR NJ 07042 MONTCLAIR NJ 07042 ARLINGTON VA 22202 NEW YORK NY 10038 CANTERBURY SCHOOL BROOKLYN NY 11201 NEW YORK NY 10018 Address Name PLANNED PARENTHOOD DONORCHOOSE.ORG FORT WAYNE PHIL YMCA MONTCLAIR MEALS ON WHEES GLOBAL GIVING MATTHEW 25 WBOI THE NPR

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548101 THE ROTHMAN FAMILY FOUNDATION

13-3920023

Federal Statements

FYE: 11/30/2017

Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

1,000 360 100 103 100 100 320 26,885 Amount Purpose UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED UNRESTRICTED 2231 CRYSTAL DR STE 350 Status 615 2ND AVE STE 400 S FULLERTON AVE Address 615 SLATERS LANE 3550 TERRACE ST 38 PORTER ROAD 77 VICTOR ST Relationship 73 & IMMIGRA UNIVERSITY OF PITT SCHOOL OF MEDICI NONE NONE NONE NONE NONE NONE NONE NORTH WEST IMIGRANT RIGHTS PROJECT HIGHLAND PARK MI 48203 US COMMITTEE FOR REFUGEES ALEXANDRIA VA 22313 PITTSBURGH PA 15261 MONTCLAIR NJ 07042 CAMBRIDGE MA 02140 ARLINGTON VA 22202 Name SEATTLE WA 98104 Address RUTH ELLIS CENTER SALVATION ARMY TONI'S KITCHEN REBUILD AFRICA TOTAL