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SCANNED OCT 0 3 2015

* Form 990-PF

Comes Ogder OCT 9 7 2015

Extended to February 16, 2016 Return of Private Foundation

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

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

OMB No 1545-0052 Open to Public Inspection

De	enad	men	t of the Treasury	▶ Do not ente	r social s	ecurity number	ers on	this form as	it may be ma	ide public.	2017
Int	ema	l Re	venue Service	► Information about Fo			arate i				Open to Public Inspection
_				or tax year beginning JU	և 1,	2014		, and e		JUN 30, 2015	
ľ	lam	e of	foundation							A Employer identificatio	n number
	-	~ * * *	N. D. 6	HODE DEECE FOIR	- A m T	ONT				12 227150/	1
_	_			HOPE REESE FOUN					D/	13-3371584	<u>*</u>
			•	pox number if mail is not delivered to stre	et address;)			Room/suite	B Telephone number (212) 632-	-6515
-			BOX 703						l		
				ovince, country, and ZIP or foreign LEY, NY 11560	postai co	000				C If exemption application is	pending, check here
_						T tautual catuura	<u> </u>	-mar nublia d	harite	D 1. Foreign organization	a shook hara
G	U	ieck	all that apply	Initial return	 	Initial return		ittier public (ланц	1. Foleigh organization	is, check liefe .
				Final return	<u> </u>					Foreign organizations m check here and attach c	eeting the 85% test,
_			type of organiz	Address change (ation X Section 501(c)(3)						ì	
'n	U	_) nonexempt charitable trust		axable private f		tion		E If private foundation sta under section 507(b)(1	
	Fai			assets at end of year J Accoun				Accı	nial]	
٠			Part II, col. (c),	· —	Other (sp		14311	LL Acci	uui	F If the foundation is in a	(B), check here
	•		ar 11, cor. (c),	121,129 . (Part I, co			cash t	asis.)			/(b/, 61100K 11010
Fi			Analysis of R	evenue and Expenses) Revenue and			vestment	(c) Adjusted net	(d) Disbursements
ي	-		" (The total of ame	ounts in columns (b), (c), and (d) may not all the amounts in column (a))		penses per boo			ome	income	for chantable purposes (cash basis only)
_	Т	1		gifts, grants, etc , received .	1	49,58	36.		'''''' '''' ''''	N/A	
		2	Check	if the foundation is not required to attach Sch B							
		3	Interest on saving	gs and temporary	<u></u>	.,					'
		4		interest from securities		2,03	38.		2,038.		Statement 2
	-	5a	Gross rents								
		b	Net rental income	or (loss)							
	_	6a	Net gain or (loss)	from sale of assets not on line 10 .		1,50	00.				Statement 1
	ă	b	Gross sales price assets on line 6a	of for all 35,561.							
	Revenue	7		ncome (from Part IV, line 2)				2	4,356.		
1	۳	8	Net short-term	capital gain		**** ******** *** *		·/ · · · · · · · · · · · · · · · · · ·	· 11. ,,1 , ,1, 		
		9	Income modifi								
	ŀ	10a	Gross sales less and allowances	returns		······		************	··· · · · · · · · · · · · · · · · · ·	******************************	
		b	Less Cost of good	ods sold							
		C	Gross profit or	(loss)	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
		11	Other income		<u> </u>	F 2 1 1	1		C 204		
_	\neg	12		es 1 through 11		53,12	_		6,394.		
	l	13	•	f officers, directors, trustees, etc	ļ		0.		0.		0.
	- 1	14		e salaries and wages	ļ		-5				
				, employee benefits	-		-	REC	EIVE		
	use		Legal fees				4				
Į,	Administrative Expenses		Accounting fee				9000	} 0CT	0 6 2015	8	
ξ	ω W		Other professi	onalitees			101	"			
<u> </u>	اڇَ	17 18	Interest . Taxes .						EN. U		
Ď	sti	10 19	Depreciation a	nd depletion	-						
Ł	<u> </u>	20	Occupancy .	ina depietion	-						<u> </u>
	힏	21		ences, and meetings							*****
	힏	22	Printing and p								
	g	23	Other expense		-	19	8.		8.		190.
	.≥ ।	24	-	g and administrative							
1	ber		-	d lines 13 through 23		19	8.		8.		190.
•	ਹੰ∣	25	-	gifts, grants paid		36,20	00.				190. 36,200.
	- 1			s and disbursements.							
			Add lines 24 a			36,39	8.		8.		36,390.
_		27	Subtract line 2								
		а	Excess of revenu	e over expenses and disbursements		16,72	26.				
		b	Net investmen	it income (if negative, enter -0-)				2	6,386.		
		C	Adjusted net i	ncome (if negative, enter -0-)	1	••••			*******	N/A	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
Part II Balance Sheets Attached Schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing			
2 Savings and temporary cash investments	1,363.	2,563.	2,563.
3 Accounts receivable ►			
Less: allowance for doubtful accounts	ſ		
4 Pledges receivable			
Less: allowance for doubtful accounts	ţ	;	
			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons 7 Other notes and loans receivable		······	
	1		
Less allowance for doubtful accounts		· · · · · · · · · · · · · · · · · · ·	
8 Inventories for sale or use			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock Stmt 5	105,228.	120,754.	118,566
•		· · · · · · · · · · · · · · · · · · ·	
11 Investments - land, buildings, and equipment basis	į.	;	
Less. accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment basis			
Less: accumulated depreciation			
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the			
Instructions. Also, see page 1, item I)	106,591.	123,317.	121,129
17 Accounts payable and accrued expenses			
18 Grants payable			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable	,		
20 Coans norm officers, unecos, trustees, and other disqualified persons			
22 Other liabilities (describe)			
22 Other habilities (describe			
	o .	0.	
23 Total liabilities (add lines 17 through 22)		<u></u>	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
👸 24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances			
27 Capital stock, trust principal, or current funds	0.	0.	
27 Capital Stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg , and equipment fund	106,591.	123,317.	Statement 4
Retained earnings, accumulated income, endowment, or other funds	106,591.	123,317.	Deatement 4
30 Total net assets or fund balances	100,391.	123,317.	
	106 501	100 017	
31 Total liabilities and net assets/fund balances	106,591.	123,317.	<u></u>
Part III Analysis of Changes in Net Assets or Fund Ba	lances		
S SH CRE			
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30	0		
		1.4	106,591
(must agree with end-of-year figure reported on prior year's return)		<u>[1</u>	
2 Enter amount from Part I, line 27a		2	16,726
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize)		2 3	16,726. 0.
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3		2 3 4	16,726. 0. 123,317.
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize)		2 3	16,726. 0. 123,317. 0. 123,317.

		R. & HOPE REES				-	1	3-337	L584	Page 3
P		and Losses for Tax on In be the kind(s) of property sold (e.g.		income	(b) H	ow acquired	(c) Date a	acquired	(d) Date	e sold
		ehouse, or common stock, 200 shs				Purchase Donation	(mo., da		(mo , da	
<u>1a</u>	Con Netonbod	Chahamant			-					
<u>b</u>	See Attached	Statement			-				····-	
d		-			<u> </u>					
8										
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale				ain or (loss) s (f) minus (
<u>a</u>					j					
_b										
ď		····					•			
e	35,561.			11,20	5.		-		24	,356.
	Complete only for assets showing	gain in column (h) and owned by t	the foundation	on 12/31/69			(I) Gains (C	ol (h) gain i	minus	
	(I) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any		C	l (k), but n Losses	not less than (from col. (f	-0-) or })	
<u>a</u>		-						<u> </u>		
<u>_b</u>										
c					-					
e									24	,356.
2 (Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0-	in Part I, line 7	7 7	}	2			24	,356.
	Net short-term capital gain or (loss f gain, also enter in Part I, line 8, c	s) as defined in sections 1222(5) an			}				-	
	f (loss), enter -0- in Part I, line 8					3		N/A		
		nder Section 4940(e) for foundations subject to the section 4		•			come			
Was		is part blank ion 4942 tax on the distributable am fy under section 4940(e) Do not co		•	riod?				Yes	X No
		ach column for each year; see the in			entries.					-
	(a) Base period years alendar year (or tax year beginnin			Net value of no	(c) onchari	itable-use asset		Distrib (col (b) divi		
	2013		3,385.			99,69				34868
	2012		8,680.			92,47				$\frac{18293}{00275}$
	2011		7,835. 1,935.			77,15				90377 23378
	2010 2009		5,729.			72,32				32271
	2003		<u> </u>	· · · · · · · · · · · · · · · · · · ·						
	Total of line 1, column (d)	i-year base period - divide the total (on line 2 by 5		 r of voc		. 2		2.2	99187
	the foundation has been in existen			or by the number			3		.4	59837
4	Enter the net value of noncharitabl	le-use assets for 2014 from Part X,	line 5 .				4		113	<u>,528</u>
5	Multiply line 4 by line 3					•	5		52	,204.
6	Enter 1% of net investment incom	e (1% of Part I, line 27b)					6			264.
7	Add lines 5 and 6						7	-	52	,468.
8	Enter qualifying distributions from	Part XII, line 4			-		8		36	,390.
	If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part usir	ng a 1%	6 tax rate				

	330 11 (2014)	13-33/1			Page 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 - see i	nstru	ction	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		5:	28.
	of Part I, line 27b		1-11-7		17 71
C.	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
	Add lines 1 and 2	3		5:	28.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			Ó.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	_	5:	28.
	Credits/Payments.				
	2014 estimated tax payments and 2013 overpayment credited to 2014				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld				
	Total credits and payments. Add lines 6a through 6d	7		1,6	52.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			8.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1,1	16.
	Enter the amount of line 10 to be. Credited to 2015 estimated tax ▶ 1,116 . Refunded ▶	11			0.
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes	No
	any political campaign?	_	1a		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		Х
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copies of any materials published				711 1117
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		10	1	Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
_	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•			Į.
	managers. ► \$ 0 .				
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities.				777.
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or			
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T.				
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	a law			
	remain in the governing instrument?		6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	/	7	Х	
·			7.77		
82	Enter the states to which the foundation reports or with which it is registered (see instructions)				
Ju	NY				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
J	of each state as required by General Instruction G? If "No," attach explanation		8b	X	}
a	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		Х
40	Your servers became authorized contributors during the tay year?		10		Y

	990-PF (2014) JOHN R. & HOPE REESE FOUNDATION 13-337	1584		Page 5
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► LAZARD FRERES & CO. LLC Telephone no ►212-6		515	
	Located at ► 30 ROCKEFELLER PLAZA NEW YORK, N.Y. ZIP+4 ►1	<u>0020</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, ▶	· 🗀
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	t 1	Yes	
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
D.	foreign country ► ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u> — .</u>	•	ł
Fe	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 	Yes	No
14	During the year did the foundation (either directly or indirectly):	<u> </u>	162	INO
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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.)			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			.,
_	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)): 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			
ć	Von Y No			
	If "Yes," list the years			
t	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	· ·]
G	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X No			
t	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
_	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a purpose that Proceedings 21, 1960) that each disconding the phosphale autopose that	4a		X
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	45		x

Form **990-PF** (2014)

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 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 Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments. See instructions.

Form 990-PF (2014)

Total. Add lines 1 through 3

Page	8

1	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, se	e Instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	112,900. 2,357.
	Average of monthly cash balances	1b	2,357.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	115,257.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	115,257.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,729.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	113,528.
6	Minimum investment return. Enter 5% of line 5	6	5,676.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	· · · · · · · · · · · · · · · · · · ·
ب	foreign organizations check here and do not complete this part.)		
<u> </u>	Minimum investment return from Part X, line 6	1	5,676.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	528.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,148.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,148.
	Deduction from distributable amount (see instructions)	6	0.
6	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	5,148.
(p	art VII	, , , , , , , , , , , , , , , , , , ,	
Lā.	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	36,390. 0.
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:		
а	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	36,390.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	<u> </u>
•	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section
	ADAD/a) reduction of tay in those wars		

Form **990-PF** (2014)

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				5,148.
2 Undistributed income, if any, as of the end of 2014		+++!+,·+!++ ·+·+, · ++ ·++·++**** **** **** ***	·	
a Enter amount for 2013 only			0.	
b Total for prior years:	· · · · · · · · · · · · · · · · · · ·			**************************************
		0.		
3 Excess distributions carryover, if any, to 2014.	····· ····· ····· ···· ···· ···· ···· ····		-11-11-11-11-11-11-11-11-11-11-11-11-11	VIIIIIIII III III III
a From 2009 42,971.				
b From 2010 28,644.				
c From 2011 34,657.				
d From 2012 34,657.				
e From 2013 29,048.				
f Total of lines 3a through e	169,977.			
4 Qualifying distributions for 2014 from				
Part XII, line 4 \triangleright \$ 36,390.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	1			
(Election required - see instructions)	0.	***************************************	······································	
d Applied to 2014 distributable amount .				5,148.
e Remaining amount distributed out of corpus	31,242.		111(1.41(1) -11(1 - 1(1) -11(1) -11(1) -11(1)	
5 Excess distributions carryover applied to 2014 (if an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:		`		
2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5	201,219.			
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			c - ·	
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015		111-111-1-11116-1-11		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	*** ·!!! !! : **** !! !!!. '!.#! '		
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	42,971.	· · · · · · · · · · · · · · · · · · ·	# ### ### ### ### ### ################	<u> </u>
9 Excess distributions carryover to 2015.	150 040			
Subtract lines 7 and 8 from line 6a	158,248.	41 · · · · · · · · · · · · · · · · · · ·	·········· II, .·· .II .II .II .	
10 Analysis of line 9				
a Excess from 2010 28,644.				
b Excess from 2011 34,657.				
Excess from 2012 34,657.				
d Excess from 2013 29,048. e Excess from 2014 31,242.				
e Excess from 2014 31, 242.				Form 000 DE (0044)

Form **990-PF** (2014)

423601 11-24-14

Page 11

Part XV	Supplementary Information				
3 Grants a	nd Contributions Paid During the You		Payment		
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution.	
a Paid dui	ring the year				
CAUMSETT FO	OINDATION		Public	UNRESTICTED	
200 HARBOR			Fubile	DARESTICIED	
	HARBOR, NY 11724				1,000
	HISTORIC FUND		Public	UNRESTRICTED	
500 25TH ST					
BROOKLYN, N	VI 11232		<u> </u>		3,000.
				1	
HOBE SOUND	NATURE CENTER		Public	UNRESTRICTED	
PO BOX 214					
HOBE SOUND	, FL 33475		ļ		2,000.
				1	
HOLY CROSS	MONACTERY		Public	UNRESTRICTED	
PO BOX 99	MONASTERT		Fubile	DARESTRICTED	
WEST PARK,	NY 12493				500.
SUMMER SEAF			Public	UNRESTRICTED	
	00 DEPT 34425 SCO, CA 94139				E00
Total .		tinuation shee	et(s)	> 3a	36,200.
	ed for future payment				30,200.
••	,				
N	one				
					=
			-		
Totai				> 3b	0.

Enter gross	amounts unless otherwise indicated	Unrelated	l business income		y section 512, 513, or 514	(e)
		(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
_	n service revenue [.]	code		and		
		-				
_	···········	 		-		
		 				
u		 				
e						
·		1				
_	and contracts from government agencies					
	rship dues and assessments	1		+ + -		
	on savings and temporary cash					
investm				14	2,038.	
	ds and interest from securities	ļ		14	2,030.	
	al income or (loss) from real estate:		······································			· · · · · · · · · · · · · · · · · · ·
	-financed property					
	debt-financed property					<u> </u>
	al income or (loss) from personal					
	/					
	vestment income					
	(loss) from sales of assets other			1.0	1 500	
than inv				18	1,500.	
	me or (loss) from special events					
	rofit or (loss) from sales of inventory					
1 Other re	venue.	1 1				
						
b		-	 			<u> </u>
c		-				
d		<u> </u>				· · · · · · · · · · · · · · · · · · ·
e				. 	2 5 2 0	
	I. Add columns (b), (d), and (e)				3,538.	3,538
					13	3,538
<u>See works</u>	heet in line 13 instructions to verify calculations.)				<u> </u>	
Part X\	/I-B Relationship of Activities to	o the Acco	mplishment of	Exempt Pu	ırposes	
				 		
Line No.	Explain below how each activity for which income	ne is reported in	i column (e) of Part XV	I-A contributed	importantly to the accomp	lishment of
	the foundation's exempt purposes (other than t	by providing full	us for such purposes)	·		
						
						
-						
			· · · · · · · · · · · · · · · · · · ·			
					<u> </u>	

Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** No Yes Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of. Х 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 16(6) d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: (b) Type of organization (c) Description of relationship (a) Name of organization N/A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign shown below (see instr)? 9/28/ Here 76 Signature of officer or trustee Title Print/Type preparer's name Date Check [PTIN Preparer's signature self- employed Paid **Preparer** Firm's name Firm's EIN **Use Only**

Phone no.

Firm's address

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

J	OHN R. & HOPE REESE FOUNDATION	13-3371584					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
- 							
	is covered by the General Rule or a Special Rule. 5)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor						
Special Rules							
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount I, line 1. Complete Parts I and II.	or 16b, and that received from					
year, total contrib	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 990-PF, Part I, line 2, to ertify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Employer identification number

JOHN R. & HOPE REESE FOUNDATION

13-3371584

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space is needed.	
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN R REESE PO BOX 703 LOCUST VALLEY, NY 11560	\$6,956.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN R REESE PO BOX 703 LOCUST VALLEY, NY 11560	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOHN R REESE PO BOX 703 LOCUST VALLEY, NY 11560	\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

JOHN R. & HOPE REESE FOUNDATION

13-3371584

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	800 SHS IRIDIUM COMMUNICATIONS		
		\$ 6,956.	01/15/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_2	500 SHS ARRIS GROUP INC		
		\$\$	01/06/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	400 SHS ROCK-TENN CO		
		\$ 27,900.	02/13/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			90, 990-EZ, or 990-PF) (

Form 990-PF	Gain or (Loss) f	rom Sale	of F	Assets		Sta	tement	1
(a) Description of Propert	У		_	Manner cquired	Da ⁺ Acqu:	te ired	Date Sc	old
200 SHS SPANSION INC			Do	onated	10/18	8/13	07/17/	14
(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	C.	Gain	(f) or Loss	2
4,435.	· 		0.		0.			11.
(a) Description of Propert	у			Manner Equired	Da ¹ Acqu:	te ired	Date Sc	old
50 SHS JOHNSON & JOHNS	ON		Do	onated	07/1	6/13	08/26/	/14
(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss	3
5,146.	3,235.		0.		0.		1,91	11.
(a) Description of Propert	у			Manner cquired	Da [.] Acqu	te ired	Date Sc	old
500 SHS ARRIS GROUP IN	IC		Do	onated	07/1	6/13	01/06/	/15
(b) Gross Sales Price	(C) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	C.	Gain	(f) or Loss	2
14,389.	·		0.		0.			

Descrip	(a) tion of Property				Manner Equired		te ired	Date Sold
50 SHS	EXXON MOBIL INC	-		Do	onated	04/2	2/51	01/02/15
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
	4,587.	4,529.		0.		0.		58.
Descrip	(a) tion of Property	_			Manner cquired		te ired	Date Sold
137 SHS	CYPRESS SEMICON	DUCTOR		Do	onated	10/1	8/13	03/31/15
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre	c.	Gain	(f) or Loss
	1,888.	1,179.		0.		0.		709.
Descrip	(a) tion of Property				Manner Equired		te ired	Date Sold
30 SHS	INTERNATIONAL BU	- SINESS MACHINES		Do	onated	10/1	8/40	04/27/15
	(b) Gross Sales Price	(c) Value at Time of Acq.	(d) Expense Sale	of	(e) Depre		Gain	(f) or Loss
	5,116.	5,947.	· .	0.	·····	0.		<831.
Capital	Gains Dividends	from Part IV	· ·					0.
_	o Form 990-PF, P							1,500.

Form 990-PF	Dividends	and Interest	from Secur	ities St	atement	2
Source	Gross Amount	Capital Gains Dividends	(a) Revenue Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Incom	
CYPRESS						
SEMICONDUCTOR	83.	0.	83.	83.		
EXXON MOBIL CORP INTERNATIONAL BUSINESS MACHINE	1,049.	0.	1,049.	1,049.		
CORP	421.	0.	421.	421.		
ISHARES TRUST	37.	0.	37.			
JOHNSON & JOHNSON	320.	0.	320.			
ROCK TENN CO	128.	0.	128.	128.		
To Part I, line 4	2,038.	0.	2,038.	2,038.		_

Form 990-PF	Other E	xpenses	Statement 3			
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes		
NEW YORK STATE FILING FEE NOTICE OF AVAILABILITY BROKERAGE FEES	50. 140. 8.			50. 140. 0.		
To Form 990-PF, Pg 1, ln 23	198.	8.		190.		

Form 990-PF Other F	unds	Statement	4
Description	(A) Beginning of Year	(B) End of Year	
Endowment Fund	106,591.	123,31	7.
Total to Form 990-PF, Part II, line 29	106,591.	123,31	7.

Form 990-PF Corporate Sto	ck	Statement	5
Description	Book Value	Fair Marke	t
IShares Trust	8,161.	8,4	
JOHNSON & JOHNSON	6,470.	9,7	
EXXON MOBIL CORP	31,703.	29,1	20.
INTERNATIONAL BUSINESS MACHINES CORP	13,876.	11,3	86.
CYPRESS SEMICONDUCTOR	5,158.	7,0	56.
ARRIS GROUP	20,530.	21,43	20.
ROCK-TENN CO	27,900.	24,0	80.
IRIDIUM COMMUNICATIONS	6,956.	7,2	72.
Total to Form 990-PF, Part II, line 10b	120,754.	118,5	66.

24,356.

N/A

			uation for			
JOHN R. & HOPE R		13-337	1584 I	age	1	of 1
Part IV Capital Gains and Lo	sses for Tax on investment income					
(a) List and 2-story bi	I describe the kind(s) of property solo rick warehouse, or common stock, 20	d, e g , real estate, 00 shs MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acc (mo , day,	ured yr)	(d) Date sold (mo , day, yr)
1a 200 SHS SPANSI			D			7/17/14
b 50 SHS JOHNSON			D			8/26/14
c 500 SHS ARRIS			D			1/06/15
d 50 SHS EXXON M			D			1/02/15
	S SEMICONDUCTOR		D			3/31/15
f 30 SHS INTERNA	TIONAL BUSINESS	MACHINES	D	10/18	/400	4/27/15
g						
<u>h</u>				ļ		
<u> </u>				 		
<u> </u>						
k				<u> </u>		
<u>.l_</u>	· · · · · · · · · · · · · · · · · · ·					
<u>m</u>						
n						
0	(f) Depreciation allowed	(a) Cost or other basis		ı) Gain or (los		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		plus (f) minus		
a 4,435.	(ev allottage)	2,448.			107	1,987
F 146		3.				5,143
14 200		7,750.			-	6,639
c 14,389. d 4,587.		28.	-			4,559
e 1,888.		683.				1,205
f 5,116.		293.				4,823
			 		•	2,020
<u>g</u> h						
1						
1						
k						
1				•		
m						
n						
0						
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Lo	sses (from co	ol. (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	Gains (excess but	of col. (h) ga not less than	in over (*-0-*)	
a						1,987
b						5,143
С						6,639
d			_			4,559
e						1,205
<u>f</u>						4,823
g						•
h		ļ				
<u>i</u>			· · ·	· -		
<u>i </u>				 		
<u>k</u>						•
1						
<u>m</u>						
<u>n</u>				-		· · · · · · · · · · · · · · · · · · ·
0	1					

 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$

2 Capital gain net income or (net capital loss)

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) If (loss), enter "-0-" in Part I, line 8

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
INTERNATIONAL TENNIS HALL OF FAME		Public	UNRESTRICTED	
194 BELLEVUE AVENUE				
NEWPORT, RI 02840		ļ		7,500.
MILLBROOK SCHOOL		Public	UNRESTRICTED	
131 MILLBROOK SCHOOL ROAD				
MILLBROOK, NY 12545		 		1,000.
NEW YORK UNIVERSITY		Public	MARILYN MOFFAT CHAIR	
25 WEST 4TH STREET			IN PHYSICAL THERAPY	E00
NEW YORK, NY 10012		<u> </u>		500.
NORTH SHORE LAND ALLIANCE		Public	UNRESTRICTED	
151 POST ROAD WESTBURY, NY 11568				1,000.
SNOWMASS CHAPEL PO BOX 17169		Public	UNRESTRICTED	
SNOWMASS VILLAGE, CO 81615				500.
ST JOHN'S OF LATTINGTON CHURCH		Public	UNRESTRICTED	
PO BOX 448				
LOCUST VALLEY, NY 11560		<u> </u>		2,000.
WINDWARD SCHOOL		Public	UNRESTRICTED	
13 WINDWARD AVENUE				
WHITE PLAINS, NY 10605		 		1,000.
ARTHUR ASHE LEARNING CENTER		Public	UNRESTRICTED	
77 WEST 66TH STREET				2 000
NEW YORK, NY 10023		 		2,000.
180 TURNING LIVES		Public	UNRESTRICTED	
1 BETHANY ROAD HAZLET, NJ 07730				200.
minume, No VIIIV				
		L		
EAST WOODS SCHOOL 31 YELLOW COTE ROAD		Public	UNRESTRICTED	
OYSTER BAY, NY 11771				1,000.
Total from continuation sheets	• • • • • • • • • • • • • • • • • • • •			29,200.

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient EVERGLADES FOUNDATION Public UNRESTRICTED 18001 OLD CUTLER ROAD PALMETTO, FL 33157 1,000. MISS Public UNRESTRICTED 4434 SE CLECKLEY WAY 500. STUART, FL 34997 ST JOHN'S CHURCH Public UNRESTRICTED 1670 NY 25A COLD SPRING HARBOR, NY 11724 5,000. AMERICAN RED CROSS Public NEPAL DISASTER RELIEF PO BOX 4002018 DES MOINES, IA 50340 1,000. BOYS & GIRLS CLUB OF MARTIN COUNTY Public UNRESTRICTED 11500 SOUTHEAST LARES AVE HOBE SOUND FL 33455 5,000. Total from continuation sheets

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

•	you are filing for an Automatic 3-Month Extension, co	•				
•	you are filing for an Additional (Not Automatic) 3-Mon	-	· · · ·	•		
	not complete Part II unless you have already been grain		•	•		
	etronic filing (e-file) You can electronically file Form 880	-				•
•	ured to file Form 990-T), or an additional (not automatic)					
	me to file any of the forms listed in Part I or Part II with th	•				
Perso	sonal Benefit Contracts, which must be sent to the IRS in	n paper format	(see instructions). For more details	on the ele	ctronic filing	of this form,
	www.irs.gov/efile and click on e-file for Charities & None					
Par	rt I Automatic 3-Month Extension of	Time. Only	submit original (no copies ne	eded).		
A cor	orporation required to file Form 990-T and requesting an	automatic 6-m	onth extension - check this box and	complete		. —
	I only					
	ther corporations (including 1120-C filers), partnerships,	REMICs, and	trusts must use Form 7004 to reques			
	le income tax returns.			Enter file	er's identify	ring number
Туре	e or Name of exempt organization or other filer, see i	instructions.		Employe	r identificati	on number (EIN) or
print						
File by	JOHN R. & HOPE REESE FOU	NDATION	· · · · · · · · · · · · · · · · · · ·		13-33	371584
due da filing y	ate for Number, street, and room or suite no. If a P.O. b	oox, see instruc	ctions.	Social se	cunty numb	er (SSN)
retum instruc	See	or a foreign add	dress, see instructions	L		
	LOCUST VALLEY, NY 11560			_	_	
Enter	er the Return code for the return that this application is fo	or (file a separa	ate application for each return)			0 4
Appli	lication	Return	Application			Return
ls Fo	or	Code	Is For		·	Code
Form	n 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form	n 990·BL	02	Form 1041-A			08
Form	n 4720 (individual)	03	Form 4720 (other than individual)			09
Form	n 990-PF	04	Form 5227			10
Form	n 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form	n 990-T (trust other than above)	06	Form 8870			12
	LAZARD FRERE		LLC			
	he books are in the care of > 30 ROCKEFELL	ER PLAZ	A NEW YORK, N.Y.	<u> </u>	020	
Τe	elephone No. > 212-632-6515		Fax No. ►			
	the organization does not have an office or place of bus					. ▶ 🔲
• If t	this is for a Group Return, enter the organization's four	digit Group Ex	emption Number (GEN) I	f this is fo	r the whole	group, check this
	▶ . If it is for part of the group, check this box				ers the exte	nsion is for.
1	I request an automatic 3-month (6 months for a corpor					
	February 15, 2016, to file the ex	xempt organiza	ation return for the organization name	ed above.	The extensi	on
	is for the organization's return for:					
	calendar year or					
	► X tax year beginning JUL 1, 2014	, ar	nd ending JUN 30, 2015		_ •	
2	If the tax year entered in line 1 is for less than 12 mont	ths, check reas	son:	Final retur	'n	
	Change in accounting period				·····	
За	If this application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069,	enter the tentative tax, less any			
					1,652.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year		· · · · · · · · · · · · · · · · · · ·	3b	\$	152.
C	Balance due. Subtract line 3b from line 3a. Include yo	ur payment wi	th this form, if required,	1 !		.
	by using EFTPS (Electronic Federal Tax Payment Systems)			3c	\$	1,500.
~auti	tion. If you are going to make an electronic funds withdr	rawal (direct de	bit) with this Form 8868 see Form 8	453.FO ar	d Form 897	0.EO for payment

instructions.