Federal Tax Return

THE LAURA ROSENBERG FOUNDATION, INC.

2014

BENNETT AND BLAND CPAs 21 BIRCH RD KINGS PARK, NY 11754 Phone: (631) 366-4963 FBLANDCPA@GMAIL.COM

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. artment of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service 10/1/2014 and ending 9/30/2015 For the 2014 calendar year, or tax year beginning Employer Identification number C Name of organization THE LAURA ROSENBERG FOUNDATION, INC. Check if applicable: Doing business as Address change Room/suite 11-2582251 Number and street (or P.O. box if mail is not delivered to street address) Name change E Telephone number 73 CRYSTAL COURT ZIP code Initial return City or town HEWLETT 11557 Final return/terminated Foreign country name Foreign postal code 2,264,391 G Gross receipts \$ Amended return Yes X No F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending RICHARD ROSENBERG 73 CRYSTAL COURT, HEWLETT, NY 11557 H(b) Are all subordinates included? If "No," attach a list. (see instructions) X 501(c)(3) 4947(a)(1) or 501(c)) < (insert no.) Tax-exempt status: H(c) Group exemption number Website: ▶ M State of legal domicile: X Corporation L Year of formation: Other ▶ 1981 NY K Form of organization: Trust Association Summary Part I Provides financial support to institutions Briefly describe the organization's mission or most significant activities: and hospitals engaged in pediatric leukemia and cancer research there by promoting ctivities & Governance awareness to the existence and prevelance of pediatric leukemia. The organization also Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 6 Total number of volunteers (estimate if necessary).......... 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 79<u>,4</u>28 78,601 0 Program service revenue (Part VIII, line 2g) 78,434 185.839 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 157.035 265,267 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 146,750 195,325 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 14 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 15,045 47,252 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 242,577 161,795 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 18 -4.76022,690 Revenue less expenses. Subtract line 18 from line 12 19 Beginning of Current Year 3,432,417 3,740,555 Total assets (Part X, line 16) 20 21 Total liabilities (Part X, line 26) 3.432.417 3,740,555 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Signature of officer Here Type or print name and title PTIN Print/Type preparer's name ıd 12/23/2015 self-employed P01379411 FRANK BLAND Preparer Firm's EIN ► 11-3363621 ▶ BENNETT AND BLAND CPAs **Use Only** (631) 366-4963 Firm's address ► 21 BIRCH RD, KINGS PARK, NY 11754 Phone no.

No

X Yes

Form C	990 (20(4) THE LAURA ROSENBERG FOUNDATION, INC.	11-2582251	Page 2
	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
	Briefly describe the organization's mission: Pediatric leukemia		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.	es, as measured by allocations to others,	
4a	(Code:) (Expenses \$ 95,000 including grants of \$) (Rever MEMORIAL SLOAN KETTERING CANCER CENTER	nue \$)
. · .			
4b	(Code:) (Expenses \$ 20,000 including grants of \$) (Rever HAPPINESS IS CAMPING	iue \$)
	(Code:) (Expenses \$ 78,025 including grants of \$) (Reven	iue \$)
	Other program services. (Describe in Schedule O.) (Expenses \$ 2.300 including grants of \$ 0) (Revenue \$	0)	
	(Expenses \$ 2,300 including grants of \$ 0) (Revenue \$ Total program service expenses ► 195,325		

11-2582251 THE LAURA ROSENBERG FOUNDATION, INC. Form 990 (2014) Checklist of Required Schedules Part IV No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Χ 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt Χ 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Χ 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Χ 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . Χ 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Х foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

17

19

20a

Χ

Χ

Χ

Par	t W Checklist of Required Schedules (continued)		Yes	No
	the second secon	Γ^{-}	162	INO_
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		 	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes." complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			~
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a 24b	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	-	_^_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		Х
	to defease any tax-exempt bonds?	24d		X
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			~
∠oa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1.		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		Х
	disqualified persons? If "Yes," complete Schedule L, Part II.	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		935	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		v
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in hori-cash contributions? If Yes, complete contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		Χ_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	.		v
	If "Yes," complete Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	-		
34	Ill, or IV, and Part V, line 1	34		Χ_
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	ļ		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
	organization? If "Yes." complete Schedule R, Part V, line 2	36	+	<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	37		Х
	VI			<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
	141 More: Vil 1 Olill 990 lileta die redelined to combiete contagne e		990 (2	014)

Ford	n 990 (2014) THE LAURA ROSENBERG FOUNDATION, INC. 11-29	582251	F	ege 5
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1 -	Greek if Correction Contraction a respective of first to any line with the	-	Yes	No
(Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a b	the state of the s		100	
C	- control of the state of the s			1.0
·	gaming (gambling) winnings to prize winners?	1c	Х	
2a	The state of the s	21127 3374		
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	and the second s	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	20,000		· e
3a	The state of the s	3a_		X
b	and the second s	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a	Water to	X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			V
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0.	, ,	
	gifts were not tax deductible?	6b	źź,	1 3.34-73
7	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	NINE:	X
١	and services provided to the payor?	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Χ
.,	required to file Form 8282?	35.3.6		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified interiordal property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100 Sept.		
J	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	133	No.	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		超氢	

Section 501(c)(12) organizations. Enter:

Section 501(c)(29) qualified nonprofit health insurance issuers.

Gross income from other sources (Do not net amounts due or paid to other sources

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .

11

12a

13

С

14a

а

13a

14a

11a

13b

Part VI

oe c	tion A. Governing Body and Management	<u> </u>	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	4		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1a	Elife file tidlings of Acting and the governing body at the cite of the fact of the		245.00 245.00	
	If there are material differences in voting rights among members of the governing body, or	14.72		(点) 1
	if the governing body delegated broad authority to an executive committee or similar	7,34,501		39
	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	4		
b	Elife life figuriber of voting frictingers included in into 14, above, miles in into 14, above, miles			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	Х	RB1 12 12 12 12 12 12 12 12 12 12 12 12 12
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	 	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			.,
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	223		
а	The governing hody?	8a_		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached			
	at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		<u>X</u>
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code.)	_
#C <u>C1</u>			Yes	No
ıda	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes " did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	and the state of t	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1 1		
v	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by	2000 (Sec.)		
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official.	15a		Χ
a b	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	議集		
l C c	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
l6a	with a taxable entity during the year?	16a		Χ
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		建设	
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	7.1V		
	the organization's exempt status with respect to such arrangements?	16b		
41				
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NY			
7	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	
8	available for public inspection. Indicate how you made these available. Check all that apply.	-		
1	Own website Another's website X Upon request Other (explain in Schedule O)			
ا ۵	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	icy, and	i	
9	financial statements available to the public during the tax year.	• •		
Δ.	State the name, address, and telephone number of the person who possesses the organization's books and records:	•		
:0	RICHARD ROSENBERG (516) 282-6969	}		
	73 CRYSTAL COURT, HEWLETT, NY 11557			

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Page	,

THE LAUR	A ROSENBERG	FOUNDATION,	. INC.

Form 990 (2014) Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part Vil

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related	box,	(do not che box, unless officer and a		Position eck more than one person is both an a director/trustee) Tomer employ em		an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations	
(1) NORMA ROSENBERG	0.00	F									
PRESIDENT	0.00	Х		X			L				
(2) RICHARD ROSENBERG	0.00										
SECT-TREASURER	0.00	X		X							
(3) NANCY GOODMAN	0.00										
ASST SECT/TREASURE	0.00	Х		X							
(4) HAROLD JANOW	0.00										
VICE PRESIDENT	0.00	Χ		Х							
(5)											
(6)										<u></u>	
(7)											
(8)											
(9)										 	
(10)											
(11)									<u></u> .		
(12)											
										<u></u>	
(14)											

more than \$100,000 of compensation from the organization

Section A. Officers, Directors, T (A) Name and title	(B) Average hours per	(C) Position (do not check more the box, unless person is to officer and a director/to-					one h an tee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
(19)										
(20)						-				
(21)								·		
(22)								·		<u></u>
(23)										
(24)										
(25)										-
1b Sub-total	section A						▶∫	0 0 0	0	0 0 0
Total number of individuals (including but not li reportable compensation from the organization	mited to those list	ed ab	ove	e) W	ho r	eceiv	ed.	more than \$100,	000 of	
Did the organization list any former officer, directly employee on line 1a? If "Yes," complete Scheduler in the compl	ector, or trustee, k	ey en	nplo	yee						Yes No
4 For any individual listed on line 1a, is the sum the organization and related organizations greated individual.	of reportable com	pensa	atior	ı an	d of	her c	om	pensation from	(C)	4 X
5 Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensation les " complete Sch	from	any any au	un ors	rela uch	ted o	rga on	nization or indivi	dual	5 X
Section B. Independent Contractors										-
Complete this table for your five highest compe- compensation from the organization. Report co	ensated independe Impensation for th	ent co le cal	ontra enda	acto ar y	rs th ear	nat re endir	icei ng v	ved more than \$ vith or within the	100,000 of organization's ta	x
year. (A) Name and business add	ress						•	(B) Description of service	ces Co	(C) mpensation
Tranto and paralose and										0
						-				0
										0
2 Total number of independent contractors (include	ting but not limited	d to th	1086	liet	had:	shove	e) 14	ho received		0

Part VIII Statement of Revenue

Par	t VIII	Statement of Revenue Check if Schedule O contains	a roonance of n	ote to any line ir	this Part VIII.			
		Check if Schedule O contains	a response of the	ote to any line in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
A. C. Mari	1a	Federated campaigns	1a	0				
ants	b	Membership dues		0				
S. S.	c	Fundraising events	<u>1c</u>	0				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1d	0				
S, Si	e	Government grants (contribution:		0				
rtion er S	f	All other contributions, gifts, gran		70 400				
툪		similar amounts not included abo		79,428 0				
Cont	g	Noncash contributions included in I		<u>_</u>	79,428			
	h	Total. Add lines 1a-1f		Business Code	N. S. N. V. S.			
Ĕ				Dualitation of the contract of	0	2,55 (\$100) V. mail V. Andrie.		
Program Service Revenue	2a				0			
ě.	b				0			
چ	۲ C				0			
Š	d				0			
Jran	e e	All other program service revenu	e		0			The Martin Committee of the Committee of
Ž,	,	Total. Add lines 2a–2f		>	0			
	3	Investment income (including div	idends, interest,	and				
	"	other similar amounts)			178,836			
	4	Income from investment of tax-ex	kempt bond proc	eeds 🟲	0			
	5	Royalties	<u> </u>	<u> ▶</u>	0	netovija: uživeja selues	Paragraphic (Exila) State	EUS JANEIR WY
<u></u> .	_	•	(i) Real	(ii) Personal				
	6a	Gross rents						建模型的
	b	Less; rental expenses						管海影影
	С	Rental income or (loss)	0	0			是在自己的特殊的	발발발발 제공주합니다 보고하다. -
	d	110110111111111111111111111111111111111			U			NEEDS NO. 12 M
	7a		(i) Securities	(ii) Other				
		assets other than inventory	2,006,127	0			33.54.35	h-355/45/51-12-7
	b	Less: cost or other basis						8-3-3-5
		and sales expenses	1,999,124	0				High State Of Helphania Automobiles Assault
	С	Gain or (loss)	7,003		7,003		Free to a faith of a cost to a me.	
	d	Net gain or (loss)		· · · · · · · · ·	3.2.5.2.5.3.3.3.3.3.3.3.3.3.3.3.3.3.3.3.			
	_	a constraint						
ηne	8a	Gross income from fundraising	۸ ا					ak abayyyayay aya
Vel		events (not including \$ of contributions reported on line						
Re		See Part IV, line 18		0		Constant		Save of the same
Other Revenue	h	Less: direct expenses		0				AND EARLY THE
#	b	Net income or (loss) from fundrai	sina events		0			
	9a	Gross income from gaming activi	ties.					
	Vu	See Part IV, line 19	a	0				
	b	Less: direct expenses	b	0				
	C	Net income or (loss) from gaming	activities	. ►	0	and the assert Mark and Arithmetic		and Named III
		Gross sales of inventory, less						
		returns and allowances		0				
	b	Less: cost of goods sold	b	0		PHENDAL TRANSMEN	2010X10320111974	
	С	Net income or (loss) from sales of	f inventory		0	Elektrikisi (Koloniki)		18 (5) 18 74 74 5 16 16
		Miscellaneous Revenue		Business Code				(<u>1996) 최연합민준영 (설립인전</u> 로 19 ¹ (설립인
	11a				0			
	b				0			
	c			<u></u>	0			
	d	All other revenue	<i></i> [<u> </u>	0			
	е	Total. Add lines 11a-11d			265,267	0	0	0
	12	Total revenue. See instructions.	<u> </u>	<u> </u>	200,201	<u>~</u>		Form 990 (2014)

Form !	THE LAURA ROSENBERG FOUNDATION	V, INC.		11-25	82251 Page 10
Pai	t IX Statement of Functional Expenses		to the second of	amplete column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	<u>columns. All other o</u>	rganizations must d	ompiete column (A)	·
_	Check if Schedule O contains a response or note	to any line in this P	art IX		
Do 8b.	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	195,325	195,325		
2	Grants and other assistance to domestic	_			
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors,	0			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0			
	persons described in section 4958(c)(3)(B).	0	<u></u> _		
7	Other salaries and wages	<u>~</u>			
8	Pension plan accruals and contributions (include	0			·
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0	_		
10	Payroll taxes				
11	Fees for services (non-employees):	0			
a	Management	0			
b	Legal	12,000			
C	Accounting	0			., .
d	Professional fundraising services. See Part IV, line 17.	0	美国新疆市内		
ŧ	Investment management fees	24,956			
1	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	3,833			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		<u> </u>	
20	Interest	0			
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization	0			
23	Insurance	0	Actor Evel Market (180)	7 10 10 10 10 10 10 10 10 10 10 10 10 10	
24	Other expenses. Itemize expenses not covered		for darker before Albertages	的 建设金属抗原	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		STEP STEP TO STEP STEELS		
	(A) amount, list line 24e expenses on Schedule O.)	5,514		Survey the First started as a result of	
а	OTHER ADMINISTRATIVE	949	· · · · · · · · · · · · · · · · · · ·		
b	STATE FILING FEE	. 0			
C		0			
d		0			
е	All other expenses	242,577	195,325	0	0
Դ	Total functional expenses. Add lines 1 through 24e	242,011	100,020		
	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		İ		
	from a combined educational campaign and				
	Idialating constant of the first of the firs				
	following SOP 98-2 (ASC 958-720)				Form 990 (2014)

Form **990** (2014)

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	<u>(</u>		<u> </u>
((A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	404.005	1	230,515
	2	Savings and temporary cash investments	421,335		230,313
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	S Commission (C. 1915) A 15 (A 16)
	6	Loans and other receivables from other disqualified persons (as defined under section		MATES.	
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
B		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
	100	other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	3,311,332	11	3,198,653
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	7,888	15	3,249
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,740,555	16	<u>3,432,417</u>
	17	Accounts payable and accrued expenses		17_	
· .	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	a a constituit de la const
ģ	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	_24_	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			_
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 💢 and			
es		complete lines 27 through 29, and lines 33 and 34.			
ınc	27	Unrestricted net assets	2,598,170	27	2,462,173
sale	28	Temporarily restricted net assets		28	
9 6	29	Permanently restricted net assets	1,142,385	29	970,244
Ľ	20	·			
느		Organizations that do not follow at Ao 117 (Accessor), effectively			
Š		complete lines 30 through 34.	300 2018 220 20 months	30	<u>entricación de para en alternación de la participación de la part</u>
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	<u> </u>	31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
et	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	3,740,555	33	3,432,417
_	33	Total net assets of fund balances	3,740,555		3,432,417

Part Xi **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 6 7 8 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 Financial Statements and Reporting Part XII Check if Schedule O contains a response or note to any line in this Part XII Other X Accrual Cash Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Separate basis Consolidated basis 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis X | Separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2014)

THE LAURA ROSENBERG FOUNDATION, INC.

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

		URA ROSENBERG FOUNDAT	TON INC.				11-2	582251		
			rity Status (All o	rganizations must c	omplete	this part.) See instructions.			
The	org	anization is not a private founda	ation because it is: (For lines 1 through 11,	check or	ıly one box	(.)			
1	Ľ	A church, convention of churc	hes, or association	of churches described	in section	n 170(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3										
4		A medical research organizati	on operated in conj	unction with a hospital	described	in section	n 170(b)(1)(A)(iii). E	nter the		
		hospital's name, city, and state	e:				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
5		An organization operated for t section 170(b)(1)(A)(iv). (Cor	the benefit of a colle mplete Part II.)	ge or university owned	l or opera	ted by a go	overnmental unit des	cribed in		
6		A federal, state, or local gover								
7	X	An organization that normally described in section 170(b)(1	receives a substant)(A)(vi). (Complete	ial part of its support fr Part II.)	om a gov	ernmental	unit or from the gene	eral public		
8	Γ	A community trust described in			t II.)					
9		An organization that normally receipts from activities related support from gross investment acquired by the organization a	l to its exempt functi t income and unrela	ons—subject to certair ited business taxable ir	ו exceptio come (le	ns, and (2) ss section) no more than 33 1/ 511 tax) from busine	3% OF ILS		
10	П	An organization organized and								
11	H	An organization organized and	t onerated exclusive	ely for the benefit of, to	perform t	he functior	ns of, or to carry out	the purposes		
·	Ш	of one or more publicly suppor Check the box in lines 11a thro	rted organizations d	escribed in section 50	9(a)(1) or	section 5	U9(a)(2). See section	ท อบซ(ส)(จ).		
а		Type I. A supporting organithe supported organization organization. You must column to the supported organization organization.	(s) the power to regi mplete Part IV, Sec	ularly appoint or elect a :tions A and B.	a majority	of the dire	ctors or trustees of t	ne supporting		
b		Type II. A supporting organic control or management of the organization(s). You must control to the control of	he supporting orgar complete Part IV, S	nization vested in the sa Sections A and C.	ame pers	ons that co	ontrol or manage the	supported		
С		Type III functionally integring its supported organization(s	rated. A supporting s) (see instructions).	organization operated You must complete !	Part IV, S	ections A,	D, anα E.			
d	[Type III non-functionally in that is not functionally integrequirement (see instruction	ntegrated. A suppor rated. The organiza	rting organization operation operation generally must sat	ated in co isfy a dist	nnection w ribution re	vith its supported org quirement and an at	anization(s) tentiveness		
е	[Check this box if the organi	zation received a wi	ritten determination fro	m the IRS	Sthat it is a	Type I, Type II, Typ	e III		
ε		functionally integrated, or Ty Enter the number of supported		ally integrated supporti				C		
f		Provide the following information			, , , .	, ,				
_ 5		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				(see Instructions))	Yes	No		<u> </u>		
A)						1				
,										
3)										
C)				-			, ="			
D)	•									
			Electron Application of the San			1777.245E55		•		
				NEWSCONFESSION OF STREET	HOWALLE		ا	^		

Schedule A (Form 990 or 990-EZ) 2014 THE LAURA ROSENBERG FOUNDATION, INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ບບon A. Public Support		r-		(-1) 2042	(e) 2014	(f) Total
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(6) 2014	(1) 1016.
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	92,516	82,547	79,865	78,601	79,428	412,957
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3	The value of services or facilities furnished by a governmental unit to the						0
	organization without charge	92,516	82,547	79,865	78,601	79,428	412,957
4	Total. Add lines 1 through 3	92,010	+11200 500 500 500 500 500 500 500 500 500				
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%	Warder and the					
	of the amount shown on line 11,						
_	column (f)	ener en entre komune. Bladen brake authoren					412,957
	Public support, Subtract line 5 from line 4.	等。15.10mm的15.40mm/36.40mm/		अस्य प्रमुख्या स्थापना <u>त्रा । असत्</u>	<u> </u>		
	ction B. Total Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Cal	endar year (or fiscal year beginning in)	92,516	82,547	79,865	78,601	79,428	412,957
7	Amounts from line 4	92,510	02,041	10,000			
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	ents, royalties and income from similar	104,729	107,529	105,400	98,101	178,836	594,595
'	ources	104,129					
9	Net income from unrelated business activities, whether or not the business is regularly carried on .						0
10	Other income. Do not include gain or loss from the sale of capital assets						0
	(Explain in Part VI.)					TERROLINA WELCHARD DE LEGIS	1,007,552
11	Total support. Add lines 7 through 10 [Gross receipts from related activities, etc. (see		403-1920-1926-yezhanian	Acceptable of America & South	10 p 10 00 00 00 00 00 00 00 00 00 00 00 00	12	
12	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the or	ee instructions)	econd third fourth	or fifth tax vear a	s a section 501(c)	(3)	
13	organization, check this box and stop here.	gamzanon s msi, s	second, ama, roara			, , , , , , , , , , , , , , , , , , ,	▶
Sec	ction C. Computation of Public Su	port Percenta	ulino 11. column (N		14	40.99%
	Public support percentage for 2014 (line 6, c Public support percentage from 2013 Schedu	olumn (1) alvidea b	y mie 11, column (i	,,		15	46.58%
15	Public support percentage from 2013 Schedu	JIE A, Part II, IIIIE 1	4	and line 14 is 33	1/3% or more, che	ck this box	
	33 1/3% support test—2014. If the organization qualifies as	a publicly support	ed organization.	<i></i>			▶ 🗓
	33 1/3% support test—2013. If the organization and stop here. The organization qualifies	is as a publicly sup	ported organizatio	1			, . ▶
	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	s the "facts-and-cir s-and-circumstance	cumstances" test, es" test. The organ	zation qualifies as	a publicly support	ed	. _
b (10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization means the "facts supported organization."	. If the organization eets the "facts-and	n did not check a b -circumstances" te	ox on line 13, 16a, st, check this box a vation qualifies as	าธิธ, or 17a, and a and stop here. Ex a publicly	me plain in	
	Brigate foundation. If the organization did n	of check a box on	line 13, 16a, 16b,	7a, or 17b, check	this box and see		
10	Instructions				<u></u>	<u> </u>	<u> ▶ </u>

LŁ.	(Complete only if you check	ed the box on l	line 9 of Part I	or if the organiz	ation failed to	qualify under Par	t II.
	If the organization fails to qu	ualify under the	tests listed be	low, please cor	nplete Part II.)		
<u>Տե</u>	ວເເດກ A. Public Support			 -	Τ	T () 204 (T	(f) Total
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						(
	received. (Do not include any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						(
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.		<u></u>	ļ <u>.</u>			
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on					Ì	,
	its behalf					ļļ.	
5	The value of services or facilities						
	furnished by a governmental unit to the]				
	organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	0	
7a	Amounts included on lines 1, 2, and 3						_
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	
	Public support (Subtract line 7c from	gystratyrad.					
·-	line 6.)			(日本) 经营销的			C
₹	on B. Total Support						
ale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	0	0	0	0	0	0
	Gross income from interest, dividends,						
•	payments received on securities loans,						
	rents, royalties and income from similar sources .	-		<u>.</u>			0
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
^	Add lines 10a and 10b	0	0	0	0	0	0
1	Net income from unrelated business						
'	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
2	Other income. Do not include gain or						
_	loss from the sale of capital assets				i		
	(Explain in Part VI.)						0
3	Total support. (Add lines 9, 10c, 11,				***		
•	and 12.)	ol	0	ol	o	0	0
4	First five years. If the Form 990 is for the or	- 1	econd, third, fourth	a, or fifth tax year a	s a section 501(c)(3)	
7	organization, check this box and stop here.						▶
00	tion C. Computation of Public Sur						
-	Public support percentage for 2014 (line 8, co	short Cidonta	uline 13 column (n)		15	0.00%
5	Public support percentage for 2014 (line 6, co	Jian III (i) uivided bj	y line to, column (,,,		16	0.00%
0	tion D. Computation of Investmen	t Income Perc	enfage		· · · · · · · · · · · · · · · · · · ·		
<u>ес</u>	tion D. Computation of investmen	100 octume (6 dt	ided by line 12 or	lumn (fi)	T T	17	0.00%
	Investment income percentage for 2014 (line					18	0.00%
	nvestment income percentage from 2013 Sc 33 1/3% support tests—2014. If the organiz	riedule Α, Μάπ ΙΙΙ, Ι ration did not obcol	the haven line 4	 4. and line 15 is mo	L ore than 33 1/3% ≤		
)	33 1/3% support tests—2014. If the organization more than 33 1/3%, check this box and st	ton here. The cras	anization qualifiee :	as a publicly suppo	rted organization.		▶ □
h	not more than 33 1/3%, check this box and si 33 1/3% support tests—2013. If the organiz	ration did not check	ca box on line 14	or line 19a, and line	e 16 is more than 3	3 1/3%, and	<u> </u>
IJ	line 18 is not more than 33 1/3%, check this b	oox and stop here.	. The organization	qualifies as a publi	cly supported orga	nization	🕨 🔼
	think the tent to the strike and the set of any and a second contract of the second contrac		-				r—

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	tion A. All Supporting Organizations		Yes	No
	to the state of the state of the name in the organization's governing	1-22/30	100	V 6 7 3
1	Are all of the organization's supported organizations listed by name in the organization's governing	Щ'n,		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	1		11.5
	class or purpose, describe the designation. If historic and continuing relationship, explain.		55311	SALANIT NATIONAL
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	2	Ludalest in	
	organization was described in section 509(a)(1) or (2).	far to	7 N.	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	3a		
	(b) and (c) below.	27 - 17 SE 27 17 SE		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b	12: <u>T 1 PY</u>	
	organization made the determination.	- 0.5	24.7	420
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	3c	i Turi)	3-2
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	7.00	WH.	1-45%
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4a		- <u>15 119</u> 11
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		107700
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		9.555c 2.5725	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b	<u>RUH</u> S	<u> </u>
	despite being controlled or supervised by or in connection with its supported organizations.	40	879ab	100
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	2 X 2 X		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	EAA.	2002	<u>ENERG</u>
	purposes.	4c	2 (55a	13atE
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	100 - 500 47 - 202 C		
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	7045-14	41.502	
	was accomplished (such as by amendment to the organizing document).	5a	Najveje	4441 - 3
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>	Bafix	Linco de
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	400	#15004 #
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class	\$ 72.5 \$ 25.5		
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also			
	support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in		MV to	19515
	Part VI.	6	€ ÷ , ₹₹	5 A 50 5
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	35 <u>1.</u> 75	<u> </u>	30300
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	43-y Av. 31	er E. F.
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			与特殊的
	If "Yes." complete Part I of Schedule L (Form 990).	8	10 1127 (A)T	antrus)
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		60.234 1.324	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	13 M. 6.47		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	/Vj2380)1	n Nacioni
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		<u>UMĀŠT</u>	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	Mine, n	7902411
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

9c

10a

10b

Par	t IV Supporting Organizations (continued)		1./	l Ma
		[38.7	Yes	No
(Has the organization accepted a gift or contribution from any of the following persons?			
a		11a	1000	3 12:12
	below, the governing body of a supported organization?	11b	_	
b	A family member of a person described in (a) above?	11c		+
<u>C</u>		1 110	<u> </u>	
Sec	tion B. Type I Supporting Organizations		Yes	No
	Division in the state of the property of any p	erver.	1889	. 334
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Y TE	W.	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		1436	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	. استنداد	1 222
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	7 10	2.27	12.75
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	-	122
	supervised, or controlled the supporting organization.		L	-
Sec	tion C. Type II Supporting Organizations		Yes	No
	the directors	EST.	\$ A.G.	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Š.	187
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1	i i i i i i i i i i i i i i i i i i i	111217
	the supported organization(s).		1	L
Sect	tion D. All Type III Supporting Organizations		Yes	No
	and the fifth month of the	12 - 12 - 2 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	15.75.5 15.75.5	STATE OF	
,	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			767
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	<u> </u>	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	VENT.	945A	talen:
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	514 (41).	
	the organization maintained a close and continuous working relationship with the supported organization(s).	35.24	A vijes	\$0.00 B
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	2 822	150000
	supported organizations played in this regard.			
	ion E. Type III Functionally-Integrated Supporting Organizations	uction	e).	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	actions	3).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	tions)	J.
_		[Yes	No
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	19.3		
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	143 (15)		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		3.5	
	how the organization was responsive to those supported organizations, and how the organization determined		對於	A SEA
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	7 W S	(A)	i nema
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1333	
	of the organization's supported organization(s) would have been engaged in the res, explain in these	0.494E		
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b	. A.S. SYLLE .	
	activities but for the organization's involvement.	1775	Paki:	1911 334
J	Parent of Supported Organizations. Answer (a) and (b) below.	1350		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	-5% 42 B	person di
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	7/5/5		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		yararil
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	Orga	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tru	ist on Nov. 20, 1970. See ins	structions. All	
other Type III non-functionally integrated supporting organizations must co	omple	ete Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2	4		
3 Other gross income (see instructions)	_ 3			
4 Add lines 1 through 3	4	0	<u> </u>	
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	(
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
Aggregate fair market value of all non-exempt-use assets (see	723 C.			
instructions for short tax year or assets held for part of year):	2000 2000 2000			
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0		
e Discount claimed for blockage or other				
factors (explain in detail in Part VI):				
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0	(
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions).	4	0	C	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		
6 Multiply line 5 by .035	6	0	0	
7 Recoveries of prior-year distributions	7	0	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0	
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2		0	
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0	
4 Enter greater of line 2 or line 3	4		0	
5 Income tax imposed in prior year	5	generally sales see that the see A. See		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6		0	
7 Check here if the current year is the organization's first as a non-functional	ly-inte	egrated Type III supporting o	rganization (see	

Part	Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	izations (continued)	1 2 2						
Secti	on D - Distributions		······	Current Year						
1	Amounts paid to supported organizations to accomplish e	xempt purposes								
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported									
	organizations, in excess of income from activity									
3	Administrative expenses paid to accomplish exempt purpo									
4	Amounts paid to acquire exempt-use assets	***************************************								
5	Qualified set-aside amounts (prior IRS approval required)	<u></u>								
6	Other distributions (describe in Part VI). See instructions.									
7	Total annual distributions. Add lines 1 through 6.			0						
8	Distributions to attentive supported organizations to which	the organization is respo	nsive							
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2014 from Section C, line 6			0 000						
10	Line 8 amount divided by Line 9 amount			0.000						
s	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014						
1	Distributable amount for 2014 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2014									
	(reasonable cause required-see instructions)									
3	Excess distributions carryover, if any, to 2014:									
а										
b										
С										
d										
е	From 2013									
f	Total of lines 3a through e	0								
_ g	Applied to underdistributions of prior years		0							
h	Applied to 2014 distributable amount			0						
ī	Carryover from 2009 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0								
4	Distributions for 2014 from Section									
	D, line 7: \$									
а	Applied to underdistributions of prior years		0							
b	Applied to 2014 distributable amount			. 0						
С	Remainder. Subtract lines 4a and 4b from 4.	0								
5	Remaining underdistributions for years prior to 2014, if									
	any. Subtract lines 3g and 4a from line 2 (if amount									
	greater than zero, see instructions).									
6	Remaining underdistributions for 2014. Subtract lines 3h									
	and 4b from line 1 (if amount greater than zero, see			_						
	instructions).			0						
7	Excess distributions carryover to 2015. Add lines 3j		rangamene							
	and 4c.	0								
8	Breakdown of line 7:									
а										
b	[19] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	Zalatski žata a stalik								
С										
d	Excess from 2013	CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR								
е	Excess from 2014 () 建设备等等等等。	的其時代的最初的學術學學							

Schedule A (Fe	orm 990 or 990-EZ) 2014	THE LAURA	ROSENBERG	FOUNDATION	, INC.		17-2562251 Page 0
Part VI	Sunnlemental	Information. Pr Also complete t	rovide the exp	lanations req	uired by Part I	l, line 10; Part II ee instructions).	, line 17a or 17b; and
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<del>-</del>				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ^			
							,

### Schedule B

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

## **Schedule of Contributors**

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

OMB No. 1545-0047

rtment of the Treasury ial Revenue Service Name of the organization Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

THE LAURA ROSENBERG FO	OUNDATION INC. 11-2582251 11-2582251
Organization type (check one	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is converted to the Note. Only a section 501(c)(7) instructions.	overed by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
For an organization fili or more (in money or p contributor's total contr	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.
Special Rules	
regulations under secti	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line hat received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the contributions totaled medium during the year for an easier applies to the contributions to the contributions to the contribution of the contri	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions and during the year.
990-EZ, or 990-PF), but it must	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, tanswer "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 pertient that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	Form 990, 990-EZ, or 990-PF) (2014)		Employer identification number
	rganization		11-2582251
THE LAUF	RA ROSENBERG FOUNDATION, INC.		
artl	Contributors (see instructions). Use duplicate co	pies of Part I if additional space	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	-	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	-	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:		Person Payroll Noncash (Complete Part II for noncash confributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Foreign State or Province:
Foreign Country:

(a)

No.

(a)

No.

(b)

Name, address, and ZIP + 4

Foreign State or Province:

Foreign Country:

(b)

Name, address, and ZIP + 4

Foreign State or Province:

Foreign Country:

noncash contributions.)

Person
Payroll
Noncash
(Complete Part II for

(Complete Part II for noncash contributions.)

noncash contributions.)

(d)

Type of contribution

Person
Payroll
Noncash
(Complete Part II for

(c)

Total contributions

(c)

Total contributions

(d)

Type of contribution

Name of organization
THE LAURA ROSENBERG FOUNDATION, INC.

Employer Identification number 11-2582251

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) (a) No. (d) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (c) (a) No. (d) Date received (b) FMV (or estimate) from Description of noncash property given (see instructions) Part I (c) (a) No. (d) Date received FMV (or estimate) from Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) Description of noncash property given FMV (or estimate) from Date received (see instructions) Part i (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I

	rganization RA ROSENBERG FOUNDATION, INC.	·····			Employer identification number 11-2582251				
art III	Exclusively religious, charitable, etc., of (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	year from any completing Pai ar. (Enter this in	one contributor. Cor t III, enter the total of formation once. See i	nplete colu <i>exclusivel</i> y	section 501(c)(7), (8), or imns (a) through (e) and v religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(0	c) Use of gift	(d	) Description of how gift is held				
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
(a) No. from Part i	For. Prov. Country  (b) Purpose of gift	(0	l ) 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								
	For. Prov. Country								
(a) No. from Part I	(b) Purpose of gift	(c)	Use of gift	(d)	Description of how gift is held				
				·					
ļ	(e) Transfer of gift								
]	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	- Ooveter								
(a) No. from Part I	For, Prov. Country  (b) Purpose of gift	(c)	Use of gift	(d)	Description of how gift is held				
		(e) Tr	ansfer of gift						
-	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee						
	For. Prov. Country								

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

	e of the organization	o b (1 offit ood) ditalies motivations to activity	Employer identification number
	LAURA ROSENBERG FOUNDATION, INC.		11-2582251
	Organizations Maintaining Don-	or Advised Funds or Other Similar F	
-	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 6.	
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	nor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject	to the organization's exclusive legal control?	? Yes No
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grant f	unds can be
	used only for charitable purposes and not for	the benefit of the donor or donor advisor, or	for any other
	purpose conferring impermissible private ben	efit?	Yes No
Par			
	<u> </u>	ered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held b		
•	Preservation of land for public use (e.g., recre		of a historically important land area
	Protection of natural habitat	, <del></del>	of a certified historic structure
		1763civation	or a contined motorio of dotare
_	Preservation of open space	1 1 Pr. 4th table of the control of t	in the form of a concentration
2	Complete lines 2a through 2d if the organizati	on neid a qualified conservation contribution	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	Total number of conservation easements		
b	Total acreage restricted by conservation ease Number of conservation easements on a certi		
۲ C	Number of conservation easements on a certi- Number of conservation easements included in		
d	historic structure listed in the National Registe		2d
3	Number of conservation easements modified,	transferred released extinguished or termi	
•	during the tax year	talibiolita, forcassa, sixingaisitea, et term	
4	Number of states where property subject to co	onservation easement is located	
5	Does the organization have a written policy re		handling of
•	violations, and enforcement of the conservation	n easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ea	asements during the year
	<b>•</b>		
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation easem	ents during the year
	▶ \$		
8	Does each conservation easement reported or		
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.		Yes No
9	In Part XIII, describe how the organization repo	orts conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the te		cial statements that describes
	the organization's accounting for conservation	easements.	04 01-7-1-1-1
Part	Organizations Maintaining Collect	ctions of Art, Historical Treasures, or	r Other Similar Assets.
		red "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under	SFAS 116 (ASC 958), not to report in its reve	enue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, educatior	n, or research in furtherance
	of public service, provide, in Part XIII, the text of	of the footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its revenue	e statement and balance sheet
	works of art, historical treasures, or other simila		n, or research in furtherance
	of public service, provide the following amounts	s relating to these items:	
	(i) Revenue included in Form 990, Part VIII, lin (ii) Assets included in Form 990, Part X .	e1	· · · · · • \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art	, historical treasures, or other similar assets	for financial gain, provide the
•	following amounts required to be reported unde	er SFAS 116 (ASC 958) relating to these item	ns:
a	Revenue included in Form 990, Part VIII, line 1		\$
b .	Assets included in Form 990, Part X		<b>▶</b> \$

B	art III Organizations Maintainir	ng Collections of	Art, Hi	istorical '	Treasures	, or Otl	ner Similar As	sets (conti	nued)
3									
	use of its collection items (check all t	hat apply):	_						
Ι,	a Dublic exhibition		đ [	Loar	n or exchan	ge progr	ams		
1	Scholarly research		e [	Othe	er				
	Preservation for future general	tions	-	_					
4	Provide a description of the organiza		d evnlair	how they	further the (	organiza	tion's evemnt nu	nose in	
7	Part XIII.	tion a concentions and	a capiali	r now they	idition the v	zi gai iiza	ion o exempt par	poco III	
5	During the year, did the organization	solicit or receive do	nations o	of art, histo	rical treasur	es, or ot	her similar		
	assets to be sold to raise funds rathe	r than to be maintair	ned as p	art of the o	rganization'	s collect	ion?	Yes	☐ No
Ré	rt IV Escrow and Custodial Ar	rangements.							
	Complete if the organizatio	n answered "Yes'	' to For	m 990, Pa	art IV, line	9, or rep	oorted an amou	unt on Forr	n
	990, Part X, line 21.								
1a	0, ,								
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in P	art XIII and complet	e the foll	lowing table	e:	_			
						<u> </u>		Amount	
C	0 0						C		
d						·	d		
e	3 , , ,						e		
f	Ending balance						lf		<u> </u>
2a	Did the organization include an amou	nt on Form 990, Par	t X, line	21, for esc	row or custo	odial acc	ount liability?	Yes	X No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the exp	planation h	as been pro	vided in	Part XIII		
Pai	t V Endowment Funds.								
	Complete if the organization	answered "Yes"	to Forn	n 990, Pa	rt IV, line 1	0.			
		(a) Current year	(b) P	nor year	(c) Two yea	ırs back	(d) Three years bac	k (e) Foury	ears back
(	Beginning of year balance	0		0		0			
, D	Contributions								
С	Net investment earnings, gains,								
	and losses								
đ	Grants or scholarships								
е	Other expenditures for facilities				,				
	and programs								
f	Administrative expenses	·			·	.			
g	End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the	•		(line 1g, co	lumn (a)) h	eld as:			
a	Board designated or quasi-endowment		%						
b	Permanent endowment	<u>%</u> .							
С	Temporarily restricted endowment	%	,						
0-	The percentages in lines 2a, 2b, and 2	•		0 4	( l .) l				
За	Are there endowment funds not in the	oossession of the or	ganizatio	on that are	neia ana ad	ımınıster	ea for the	Ye	s No
	organization by:							3a(i)	SINO
	<ul><li>(i) unrelated organizations</li><li>(ii) related organizations</li></ul>							3a(ii)	
b	If "Yes" to 3a(ii), are the related organiz							3b	
1	Describe in Part XIII the intended uses	•						00	
Part			CHOOM	mont lando	<u> </u>				
I CII	Complete if the organization		o Form	990 Part	IV line 11	a See	Form 990 Par	f X line 10	
-	Description of property	(a) Cost or other			t or other	7	Accumulated	(d) Book v	
	posoribitoti ot brobatti	(a) Cost or other		, , ,	(other)		preciation	(a) Dook V	
1a	Land		· 0		0				0
7	Buildings		0	-	0		0		0
(	Leasehold improvements	1	ō		0		Ö		0
d	Equipment		0		0		0		0
е	Other		0		0		0		0
Total.	Add lines 1a through 1e. (Column (d) m		Part X,	column (B)	), line 10c.)		>		0

(a)	Description of security or category (including name of security)	(b) Book value		Cost or end-of-ye	f valuation: ar market value
	derivatives		0		
	eld equity interests		0		
		1			
					<u> </u>
(G)					
(H)			A Factorista Policia	i i skreen, separata (s. 18 aperatika)	
	must equal Form 990, Part X, col. (B) line 12.)		0 / 10 / 10 / 10	하다 하는 하는 사람들이 되는 것으로 되는 것.	MARCHARD THE TOWN
Part VIII	Investments—Program Relat Complete if the organization ar	ted. nswered "Yes" to Forn	n 990, Part IV,	line 11c. See Fo	rm 990, Part X, line 1
	(a) Description of investment	(b) Book value		(c) Method of Cost or end-of-yea	valuation: ar market value
(1)					
(2)					
(3)	- W-8-7				
(4)					
(5)					<del></del>
101					
(7)					
(7) (8)					
(7) (8) 3) otal. ( <i>Column (b) n</i>	oust equal Form 990, Part X, col. (B) line 13.)  Other Assets.	awarad "Vae" ta Farm	0 Part IV		rm 990 Part X line 1
3) otal. (Column (b) n Part IX	Other Assets. Complete if the organization an	swered "Yes" to Form	- <u> </u>		
(7) (8) 3) otal. (Column (b) n Part IX (1)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n  Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX  (1) (2) (3) (4) (5)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) stal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization an		- <u> </u>		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) 9)	Other Assets. Complete if the organization an	a) Description	1 990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization an (a) (b) must equal Form 990, Part X, col	a) Description	1 990, Part IV,		rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, coll Other Liabilities. Complete if the organization and	a) Description	n 990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n  Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.	a) Description	n 990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1 (b) Book value
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	n 990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1 (b) Book value
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column and and X	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X (1) Federal in (2) (3) (4)	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column art X  1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) otal. (Column (b) n Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1
(7) (8) 3) stal. (Column (b) n Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X  1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization and (a)  (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization and line 25.  (a) Description of liability	a) Description  I. (B) line 15.)	990, Part IV,	line 11d. See Fo	rm 990, Part X, line 1

	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Refurn.
Fá	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
	Total revenue, gains, and other support per audited financial statements	1 -65,563
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
۷ _	Net unrealized gains (losses) on investments	
a	Donated services and use of facilities	
b	Dottated solvines and doe of identition	
c	recoveries of prior year grante	
d	Other (Dosonbo in Fare Am.)	2e -330,830
е	Add lines 2a through 2d	3 265,267
3		3 7 8 8 9 9 Grant To
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Hivestificity expenses not inolated out and some seed that they are	
b	Other (Describe in Part XIII.)	4c0
_ C	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b> 265,267
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Farth, line 12.)	
Pai	Reconciliation of Expenses per Audited Financial Statements With Expenses pe	Moturn
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1 242,577
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe and arriving)	2e 0
е	Add lines 2a through 2d	3 242,577
3	Subtract line 2e from line 1	3 <u>242,011</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	73 04 73 26
b	Other (Describe in Part XIII.)	4c 0
C	Add lines 4a and 4b	4c 0 5 242,577
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	0 242,011
Par	XIII Supplemental Information.	V line & Dort V line
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part	v, line 4, Parch, line
2; Pa	irt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati	OH.
	Walk	
	***************************************	

Schedule D'(Form	990) 2014	THE LAURA ROSENBERG FOUNDATION, INC.	11-2582251	Page <b>5</b>
Part XIII	Supple	emental Information (continued)		
***************************************				
<del>-</del>				
			·	
	>			

(Form 990) SCHEDUL

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014	Open to Publi	Inspection

Employer identification number

745-0047

OMB N

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

THF 1 A11	THE LATIRA POSENBEDG COMMATION IND	Employer identification number
	STANCE TO THE PROPERTY OF THE	44 0000044
Part	Part I General Information on Grants and Assistance	1622062-11
7 2	Does the organization maintain records to substantiate the amount of the grants or assistance the granton divinity for the	
the	the selection criteria used to award the grants or assistance?	_
2 De	Describe in Part IV the organization's procedures for monitoring the use of grant finds in the United States	Yes No
Part II		
	Part IV line 24 for my continued and politications and bounded to continue of the organization answered "Yes" to Form 990	ation answered "Yes" to Form 990:
	in any, in e 21, for any leciplem that received more than \$5,000. Part II can be duplicated if additional space is needed.	ded.

4 (-) Name					)		
(4) Natire and address of organization or government	NIII (q)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
(1) MEMORIAL SLOAN KETTERING					omer)	201100000000000000000000000000000000000	O desistance
1275 YORK AVE NEW YORK, NY 100	13-1924236		95.000				
(2) HAPPINESS IS CAMPING INC							
2169 GRAND CONCOURSE BRONX.	13-3118338		20,000				
(3) FREIDBERG JCC							
15 NEIL COURT OCEANSIDE, NY 113	11-2002556		78,025				
(4)							
(5)	•						
						-	
(9)							
ť							
(/)							
(6)							
······································							
7,44							
(6)							
(10)							
(11)							
(12)							
, and the second							
2 Enter total number of section 501(c)(3) and government properties listed in the line 1 tests	501(c)(3) and c	Movernment programs	ations listed in the line	1 1 1 1 1 1			
3 Enter total number of other o	* nine (a)(a) i a a	יין דין אייין דין אין ניין סיין	מיסויא וואפת ווו חופ וווופ	ı table		<b>A</b>	
The control of outer organizations in the line it table.	dalitzauoi is list	ed in the line I table		•		•	ď

Schedule 1 (Form 990) (2014)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III

11-2582251

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Ŋ က 4 ဖ 2

Schedule 1 (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

epartment of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer Identification number

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	v	pe	185	95	ш.	ш	-
			- 10				
	П	sp	aн	((•))	1		
	ш	ЫÚ	-	40.0	-60		

Name of the organization	44 050054
THE LAURA ROSENBERG FOUNDATION, INC.	11-2582251
Form 990, Part III, Line 4d: Program Service Expenses: 2,300, Grants and allocations: 0,	
Revenue: 0 OTHER	
Form 990, Part VI, Section A, Line 2: RICHARD & NORMAN ROSENBERG ARE HUSBAND & WI	FE
Form 990, Part VI, Section A, Line 11: FORM 990 IS REVIEWED BY TREASURER PRIOR TO FIL	ING
Form 990, Part VI, Section C, Line 19: DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUES	ST
Form 990, Part VI, Section B, Line 12C: OFFICERS ARE REQUIRED TO REAFFIRM EACH YEAR	R THAT THEY
ARE IN COMPLIANCE WITH THE ORGANIZATIONS CONFLIVTS OF INTEREST POLICY	

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization	Employer identification number
THE LAURA ROSENBERG FOUNDATION, INC.	11-2582251
~	
*	

## New York CHAR500 Tax Return

THE LAURA ROSENBERG FOUNDATION, INC.

2014

BENNETT AND BLAND CPAs 21 BIRCH RD KINGS PARK, NY 11754 Phone: (631) 366-4963 FBLANDCPA@GMAIL.COM

YS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271 2014

Open to Public Inspection

1. General Informati	ion S					<u> </u>
For Fiscal Year Beginning (m	nm/dd/yyyy)10/	01 / 2014	and Endir	ng (mm/dd/yyyy)	09/30/2015	
Check if Applicable:	Name of Org	ganization:			Employer Ide	ntification Number (EIN):
Address Change		ROSENBERG	FOUND.	ATION, INC.	11-2582251	
Name Change	Mailing Addr	955(( ))/7	$\mathcal{D}^{\mu}$	_	NY Registra	ation Number:
Initial Filing	73 CRYSTAL	•		<u> </u>		
Final Filing	City / State /	Zip:	Ц		Telephone:	
Amended Filing	HEWLETT, N	Y 11557			ili	
Reg ID Pending	Website:		-		Email:	
Check your organization's registration category:	7A only	EPTL only	DUA	.L (7A & EPTL)	Find your regis EXEMPT Charities Regis	tration category in the stry at <u>www.CharitiesNYS.com</u>
2. Certification			atlan la a	violation of law t	of may be aubient to n	onaltios
See instructions for certification		•			s, and to the best of our F	
	, correct and complete				New York applicable to t	
r resident of Addionized Office	Signature			***	Title	Date
Chief Financial Officer or Tre	asurer: Signature				Title	Date
3. Annual Reporting	- 7 ×					
Check the exemption(s) that apply to categories (DUAL filers) that apply to attachments are required. If you can attachments and pay applicable feet	o your filing. If your orga o your registration, comp anot claim an exemption	lete only parts 1	, 2, and 3, a	and submit the certific	ed Char500. No fee, schedu	iles, or additional
3a. 7A filing exemption: T  and the organization did n  Or the organization qualif	ot engage a profession	nal fund raiser (	(PFR) or fu			
fiscal year.		ot exceed \$25,0	000 and the	market value of a	ssets did not exceed \$25	000 at any time during the
4. Schedules and Att	achments			<u> </u>		
See the following page for a checklist of schedules and attachments to		•		•	aiser, fund raising counse yes, complete Schedule	
	, [V] ,, ,, ,,	d the organizati	ion receive	anyornment arent	s? If yes, complete Sched	11
complete your filing.	∕es X No 4b, Di	u the organizati	011 16 06 17 0	government gram	:	lule 4b.
	res [A] No 4b, Di	u the organizati		government gram	:	lule 4b.
5. Fee  'e the checklist on the xt page to calculate your	7A filling fee:	EPTL filing		Total fee:	Make a single	check or money order

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filling exemption in Part 3.

### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in P	'art 4:
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fun	d Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules including Schedule B (Schedule of Co	ontributors).
IRS Form 990-T if applicable	
If you are a 7A only or DUAL filer, submit the applicable independent Certified	d Public Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,0	000 and up to \$500,000.
Audit Report if you received total revenue and support greater than \$500,000	
No Review Report or Audit Report is required because total revenue and sup	
Note: The Audit and Review requirements are set to change in 2017 and 2021 in ac For more details, visit <u>www.CharitiesNYS.com</u> . Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	
\$0, if you marked the 7A exemption in Part 3a	<ul> <li>is my organization a 7A, EPTL or DUAL filer?</li> <li>- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")</li> </ul>
X \$25, if you did not mark the 7A exemption in Part 3a	<ul> <li>EPTL filers are registered under the Estates, Powers &amp; Trusts Law ("EPTL") because they hold assets and/or conduct</li> </ul>
For EPTL and DUAL filers, calculate the EPTL fee:	activities for charitable purposes in NY.  - DUAL filers are registered under both 7A and EPTL.
\$0, if you marked the EPTL exemption in Part 3b	
\$25, if the NET WORTH is less than \$50,000	Check your registration category and learn more about NY law at <a href="https://www.CharitiesNYS.com">www.CharitiesNYS.com</a>
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	law at www.chantiesiv13.com
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	- IRS From 990 Part I, line 22
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	- IRS Form 990 EZ Part I line 21 - IRS Form 990 PF, calculate the difference between
\$1500, if the NET WORTH is \$50,000,000 or more	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

## Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

""'S Office of the Attorney General arities Bureau Registration Section 120 Broadway New York, NY 10271

2014

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ochedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Informa Name of Organization:		NY Registration Number:
D. Brafanaianal Fund B	nicor Fund Paleing Count	sel, Commercial Co-Venturer Information
Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Professional Fund Raiser  Fund Raising Counsel	Mailing Address:	Telephone:
Commercial Co-Venturer	City / State / Zip:	
Contract Information ontract Start Date:	Contract End Date:	
Description of Services provided by FRP:	es	
Description of Compeompensation arrangement with FRP:	nsation	Amount Paid to FRP:
Commercial Co-Ventu		
	e provided by a CCV, did the CCV provid- ction 173(a) part 3 of the Executive Law A	e the charitable organization with the interim or closing report(s)  Article 7A?
Fund Raising Counsel (FRC) does not a ch functions for itself (Article 7A, 171-a.9 Commercial Co-Venturer (CCV) is an in	solicit or handle contributions but limits activit ). dividual or for-profit company that is regularly advertises that the purchase or use of goods	of contributions and/or handles the donations (Article 7A, 171-a.4). ies to advising or assisting a charitable organization to perform  y and primarily engaged in trade or commerce other than raising s, services, entertainment or any other thing of value will benefit a

Schedule 4b: Government Grants www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

Name of Organization:	NY Registration Number:
2. Government Grants	
Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 0