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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 separate instructions is at www.lrs.gov/form990pf. OMB No 1545-0052

Ford	calen	dar year 2014 or tax year	beginning			, and en	ding		
Nar	ne of	foundation						A Employer Identific	ation number
		& RJ MORGANI						46-67028	336
Nun		nd street (or P O box number if			•	[1	Room/suite	B Telephone number	
		<u>SEMER TRUST,</u>			AVENUE			516-508-	
		own, state or province, cou YORK, NY 1	intry, and ZIP o . 0111	r foreign po	ostal code			C If exemption application	on is pending, check here
<u>.</u>		all that apply:	Initial return Final return Address chang		Initial return of a for Amended return Name change	ormer public ch	arıty	D 1. Foreign organization	ations, check here ons meeting the 85% test, ach computation
* L	٦.	type of organization: L ction 4947(a)(1) nonexem			empt private foundation Other taxable private founda	ition			n status was terminated (b)(1)(A), check here
2	ur ma om F	irket value of all assets at e	nd of year J	Accounting Oti		Accru	al	F If the foundation is	in a 60-month termination (b)(1)(B), check here
Pa	art I	Analysis of Revenue an (The total of amounts in colur necessarily equal the amount	mns (b), (c), and (c	l) may not	(a) Revenue and expenses per books	(b) Net inv		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 2 3	Contributions, gifts, grant Check If the foundation Interest on savings and tempor cash investments	n is not required to atta	1	50,000.			N/A	
	4	Dividends and interest fro	m securities	Ì	3.		3.		STATEMENT 1
	5a	Gross rents							
	þ	Net rental income or (loss)							
Revenue	6a b	Net gain or (loss) from sale of a Gross sales price for all assets on line 6a		10 839.	-1,161.				
eve	7					30	,915.	RE	77.10
Œ	8	Net short-term capital gail	n						
	9 10a	Income modifications Gross sales less returns and allowances						MAY	2015
		Less Cost of goods sold							, , ,
		Gross profit or (loss)		-			•	OCL	T-1
	11	Other income							EN, UI
	12	Total. Add lines 1 throug	h 11	[48,842.	30	,918.		
	13	Compensation of officers, dire	ctors, trustees, et	с	0.		0.		0.
	14	Other employee salaries a	ind wages						
w	15	Pension plans, employee	benefits						
Ses	16a	Legal fees							
Expens	b	Accounting fees							
		Other professional fees	STM	T 2	153.		102.		51
ţ	Į.	Interest		ŀ			 	 	
and Administrative	18 19	Taxes Depreciation and depletio	n						
를	20	Occupancy	11	ŀ		 '			
Administ		Travel, conferences, and	meetings						
ğ	22	Printing and publications	····occinigo						
g	I	Other expenses							
atir	24	Total operating and adm	inistrative	ĺ					
Operating		expenses. Add lines 13 ti]	153.		102.		51
0	25	Contributions, gifts, grant	ts paid	Ī	55,500.				55,500
	26	Total expenses and disb	ursements.						
	_	Add lines 24 and 25			55,653.		102.		55,551
	27	Subtract line 26 from line	12;						
		Excess of revenue over expen			-6,811.			<u> </u>	
		Net investment income (0-)		30	816.		
4235		Adjusted net income (if no	egative, enter -0-)					N/A	5 000 DE (0014

423511 11-24-14

P	art IV Capital Gains a	and Losses for Tax on li	nvestment	Income					
		be the kind(s) of property sold (e.gehouse; or common stock, 200 sh			P	How acquired - Purchase - Donation		te acquired , day, yr.)	(d) Date sold (mo., day, yr.)
1 a	PUBLICLY TRADEI	SECURITIES				D			
b					-				
<u>c</u>					-				
<u>d</u> e				<u>-</u> .	+-				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss) lus (f) minus (
a	48,839.			17,92	4.				30,915.
b									
C			 						
d			<u> </u>						
е		g gain in column (h) and owned by	the foundation	on 12/31/69			(I) Gains	(Col. (h) gain	minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)		С	òl. (k), bι	it not less that es (from col. (1 -0-) or
a									30,915.
b				•					
С									
d									
<u>e</u>			<u> </u>				<u> </u>		
2	Capital gain net income or (net cap	oital loss) $\left\{egin{array}{l} ext{If gain, also enter-contact} & ext{If (loss), enter-contact} \end{array} ight.$	er in Part I, line 0- in Part I, line	7 7	}	2			30,915.
3	Net short-term capital gain or (loss if gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8		ud (6).		}	3		N/A	
F	Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	۱'n۱	estment Ir	come		
(Fo	or optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment ir	ncom	e.)			
lf «	section 4940(d)(2) applies, leave th	us nart hlank							
	. , , , , ,	·							Yes X No
	as the foundation liable for the secti				rioo?				Yes A No
<u>'''</u> 1	Yes," the foundation does not quali Enter the appropriate amount in e	ach column for each year; see the			entrie	S.			
÷	(a)	(b)			(c			Dietrik	(d) oution ratio
	Base periód years Calendar year (or tax year beginnin	ng in) Adjusted qualifying di		Net value of no		iritable-use asse		(col. (b) div	rided by col. (c))
	2013		79,132.			13,61	0.		5.814254
_	2012						-		
_	2011								<u> </u>
-	2010 2009								
_	_ 2003	I							
2	Total of line 1, column (d)						2		5.814254
	Average distribution ratio for the 5	5-year base period - divide the total	l on line 2 by 5,	or by the number	r of y	ears			
	the foundation has been in exister	nce if less than 5 years					3		5.814254
4	Enter the net value of noncharitab	le-use assets for 2014 from Part X	, line 5				4		17,400
5	Multiply line 4 by line 3						5		101,168.
6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6	:	308
7	Add lines 5 and 6						7	,	101,476
8	Enter qualifying distributions from	n Part XII, line 4					_ 8	,	55,551
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lir	ne 1b, and comp	olete that part usin	ng a	1% tax rate.			

Form **990-PF** (2014)

	990-PF (2014) PF & RJ MORGANTI FOUNDATION t VI Excise Tax Based on Investment Income (Section 494)	0(a) 4040(b) 4040(a)	46 or 494	8-6702	836	ction	age 4
			101 101	<u> </u>	iisu u	CLIOI	13/
	exempt operating foundations described in section 4940(d)(2), check here						
	Date of ruling or determination letter: (attach copy of letter if nec	cessary-see instructions)		.		6	16.
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%		<u>'</u>		0	10.
	of Part I, line 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part Line 12 col (h)					
			2	,			0.
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of Add lines 1 and 2	illers eliter -0-)	3			6	16.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	ithers enter -N-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	miers enter -o-)		5		6	16.
	Credits/Payments:						
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a					
	Exempt foreign organizations - tax withheld at source	6b					
	Tax paid with application for extension of time to file (Form 8868)	6c					
	Backup withholding erroneously withheld	6d					
	Total credits and payments. Add lines 6a through 6d			7			0.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is atta	ched		В			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			9		6	16.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	0			
	Enter the amount of line 10 to be: Credited to 2015 estimated tax	Refunde	d 🕨 📘	1			
	t VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legis	slation or did it participate or int	ervene in			Yes	No
	any political campaign?				1a		<u>X</u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (see instructions for the de	finition)?		1b		X
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities an	d copies of any materials pu	ıblıshed c	or			
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				1c		<u>X</u>
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the						
	(1) On the foundation. ▶ \$ O . (2) On foundation managers	s. > \$	0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expend	iture tax imposed on foundation	1				
	managers. ► \$ 0 .						
	Has the foundation engaged in any activities that have not previously been reported to the II	RS?			2		X
	If "Yes," attach a detailed description of the activities						
	Has the foundation made any changes, not previously reported to the IRS, in its governing in		ation, or				.,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change				3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	arz		NT / 7	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	,		N/A	5		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,			10		
	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	uther:					
0	● By language in the governing instrument, or	anto.					
	 By state legislation that effectively amends the governing instrument so that no mandator 	ry directions that conflict with th	ne state lav	N			
	remain in the governing instrument?	y anound that commot with the	10 01410 141	•	6	Х	
	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If</i> "Yes," <i>cor</i>	mplete Part II. col. (c), and F	art XV		7	X	
•	blu the foundation have at least we,500 in account at any time during the year. In 100, 00.	,,pioto , a.t.,, oo., (o), a.t.					
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ons) ►					
-	СТ		*				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation	, , ,			8b	X	İ
9	Is the foundation claiming status as a private operating foundation within the meaning of se	ection 4942(j)(3) or 4942(j)(5)	for calenda	ar			
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," of				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedi		<u> </u>		10		Х
	- · · · · · · · · · · · · · · · · · · ·			For	rm 99 0	-PF	(2014)

423531 11-24-14

Form **990-PF** (2014)

•					
orm 990-PF (2014) PF & RJ MORGANTI FOUNDAT Part VII-B Statements Regarding Activities for Which F			46-6702	<u>836</u>	Page 6
	Offii 4/20 Way be F	required (continu	uea)		
5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • •		s X No		
(2) Influence the outcome of any specific public election (see section 4955); o any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes' (4) Provide a grant to an organization other than a charitable, etc., organization		Ye	8 LA NO		
4945(d)(4)(A)? (see instructions)			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		n Regulations	37 / 3		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h		enad			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?	N	I/A Ye	s No		
If "Yes," attach the statement required by Regulations section 53.4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on		s X No		
a personal benefit contract?b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	oreonal honofit contract?	T €	S LAL NO	6b	x
If "Yes" to 6b, file Form 8870		<u> </u>		00	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attributed Part VIII Information About Officers, Directors, Trusto		nogoro Highly	N/A	7b	
Part VIII Information About Officers, Directors, Trustoral Paid Employees, and Contractors	ses, roundation Ma	mayers, migni	,		
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 plan and deferred compensation	s ac	e) Expense count, other allowances
NEAL GERSTEN, CPA	CO-TRUSTEEE			_	
C/O BESSEMER TRUST, 630 FIFTH AVENUE					
NEW YORK, NY 10111	1.00	0.	0		0.
JAMES GERSTEN	CO-TRUSTEEE				
C/O BESSEMER TRUST, 630 FIFTH AVENUE			_		
NEW YORK, NY 10111	1.00	0.	0	•	0.
	CO-TRUSTEEE				
530 FIFTH AVENUE	1 00				•
NEW_YORK, NY 10111	1.00	0.	0	•	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "	L		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plan and deferred	s aò	e) Expense
NONE	devoted to position		compensation		allowances
NONE					
					
			İ		
Total number of other employees paid over \$50,000				L	0
			For	m 990)-PF (2014)

423551 11-24-14

	m 990-PF (2014) PF & RJ MORGANTI FOUNDATION	46-6	702836 Page 8
Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	e 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	0.
b	Average of monthly cash balances	1b	17,665.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	17,665.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	<u> </u>	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	17,665.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u> 265.</u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	17,400.
6	Minimum investment return. Enter 5% of line 5	6	87 <u>0</u> .
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	870.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	616.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	254.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	254.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	254.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	55,551.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
	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	55,551.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	0.

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

Form **990-PF** (2014)

Adjusted qualifying distributions. Subtract line 5 from line 4

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
Distributable amount for 2014 from Part XI, line 7				254.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:	-			
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013 78,451.				
f Total of lines 3a through e	78,451.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 55,551.				
a Applied to 2013, but not more than line 2a			0.	<u> </u>
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			<u> </u>
d Applied to 2014 distributable amount				254.
e Remaining amount distributed out of corpus	55,297.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	133,748.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line			_	
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.		•	
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	133,748.			
F	T33,140.			
10 Analysis of line 9: a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013 78, 451.				
e Excess from 2014 55, 297.				
423581 11-24-14			· · · · · · · · · · · · · · · · · · ·	Form 990-PF (2014)

423601 11-24-14

3 Grants and Contributions Paid Recipient	,,	If recipient is an individua	ıl.	Purpose of grant or	
Name and address (home or bus	siness)	show any relationship to any foundation manager or substantial contributo	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year					
FOUNDERS HALL 193 DANBURY RD			PUBLIC CHARITY	OPERATIONAL	
RIDGEFIELD, CT 06877					5,000
HOLE IN THE WALL GANG 555 LONG WHARF DR NEW HAVEN, CT 06511			PUBLIC CHARITY	OPERATIONAL	1,000
HOSPICE OF WESTERN CT 39 OLD RIDGEBURY RD DANBURY CT 06810			PUBLIC CHARITY	OPERATIONAL	2,000
MEALS ON WHEELS 25 GILBERT ST RIDGEFIELD, CT 06877			PUBLIC CHARITY	OPERATIONAL	5,000
RIDGEFIELD SUNRISE COTTAGE 6 SUNSET LN			PUBLIC CHARITY	OPERATIONAL	
RIDGEFIELD CT 06877 Total	CEE CON	TINUATION SH		▶ 3a	5,000 55,500
b Approved for future payment NONE					33,300
	=.				
Total				▶ 3b	

inter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
Program service revenue:	code	Amount	code	Allount	Tunction income
a	_		_		
b	_		_		
c	_				
d					
e	_				
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities			14	3.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					· · · · · ·
Net rental income or (loss) from personal					
property					
Other investment income		•			
Gain or (loss) from sales of assets other					
than inventory			18	-1,161.	
Net income or (loss) from special events			1-1	2/2020	
Gross profit or (loss) from sales of inventory				· · · · · · · · · · · · · · · · · · ·	
Other revenue.					
				İ	
b					
<u> </u>				· · ·	
d	_				
Cubtatal Add saluman (b) (d) and (a)	_).	1 150	
! Subtotal. Add columns (b), (d), and (e)	<u> </u>		/ • <u>{</u>		
Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations	`			13	-1,15
Ine No. Explain below how each activity for which is the foundation's exempt purposes (other the			I-A contribute	ed importantly to the accomp	plishment of
			·		
				·	
			•		
3621 -24-14		· · · · · · · · · · · · · · · · · · ·			Form 990-PF (2

Part XVII	Information R Exempt Orgar		and Transactions a	ind Relationships With	Noncharitable	е
4 Did the ex			una with any other organizate	an described in section 501/s) of		Yes No
	•	rectly engage in any of the follow				163 140
	•	c)(3) organizations) or in section dation to a noncharitable exempt	- · · · · · · · - · · · · · · ·	izations		
(1) Cash	• =	Janon to a noncharitable exempt	organization of,		1a(1)	x
(2) Othe					1a(2)	
b Other tran					1,0(2)	1 1 2
		able exempt organization			16(1)	x
		oncharitable exempt organization			1b(2)	T
	al of facilities, equipment,				1b(3)	1
	bursement arrangements				1b(4)	1 1
	s or loan guarantees				1b(5)	1 - 1
, ,	-	embership or fundraising solicita	tions		1b(6)	1 1
` '		ailing lists, other assets, or paid o			1c	X
-				ways show the fair market value of		
	-		• •	ie in any transaction or sharing ari	_	•
column (d) the value of the goods,	other assets, or services receive	d.			
(a) Line no	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description of transfers, tran	nsactions, and sharing a	rrangements
		N/A	<u> </u>			
						
	•					
	· · · · · · · · · · · · · · · · · · · 					
						
						
		<u> </u>				
		 				
-					·	
ın sectior	501(c) of the Code (other		· -		Yes	X No
	(a) Name of or	ganization	(b) Type of organization	(c) Description	i oi relationship	
	N/A			-		
						
Sign Here	r penalties of perjury, I declar project true, correct, and co	emplete Declaration of preparer (other	iding accompanying schedules and than taxpayer) is based on all inform	statements, and to the best of my known nation of which preparer has any knowle CORP TRUSTER	dge return with the shown below	w (see instr)?
	Print/Type preparer's r		s signature	Date Check	ıf PTIN	
	Jpo proparor of	/ Toparor (J	self- employe		
Paid		/				
Preparer	Firm's name ▶			Firm's EIN	<u> </u>	
Use Only				3 5 111		
	Firm's address					
				Phone no.		
					Form 99	0-PF (2014)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization

Employer identification number

	PF & RJ MORGANTI FOUNDATION	46-6702836
Organization type	(check one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ization is covered by the General Rule or a Special Rule. n 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to from any one contributor. Complete Parts I and II See instructions for determining a contrib	
Special Rules		
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 109(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the an 1990-EZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total	nanization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ation of cruelty to children or animals. Complete Parts I, II, and III.	
year, contr is checked purpose D	nanization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to ributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled, enter here the total contributions that were received during the year for an exclusively religion not complete any of the parts unless the General Rule applies to this organization becatcharitable, etc., contributions totaling \$5,000 or more during the year	ed more than \$1,000. If this box gious, charitable, etc ,
but it must answer	ization that is not covered by the General Rule and/or the Special Rules does not file Scheo "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Name of organization

Employer identification number

PF & RJ MORGANTI FOUNDATION

46-6702836

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAMELA F. MORGANTI C/O BESSEMER TRUST, 630 FIFTH AVENUE NEW YORK, NY 10111	\$50,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Employer identification number

PF & RJ MORGANTI FOUNDATION

46-6702836

art II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	1,046 SHARES CAPITAL WORLD GRW & INC		
		\$\$0,000.	12/08/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF)

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization MORGANTI FOUNDATION

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for PF & RJ MORGANTI FOUNDATION Part III 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 info once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF I	DIVIDENDS	AND INTER	EST FROM	SECUR	ITIES	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	REVE	NUE	(B) NET INVEST MENT INCOM	
BESSEMER TRUST	3.	(0.	3.	3	
TO PART I, LINE 4	3.	(<u> </u>	3.	3	•
FORM 990-PF	OTI	HER PROFES:	SIONAL FE	ES		STATEMENT 2
FORM 990-PF DESCRIPTION	1	(A) EXPENSES PER BOOKS	SIONAL FE (B) NET INVE MENT INC	ST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE
	1	(A) EXPENSES	(B) NET INVE	ST-	ADJUSTED	(D) CHARITABLE

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Foundation status of Amount Name and address (home or business) recipient RIDGEFIELD VISITING NURSE ASSOCIATION PUBLIC CHARITY OPERATIONAL 90 E RIDGE RD RIDGEFIELD CT 06877 36,500, ROAR PUBLIC CHARITY OPERATIONAL 45 SOUTH ST RIDGEFIELD, CT 06877 1,000. Total from continuation sheets 37,500.