

## 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** 

OMB No 1545-0052

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.lrs.gov/form990pf.

For earlier value 2015 or tay year beginning  DR. HRNRY P. & M. PAGE DURKEE LAUGHLIN  POUNDAPTION, INC.  Number and advantage by O to common friend and advanced to street notices.  Story H. HRNRY P. & M. PAGE DURKEE LAUGHLIN  POUNDAPTION, INC.  To common the proper of the common friends and advanced to street notices.  Story H. Check Be or proper, country, and 20 or friends postal code  PREDERICK, MD. 2.17.01  G. Check all that tappy.  Interial tutur.  M. Address change.  Interial tutur.  M. Check Spe or properation:  M. Address change.  Interial tutur.  M. Check Spe or properation:  M. Address change.  Interial tutur.  M. Check Spe or properation:  M. Address change.  Interial tutur.  M. Check Spe or properation:  M. Address change.  Interial tutur.  M. Address change.  Interial tutur.  M. Check Spe or properation:  M. Address change.  Interial tutur.  M. Address change.  Interial tutur.  M. Check Spe or properation:  M. Address change.  Interial tutur.  Interial tutur.  M. Address change.  Interial tutur.  M. Address change.  M. Check Spe or proposers on address and and deliver.  Interial tutur.  M. Address change.  Interial tutur.  M. Address change.  M. Check Spe or proposers on address change.  Interial tutur.  M. Address change.  M. Check Spe or proposers and address change.  Interial tutur.  M. Address change.  M. Check Spe or proposers and address change.  Interial tutur.  M. Check Spe	Depa	rtmer	Do not enter s	ocial security numbers or	this form as it may be ma	ide public.	2010
A Employer identification number   S2 - 60807600				n 990-PF and its separate		s.gov/тогтээирт.	Open to Public Inspection
DR. HENRY P. & M. PAGE DURKEE LAUGHLIN POUNDATION INC.  Nation and served to 10 December of the control of the					, and chang	A Employer identification	number
S2-600760   Subcritication of the control of the				עסס זאוורטו דאו	Ť	Comployer Identification	numper
Source   S				VEE PHOGUDIN		52-6080760	
SO HIGHLAND STREET, SULTE 30.3  City or form, state or provence, country, and ZiP or foreign postal code FREDERICK, MD 21.70.1  G Check all that apply: Intelled return   Amended return   Amende				address)	Room/suite		
Cry to fown, state or province, country, and 2/P or foreign postal code  FREDERICK, MD 2.170.1  G Check all that apply:					Thomas and	l '	3.6
FREDERICK, MD 21701 G Check all that apply: Initial return of a former public charity Amended return Amended re					<u>_</u> <u>_</u>	<del></del>	
Final relation   Animal change   Animal change   Part   Animal change   Rection 4947(a) if ) nonexempt charteline trust   Other table private foundation   If are market water of all assets and of year   Animal change   If private foundation   If are market water of all assets and of year   Animal change   If private foundation   If are market water of all assets and of year   Animal change   If private foundation   If are market water of all assets and of year   Animal change   If the foundation is an afternoon of the foundation   If are market water of a factor of the foundation   If are market water of a factor of the foundation   If are market water of a factor of the foundation   If are market water of a factor of the foundation   If are market water of a factor of the foundation   If are market water of a factor of the foundation   If are market water of a factor of the factor o	-					If exemption application is pe	ending, check here
Control Description   Name change   Name c	G	hecl	k all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organizations.	, check here
H. Check type of organization:			Final return	Amended return		2 Foreign organizations mad	ation the 8594 test
Section 4947(a)(1) nonexempt charable frust   Other tasable private foundation   Far market value of all assets at end of year   Jacobium from Part II, cot. (c), line 16)   Jacobium from Part II, cot. (c), line 16, line			1,00,000 090		<u> </u>	check here and attach cor	mputation Lust,
Full market value of all assets at end of year   Accounting method:   Cash   X   Accounting method:   Cash	H C	_				1	
Part   Analysis of Revenue and Expenses	<u>L</u>	_  S∈	ection 4947(a)(1) nonexempt charitable trust			under section 507(b)(1)(	(A), check here
Part   Analysis of Revenue and Expenses   Revenue and	I Fa	ur m		• · · · · · · · · · · · · · · · · · · ·	X Accrual	I.	
Part I   Analysis of Revenue and Expenses (b) Net investment income (c) Adjusted net income (c) Adju			Part II, col. (c), line 16)	ner (specify)		under section 507(b)(1)(	B), check here
1 Contributions, grifs, grants, etc., received   112, 976.				nn (d) must be on cash	Dasis.)		/ D
2   Check   Description about part of the foundation is triqued to allocit \$0.8	Pa	art	(The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books			for charitable purposes
Section   Sect		1	Contributions, gifts, grants, etc., received	112,976.			
South Investments   South Investments   South Investment   South Inv		2					
Sa Gross rents   Not runtal recome or (clean)   123,349		3	Interest on savings and temporary cash investments	<del></del>			
Note that all income or (loss)   Sa Nat gan		4	Dividends and interest from securities	<u>89,815.</u>	89,815.	89,815.	STATEMENT 1
123,349.		5a	Gross rents	<u> </u>			
Description   Section	0	t	Net rental income or (loss)				
Solution		6a Net gain or (loss) from sale of assets not on line 10		<u>123,349.</u>			<u> </u>
Solution	Ž	t	Gross sales price for all assets on line 6a 846,180.				
Solution	e	7	Capital gain net income (from Part IV, line 2)	57,570			
10   10   10   10   10   10   10   10	Œ	8	Net short-term capital gain	1,27		N/A	
10 and allowances   1		9			101		
C Gross profit or (loss)  11 Other income 12 Total. Add lines 1 through 11  326,140. 213,164. 89,815.  326,140. 213,164. 89,815.  13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees		10a	Gross sales less returns and allowances		9 2016 9		
11 Other income   12   Total. Add lines 1 through 11   326,140.   213,164.   89,815.     13   Compensation of officers, directors, trustees, etc   0.		t	Less Cost of goods sold				
12   Total. Add lines 1 through 11   326,140.   213,164.   89,815.		0	Gross profit or (loss)				<del></del>
13   Compensation of officers, directors, trustees, etc   14   Other employee salaries and wages   15   Pension plans, employee benefits   16a   Legal fees   b   Accounting fees   STMT   2   2,976   2,976   0   0   0   0   0   0   0   0   0		11	Other income			22 24 5	
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 25 expenses. Add lines 13 through 23 26 Contributions, gifts, grants paid 27 Subtract line 26 from line 12: 28 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  19 Opension plans, employee benefits 10 Accounting fees 20 C, 976. 21, 976. 22, 976. 23, 976. 24, 976. 25, 976. 27, 976.		12	Total. Add lines 1 through 11				
15   Pension plans, employee benefits   16a   Legal fees   b   Accounting fees   STMT   2   2   2   2   976   0   0   0   0   0   0   0   0   0		13		0.	0.	0.	<u>0.</u>
16a Legal fees   b Accounting fees   c Other professional fees   17 Interest   18 Taxes   STMT   3   1,580.   1,580.   0.   0.   0.   0.   0.   0.   0.							<u></u>
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	Ø	15				<del></del>	<del></del>
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	Jse	16	_	0 076	2 076		
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	je G	1	-	2,9/6.	2,9/6.	U•	<u> </u>
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	ũ	(	•	<del></del>			
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	tive	17		1 500	1 500	<u> </u>	
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	itra	18		1,560.	1,300.	U•	0.
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	ij	19	· ·				<del></del>
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	Ω £	20	'				<del></del>
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	Ω ₹	21					
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.	<b>4</b> 5	22	- · · · · · · · · · · · · · · · · · · ·	34 330	33 455	1	
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.		23	·	34,330.	33,433.		
25 Contributions, girts, grants paid 26 Total expenses and disbursements.  Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  134,000.  134,000.  134,000.  134,000.  134,000.		24		38 886	38 011	0.1	n
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  133,254.	<b>≥</b> o	0.5				· · · · · ·	154 000
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  133,254.	≅	1		124,000.	-		104,000.
27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  175,153.		20		192 886	38 011	n.	154.000
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  133,254.  175,153.	_	27		172,000.	30,011.		<u> </u>
b Net investment income (if negative, enter -0-)				133 254			
	므	1		100,204.	175.153		· · · · · ·
c Adjusted net income (if negative, enter -0-)	6)	1	C Adjusted net income (if negative, enter -0-)		1.0,200	89,815.	· · · · · · · · · · · · · · · · · · ·
	5235			instructions.			Form <b>990-PF</b> (2015)

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN FOUNDATION, INC.

For	m 99	0-PF (2015) FOUNDATION, INC.	52-6	2-6080760 Page 2			
Part & Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only			Beginning of year	End of	End of year		
Р	aπ	R Balair Ce Sireets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	43,088.	34,891.	34,891.		
	2	Savings and temporary cash investments					
	3	Accounts receivable >					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ►					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts ▶			<del></del>		
છ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	ı	Investments - U.S. and state government obligations					
		Investments - corporate stock STMT 5	2,369,946.	2,007,540.	2,007,540.		
	_	Investments - corporate bonds STMT 6	857,844.	1,090,472.	1,090,472.		
		Investments - land, buildings, and equipment basis					
	``	Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment; basis			<u> </u>		
	'	Less accumulated depreciation					
	15	Other assets (describe					
		Total assets (to be completed by all filers - see the					
	10	Instructions. Also, see page 1, item I)	3,270,878.	3,132,903.	3,132,903.		
	17	Accounts payable and accrued expenses	07=:070:03	0,202,2000	0/202/000		
	18	Grants payable					
	1	Deferred revenue					
Liabilities	19	•	<del>-</del>				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons					
Lia	21	Mortgages and other notes payable					
	22	Other liabilities (describe )					
	00	Total liabilities (add lines 17 through 22)	0.	0.			
_	23	Foundations that follow SFAS 117, check here					
	ŀ						
S		and complete lines 24 through 26 and lines 30 and 31.					
or Fund Balances	24	Unrestricted					
ala	25	Temporarily restricted					
<u>B</u>	26	Permanently restricted  Foundations that do not follow SFAS 117, check here					
٦		,,,					
5		and complete lines 27 through 31.	0.	0.			
sts	27	Capital stock, trust principal, or current funds	0.	0.			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	3,270,878.	3,132,903.			
¥.	29	Retained earnings, accumulated income, endowment, or other funds	3,270,878.	3,132,903.			
ž	30	Total net assets or fund balances	3,210,010.	3,132,303.			
		We also a state of the state of	3,270,878.	3,132,903.			
_	31	Total liabilities and net assets/fund balances		3,132,303.			
F	art	Analysis of Changes in Net Assets or Fund B	alances				
_			20	<del></del>			
1		I net assets or fund balances at beginning of year - Part II, column (a), line	30		2 270 070		
_	-	st agree with end-of-year figure reported on prior year's return)			3,270,878.		
2		r amount from Part I, line 27a		2	133,254.		
3		er increases not included in line 2 (itemize)		3	3 404 132		
4		lines 1, 2, and 3	NT / / T O C C \ O \ O \ T \	NASCOMENTO 6	3,404,132.		
5		reases not included in line 2 (itemize)   UNREALIZED GAI		WESTMENTS 5	271,229.		
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	numn (b), line 30		3,132,903. Form <b>990-PF</b> (2015)		
					ruini <b>330-r r</b> (2015)		

52-6080760 Page 3

Part IV   Capital Gains	and Losses for Tax on Ir	nvestment	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.)						(c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a MORGAN STANLEY	- SEE ATTACHED				P 7		OUS	12/31/15
b MORGAN STANLEY					P	VARI	OUS	12/31/15
c CAPITAL GAINS								
d					,			
e								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss (f) minus	
a 42,938.			53,20	5.				-10,267.
ь 798,920.			669,62					129,294.
c 4,322.							-	4,322.
d					,			
		<u> </u>	<del></del>					
Complete only for assets showin	ng gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains (C	ol (h) uain	minue
Complete only for assets shown						ol. (k), but n		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any		•	Losses	(from col.	(h))
	as 01 12/3 1/09	Over	COL ()), II ally			_		40.00
<u>a</u>		<u> </u>	<del></del>					-10,267.
b								129,294.
C								4,322.
d								
e								<u> </u>
	C If som also anto	r in Dort L line 7	7	7				<del></del>
2 Capital gain net income or (net ca	If gain, also ente apital loss) {   If (loss), enter -0	r in Part I, line /	/ 7	) <sub>2</sub>				123,349.
	•		,	7	<del> </del>			113/3431
3 Net short-term capital gain or (los		nd (6):						
If gain, also enter in Part I, line 8,				<b> </b>				10 065
If (loss), enter -0- in Part I, line 8	1040(-) (-	. D. J J	Tour on No.	) 3	<u> </u>			<u>-10,267.</u>
Part V   Qualification U	Inder Section 4940(e) for	Reduced	rax on Net	investi	nent in	come		
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment in	come.)				
If section 4940(d)(2) applies, leave the	his part blank.							
Was the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any ve	ar in the base per	rod?				Yes X No
If "Yes," the foundation does not qua								
1 Enter the appropriate amount in	each column for each year; see the	instructions bef	ore making any e	ntries.				
(a)			or o manning arry o					(d)
Base periód years	Adjusted qualifying dis	stributions	Net value of no	(C) ncharitable	-use asset	s	Distril	bution ratio
Calendar year (or tax year beginni	''y ''') ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		1101 14100 01110				(cor. (p) ar	vided by col. (c))
2014		71,429.			3,088,552.		-	.055505
2013		73,094.			36,02			.049654
2012		73,998.			L9,27			.049441
2011	7	70,065.		3,60	00,54	5.		.019460
2010	20	9,175.		2,98	39,01	9.		.069981
0. Total of loss 1. column (d)						2		.244041
2 Total of line 1, column (d)	C b	an loss O by E	or hy the number	ofvooro		-		*222031
3 Average distribution ratio for the		on line 2 by 5,	or by the number	UI YEAIS				040000
the foundation has been in existe	ence if less than 5 years					3		.048808
4 Enter the net value of noncharital	ble-use assets for 2015 from Part X,	, line 5				4		<u>3,170,359.</u>
						1 1		
5 Multiply line 4 by line 3						5		154,739.
6 Enter 1% of net investment incor	me (1% of Part I line 27h)					6		1,752.
6 Enter 1% of het investment incor	11e (176 017 art 1, 1111e 27 b)					-		<u> </u>
						7		156 401
7 Add lines 5 and 6								156,491.
								4
8 Enter qualifying distributions from	m Part XII, line 4					8		154,000.
If line 0 is equal to or greater that	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.							
If time o is construction or creater man	n line 7, check the box in Part VI. lin-	e 1b, and comp	lete that part usin	ng a 1% tax	rate.			

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN 52-6080760 Form 990-PF (2015) FOUNDATION, INC Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here  $\blacktriangleright$  and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 
— \_\_\_\_ and enter 1% <u>3</u>,503. of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 3,503. 6 Credits/Payments: 1,080 a 2015 estimated tax payments and 2014 overpayment credited to 2015 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 1,080. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 2,423. Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded -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? 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? X 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 • (2) On foundation managers. ▶ \$ (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 X

If "Yes," attach a detailed description of the activities. 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction  ${\cal T}$ 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV X 7 8a Enter the states to which the foundation reports or with which it is registered (see instructions) b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) X of each state as required by General Instruction G? If "No," attach explanation 8b 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10

#### DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

FOUNDATION, 52-6080760 INC Page 5 Part VII-A Statements Regarding Activities (continued) Yes No 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 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) 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A Telephone no.  $\triangleright 301 - 371 - 4975$ 14 The books are in care of **JOHN R. LAUGHLIN** Located at ▶ 4910 RIDGE CREST CT, FREDERICK, MD ZIP+4 **▶**21702 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year No 16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, Yes securities, or other financial account in a foreign country? 16 X See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (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) Yes X No a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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 Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? X 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 X before the first day of the tax year beginning in 2015? 1c 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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning \_ Yes LX No before 2015? If "Yes," list the years ▶ b 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 N/A2b statement - see instructions.) c 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 Yes X No during the year? b If "Yes," did it have excess business holdings in 2015 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 2015) N/A 3b X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b 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 2015?

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN FOUNDATION, INC. 52-6080760 Form 990-PF (2015) Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? X Yes (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations X 5b section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained \_\_\_ Yes \_\_ No expenditure responsibility for the grant? N/AIf "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b Х If "Yes" to 6b, file Form 8870. Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (e) Expense account, other allowances (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (a) Name and address compensation SEE STATEMENT 7 0 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other (b) Title, and average hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation allowances NONE

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

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

Form 990-PF (2045) FOUNDATION, INC. 52-	6080760 Page 7
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	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	<u>▶</u> 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 ANNUAL AWARDS TO GRADUATING PSYCHIATRIC RESIDENCY STUDENTS	
AT APPROXIMATELY 20 MEDICAL SCHOOLS.	25,200.
2 ANNUAL GRANTS TO COLLEGES, FOUNDATIONS, AND OTHER NON-PROFIT	
ORGANIZATIONS IN DIRECT SUPPORT OF THEIR CHARITABLE	
ACTIVITIES.	128,800.
3	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	-
All other program-related investments. See instructions.	
3	
Total Add lines 1 through 3	0.

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

52-6080760 Page 8 FOUNDATION, INC. Form 990-PF (2015) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 3,205,993. a Average monthly fair market value of securities 1a 12,646. Average of monthly cash balances 1b 1c Fair market value of all other assets 3,218,639. 1đ Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 3,218,639. Subtract line 2 from line 1d 48,280. 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 3,170,359. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 158.518. Minimum investment return. Enter 5% of line 5 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.) 158,518. Minimum investment return from Part X, line 6 3,503 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) 3,503. Add lines 2a and 2b 155,015. 3 Distributable amount before adjustments. Subtract line 2c from line 1 0. Recoveries of amounts treated as qualifying distributions 5 155,015. Add lines 3 and 4 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 1 155,015. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 154,000. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) За 3Ъ Cash distribution test (attach the required schedule) 154,000. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form **990-PF** (2015)

154,000.

5

6

52-6080760 Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7				155,015.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			153,066.	
<b>b</b> Total for prior years:				
,,		0.		<u></u>
3 Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			_ <del></del>
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 154,000.				
a Applied to 2014, but not more than line 2a			153,066.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)	· · · · · · · · · · · · · · · · · · ·	0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				934.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (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	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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				154,081.
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 2010			·	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016.				<del></del>
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				- 000 PF

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN Form 990-PF (2015) FOUNDATION. INC. 52-6080760 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (d) 2012 (a) 2015 (b) 2014 (c) 2013(e) Total 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 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(1)(3)(B)(1) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year 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 foundation had \$5,000 or more in assets at any time during the year-see instructions.) 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).) NONE 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.

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 e-mail address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

(015) FOUNDATION, INC. Supplementary Information (continued) Form 990-PF (2015)

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3 Grants and Contributions Paid During the	Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Continuation	7 inoditi
a Paid during the year				
AMERICAN COLLEGE OF PSYCHOANALYSTS 6912 MAIN ST. SUITE 10 DOWNERS GROVE, IL 60516	NONE	INSTITUTION	EDUCATIONAL	5,000.
AMERICAN SOCIETY OF PSYCHOANALYTIC PHYSICIANS 4804 JASMINE DRIVE ROCKVILLE, MD 20853	NONE	INSTITUTION	EDUCATIONAL	5,000.
FOOD BANK 100 SOUTH MARKET STREET FREDERICK MD 21701	NONE	INSTITUTION	DR HENRY P AND M PAGE LAUGHLIN AWARDS	5,000,
FREDERICK COMMUNITY COLLEGE 7932 OPOSSUMTOWN PIKE FREDERICK, MD 21702	NONE	INSTITUTION	DR HENRY P AND M PAGE LAUGHLIN AWARDS	5,000,
FREDERICK COUNTY MEDICAL SOCIETY 127 FAIRVIEW AVE FREDERICK MD 21701	NONE	INSTITUTION	EDUCATIONAL	5,000 <u>.</u>
	NTINUATION SHE	ET(S)	<b>▶</b> 3a	154 000
b Approved for future payment  NONE				
			<b>▶</b> 3b	0.
Total		<del></del>		

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Part XVI-A Analysis of Income-Producing Activities

	Unrelated	business income	Evoluded b	y section 512, 513, or 514	·
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:  a b c d e f g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property	code	Amount	14	89,815.	tunction income
<ul><li>6 Net rental income or (loss) from personal property</li><li>7 Other investment income</li></ul>					
8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue:  a b c	I I		18	123,349.	
d					
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)  Part XVI-B  Relationship of Activities (		mplishment of I		<del></del>	213,164.
Explain below how each activity for which incomplete the foundation's exempt purposes (other than				importantly to the accomp	

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN 52-6080760 Form 990-PF (2015) FOUNDATION, INC. Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) X **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X 1b(4) (4) Reimbursement arrangements Х (5) Loans or loan guarantees 1b(5) 1b(6) Х (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees Х 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 ີ Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Under penalties of perjury, I declare that I have examined unis return, including examples of perjury, I declare that I have examined unis return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examined units return, including examples of perjury, I declare that I have examples of perjury in this perjury in the I have examples of perjury in the I ha May the IRS discuss this return with the preparer shown below (see instr )? Sign Here DIRECTOR X Yes Signature of officer or trustee Title Date Check Preparer's signature Date Print/Type preparer's name self- employed PAUL M. STECKEL,

**SPARKS** 

JOHNSON DRIVE,

MD 21702-4317

& HAMMOND

SUITE 100

Form **990-PF** (2015)

P00168979

Firm's EIN  $\triangleright$  52-0547375

Phone no. (301)662-2400

**Paid** 

**Preparer** 

**Use Only** 

CPA

Firm's name ► MCLEAN, KOEFLÆR,

FREDERICK.

Firm's address ► 70 THOMAS

### 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 .

Name of the organization

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

FOUNDATION, INC.

52-6080760

**Employer identification number** 

OMB No 1545-0047

Organization type (check one)							
Filers of	:	Section:					
Form 990	or 990-EZ	501(c)( ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions					
X	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions					
Special	Rules						
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mi	ust answer "No" on	eat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 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) (2015)

Name of organization

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

FOUNDATION, INC.

Employer identification number

52-6080760

Part I	Contributors (see	nstructions). Use dup	licate copies of Part Lif	additional space is needed.
raiti	Odining in the contract of the	nguluçudinə). Oğu dup	moate copies of fait in	additional opaco is necessa.

		·-···	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HENRY AND PAGE LAUGHLIN FAMILY LIMITED PARTNERSHIP  307 UPPER COLLEGE TERRACE FREDERICK, MD 21701	\$ <u>104,500</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Onncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN

52-6080760

FOUNDATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
			000 000 F7 000 PF)

Name of organization

Employer identification number

		_	_				
DR.	HENRY	Р.	- &-	Μ.	PAGE	DURKEE	LAUGHLIN

	ION, INC.		52-6080760				
Part III	Exclusively religious, charitable, etc., conti the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follows	section 501(c)(7), (8), or (10) that total more than \$1,000 for ng line entry. For organizations so for the year (Enter this info once)				
	Use duplicate copies of Part III if addition	al 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.							
(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, a	nd 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						
-	Transferee's name, address, a	IIG ZIP + 4	nelationship of transferor to transferee				
(a) No.	(h) D	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Purpose of gift	(c) Ose of gift	(d) Description of now gift is field				
-							
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

52-6080760

Part XV 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 status of contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor NONE INSTITUTION LAUGHLIN AWARDS FUND FREDERICK MEMORIAL HOSPITAL 400 WEST SEVENTH STREET 10,000. FREDERICK, MD 21701 FREDERICK RESCUE MISSION NONE INSTITUTION DR HENRY P AND M PAGE LAUGHLIN AWARDS 419 WEST SOUTH STREET FREDERICK MD 21701 15,000. HEARTLY HOUSE, INC. NONE TESTITUTION LAUGHLIN AWARDS FUND P.O. BOX 857 5,000. FREDERICK MD 21705 INSTITUTION LAUGHLIN FELLOWS NONE HOOD COLLEGE SCHOLARSHIP FUND 401 ROSEMONT AVENUE FREDERICK, MD 21701 10,000. HOSPICE OF FREDERICK COUNTY NONE INSTITUTION LAUGHLIN AWARDS FUND 516 TRAIL AVENUE - P.O. BOX 1799 5,000. FREDERICK, MD 21702 NONE PNDIAIDUAL EDUCATIONAL JAMES J. GRAHAM, III, DO, TEMPLE UNIVERSITY 3401 NORTH BROAD ST 1,200. PHILADELPHIA PA 19140 INDIVIDUAL EDUCATIONAL JONATHAN M. HENDRICKS, M.D., C/O MAYO NONE CLINIC COLLEGE OF MEDICINE 200 FIRST STREET SW 600. ROCHESTER MN 55905 JONATHAN THIELE, M.D., C/O UNIVERSITY NONE INDIVIDUAL EDUCATIONAL OF COLORADO 13001 E 17TH PLACE 1,200. AURORA, CO 80045 KELLY VOLPE, M.D., C/O UNIVERSITY OF NONE INDIVIDUAL EDUCATIONAL TLLINOIS 901 WEST ILLINOIS STREET 1,200. URBANA IL 61801 MEDICAL AND CHIRURGICAL FACULTY OF MD NONE INSTITUTION LAUGHLIN AWARDS TRUST FUND 1211 CATHEDRAL STREET BALTIMORE MD 21201 5,000. 129 000. Total from continuation sheets

52-6080760

Part XV 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 NONE INSTITUTION LAUGHLIN AWARDS FUND MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY 263 WEST PATRICK STREET FREDERICK, MD 21701 3,800. MONTGOMERY COUNTY MEDICAL SOCIETY NONE INSTITUTION LAUGHLIN AWARDS FUND 15855 CRABBS BRANCH WAY ROCKVILLE, MD 20855 5,000. MOUNT ST. MARY'S UNIVERSITY NONE INSTITUTION EDUCATIONAL 16300 OLD EMMITSBURG ROAD EMMITSBURG MD 21727 5,000. PETRA PILGRIM, M.D., C/O BAYLOR NONE INDIVIDUAL EDUCATIONAL COLLEGE OF MEDICINE 6655 TRAVIS ST., SUITE 700 600. HOUSTON, TX 77030 RELIGIOUS COALITION FOR EMERGENCY NONE TNSTTTUTTON DR HENRY P AND M PAGE AUGHLIN AWARDS HUMAN NEEDS 27 DEGRANGE STREET 5,000. FREDERICK, MD 21701 NONE INDIVIDUAL EDUCATIONAL ROBERT J. MORGAN, III, M.D., C/O PHD, MAYO CLINIC COLLEGE OF MEDICINE 200 FIRST STREET SW 600. ROCHESTER, MN 55905 NONE INDIVIDUAL EDUCATIONAL STEPHANIE HERNANDEZ, DO, C/O BAYLOR COLLEGE OF MEDICINE 6655 TRAVIS ST., SUITE 700 HOUSTON TX 77030 600. NONE INSTITUTION LAUGHLIN DISTINGUISHED TEMPLE UNIVERSITY MEDICAL SCHOOL 3223 N. BROAD ST. SUITE 415 (603-00) TEACHING AT CLINICAL 5,000. AFFILIAT PHILADELPHIA, PA 19140 UNITED WAY OF FREDERICK COUNTY NONE INSTITUTION SPECIAL AWARDS TRUST FUND P.O. BOX 307, 22 SOUTH MARKET ST, STE 5,000. 5 FREDERICK MD 21705 UNIV OF LOUISVILLE MEDICAL SCHOOL NONE INSTITUTION EDUCATIONAL 501 EAST BROADWAY, SUITE 340 5,000. LOUISVILLE, KY 40202 Total from continuation sheets

Part XV 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 status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor NONE INSTITUTION LAUGHLIN AWARDS FUND URSINUS COLLEGE P.O. BOX 1000 5,000. COLLEGEVILLE PA 19426 NONE INDIVIDUAL EDUCATIONAL LUCAS G. BARTON, M.D., WRIGHT STATE UNIV. 3640 COLONEL GLENN HIGHWAY 1,200. DAYTON, OH 45435 NONE EDUCATIONAL INDIVIDUAL AYANA JORDAN, M.D., PHD, YALE SCHOOL OF MEDICINE 25 PARK ST 1,200. NEW HAVEN, CA 06519 NONE INDIVIDUAL EDUCATIONAL KURT KASTENHOLZ, M.D., NORTHWESTERN UNIV. 633 CLARK STREET 600. EVANSTON, IL 60208 NONE INDIVIDUAL MEGAN PIRIGYI, M.D., NORTHWESTERN EDUCATIONAL UNIVERSITY 633 CLARK STREET 600, EVANSTON, IL 60208 INDIVIDUAL EDUCATIONAL NONE ADAM GREENLEE, M.D., UNIV. OF PITTSBURGH 200 LOTHROP ST 1,200. PITTSBURG, PA 15213 INDIVIDUAL EDUCATIONAL NONE KATHARINE B. DALKE, M.D., UNIV OF PENNSYLVANIA 3535 MARKET ST., SUITE 2009 1,200, PHILADELPHIA PA 19104 NONE INDIVIDUAL EDUCATIONAL YU-HENG GUO, M.D., UNIV OF PENNSYLVANIA 3535 MARKET ST., SUITE 2009 1,200. PHILADELPHIA PA 19104 INDIVIDUAL EDUCATIONAL KATHRYN KENNEY, D.O., M.B.A., UNIV OF NONE CINCINNATI P.O. BOX 670559 1,200, CINCINNATI OH 45267 WILLIAM FORD WRIGHT, M.D., UNIV OF NONE INDIVIDUAL EDUCATIONAL SOUTH CAROLINA 902 SUMTER STREET COLUMBIA SC 29208 1,200, Total from continuation sheets

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or Foundation Amount status of contribution Name and address (home or business) recipient INDIVIDUAL EDUCATIONAL NONE MAITHRI AMERESEKERE, M.D., MCLEAN HOSPITAL 115 MILL STREET BELMONT MA 02478 1,200. NONE MILAN PATEL, M.D., UTMB HEALTH INDIVIDUAL EDUCATIONAL 301 UNIVERSITY BLVD 300. GALVESTON, TX 77555 NONE INDIVIDUAL EDUCATIONAL AMY MOTAMED, M.D., UTMB HEALTH 301 UNIVERSITY BLVD 300. GALVESTON TX 77555 INDIVIDUAL EDUCATIONAL NONE JARED HEATHMAN, M.D., UTMB HEALTH 301 UNIVERSITY BLVD 600. GALVESTON TX 77555 EDUCATIONAL NONE TADIVIDUAL ADAM SCIOLI, D.O., ALBERT EINSTEIN MEDICAL CENTER 5501 OLD YORK ROAD 1,200, PHILADELPHIA PA 19104 INDIVIDUAL EDUCATIONAL LAUREN KOEHLER, M.D., COLUMBIA UNIV. NONE 722 W. 168TH STREET 1,200. NEW HAVEN, NY 10029 NONE INDIVIDUAL EDUCATIONAL DAVID PARTIN, M.D., UNIV. OF LOUISVILLE 580 S. PRESTON ST 1,200. LOUISVILLE KY 40202 INSTITUTION SPECIAL AWARDS TRUST NONE UNIVERSITY OF CALIFORNIA REGENTS FUND **401 PARNASSUS AVENUE** 1,200. SAN FRANSISCO, CA 94143 NONE INDIVIDUAL EDUCATIONAL BLAKE ROSENTHAL, M.D., JEFFERSON MEDICAL COLLEGE 1020 SANSOM STREET, SUITE 1652-G 600. PHILADELPHIA PA 19104 INDIVIDUAL EDUCATIONAL JONATHAN SMALL, M.D., JEFFERSON NONE MEDICAL COLLEGE 1020 SANSOM STREET, SUITE 1652-G 600. PHILADELPHIA, PA 19104 Total from continuation sheets

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN FOUNDATION, INC.

Part XV | Supplementary Information

52-6080760

3 Grants and Contributions Paid During the Year (Continuation)  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   Arm    THE ROYAL COLLEGE OF PSYCHIATRISTS   NONE   INSTITUTION   SPECIAL AWARDS TRUST   FUND   Fund	rount
Name and address (home or business)  any foundation manager or substantial contributor  THE ROYAL COLLEGE OF PSYCHIATRISTS  NONE  INSTITUTION  SPECIAL AWARDS TRUST FUND  SHIPPENSBURG UNIVERSITY  NONE  INSTITUTION  SPECIAL AWARDS TRUST FUND  SHIPPENSBURG, PA 17257  ADVOCATES FOR THE HOMELESS  NONE  INSTITUTION  SPECIAL AWARDS TRUST FUND  SPECIAL AWARDS TRUST FUND  SPECIAL AWARDS TRUST FUND	ount
THE ROYAL COLLEGE OF PSYCHIATRISTS  NONE  INSTITUTION  SPECIAL AWARDS TRUST  FUND  SHIPPENSBURG UNIVERSITY  NONE  INSTITUTION  SPECIAL AWARDS TRUST  FUND  SPECIAL AWARDS TRUST  FUND  ADVOCATES FOR THE HOMELESS  NONE  INSTITUTION  SPECIAL AWARDS TRUST  FUND  SPECIAL AWARDS TRUST  FUND  SPECIAL AWARDS TRUST  FUND  FUND  SPECIAL AWARDS TRUST  FUND  FUND  FUND  FUND	
21 PRESCOT STREET LONDON E18BB  SHIPPENSBURG UNIVERSITY NONE 1871 OLD MAIN DR SHIPPENSBURG, PA 17257  ADVOCATES FOR THE HOMELESS NONE 1NSTITUTION SPECIAL AWARDS TRUST FUND  SPECIAL AWARDS TRUST FUND  FUND	
21 PRESCOT STREET LONDON E18BB  SHIPPENSBURG UNIVERSITY NONE 1NSTITUTION SPECIAL AWARDS TRUST FUND  ADVOCATES FOR THE HOMELESS NONE 1NSTITUTION SPECIAL AWARDS TRUST FUND  FUND  SPECIAL AWARDS TRUST FUND	
21 PRESCOT STREET LONDON E18BB  SHIPPENSBURG UNIVERSITY NONE 1NSTITUTION SPECIAL AWARDS TRUST FUND  ADVOCATES FOR THE HOMELESS NONE 1NSTITUTION SPECIAL AWARDS TRUST FUND  FUND  SPECIAL AWARDS TRUST FUND	
SHIPPENSBURG UNIVERSITY NONE INSTITUTION SPECIAL AWARDS TRUST FUND  ADVOCATES FOR THE HOMELESS NONE INSTITUTION SPECIAL AWARDS TRUST FUND  INSTITUTION SPECIAL AWARDS TRUST FUND	
SHIPPENSBURG UNIVERSITY  1871 OLD MAIN DR  SHIPPENSBURG, PA 17257  ADVOCATES FOR THE HOMELESS  NONE  INSTITUTION  SPECIAL AWARDS TRUST  FUND  INSTITUTION  SPECIAL AWARDS TRUST  FUND	1,200
1871 OLD MAIN DR SHIPPENSBURG, PA 17257  ADVOCATES FOR THE HOMELESS NONE INSTITUTION SPECIAL AWARDS TRUST FUND	1,200
1871 OLD MAIN DR SHIPPENSBURG, PA 17257  ADVOCATES FOR THE HOMELESS NONE INSTITUTION SPECIAL AWARDS TRUST FUND	
SHIPPENSBURG, PA 17257  ADVOCATES FOR THE HOMELESS NONE INSTITUTION SPECIAL AWARDS TRUST FUND	
ADVOCATES FOR THE HOMELESS NONE INSTITUTION SPECIAL AWARDS TRUST FUND	
216 ABRECHT PL FUND	10,000
216 ABRECHT PL FUND	
216 ABRECHT PL FUND	
FREDERICK MD 21701	
	5,000
	<del></del>
Total from continuation sheets	

FORM 990-PF DIV	IDENDS	AND INTER	EST FROM SECU	RITIES ST	PATEMENT 1	
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
DIVIDEND INCOME 9 INTEREST INCOME	4,135.	4,32	2. 89,813 0. 2		89,813.	
TO PART I, LINE 4 9	4,137.	4,32	89,815	89,815.	89,815.	
FORM 990-PF		ACCOUNTI	NG FEES	S	PATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES		2,976.	2,976.	0.	0.	
TO FORM 990-PF, PG 1, LN	16B	2,976.	2,976.	0.	0.	
FORM 990-PF		TAXES		STATEMENT 3		
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID		1,580.	1,580.	0.	0.	
TO FORM 990-PF, PG 1, LN	18	1,580.	1,580.	0.	0.	
FORM 990-PF		OTHER E	XPENSES	ST	PATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE SUPPLIES MORGAN STANLEY FEES WEBSITE	_	675. 33,455. 200.	33,455. 0.	0. 0. 0.	0. 0. 0.	
TO FORM 990-PF, PG 1, LN	 [ 23	34,330.	33,455.	0.	0.	

FORM 990-PF	C	CORPORATE STOCK		STAT	EMENT 5	
DESCRIPTION			BOOK VALUE		MARKET ALUE	
MORGAN STANLEY - EQUITI	ES		2,007,54	10. 2	2,007,540.	
TOTAL TO FORM 990-PF, P	ART II, LI	INE 10B	2,007,54	10. 2	,007,540.	
FORM 990-PF	(	CORPORATE BONDS		STAT	EMENT 6	
DESCRIPTION			BOOK VALUE		MARKET ALUE	
MORGAN STANLEY - FIXED	INCOME		1,090,47	72. 1	1,090,472.	
TOTAL TO FORM 990-PF, PART II, LINE 10C			1,090,4	72. 1	1,090,472.	
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB		
JOHN R LAUGHLIN 550 HIGHLAND STREET, SU FREDERICK, MD 21701	UITE 303	EXECUTIVE DIRE	CCTOR 0.	0.	0.	
LORI BURTON 550 HIGHLAND STREET, SU FREDERICK, MD 21701	UITE 303	SECRETARY/TREA		0.	0.	
CONSTANCE KUHN 550 HIGHLAND STREET, SU FREDERICK, MD 21701	VITE 303	DIRECTOR 1.00	0.	0.	0.	
ROBERT LAUGHLIN 550 HIGHLAND STREET, SU FREDERICK, MD 21701	JITE 303	DIRECTOR 1.00	0.	0.	0.	
BARBARA GALANT 550 HIGHLAND STREET, SU FREDERICK, MD 21701	JITE 303	DIRECTOR 1.00	0.	0.	0.	

DR. HENRY P. & M. PAGE DURKEE LAUGHLIN F		52-6080760	
DEBORAH MOSS 550 HIGHLAND STREET, SUITE 303 FREDERICK, MD 21701  DIRECTOR 1.00	0.	0. 0.	
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	0.	0.	0.