



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Return of Private Foundation

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

2014

Open to Public Inspection

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 instructions is at www.irs.gov/form990pf.

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

Name of foundation LAURENTHATCHER FOUNDATION INC, A Employer identification number 13-6114331, B Telephone number (see instructions) (631) 727-3626, C If exemption application is pending, check here, D 1. Foreign organizations, check here, E If private foundation status was terminated under section 507(b)(1)(A), check here, F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here, G Check all that apply, H Check type of organization, I Fair market value of all assets at end of year, J Accounting method

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Part I Analysis of Revenue and Expenses, Operating and Administrative Expenses, and Summary rows (27-29).

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	33,811	181,055	181,055		
	2	Savings and temporary cash investments	6,552,644	4,820,843	4,820,843		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____	1,521				
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)	50,172 <input type="checkbox"/>	3,328,722	3,326,512		
	b	Investments—corporate stock (attach schedule)	3,898,784 <input type="checkbox"/>	5,629,150	6,521,400		
	c	Investments—corporate bonds (attach schedule)	24,928 <input type="checkbox"/>	1,804,515	1,790,862		
	11	Investments—land, buildings, and equipment basis ▶ _____ 115,945 Less accumulated depreciation (attach schedule) ▶ _____ 7,864	105,363 <input type="checkbox"/>	108,081	3,725,000		
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	1,562,461 <input type="checkbox"/>	1,505,895	1,866,984		
	14	Land, buildings, and equipment basis ▶ _____ 32,490 Less accumulated depreciation (attach schedule) ▶ _____	32,490 <input type="checkbox"/>	32,490	32,490		
15	Other assets (describe ▶ _____)	<input type="checkbox"/> 4,312,522 <input type="checkbox"/>	<input type="checkbox"/> 3,984,989 <input type="checkbox"/>	<input type="checkbox"/> 6,123,796 <input type="checkbox"/>			
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	16,574,696	21,395,740	28,388,942			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)	<input type="checkbox"/> 2,321 <input type="checkbox"/>	<input type="checkbox"/> 2,299 <input type="checkbox"/>			
23	Total liabilities (add lines 17 through 22)	2,321	2,299				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0	0			
29	Retained earnings, accumulated income, endowment, or other funds	16,572,375	21,393,441				
30	Total net assets or fund balances (see instructions)	16,572,375	21,393,441				
31	Total liabilities and net assets/fund balances (see instructions)	16,574,696	21,395,740				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	16,572,375
2	Enter amount from Part I, line 27a	2	4,836,835
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	21,409,210
5	Decreases not included in line 2 (itemize) ▶ _____ <input type="checkbox"/>	5	15,769
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	21,393,441

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	125,724
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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


(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	920,548	19,936,643	0.046174
2012	687,400	16,374,215	0.041981
2011	331,600	12,173,264	0.027240
2010	277,111	4,783,113	0.057935
2009	282,733	5,037,027	0.056131
2 Total of line 1, column (d).			2 0.229461
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.045892
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.			4 25,192,757
5 Multiply line 4 by line 3.			5 1,156,146
6 Enter 1% of net investment income (1% of Part I, line 27b).			6 11,207
7 Add lines 5 and 6.			7 1,167,353
8 Enter qualifying distributions from Part XII, line 4.			8 923,465

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	22,415
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	22,415
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	22,415
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	9,240
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	9,240
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> 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	13,175
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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.</i>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ <u>0</u> (2) On foundation managers <input type="checkbox"/> \$ <u>0</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ <u>0</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		No
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? <i>If "Yes," attach a conformed copy of the changes</i>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	Yes	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY _____		
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? <i>If "No," attach explanation .</i>	Yes	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i> 	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) <input checked="" type="checkbox"/>	11	Yes	
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <input type="checkbox"/> N/A	13	Yes	
14	The books are in care of <input type="checkbox"/> MARKOWITZ FENELON BANK LLP Telephone no <input type="checkbox"/> (631) 727-3626 Located at <input type="checkbox"/> 608 NORTHVILLE TURNPIKE RIVERHEAD NY ZIP+4 <input type="checkbox"/> 11901			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year <input type="checkbox"/> 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country <input type="checkbox"/>	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1b	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)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. <input checked="" type="checkbox"/>	1b		No
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <input type="checkbox"/> 20___, 20___, 20___, 20___			
2b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <input type="checkbox"/> 20___, 20___, 20___, 20___			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3b	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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
4b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 **0**

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	6,196,269
b	Average of monthly cash balances.	1b	7,631,864
c	Fair market value of all other assets (see instructions).	1c	11,748,270
d	Total (add lines 1a, b, and c).	1d	25,576,403
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	25,576,403
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	383,646
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	25,192,757
6	Minimum investment return. Enter 5% of line 5.	6	1,259,638

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

1	Minimum investment return from Part X, line 6.	1	1,259,638
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	22,415
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	22,415
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,237,223
4	Recoveries of amounts treated as qualifying distributions.	4	30,000
5	Add lines 3 and 4.	5	1,267,223
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	1,267,223

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	923,465
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	923,465
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	923,465

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				1,267,223
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			670,929	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.	0			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>923,465</u>				
a Applied to 2013, but not more than line 2a			670,929	
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.				252,536
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions.		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions.			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				1,014,687
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a.	0			
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.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling.

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
2a Enter the lesser of the adjusted net income from Part I or the minimum 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					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

1 Information Regarding Foundation Managers:

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

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

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed

See Additional Data Table

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

See Additional Data Table

c Any submission deadlines

See Additional Data Table

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

See Additional Data Table

Part XV **Supplementary Information** (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total				▶ 3a 665,000
b <i>Approved for future payment</i>				
Total				▶ 3b 0

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
400 TWITTER	P	2013-11-07	2014-01-08
4400 TWENTY-FIRST CENTURY FOX INC	P	2013-08-05	2014-01-23
400 TWITTER	P	2013-11-07	2014-01-01
200 ALTERA CORP	P	2013-08-05	2014-03-21
1000 FIDELITY NAT'L INFORMATION SVC	P	2013-08-05	2014-03-31
1000 LOEWS CORP	P	2013-08-05	2014-05-07
200 AON CORP	P	2013-08-05	2014-05-08
200 WALMART STORES INC	P	2013-08-05	2014-05-08
300 NOBLE ENERGY INC	P	2013-08-05	2014-05-09
700 DISH NETWORK CORP	P	2013-08-05	2014-05-19

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
27,712		10,400	17,312
140,903		138,379	2,524
25,552		10,400	15,152
7,183		7,245	-62
53,249		45,541	7,708
44,294		46,057	-1,763
17,007		13,767	3,240
15,752		15,766	-14
21,368		19,471	1,897
42,225		31,504	10,721

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			17,312
			2,524
			15,152
			-62
			7,708
			-1,763
			3,240
			-14
			1,897
			10,721

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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
300 PRAXAIR INC	P	2013-08-05	2014-05-21
800 FIDELITY NAT'L INFORMATION SVC	P	2013-08-05	2014-06-10
750 CONSTELLATION BRANDS INC	P	2013-08-05	2014-07-14
600 MORGAN STANLEY	P	2013-05-05	2014-07-21
1200 COCA COLA CO COM	P	2013-08-05	2014-10-30
600 BERKSHIRE HATHAWAY B	P	2013-08-05	2014-11-05
1300 WALMART STORES INC	P	2013-08-05	2014-11-12
500 WALMART STORES INC	P	2013-08-05	2014-11-13
400 ALIBABA GROUP HLDG LTD	P	2014-09-24	2014-11-20
400 SHS COMCAST CORP NEW	P	2013-08-05	2014-12-23

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
39,254		36,031	3,223
43,507		36,433	7,074
67,618		40,506	27,112
19,447		16,737	2,710
49,543		50,266	-723
85,540		82,611	2,929
102,831		102,476	355
41,221		39,414	1,807
44,477		27,200	17,277
23,384		17,529	5,855

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			3,223
			7,074
			27,112
			2,710
			-723
			2,929
			355
			1,807
			17,277
			5,855

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

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
700 SHS COMCAST CORP NEW	P	2014-09-09	2014-12-23
250000 US TREAS NTS 0 375% 3/15/16	P	2014-10-06	2014-11-05
50000 US TREAS NTS 0 375% 3/15/16	P	2014-10-06	2014-11-12
65000 US TREAS NTS 50% 7/31/17	P	2014-10-06	2014-11-12
PD DWN PAR VALUE FHLMC REMIC 4010	P	2014-10-10	2014-11-17
PD DWN PAR VALUE FHLMC REMIC 3800	P	2014-10-10	2014-11-17
PD DWN PAR VALUE FHLMC REMIC 4010	P	2014-10-10	2014-12-15
PD DWN PAR VALUE FHLMC REMIC 3800	P	2014-10-10	2014-12-15
100,000 MORGAN STANLEY MAT 10/18/16	P	2014-10-20	2014-12-30

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
39,959		38,324	1,635
250,370		250,186	184
50,064		50,037	27
64,299		64,096	203
685		690	-5
2,021		2,117	-96
12,901		12,981	-80
2,004		2,099	-95
99,723		100,106	-383

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
			1,635
			184
			27
			203
			-5
			-96
			-80
			-95
			-383

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

a The name, address, and telephone number of the person to whom applications should be addressed

SCOTT GOLDMAN
PO BOX 1187
NEW BRUNSWICK, NJ 08901
(732) 846-2895

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

ELECTRONIC SCRIPT SUBMISSIONS

c Any submission deadlines

JULY 16, 2015

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

BY INVITATION ONLY THEATRE OR AGENT MUST BE INVITED BY THE FOUNDATION TO SUBMIT A PLAY FOR CONSIDERATION BY AN "EMERGING WRITER" AS DETERMINED BY THE FOUNDATION PLAYWRIGHTS MUST BE CITIZENS OR PERMANENT RESIDENTS OF THE UNITED STATES TO BE CONSIDERED THE WORK IS EXPECTED TO BE AN UNPRODUCED FULL-LENGTH PLAY OF SOCIAL RELEVANCE MUSICALS, TRANSLATIONS, ADAPTATIONS AND WORKS FOR CHILDREN'S THEATRE ARE NOT ELIGIBLE PLAYS THAT HAVE RECEIVED STAGE READINGS OR WORKSHOP PERFORMANCES ARE ELIGIBLE PLAYS THAT HAVE PREVIOUSLY SUBMITTED TO THE FOUNDATION FOR CONSIDERATION ARE NOT ELIGIBLE

a The name, address, and telephone number of the person to whom applications should be addressed

SCOTT GOLDMAN
PO BOX 1187
NEW BRUNSWICK, NJ 08901
(732) 846-2895

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

LETTER OF INQUIRY BY EMAIL, ELECTRONIC SUBMISSION OF PROPOSAL WITH PROJECT DESCRIPTION, BUDGET AND IRS DETERMINATION LETTER

c Any submission deadlines

LETTER OF INQUIRY - JUNE 15, 2015 PROPOSAL - AUGUST 15, 2015

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

BY INVITATION ONLY THEATERS THAT HAVE BEEN RECIPIENTS OF THE LAURENTS/HATCHER FOUNDATION AWARD ARE NOT ELIGIBLE TO APPLY FOR THIS PROGRAM FOR THREE YEARS FOLLOWING AWARD RECEIPT

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ATLANTIC THEATER COMPANY 76 NINTH AVENUE SUITE 537 NEW YORK, NY 10011		PC	NON-PROFIT THEATER - PRODUCTION OF RAJIV JOSEPH'S THE GUARDS AT THE TAJ	50,000
BARRINGTON STAGE COMPANY 30 UNION STREET PITTSFIELD, MA 01201		PC	NON-PROFIT THEATER - SUPPORT FOR WORKSHOP OF THE MUSICAL PRESTO CHANGE-O	10,000
GEORGE STREET PLAYHOUSE 9 LIVINGSTON AVENUE NEW BRUNSWICK, NJ 08901		PC	NON-PROFIT THEATER - GENERAL OPERATIONS	250,000
CONTEMPORARY AMERICAN THEATER FESTIVAL PO BOX 429 SHEPHERDSTOWN, WV 25443		PC	NON-PROFIT THEATER - SUPPORT THE DEVELOPMENT AND FULL PRODUCTION OF A PUNK PRAYER	25,000
GOODMAN THEATRE 170 NORTH DEARBORN CHICAGO, IL 60601		PC	NON-PROFIT THEATER - SUPPORT OF THE 2014 NEW STAGES FESTIVAL	40,000
NEW YORK STAGE AND FILM 214 WEST 29TH STREET SUITE 1001 NEW YORK, NY 10001		PC	NON-PROFIT COMPANY DEDICATED TO THE DEVELOPMENT AND PRODUCTION OF NEW WORKS FOR THEATER AND FILM - SUPPORT FOR THE POWERHOUSE SEASON	50,000
VINEYARD THEATRE 108 EAST 15TH STREET NEW YORK, NY 10003		PC	NON-PROFIT THEATER - SUPPORT OF PRODUCTION OF GLORIA'	50,000
MANHATTAN THEATRE CLUB 311 WEST 43RD ST FLOOR 8 NEW YORK, NY 10036		PC	NON-PROFIT THEATER - SUPPORT THE COMMISSION OF A NEW PLAY BY JONATHAN TOLINS	20,000
MANHATTAN CLASS COMPANY 231 WEST 29TH ST SUITE 303 NEW YORK, NY 10001		PC	NON-PROFIT THEATER - SUPPORT ROBERT ASKINS' PERMISSION	20,000
PLAYWRIGHTS HORIZONS 416 WEST 42ND ST NEW YORK, NY 10036		PC	NON-PROFIT THEATER - SUPPORT OF PRODUCTION OF BRUCE NORRIS' THE QUALMS	50,000
RATTLESTICK PLAYWRIGHTS THEATER 224 WAVERLY PLACE NEW YORK, NY 10014		PC	NON-PROFIT THEATER - SUPPORT THE PRODUCTION EVERYTHING YOU TOUCH	50,000
THEATRE AND ARTS FOUNDATION OF SAN DIEGO DBA LA JOLLA PLAYHOUSE PO BOX 12039 LA JOLLA, CA 92039		PC	NON-PROFIT THEATER - SUPPORT THE PRODUCTION OF INDECENT BY PAULA VOGEL	50,000
Total				665,000

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

2014

Name of the organization

LAURENTSHATCHER FOUNDATION INC

Employer identification number

13-6114331

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

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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LAURENTSHATCHER FOUNDATION INC

Employer identification number
13-6114331

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Name of organization
LAURENTSHATCHER FOUNDATION INC

Employer identification number
13-6114331

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
_____	See Additional Data Table	\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____
_____		\$ _____	_____

Name of organization
LAURENTSHATCHER FOUNDATION INC

Employer identification number
13-6114331

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. 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 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 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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

Additional Data

Software ID:
Software Version:
EIN: 13-6114331
Name: LAURENTSHATCHER FOUNDATION INC

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>150,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
2	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,829,646</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
3	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>500,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
4	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,815</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
5	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,047</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
6	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,376</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,367</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
8	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,919</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
9	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,260</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
10	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>4,132</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
11	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,750</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
12	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>6,756</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>13,674</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
14	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,826</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
15	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>7,146</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
16	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>4,618</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
17	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,542</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
18	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,516</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,394</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
20	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>6,721</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
21	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>7,516</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
22	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,103</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
23	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,528</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
24	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,918</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>4,104</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
26	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>6,946</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
27	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>10,062</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
28	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>4,897</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
29	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>4,007</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
30	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,328</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,408</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
32	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>11,350</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
33	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>51,739</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
34	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,469</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
35	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,756</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
36	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>6,448</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,392</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
38	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,356</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
39	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,920</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
40	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>5,186</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
41	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,167</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
42	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,808</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>5,832</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
44	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>7,789</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
45	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,605</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
46	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,566</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
47	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>207</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
48	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,954</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,356</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
50	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,143</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
51	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,585</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
52	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,489</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
53	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>13,128</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
54	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,358</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,477</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
56	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>5,230</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
57	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>7,864</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
58	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,551</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
59	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,054</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
60	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>6,038</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,480</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
62	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,501</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
63	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,112</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
64	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,196</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
65	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,315</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
66	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,295</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,623</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
68	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,709</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
69	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>3,206</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
70	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>2,440</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
71	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,089</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
72	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>5,504</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,400</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
74	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>1,722</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
75	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>4,307</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
76	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>5,698</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
77	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>6,450</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)
78	ESTATE OF ARTHUR LAURENTS <hr/> 608 NORTHVILLE TURNPIKE <hr/> RIVERHEAD, NY 11901 <hr/>	\$ <u>25,651</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contribution)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<p><u>79</u></p>	<p>ESTATE OF ARTHUR LAURENTS</p> <hr/> <p>608 NORTHVILLE TURNPIKE</p> <hr/> <p>RIVERHEAD, NY 11901</p> <hr/>	<p>\$ <u>1,491</u></p>	<p> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> </p> <p>(Complete Part II for noncash contribution)</p>
<p><u>80</u></p>	<p>ESTATE OF ARTHUR LAURENTS</p> <hr/> <p>608 NORTHVILLE TURNPIKE</p> <hr/> <p>RIVERHEAD, NY 11901</p> <hr/>	<p>\$ <u>2,250</u></p>	<p> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> </p> <p>(Complete Part II for noncash contribution)</p>

Form 990 Schedule B, 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
<u>4</u>	60SH AFLAC INC COM	\$ <u>3,815</u>	<u>2014-07-25</u>
<u>5</u>	20SH AGCO CORP	\$ <u>1,047</u>	<u>2014-07-25</u>
<u>6</u>	95SH AT & T INC	\$ <u>3,376</u>	<u>2014-07-25</u>
<u>7</u>	39SH AECOM TECHNOLOGY CORP DELAWACOM	\$ <u>1,367</u>	<u>2014-07-25</u>
<u>8</u>	35SH AETNA INC NEW COMMON STOCK	\$ <u>2,919</u>	<u>2014-07-25</u>
<u>9</u>	39SH ALLSTATE CORP COM	\$ <u>2,260</u>	<u>2014-07-25</u>
<u>10</u>	99SH ALTRIA GROUP INC	\$ <u>4,132</u>	<u>2014-07-25</u>
<u>11</u>	36SH AMERICAN WTR WKS CO INC NEW	\$ <u>1,750</u>	<u>2014-07-25</u>
<u>12</u>	55SH AMGEN INC COM	\$ <u>6,756</u>	<u>2014-07-25</u>
<u>13</u>	140SH APPLE INCORPORATED	\$ <u>13,674</u>	<u>2014-07-25</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>14</u>	30SH BERKSHIRE HATHAWAY INC-CL B	\$ <u>3,826</u>	<u>2014-07-25</u>
<u>15</u>	58SH BOEING COMPANY COM	\$ <u>7,146</u>	<u>2014-07-25</u>
<u>16</u>	80SH CBS CORP-CL B	\$ <u>4,618</u>	<u>2014-07-25</u>
<u>17</u>	46SH CBRE GROUP INC	\$ <u>1,542</u>	<u>2014-07-25</u>
<u>18</u>	6SH CF INDS HLDGS INC	\$ <u>1,516</u>	<u>2014-07-25</u>
<u>19</u>	25SH CIGNA CORP	\$ <u>2,394</u>	<u>2014-07-25</u>
<u>20</u>	260SH CISCO SYSTEMS INC	\$ <u>6,721</u>	<u>2014-07-25</u>
<u>21</u>	95SH CVS/CAREMARK CORP	\$ <u>7,516</u>	<u>2014-07-25</u>
<u>22</u>	38SH CAPITAL ONE FINL CORP	\$ <u>3,103</u>	<u>2014-07-25</u>
<u>23</u>	35SH CARDINAL HEALTH INC COM	\$ <u>2,528</u>	<u>2014-07-25</u>

Form 990 Schedule B, 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
<u>24</u>	22SH CELGENE CORP	\$ <u>1,918</u>	<u>2014-07-25</u>
<u>25</u>	165SH CENTERPOINT ENERGY INC	\$ <u>4,104</u>	<u>2014-07-25</u>
<u>26</u>	52SH CHEVRON CORP	\$ <u>6,946</u>	<u>2014-07-25</u>
<u>27</u>	185SH COMCAST CORP NEW	\$ <u>10,062</u>	<u>2014-07-25</u>
<u>28</u>	57SH CONOCOPHILLIPS	\$ <u>4,897</u>	<u>2014-07-25</u>
<u>29</u>	64SH DISCOVER FINL SVCS	\$ <u>4,007</u>	<u>2014-07-25</u>
<u>30</u>	15SH DOVER CORP COM	\$ <u>1,328</u>	<u>2014-07-25</u>
<u>31</u>	12SH ENERGIZER HLDGS INC COM	\$ <u>1,408</u>	<u>2014-07-25</u>
<u>32</u>	110SH EXXON MOBIL CORP	\$ <u>11,350</u>	<u>2014-07-25</u>
<u>33</u>	50000SH FED NATL MTG ASSN 5 000% 4/15/15	\$ <u>51,739</u>	<u>2014-07-25</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>34</u>	65SH FREEPORT-MCMORAN INC	\$ <u>2,469</u>	<u>2014-07-25</u>
<u>35</u>	44SH GAP INC COM	\$ <u>1,756</u>	<u>2014-07-25</u>
<u>36</u>	250SH GENERAL ELECTRIC CORP COM	\$ <u>6,448</u>	<u>2014-07-25</u>
<u>37</u>	4SH GOOGLE INC	\$ <u>2,392</u>	<u>2014-07-25</u>
<u>38</u>	4SH GOOGLE INC	\$ <u>2,356</u>	<u>2014-07-25</u>
<u>39</u>	25SH HELMERICH & PAYNE INC	\$ <u>2,920</u>	<u>2014-07-25</u>
<u>40</u>	64SH HOME DEPOT INC COM	\$ <u>5,186</u>	<u>2014-07-25</u>
<u>41</u>	45SH ITT CORP	\$ <u>2,167</u>	<u>2014-07-25</u>
<u>42</u>	82SH INTEL CORP COM	\$ <u>2,808</u>	<u>2014-07-25</u>
<u>43</u>	30SH IBM CORPORATION COM	\$ <u>5,832</u>	<u>2014-07-25</u>

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>44</u>	132SH JPMORGAN CHASE & CO	\$ <u>7,789</u>	<u>2014-07-25</u>
<u>45</u>	24SH KIMBERLY-CLARK CORP COM	\$ <u>2,605</u>	<u>2014-07-25</u>
<u>46</u>	110SH KIMCO REALTY CORP COM	\$ <u>2,566</u>	<u>2014-07-25</u>
<u>47</u>	7SH KNOWLES CORP	\$ <u>207</u>	<u>2014-07-25</u>
<u>48</u>	62SH ELI LILLY & CO	\$ <u>3,954</u>	<u>2014-07-25</u>
<u>49</u>	41SH MACYS INC	\$ <u>2,356</u>	<u>2014-07-25</u>
<u>50</u>	40SH MARATHON PETE CORP	\$ <u>3,143</u>	<u>2014-07-25</u>
<u>51</u>	57SH MEDTRONIC INC	\$ <u>3,585</u>	<u>2014-07-25</u>
<u>52</u>	60SH MERCK & CO INC NEW	\$ <u>3,489</u>	<u>2014-07-25</u>
<u>53</u>	295SH MICROSOFT CORP COM	\$ <u>13,128</u>	<u>2014-07-25</u>

Form 990 Schedule B, 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
<u>54</u>	29SH MONSANTO CO NEW	\$ <u>3,358</u>	<u>2014-07-25</u>
<u>55</u>	19SH NIKE INC CLASS B COM	\$ <u>1,477</u>	<u>2014-07-25</u>
<u>56</u>	41SH NORTHROP GRUMMAN CORP	\$ <u>5,230</u>	<u>2014-07-25</u>
<u>57</u>	195SH ORACLE CORPORATION COM	\$ <u>7,864</u>	<u>2014-07-25</u>
<u>58</u>	17SH PPG INDS INC	\$ <u>3,551</u>	<u>2014-07-25</u>
<u>59</u>	15SH PETSMART INC	\$ <u>1,054</u>	<u>2014-07-25</u>
<u>60</u>	200SH PFIZER INC COM	\$ <u>6,038</u>	<u>2014-07-25</u>
<u>61</u>	30SH PHILLIPS 66	\$ <u>2,480</u>	<u>2014-07-25</u>
<u>62</u>	44SH PROCTER & GAMBLE COMPANY COM	\$ <u>3,501</u>	<u>2014-07-25</u>
<u>63</u>	35SH PRUDENTIAL FINANCIAL INC	\$ <u>3,112</u>	<u>2014-07-25</u>

Form 990 Schedule B, 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
<u>64</u>	42SH QUALCOMM INC COM	\$ <u>3,196</u>	<u>2014-07-25</u>
<u>65</u>	36SH RAYTHEON CO	\$ <u>3,315</u>	<u>2014-07-25</u>
<u>66</u>	125SH REGIONS FINL CORP NEW	\$ <u>1,295</u>	<u>2014-07-25</u>
<u>67</u>	60SH TARGET CORP COM	\$ <u>3,623</u>	<u>2014-07-25</u>
<u>68</u>	25SH TIME WARNER CABLE	\$ <u>3,709</u>	<u>2014-07-25</u>
<u>69</u>	75SH US BANCORP DEL	\$ <u>3,206</u>	<u>2014-07-25</u>
<u>70</u>	24SH UNION PAC CORP COM	\$ <u>2,440</u>	<u>2014-07-25</u>
<u>71</u>	10SH UNITED TECHNOLOGIES CORP COM	\$ <u>1,089</u>	<u>2014-07-25</u>
<u>72</u>	65SH UNITEDHEALTH GROUP INC	\$ <u>5,504</u>	<u>2014-07-25</u>
<u>73</u>	40SH UNUM GROUP	\$ <u>1,400</u>	<u>2014-07-25</u>

Form 990 Schedule B, 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
<u>74</u>	35SH VALERO ENERGY CORP COM NEW	\$ <u>1,722</u>	<u>2014-07-25</u>
<u>75</u>	50SH VIACOM INC CL B NEW	\$ <u>4,307</u>	<u>2014-07-25</u>
<u>76</u>	75SH WALMART STORES INC COM	\$ <u>5,698</u>	<u>2014-07-25</u>
<u>77</u>	125SH WELLS FARGO & CO NEW COM	\$ <u>6,450</u>	<u>2014-07-25</u>
<u>78</u>	25000SH WESTPAC BANKING CORP 3 000% 8/04/15	\$ <u>25,651</u>	<u>2014-07-25</u>
<u>79</u>	28SH ENSCO PLC	\$ <u>1,491</u>	<u>2014-07-25</u>
<u>80</u>	14SH EVEREST RE GROUP LTD	\$ <u>2,250</u>	<u>2014-07-25</u>

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

**Depreciation and Amortization
 (Including Information on Listed Property)**

OMB No 1545-0172
2014
 Attachment
 Sequence No **179**

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Name(s) shown on return LAURENTSHATCHER FOUNDATION INC	Business or activity to which this form relates RESIDENTIAL PROPERTY - 6 LAURENTS WAY, Q	Identifying number 13-6114331
---	---	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2015 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2014	17	1,165
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		4,017	15 0	HY	S/L	134
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,299
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No
24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first)
(b) Date placed in service
(c) Business/investment use percentage
(d) Cost or other basis
(e) Basis for depreciation (business/investment use only)
(f) Recovery period
(g) Method/Convention
(h) Depreciation/deduction
(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions)
43 Amortization of costs that began before your 2014 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No 1545-0172

2014

Attachment Sequence No 179

Name(s) shown on return LAURENTSHATCHER FOUNDATION INC

Business or activity to which this form relates FORM 990-PF PAGE 1

Identifying number 13-6114331

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for election details: 1 Maximum amount (500,000), 2 Total cost of section 179 property placed in service, 3 Threshold cost of section 179 property before reduction in limitation (2,000,000), 4 Reduction in limitation, 5 Dollar limitation for tax year.

Table with 13 rows for listed property details: 6 (a) Description of property, (b) Cost (business use only), (c) Elected cost, 7 Listed property, 8 Total elected cost of section 179 property, 9 Tentative deduction, 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562, 11 Business income limitation, 12 Section 179 expense deduction, 13 Carryover of disallowed deduction to 2015.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for special depreciation: 14 Special depreciation allowance for qualified property, 15 Property subject to section 168(f)(1) election, 16 Other depreciation (including ACRS).

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS: 17 MACRS deductions for assets placed in service in tax years beginning before 2014, 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a 3-year property, b 5-year property, c 7-year property, d 10-year property, e 15-year property, f 20-year property, g 25-year property, h Residential rental property, i Nonresidential real property.

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method. Rows include 20a Class life, b 12-year, c 40-year.

Part IV Summary (see instructions.)

Table with 3 rows for summary: 21 Listed property, 22 Total (0), 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2014 tax year (see instructions) 43 Amortization of costs that began before your 2014 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

TY 2014 Accounting Fees Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	28,520	8,556		0

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

TY 2014 Amortization Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Description of Amortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
LITERARY RIGHTS	2012-03-01	4,913,000	600,477	180 0000000000000	327,533	327,533		928,010

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

TY 2014 Depreciation Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND - 6 LAURENTS WAY	2008-05-29	5,172		L		0	0		
HOUSE - 6 LAURENTS WAY	2008-05-29	26,872	5,496	SL	27 5000000000000	977	977		
FURNISHINGS - 6 LAURENTS WAY	2008-05-29	603	603	200DB	5 0000000000000	0	0		
LAND AND DEVELOPMENT COSTS - 5 HATCHER DRIVE	2008-05-29	34,448		L		0	0		
LAND AND DEVELOPMENT COSTS - 7 HATCHER DRIVE	2008-05-29	18,611		L		0	0		
LAND AND DEVELOPMENT COSTS - 5 LAURENTS WAY	2008-09-15	22,989		L		0	0		
ELECTRIC HOT WATER HEATER	2011-06-03	1,689	282	SL	15 0000000000000	113	113		
WATER STORAGE TANK	2011-07-19	885	148	SL	15 0000000000000	59	59		
ELECTRICITY TO TENNIS COURT AND SHEDS	2011-10-20	659	36	ADS	40 0000000000000	16	16		
FURNISHINGS - 4 LAURENTS WAY	2011-05-06	27,276		NC	0 %	0	0		
ALARM SYSTEM - 4 LAURENTS WAY	2012-06-28	5,214		NC	0 %	0	0		
DIGITAL ELECTRIC POOL HEATER	2014-07-11	4,017		SL	15 0000000000000	134	134		

**TY 2014 Investments Corporate
Bonds Schedule**

Name: LAURENTSHATCHER FOUNDATION INC

EIN: 13-6114331

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	1,804,515	1,790,862

**TY 2014 Investments Corporate
Stock Schedule****Name:** LAURENTSHATCHER FOUNDATION INC**EIN:** 13-6114331

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STOCKS	5,629,150	6,521,400

**TY 2014 Investments Government
Obligations Schedule**

Name: LAURENTSHATCHER FOUNDATION INC

EIN: 13-6114331

US Government Securities - End of Year Book Value:	2,562,231
US Government Securities - End of Year Fair Market Value:	2,570,994
State & Local Government Securities - End of Year Book Value:	766,491
State & Local Government Securities - End of Year Fair Market Value:	755,518

TY 2014 Investments - Land Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS	34,725	7,864	26,861	331,537
LAND	81,220	0	81,220	3,393,463

TY 2014 Investments - Other Schedule**Name:** LAURENTHATCHER FOUNDATION INC**EIN:** 13-6114331

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
CLOSELY-HELD S-CORPORATION	AT COST	1,486,019	1,847,120
PARTNERSHIP INTEREST	AT COST	512	500
ACCRUED INTEREST PURCHASED	AT COST	19,364	19,364

TY 2014 Land, Etc. Schedule

Name: LAURENTHATCHER FOUNDATION INC

ETIN: 13-6114331

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE & FIXTURES	32,490	0	32,490	32,490

TY 2014 Legal Fees Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	50,331	12,500		12,500

TY 2014 Other Assets Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LITERARY RIGHTS	4,312,522	3,984,989	6,123,796

TY 2014 Other Decreases Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Description	Amount
CORRECTION OF INITIAL INVESTMENT IN S-CORP	15,769

TY 2014 Other Expenses Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WORKERS COMPENSATION & DISABILITY INSURANCE	1,045	0		0
OFFICE EXPENSE	698	527		171
LITERARY EXECUTOR FEE	185,433	0		185,433
COMMISSIONS	147,593	147,593		0
AMORTIZATION	327,533	327,533		0

TY 2014 Other Income Schedule**Name:** LAURENTHATCHER FOUNDATION INC**EIN:** 13-6114331

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
S-CORP LOSS	-60,176	-60,176	-60,176
PARTNERSHIP INCOME	15	15	15
THEATRICAL ROYALTIES	1,564,238	1,564,238	1,564,238
REFUND OF PRIOR YEAR GRANT	30,000		30,000

TY 2014 Other Liabilities Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Description	Beginning of Year - Book Value	End of Year - Book Value
SECURITY DEPOSIT	1,000	1,000
PAYROLL TAXES PAYABLE	1,321	1,299

TY 2014 Other Professional Fees Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BROKER FEES	56,993	56,993		0

TY 2014 Substantial Contributors Schedule

Name: LAURENTSHATCHER FOUNDATION INC

EIN: 13-6114331

Name	Address
ESTATE OF ARTHUR LAURENTS	608 NORTHVILLE TURNPIKE RIVERHEAD, NY 11901

TY 2014 Taxes Schedule

Name: LAURENTHATCHER FOUNDATION INC

EIN: 13-6114331

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NEW YORK STATE TAXES	750	0		0
REAL ESTATE TAXES	8,774	8,774		0
PAYROLL TAXES	11,905	2,181		5,361
FEDERAL TAXES	14,247	0		0
FOREIGN TAXES WITHHELD	4,063	4,063		0
REAL ESTATE TAXES	4,449	4,449		0

TY 2014

TransfersToControlledEntities

Name: LAURENTSHATCHER FOUNDATION INC

EIN: 13-6114331

Name	US / Foreign Address	EIN	Description	Amount
AML ENTERPRISES INC	608 NORTHVILLE TURNPIKE RIVERHEAD, NY 11901	13-1950229	NO TRANSFERS IN 2014	0
Total				0