



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



Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

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

Name of foundation THE WRIGHT-HAGER FOUNDATION INC		A Employer identification number 22-3736451	
Number and street (or P O box number if mail is not delivered to street address) 501 TRENTON AVE		B Telephone number (see instructions) (732) 892-1000	
City or town, state or province, country, and ZIP or foreign postal code POINT PLEASANT BEACH, NJ 08742		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,351,683		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	344,694			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	37,481	37,481	37,481	
	4 Dividends and interest from securities.	29,220	29,220	29,220	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	98,089			
	b Gross sales price for all assets on line 6a 481,020				
	7 Capital gain net income (from Part IV, line 2) . . .		98,089		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	509,484	164,790	66,701	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,690			3,690
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	1,474	181		
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,630	4,455		175
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	9,794	4,636		3,865
	25 Contributions, gifts, grants paid	81,250			81,250
	26 Total expenses and disbursements. Add lines 24 and 25	91,044	4,636		85,115
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	418,440			
	b Net investment income (if negative, enter -0-)		160,154		
	c Adjusted net income (if negative, enter -0-)			66,701	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	319,752	337,080	340,203
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	696,898	1,098,672	1,288,394
	c	Investments—corporate bonds (attach schedule).	728,890	728,228	723,086
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15	Other assets (describe ▶ _____)			
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,745,540	2,163,980	2,351,683
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	1,745,540	2,163,980	
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,745,540	2,163,980	
	31	Total liabilities and net assets/fund balances (see instructions) . . .	1,745,540	2,163,980	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1 1,745,540
2	Enter amount from Part I, line 27a	2 418,440
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 2,163,980
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6 2,163,980

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	MORGAN STANLEY A/C # 103918 SEE ATTACHED	P	2014-01-01	2014-12-31
b	MORGAN STANLEY A/C # 103918 SEE ATTACHED	P	2010-01-01	2014-12-31
c	35000 CD CITI BANK	P	2009-04-13	2014-04-22
d	30000 CD SALLIE MAE BANK	P	2009-05-11	2014-05-20
e	2922SH UNITED PARCEL SERVICE	P	2010-01-01	2014-06-06

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 65,312		66,371	-1,059
b 55,413		34,453	20,960
c 35,000		35,000	
d 30,000		30,000	
e 295,295		217,107	78,188

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			-1,059
b			20,960
c			
d			
e			78,188

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	98,089
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	}	3	-1,059

Part V

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013			
2012			
2011			
2010			
2009			

2	Total of line 1, column (d).	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	
5	Multiply line 4 by line 3.	5	
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	
7	Add lines 5 and 6.	7	
8	Enter qualifying distributions from Part XII, line 4.	8	

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

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

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	3,203
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	
3		Add lines 1 and 2.		3	3,203
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	3,203
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,100	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7	1,100
8		Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	2,103
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-AStatements Regarding Activities

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

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address N/A				
14	The books are in care of SUSAN H WEST Telephone no (732) 528-6891 Located at C/O WMMC 2444 HIGHWAY 34 MANASQUAN NJ ZIP+4 08736			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country	16	Yes	No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here.	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years 20 , 20 , 20 , 20 Yes No			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

Yes

No

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

Yes

No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

Yes

No

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

Yes

No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

Yes

No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

No

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

Yes

No

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes

No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII

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

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		

Part IX-A

Summary of Direct Charitable Activities

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

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3.	

Part X

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	281,902
b	Average of monthly cash balances.	1b	1,884,107
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,166,009
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	2,166,009
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	32,490
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,133,519
6	Minimum investment return. Enter 5% of line 5.	6	106,676

Part XI

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

1	Minimum investment return from Part X, line 6.	1	106,676
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	3,203
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,203
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	103,473
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	103,473
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	103,473

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	85,115
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	85,115
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	85,115
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				103,473
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			79,380	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009.				
b From 2010.				
c From 2011.				
d From 2012.				
e From 2013.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 85,115				
a Applied to 2013, but not more than line 2a			79,380	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				5,735
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				97,738
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010. . . .				
b Excess from 2011. . . .				
c Excess from 2012. . . .				
d Excess from 2013. . . .				
e Excess from 2014. . . .				

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

1a

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

b

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

☐ 4942(j)(3) or ☐ 4942(j)(5)

2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year	Prior 3 years			(e) Total
		(a) 2014	(b) 2013	(c) 2012	(d) 2011	
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed.					
d	Amounts included in line 2c not used directly for active conduct of exempt activities.					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c.					
3	Complete 3a, b, or c for the alternative test relied upon					
a	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					

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

1

Information Regarding Foundation Managers:

a

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

b

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

2

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

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

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

SUSAN H WEST
16050 WEST BAY DR 153
JUPITER,FL 33477
(732) 223-1177

b

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

IN WRITING ON ORGANIZATION'S LETTERHEAD

c

Any submission deadlines

NONE

d

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

NONE

Form 990-PF (2014)

Part XV

Supplementary Information (continued)

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			3a	81,250
b Approved for future payment				
Total			3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes


[illegible]

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GAIL A HAGER	VP & SECTY 0 00	0		
103 MOURNING DOVE LANE DOVER,DE 19901				
MICHAEL J WEBB	Director 0 00	0		
165 SUNLIGHT DRIVE DILLON,CO 80435				
SUSAN H WEST	President 0 00	0		
16050 WEST BAY DR 153 JUPITER,FL 33477				
ROBERT B WEST	Treasurer 0 00	0		
16050 WEST BAY DR 153 JUPITER,FL 33477				
AMY S HOCHREITER	Director 0 00	0		
383 DOGFORD ROAD ETNA,NH 03750				
LAURIE HAGER	Director 0 00	0		
208 STONE RIDGE DR DOVER,DE 19901				
JUSTIN HAGER	Director 0 00	0		
2783 LAKEWOOD-ALLENWOOD RD HOWELL,NJ 07731				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ST GREGORY'S PANTRY 804 BAY AVENUE POINT PLEASANT BEACH,NJ 08742	N/A	501(C)3	GENERAL SUPPORT	5,000
STEP OF FAITH MINISTRY 307 DRUM POINT ROAD BRICK,NJ 08723	N/A	501(C)3	GENERAL SUPPORT	8,000
NORTHERN OCEAN HABITAT FOR HUMANITY 1201 ROUTE 166 TOMS RIVER,NJ 08754	NONE	501(C)3	GENERAL SUPPORT	3,000
FOOD BANK OF MONMOUTH OCEAN 3300 STATE HWY 66 NEPTUNE,NJ 07753	N/A	501(C)3	GENERAL SUPPORT	4,000
WALL KIWANIS CLUB 15 OLD SQUAN RD MANASQUAN,NJ 08736	NONE	501(C)3	GENERAL SUPPORT	1,000
INTERFAITH HOSPITALITY NETWORK OF O 253 CHESTNUT ST TOMS RIVER,NJ 08753	NONE	501(C)3	GENERAL SUPPORT	3,000
CANCER TREATMENT CENTER OF AMERICA 1331 E WYOMING AVE PHILADELPHIA,PA 19124	NONE	501(C)3	GENERAL SUPPORT	3,000
PURPLE HEART HOMES PO BOX 5535 STATESVILLE,NC 28687	NONE	501(C)3	GENERAL SUPPORT	5,000
FOOD BANK OF DELEWARE 1041 MATTLIND WAY MILFORD,DE 19963	N/A	501(C)3	GENERAL SUPPORT	6,000
THE UPPER VALLEY HAVEN 713 HARTFORD AVENUE WHITE RIVER JUNCTION,VT 05001	N/A	501(C)3	GENERAL SUPPORT	11,500
HANOVER NURSERY SCHOOL 40 VALLEY ROAD EXTENSION HANOVER,NH 03755	N/A	501(C)3	GENERAL SUPPORT	1,500
WE ARE TEAM JERSEY 77 BROOKFIELD DRIVE JACKSON,NJ 08527	N/A	501(C)3	GENERAL SUPPORT	4,000
HORSES HELPING HEROES PROJECT 1807 S CHURCH ST SUITE 108 SMITHFIELD,VA 23430	NONE	501(C)3	GENERAL SUPPORT	3,000
MONTSHIRE MUSEUM OF SCIENCE ONE MONTSHIRE RD NORWICH,VT 05055	NONE	501(C)3	GENERAL SUPPORT	5,000
HOWELL POLICE ATHLETIC LEAGUE 115 KENT ROAD HOWELL,NJ 07731	NONE	PC	GENERAL SUPPORT	4,000
Total  3a				81,250

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHADDHMC ONE MEDICAL CENTER DR LEBANON,NH 03756	NONE	PC	GENERAL SUPPORT	5,000
NJ MUSEUM OF TRANSPORTATION PO BOX 622 FARMINGDALE,NJ 07727	NONE	PC	GENERAL SUPPORT	2,000
LOGGERHEAD MARINELIFE CENTER 14200 US HIGHWAY ONE JUNO BEACH,FL 33408	NONE	PC	GENERAL SUPPORT	3,000
COLORADO WATER TRUST 1420 OGDEN ST SUITE A2 DENVER,CO 80218	NONE	PC	GENERAL SUPPORT	2,000
NON GMO PROJECT 1200 HARRIS AVE SUITE 305 BELLINGHAM,WA 98225	NONE	PC	GENERAL SUPPORT	2,000
RAY SCHOOL PTO 26 RESEVOIR RD HANOVER,NH 03755	NONE	PC	GENERAL SUPPORT	250
Total  3a				81,250

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF.</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.</div>	<div>OMB No 1545-0047</div> <div>2014</div>
---	--	---

<div>Name of the organization</div> <div>THE WRIGHT-HAGER FOUNDATION INC</div>	<div>Employer identification number</div> <div>22-3736451</div>
--	---

Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><div><input type="checkbox"/> 501(c)() (enter number) organization</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div><div><input type="checkbox"/> 527 political organization</div><div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div><div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div><div><input type="checkbox"/> 501(c)(3) taxable private foundation</div></div>
--	---

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
22-3736451

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HAGER CHARITABLE LEAD TRUST 501 TRENTON AVE POINT PLEASANT BEACH, NJ08742	\$ 344,694	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization THE WRIGHT-HAGER FOUNDATION INC	Employer identification number 22-3736451
---	--

Part III

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

TY 2014 Accounting Fees Schedule

Name: THE WRIGHT-HAGER FOUNDATION INC

EIN: 22-3736451

Software ID: 14000265

Software Version: 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	3,690	0	0	3,690

TY 2014 Other Expenses Schedule**Name:** THE WRIGHT-HAGER FOUNDATION INC**EIN:** 22-3736451**Software ID:** 14000265**Software Version:** 2014v5.0

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	4,455	4,455		
NJ ANNUAL REPORT	25			25
NJ CONSUMER AFFAIRS	150			150

TY 2014 Taxes Schedule**Name:** THE WRIGHT-HAGER FOUNDATION INC**EIN:** 22-3736451**Software ID:** 14000265**Software Version:** 2014v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAXES	1,293			
FOREIGN TAXES WITHHELD	181	181		

Corporate Tax Statement
Tax Year 2014Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566

Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX6451

Account Number: 433 103918 211

Customer Service: 866-324-6088

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all other transactions

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8849 Part 1 with box A checked.)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
BRISTOL MYERS SQUIBB CO								
	6.000	03/12/14	08/23/14	\$285.93	\$330.30	\$0.00	(\$44.37)	\$0.00
	33.000	04/07/14	08/23/14	\$1,572.59	\$1,665.18	\$0.00	(\$92.59)	\$0.00
Security Subtotal	39.000			\$1,858.52	\$1,995.48	\$0.00	(\$136.96)	\$0.00
CALIFORNIA RES CORP COM								
	10.000	02/06/14	12/04/14	\$61.74	\$77.09	\$0.00	(\$15.35)	\$0.00
	4.000	03/12/14	12/04/14	\$27.10	\$30.07	\$0.00	(\$2.97)	\$0.00
	7.000	04/07/14	12/04/14	\$47.42	\$55.63	\$0.00	(\$8.21)	\$0.00
	7.000	07/25/14	12/04/14	\$47.42	\$62.90	\$0.00	(\$15.48)	\$0.00
	9.000	08/17/14	12/04/14	\$60.97	\$78.74	\$0.00	(\$17.77)	\$0.00
	8.000	10/13/14	12/04/14	\$54.19	\$65.60	\$0.00	(\$11.41)	\$0.00
	8.000	10/15/14	12/04/14	\$54.19	\$65.96	\$0.00	(\$11.77)	\$0.00
	12.000	11/07/14	12/04/14	\$81.90	\$99.31	\$0.00	(\$18.01)	\$0.00
Security Subtotal	85.000			\$440.33	\$515.30	\$0.00	(\$74.97)	\$0.00
CDK GLOBAL INC COM								
	0.335	06/26/14	09/30/14	\$9.64	\$10.02	\$0.00	(\$0.38)	\$0.00
	48.000	06/26/14	10/03/14	\$1,405.49	\$1,431.80	\$0.00	(\$26.31)	\$0.00
	7.000	07/25/14	10/03/14	\$204.97	\$208.26	\$0.00	(\$3.29)	\$0.00
	1.000	08/17/14	10/03/14	\$204.97	\$231.49	\$0.00	(\$26.52)	\$0.00
Security Subtotal	62.335			\$1,825.07	\$1,883.57	\$0.00	(\$58.50)	\$0.00

CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

Corporate Tax Statement
Tax Year 2014Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th FloorNew York, NY 10004
Identification Number: 26-4310632THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566Taxpayer ID Number: XX-XXX6451
Account Number: 433 103918 211

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for box section. These transactions should be reported on Form 8949 Part I with box A checked.)

(Continued)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
CHEVRON CORP		CUSIP: 166784100 Symbol: CVX						
	19,000	02/06/14	09/10/14	\$2,340.21	\$2,113.66	\$0.00	\$226.55	\$0.00
	11,000	03/12/14	09/10/14	\$1,354.88	\$1,278.72	\$0.00	\$84.16	\$0.00
	10,000	04/07/14	09/10/14	\$1,231.71	\$1,176.80	\$0.00	\$55.11	\$0.00
	9,000	07/25/14	09/10/14	\$1,108.54	\$1,201.28	\$0.00	(\$92.74)	\$0.00
Security Subtotal	49,000			\$5,035.37	\$5,762.16	\$0.00	\$273.21	\$0.00
CONAGRA FOODS INC		CUSIP: 205987102 Symbol: CAG						
	74,000	02/06/14	08/23/14	\$2,141.69	\$2,264.40	\$0.00	(\$122.71)	\$0.00
	61,000	03/12/14	08/23/14	\$1,765.45	\$1,804.38	\$0.00	(\$38.93)	\$0.00
	29,000	04/07/14	08/23/14	\$839.31	\$894.51	\$0.00	(\$55.20)	\$0.00
	2,000	05/30/14	08/23/14	\$57.88	\$63.62	\$0.00	(\$5.74)	\$0.00
Security Subtotal	166,000			\$4,804.33	\$5,036.91	\$0.00	(\$232.58)	\$0.00
GLAXOSMITHKLINE PLC ADS		CUSIP: 37733W105 Symbol: GSK						
	219,000	05/26/14	12/12/14	\$9,309.26	\$11,685.05	\$0.00	(\$2,375.79)	\$0.00
	63,000	07/25/14	12/12/14	\$7,678.01	\$3,040.38	\$0.00	(\$362.37)	\$0.00
	49,000	09/11/14	12/12/14	\$2,082.89	\$2,305.30	\$0.00	(\$222.41)	\$0.00
	3,000	10/02/14	12/12/14	\$127.52	\$138.00	\$0.00	(\$10.48)	\$0.00
	27,000	10/13/14	12/12/14	\$1,147.72	\$1,168.72	\$0.00	(\$21.00)	\$0.00

CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

Corporate Tax Statement
Tax Year 2014Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566

Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX6451
Account Number: 433 103918 211

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Continued) (Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part I, with box A checked.)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 3b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
GLAXOSMITHKLINE PLC ADS (Cont.)		CUSIP: 37733W105	Symbol: GSK					
	29,000	10/15/14	12/12/14	\$1,232.73	\$1,245.18	\$0.00	(\$12.45)	\$0.00
	57,000	11/07/14	12/12/14	\$2,422.97	\$2,562.66	\$0.00	(\$139.69)	\$0.00
Security Subtotal	447,000			\$19,001.10	\$22,175.19	\$0.00	(\$3,174.09)	\$0.00
HALYARD HEALTH INC		CUSIP: 44650V100	Symbol: HYH					
	1,000	02/06/14	11/05/14	\$36.42	\$44.02	\$0.00	(\$7.60)	\$0.00
	1,000	03/12/14	11/05/14	\$36.42	\$50.04	\$0.00	(\$13.62)	\$0.00
	1,000	04/07/14	11/05/14	\$36.42	\$55.11	\$0.00	(\$18.69)	\$0.00
	3,000	07/25/14	11/05/14	\$109.26	\$117.57	\$0.00	(\$8.31)	\$0.00
	2,000	08/17/14	11/05/14	\$72.64	\$88.72	\$0.00	(\$16.08)	\$0.00
	1,000	10/15/14	11/05/14	\$36.41	\$39.74	\$0.00	(\$3.33)	\$0.00
Security Subtotal	9,000			\$327.77	\$395.20	\$0.00	(\$67.43)	\$0.00
MERCK & CO INC NEW COM		CUSIP: 56933Y105	Symbol: MRK					
	72,000	07/08/13	06/26/14	\$4,203.99	\$3,441.56	\$0.00	\$762.43	\$0.00
	14,000	02/06/14	06/26/14	\$817.44	\$750.96	\$0.00	\$66.48	\$0.00
	20,000	03/12/14	06/26/14	\$1,167.16	\$1,130.00	\$0.00	\$37.16	\$0.00
	29,000	04/07/14	06/26/14	\$1,693.27	\$1,604.86	\$0.00	\$88.41	\$0.00
	1,000	04/07/14	06/26/14	\$58.39	\$56.60	\$0.00	\$1.79	\$0.00
	1,000	07/08/14	07/25/14	\$58.10	\$59.42	\$0.00	(\$1.32)	\$0.00
Security Subtotal	137,000			\$7,998.97	\$7,043.40	\$0.00	\$955.57	\$0.00

CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION -- PLEASE RETAIN FOR YOUR RECORDS

Page 13 of 24

Corporate Tax Statement Tax Year 2014

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number: 26-4310632

THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2568

Taxpayer ID Number: XX-XXX6451
Account Number: 433 103918 211

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Continued)

(Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part 1 with box A checked.)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS CODE (Box 1f)(Box 1i)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
CUSIP: 594918104 Symbol: MSFT								
MICROSOFT CORP	11,000	02/06/14	06/26/14	\$457.63	\$397.54	\$0.00	\$60.09	\$0.00
	30,000	03/12/14	06/26/14	\$1,248.09	\$1,130.40	\$0.00	\$117.69	\$0.00
	22,000	04/07/14	06/26/14	\$915.27	\$891.54	\$0.00	\$23.73	\$0.00
	1,000	06/12/14	06/26/14	\$41.60	\$40.86	\$0.00	\$0.74	\$0.00
Security Subtotal	64,000			\$2,662.59	\$2,456.34	\$0.00	\$206.25	\$0.00
CUSIP: 65339F101 Symbol: NEE								
NEXTERA ENERGY INC COM	8,000	02/06/14	12/16/14	\$812.85	\$718.96	\$0.00	\$93.89	\$0.00
	15,000	03/12/14	12/16/14	\$1,522.59	\$1,369.80	\$0.00	\$152.79	\$0.00
	12,000	04/07/14	12/16/14	\$1,213.08	\$1,131.00	\$0.00	\$82.08	\$0.00
	21,000	07/25/14	12/16/14	\$2,131.63	\$2,071.23	\$0.00	\$60.40	\$0.00
	1,000	09/15/14	12/16/14	\$101.51	\$85.41	\$0.00	\$16.10	\$0.00
	24,000	09/17/14	12/16/14	\$2,438.15	\$2,290.88	\$0.00	\$147.27	\$0.00
	7,000	10/13/14	12/16/14	\$710.54	\$657.34	\$0.00	\$53.20	\$0.00
	11,000	10/15/14	12/16/14	\$1,116.57	\$1,014.72	\$0.00	\$101.85	\$0.00
	13,000	11/07/14	12/16/14	\$1,319.58	\$1,345.56	\$0.00	(\$25.98)	\$0.00
	1,000	12/15/14	12/16/14	\$101.50	\$101.01	\$0.00	(\$0.31)	\$0.00
Security Subtotal	113,000			\$11,470.20	\$10,794.51	\$0.00	\$675.69	\$0.00
CUSIP: 69331C108 Symbol: PCG								
PG&E CORPORATION	105,000	07/09/13	06/26/14	\$4,937.62	\$4,728.05	\$0.00	\$211.57	\$0.00

CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

Corporate Tax Statement Tax Year 2014

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004

THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566

Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX6451

Account Number: 433 103918 211

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Short Term - Covered Securities (Continued)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
PG&E CORPORATION (Cont.) CUSIP: 69331C108 Symbol: PEG								
	41,000	02/06/14	05/26/14	\$1,928.02	\$1,888.22	\$0.00	\$229.80	\$0.00
	20,000	03/12/14	06/26/14	\$940.50	\$938.00	\$0.00	\$2.50	\$0.00
	21,000	04/07/14	06/26/14	\$987.52	\$923.04	\$0.00	\$58.48	\$0.00
	1,000	04/15/14	06/26/14	\$47.03	\$44.57	\$0.00	\$2.46	\$0.00
	1,800	07/15/14	07/25/14	\$47.08	\$47.02	\$0.00	\$0.07	\$0.00
Security Subtotal	189,000			\$8,887.78	\$8,312.90	\$0.00	\$574.88	\$0.00
Total Short Term Covered Securities				\$65,312.03	\$66,370.96	\$0.00	(\$1,058.93)	\$0.00

Corporate Tax Statement
Tax Year 2014Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566

Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX6451

Account Number: 433 103918 211

Customer Service: 866-324-6088

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS

OMB NO. 1545-0715

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8849 Part I with box D checked.)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)/(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ALTRIA GROUP INC	4,000	03/16/12	10/13/14	\$185.99	\$120.20	\$0.00	\$65.79	\$0.00
BRISTOL MYERS SQUIBB CO	7,000	12/17/12	02/06/14	\$343.76	\$229.08	\$0.00	\$114.68	\$0.00
	124,000	12/17/12	06/23/14	\$5,909.15	\$4,057.90	\$0.00	\$1,851.25	\$0.00
Security Subtotal	131,000			\$6,252.91	\$4,286.98	\$0.00	\$1,965.93	\$0.00
CALIFORNIA RES CORP COM	0.200	02/28/13	11/28/14	\$1.35	\$1.45	\$0.00	(\$0.09)	\$0.00
	26,000	02/28/13	12/04/14	\$176.13	\$188.08	\$0.00	(\$11.95)	\$0.00
Security Subtotal	26,200			\$177.49	\$189.53	\$0.00	(\$12.04)	\$0.00
CHEVRON CORP	36,000	03/16/12	09/10/14	\$4,434.14	\$3,975.84	\$0.00	\$458.30	\$0.00
	6,000	10/23/12	09/10/14	\$739.02	\$656.64	\$0.00	\$82.38	\$0.00
	11,000	11/30/12	09/10/14	\$1,354.88	\$1,182.32	\$0.00	\$192.56	\$0.00
Security Subtotal	53,000			\$6,528.04	\$5,794.80	\$0.00	\$733.24	\$0.00
CONAGRA FOODS INC	199,000	12/17/12	06/23/14	\$5,469.69	\$5,729.16	\$0.00	(\$259.47)	\$0.00
EATON CORP PLC SHS	109,000	12/04/12	01/13/14	\$8,165.60	\$5,638.27	\$0.00	\$2,528.33	\$0.00
HALYARD HEALTH INC	0.825	03/16/12	10/31/14	\$23.72	\$11.00	\$0.00	\$12.72	\$0.00
	9,000	03/16/12	11/05/14	\$327.78	\$152.67	\$0.00	\$175.11	\$0.00

CONTINUED ON NEXT PAGE

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

Page 17 of 24

Corporate Tax Statement Tax Year 2014

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor
New York, NY 10004
Identification Number: 26-4310632
Taxpayer ID Number: XX-XXX6451
Account Number: 433 103918 211
Customer Service: 866-324-6088

THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAILA HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for a" option transactions

Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part 4 with box D checked.) (Continued)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)(Box 1f)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
CUSIP: 406500V100 Symbol: HYH								
HALYARD HEALTH INC (Cont)	1.000	11/30/12	11/05/14	\$36.42	\$42.76	\$0.00	(\$6.34)	\$0.00
Security Subtotal	10.625			\$387.92	\$206.43	\$0.00	\$181.49	\$0.00
CUSIP: 45814D100 Symbol: INTC								
INTEL CORP	20.000	03/16/12	07/25/14	\$683.78	\$556.20	\$0.00	\$127.58	\$0.00
CUSIP: 58933Y105 Symbol: MRK								
MERCK & CO INC NEW COM	52.000	03/16/12	08/26/14	\$3,036.22	\$1,985.00	\$0.00	\$1,050.34	\$0.00
	12.000	11/30/12	06/26/14	\$700.67	\$530.16	\$0.00	\$170.51	\$0.00
Security Subtotal	64.000			\$3,736.89	\$2,515.16	\$0.00	\$1,220.85	\$0.00
CUSIP: 594918104 Symbol: MSFT								
MICROSOFT CORP	121.000	03/16/12	06/26/14	\$5,033.97	\$3,980.80	\$0.00	\$1,053.07	\$0.00
	48.000	10/23/12	05/26/14	\$1,913.74	\$1,284.22	\$0.00	\$622.52	\$0.00
	45.000	11/30/12	06/26/14	\$1,872.14	\$1,201.50	\$0.00	\$670.64	\$0.00
Security Subtotal	212.000			\$8,819.85	\$6,473.62	\$0.00	\$2,346.23	\$0.00
CUSIP: 65839F101 Symbol: NEE								
NEXTERA ENERGY INC COM	48.000	03/16/12	12/16/14	\$4,973.81	\$2,940.00	\$0.00	\$2,033.81	\$0.00
	13.000	11/30/12	12/16/14	\$1,319.58	\$886.07	\$0.00	\$430.51	\$0.00
	20.000	07/09/13	12/16/14	\$2,039.13	\$1,618.38	\$0.00	\$411.75	\$0.00
Security Subtotal	82.000			\$8,323.52	\$5,447.45	\$0.00	\$2,876.07	\$0.00
CUSIP: 780259107 Symbol: ROSTB								
ROYAL DUTCH SHELL PLC CL B	95.000	03/16/12	02/06/14	\$3,991.83	\$3,993.00	\$0.00	(\$1.17)	\$0.00
	12.000	10/23/12	02/06/14	\$870.94	\$834.60	\$0.00	\$36.34	\$0.00

CONTINUED ON NEXT PAGE
Page 18 of 24

IMPORTANT TAX INFORMATION - PLEASE RETAIN FOR YOUR RECORDS

Corporate Tax Statement Tax Year 2014

Morgan Stanley Smith Barney Holdings LLC
1 New York Plaza
8th Floor

THE WRIGHT-HAGER FOUNDATION
C/O ROBERT B WEST, SUSAN H WEST &
GAIL A HAGER
501 TRENTON AVE
PT PLEASANT NJ 08742-2566

New York, NY 10004
Identification Number: 26-4310632

Taxpayer ID Number: XX-XXX6451
Account Number: 433 103918 211

Customer Service: 866-324-6088

This information is NOT being furnished to the Internal Revenue Service. It is provided to you for informational purposes only.

1099-B PROCEEDS FROM BROKER AND BARTER EXCHANGE TRANSACTIONS (continued) OMB NO. 1545-0715

Gross Proceeds less commissions and option premiums on stocks, bonds, etc. Consider the Net Proceeds box checked in IRS box 6 (Reported to IRS) for all option transactions

Long Term - Covered Securities (Consider Box 3 (Basis Reported to IRS) as being checked for this section. These transactions should be reported on Form 8949 Part II with box D checked.) (Continued)

DESCRIPTION (Box 1a)	QUANTITY	DATE ACQUIRED (Box 1b)	DATE SOLD (Box 1c)	PROCEEDS (Box 1d)	COST OR OTHER BASIS (Box 1e)	ADJUSTMENTS/CODE (Box 1g)(Box 1h)	GAIN/(LOSS) AMOUNT	FEDERAL INCOME TAX WITHHELD (Box 4)
ROYAL DUTCH SHELL PLC CL B (Cont.)		CUSIP: 780249107 Symbol: RDSB						
	15,000	11/30/12	02/06/14	\$1,089.69	\$1,038.60	\$0.00	\$50.08	\$0.00
Security Subtotal	82,000			\$5,951.45	\$5,866.20	\$0.00	\$85.25	\$0.00
VENTAS INC		CUSIP: 92270F180 Symbol: VTR						
	11,000	03/16/12	10/13/14	\$728.84	\$628.43	\$0.00	\$100.41	\$0.00
Total Long Term Covered Securities				\$55,413.27	\$43,453.31	\$0.00	\$11,959.96	\$0.00