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Form 996-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For	alend	ar year 2014 or tax year beginning , a	nd ending					
Nar	ne of four	ndation			A Emplo	yer identification number		
_		C. Danis and Danis de Estan			0.0	0510766		
		L Damiano Foundation street (or PO box number if mail is not delivered to street address)	Do.			- 0512766 one number (see instructions		
		Post Road	Roc	om/suite	•	L - 739 - 5098	,	
		state or province, country, and ZIP or foreign postal code	<u>_</u>					$\overline{}$
W	arwi	ick RI 02886		C If exem	option application is pending, o	check here	▶ □	
G	heck a	ill that apply Initial return Initial retur	n of a former public ch	arıty	D 1 For	eign organizations, check her	е	▶ □
		Final return Amended	return		2 . For	eign organizations meeting th	18	
		Address change Name char	nge			% test, check here and attach		▶ □
Н (heck to	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	te foundation status was term	inated under	
_			e private foundation		-	507(b)(1)(A), check here		▶ .
		ket value of all assets at J Accounting method	Cash X Accr	rual	F If the fe	oundation is in a 60-month ter	mination	
	-	ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check he		
	ie 16)		be on cash basis)					
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	4		4-1 4-1-1-1	(d) Disburseme	
•		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes	
		the amounts in column (a) (see instructions))	BOOKS	······································		,	(cash basis or	rly)
)	1	Contributions, gifts, grants, etc , received (attach schedule)						
<u>.</u>	2	Check ► X If the foundation is not required to attach Sch B		·····	2 700	2 702		
200	3	Interest on savings and temporary cash investments	3,783		3,782	3,783		
	4	Dividends and interest from securities	86,121	8	6,121	86,121		
3	5a	Gross rents						
⊐ ª	b	Net rental income or (loss)	472 306					
1 & Jau	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	472,306					
€ €	b	Gross sales price for all assets on line 6a 4,995,666			1,340			
\ <u> \</u>	7	Capital gain net income (from Part IV, line 2)			1,340	0		
<u>></u>	8	Net short-term capital gain						
2015	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) Total. Add lines 1 through 11	562,210	9	1,243	89,904		
	13	Compensation of officers, directors, trustees, etc	0				<u> </u>	
penses	14	Other employee salaries and wages					 	
SE SE	15	Pension plans, employee benefits					· · · · · · · · · · · · · · · · · · ·	
ğ	16a	Legal fees (attach schedule)						
ũ	b	Accounting fees (attach schedule) Stmt 2	3,000					
×e	C	Other professional fees (attach schedule) Stmt 3	27,000					
Operating and Administrative Ex	17	Interest				- pytho		7
<u>is</u>	18	Taxes (attach schedule) (see instructions)				,	• / 09	3
Ξ.	19	Depreciation (attach schedule) and depletion				1		
p	20	Occupancy				1 0 1	4 2013	
⋖	21	Travel, conferences, and meetings				۵,,,	A.	
Ē	22	Printing and publications						
5	23	Other expenses (att sch) Stmt 4	2,952			1,	a € , w	
ţi	24	Total operating and administrative expenses.						
era		Add lines 13 through 23	32,952		0	0		0
ğ	25	Contributions, gifts, grants paid	228,478	******				0
	26	Total expenses and disbursements. Add lines 24 and 25	261,430		0	0		0
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	300,780					
	ь	Net investment income (if negative, enter -0-)		ļ <u> </u>	1,243			
	С	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>		89,904	<u> </u>	

For Paperwork Reduction Act Notice, see instructions.

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1	Part II	Balance Sheets Attached schedules and amounts in the description column	ļ	Beginning of year	En	d of y	year
-		stibulo be for etig-or-year amounts only (See instructions)		(a) Book Value	(b) Book Value	\bot	(c) Fair Market Value
		Cash – non-interest-bearing	ļ			\bot	
- 1	2	Savings and temporary cash investments	ļ	553,760	1,181,83	36	1,181,836
ļ	3	Accounts receivable ▶					
ļ		Less allowance for doubtful accounts ▶	ļ				
1	4	Pledges receivable ▶					
}		Less allowance for doubtful accounts ▶	ļ				
ļ	5	Grants receivable	ļ				
Į	6	Receivables due from officers, directors, trustees, and other	ļ				
l		disqualified persons (attach schedule) (see					
		instructions)	ļ				
	7	Other notes and loans receivable (att schedule)					
l		Less allowance for doubtful accounts ▶	0				
Ş	8	Inventories for sale or use	L		· · · · · · · · · · · · · · · · · · ·		·
Assets	9	Prepaid expenses and deferred charges	ļ				
۲	10a	Investments – U S and state government obligations (attach schedule)					
j	b	Investments – corporate stock (attach schedule) See Stmt 5	ļ	3,949,497	3,494,35	58	3,494,217
ı	С	Investments – corporate bonds (attach schedule)	Į				
]	11	Investments – land, buildings, and equipment basis ▶					
ı		Less accumulated depreciation (attach sch.) ▶	Ļ			\perp	
	12	Investments – mortgage loans	ļ		·		
	13	Investments – other (attach schedule)	l				
	14	Land, buildings, and equipment basis					
- 1		Less accumulated depreciation (attach sch.)	[
	15	Other assets (describe ▶) [\bot	
	16	Total assets (to be completed by all filers – see the	[
\perp		instructions. Also, see page 1, item I)		4,503,257	4,676,19	94	4,676,053
- [17	Accounts payable and accrued expenses	ļ				
	18	Grants payable					
ies.	19	Deferred revenue	- 1		·		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	ļ				
<u>.</u>	21	Mortgages and other notes payable (attach schedule)	1				
-	22	Other liabilities (describe ▶)			_	
\Box	23	Total liabilities (add lines 17 through 22)		0		0	
Ş		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	X				
ည္က	24	Unrestricted	ļ	553,760	1,181,83	36	
<u>a</u>	25	Temporarily restricted	ł			7	
8	26	Permanently restricted	ı			\dashv	
g		Foundations that do not follow SFAS 117, check here	\cap			-	
or Fund Balances		and complete lines 27 through 31.					
छ	27	Capital stock, trust principal, or current funds	- }			\dashv	
Net Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund				\dashv	
As	29	Retained earnings, accumulated income, endowment, or other funds	[\dashv	
et	30	Total net assets or fund balances (see instructions)		553,760	854,54	<u>1</u> 0	
	31	Total liabilities and net assets/fund balances (see					`
		instructions)	Ц	553,760	854,54	10	······································
	Part F						
1		net assets or fund balances at beginning of year - Part II, column (a), line 30	(mus	st agree with			
		of-year figure reported on prior year's return)			<u></u> 1	1	553,760
		amount from Part I, line 27a			-	2	300,780
		r increases not included in line 2 (itemize)			—	3	
		ines 1, 2, and 3			<u> </u>	4	854,540
		eases 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, colu	mn (t	b), line 30		6	854,540
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(a) List and descri	nd Losses for Tax on Investment be the kind(s) of property sold (e.g., real estate, rehouse, or common stock, 200 shs MLC Co.)	ent income	(b) How acquired P – Purchase D – Donation	(c) Date acq (mo , day,		(d) Date sold (mo , day, yr)
1a Capital Gains-	Fidelity		U ~ Donation			
b						
С						
d	·····					
e	(D Decreation elleward	4-1 6-11	1		<u> </u>	- (1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale	,	(h) Gain oi e) plus (f) n	
a 1,340						1,340
b						
С						
d						
Complete only for assets showing	gain in column (h) and owned by the fo	undation on 12/31	/69			
	(j) Adjusted basis	1	ess of col (i)			n) gain minus ss than -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		ol (j), if any	} .	osses (fron	col (h))
a						1,340
b						
С				<u> </u>		
d						_
е	if gain, also enter in	Part Line 7				
2 Capital gain net income or (net ca	apital loss) If (loss), enter -0- in			2		1,340
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (_				
If gain, also enter in Part I, line 8,	column (c) (see instructions) If (loss),	enter -0- in				
Part I, line 8				3		
	ider Section 4940(e) for Redu			ome		
(For optional use by domestic private	foundations subject to the section 4940)(a) tax on net inve	stment income)			
If section 4940(d)(2) applies, leave th	is part blank					
Was the foundation liable for the sect	tion 4942 tax on the distributable amour	nt of any year in the	e base period?			Yes X No
If "Yes," the foundation does not qual	ify under section 4940(e) Do not comp	lete this part				
1 Enter the appropriate amount in e	each column for each year, see the inst	ructions before ma	king any entries			
(a) Base period years	(b)	Natura	(c)			(d) bution ratio
Calendar year (or tax year beginning in)		, 359	4,435,		(col (b) div	0.005492
2013 2012		, 359	2,730,			0.005492
2012			2,7507			
2010						
2009						
2 Total of line 1, column (d)				2		0.005492
-	5-year base period – divide the total on		he			0 005400
number of years the foundation h	as been in existence if less than 5 year	S		3		0.005492
A. Enter the net value of noncharital	ble-use assets for 2014 from Part X, line	s 5		4		4,606,051
4 Litter the fiet value of honorartal	bic-use assets for 2014 from 1 art X, in-					
5 Multiply line 4 by line 3				5		25,296
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)			6		912
						26 222
7 Add lines 5 and 6				7		26,208
8 Enter qualifying distributions from	n Part XII line 4			8		0
	n line 7, check the box in Part VI, line 1	o, and complete the	at part using a 1% tax			
Part VI instructions	, we were the direct of the fi	,	pro committee and			

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)			·······	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1,8	<u>825</u>
	here ▶ and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)	ļ			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0
3	Add lines 1 and 2	3		1,	825
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1,	825
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8			<u> 14</u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1,	<u>839</u>
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			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	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				
С	Did the foundation file Form 1120-POL for this year?		1c		X
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 ▶ \$	-			
е	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?		2		X
	If "Yes," attach a detailed description of the activities				
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? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 				
	conflict with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Par	XV	7	Х	ļ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
1	RI If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	1	x
_			100		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1	
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"		9		x
4.0	complete Part XIV		-	 	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10		х
	names and addresses	. — —		an Di	

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a 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?

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)

X

N/A

3b

4a

orm	990-PF (2014) Luigi Damiano Foundation	80-0	512766			P	age 6
Pa	rt VII-B 'Statements Regarding Activities for Which Form	4720 May Be R	equired (conti	nued)			,
5a	Dùring the year did the foundation pay or incur any amount to			_	1		
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	Y	es X No			
	(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on,					
	directly or indirectly, any voter registration drive?		Y	es X No es X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	•	Y	es X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in					
	section 4945(d)(4)(A)? (see instructions)		Y	es 🗓 No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational			. 1		
	purposes, or for the prevention of cruelty to children or animals?		Y	'es 🛚 X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	der the exceptions d	escribed in				
	Regulations section 53 4945 or in a current notice regarding disaster assistance	ce (see instructions)?	•	N/A	5b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check	here		▶ 📙			
С	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?		N/A 🗌 Y	'es 🗌 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?		Y	′es 🛚 X No		ı	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contr	ract?		6b	······	X
	If "Yes" to 6b, file Form 8870					ı	
7a	At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	\ \ \\	res X No		i	
b	If "Yes," did the foundation receive any proceeds or have any net income attrib	outable to the transac	ction?	N/A	7b	L	<u> </u>
P	irt VIII Information About Officers, Directors, Trustees, F	oundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors						
1	ist all officers, directors, trustees, foundation managers and their compe	nsation (see instruc	tions).				
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense a	account.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		er allowa	
_			,	compensation	┼		
Se	ee Statement 6		1				
					+		
					}		
					+-		
					1		
					+-		
_	Compensation of five highest-paid employees (other than those include	d on line 1 – see ins	tructions) If non	e enter	ь		
2	"NONE."	u on tille 1 – see ms	iti detions). Il noi	ie, criter			
	NONE.			(d) Contributions to	T		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit			account,
	(a) Name and address of cause employee paid more than \$60,000	devoted to position	(0, 00	plans and deferred compensation	othe	er allowa	ances
	ONE			· · · · · · · · · · · · · · · · · · ·			
14	JAL		1				
					\top		
					\perp		
_							
			<u> </u>	<u> </u>	<u></u>		
Tot	al number of other employees paid over \$50,000					<u>, </u>	<u> </u>
				ı	Form 9	ͽ U-P	F (2014)

(c) Compensation
(c) Companyation
(c) Companyation
(c) compensation

-
0
Expenses
Amount

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

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Pa	rt XIII ' Undistributed Income (see instructions)	· · · · · · · · · · · · · · · · · · ·			
	`	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
	line 7				228,478
2	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only			221,144	
-	Total for prior years 20 , 20 , 20				······································
	Excess distributions carryover, if any, to 2014		-		······································
3	i i				
	From 2009				
	From 2010				
С	From 2011				
đ	From 2012				
е	From 2013				
f	Total of lines 3a through e				
4	Qualifying distributions for 2014 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2013, but not more than line 2a				
	Applied to undistributed income of prior years				······································
J	(Election required – see instructions)				
	•				
С	Treated as distributions out of corpus (Election				
	required – see instructions)				
d	Applied to 2014 distributable amount				··········
е	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			1	
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	Prior years' undistributed income Subtract				
U	line 4b from line 2b				
_		.,			
С	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				
е	Undistributed income for 2013 Subtract line				
	4a from line 2a Taxable amount - see				
	instructions			221,144	
f	Undistributed income for 2014 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2015				228,478
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	1			
_	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				
а	Excess from 2010	_			
b	Excess from 2011	_			
С	Excess from 2012				
d	Excess from 2013				
e	Excess from 2014	1			
_					000 DE

Form 990-PF (2014) Luigi Damiano Foundation

Pa	rt XIV Private Operating Fou	indations (see in:	structions and Par	t VII-A, question 9)		
1a	If the foundation has received a ruling or	determination letter th	at it is a private opera	ting			
	foundation, and the ruling is effective for	2014, enter the date o	f the ruling	•			
b		ation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)					
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years			
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total	
	investment return from Part X for			····	······································		
	each year listed						
b	85% of line 2a						
c	Qualifying distributions from Part XII,						
·	line 4 for each year listed						
d	Amounts included in line 2c not used directly						
u	for active conduct of exempt activities						
_	· •						
е	Qualifying distributions made directly						
	for active conduct of exempt activities						
	Subtract line 2d from line 2c				<u> </u>		
3	Complete 3a, b, or c for the						
	alternative test relied upon						
а	"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						
С	"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			<u> </u>			
	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						
Pa	irt XV Supplementary Inform		-	the foundation h	ad \$5,000 or mor	e in assets at	
	any time during the y		tions.)			<u> </u>	
1	Information Regarding Foundation Ma	-					
а	List any managers of the foundation who				•		
	before the close of any tax year (but only	of they have contribute	ed more than \$5,000)	(See section 507(d)(2))		
	N/A					····	
b	List any managers of the foundation who				e portion of the		
	ownership of a partnership or other entity	y) of which the foundat	ion nas a 10% or grea	iter interest			
	N/A	2 1 0 7 1 0 1					
2	Information Regarding Contribution, C		•				
				ble organizations and	•		
	unsolicited requests for funds If the foun		ants, etc (see instruct	tions) to individuals or	organizations under		
	other conditions, complete items 2a, b, c		. <u>. </u>				
а	The name, address, and telephone number			applications should be	e addressed		
	Miriam Hospital Four			0.0			
	8 3rd Street, 2nd F						
b	The form in which applications should be			ey should include			
	Contribution approve	<u>:a on 12/15</u>	/ 14				
С	Any submission deadlines						
	October 15, 2015	augh as tree		Salar I and A salar			
a	Any restrictions or limitations on awards,	such as by geograph	icai areas, charitable f	ieias, kinas of institutio	ons, or other		
	factors						
	None						

3 Grants and Contributions Paid During th	If recipient is an individual,		ТТ	
Recipient	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year N/A				
Total			▶ 3a	
b Approved for future payment Miriam Hospital Foundation 8- 3rd Street, 2nd Floor Providence RI 02906	None	Current Health & Hum	an Rights	228,47
Total			▶ 3b	228,47

ī	art XVI-A	Analysis of Income-Producing Act	ivities				
$\overline{}$		unts unless otherwise indicated	T	ed business income	Excluded	d by section 512, 513, or 514	
	3		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Program ser	vice revenue			Code		(See instructions)
	a				<u></u>		
	b						
	c						
	d						
			ļ			-	
	f				1		-
	•	d contracts from government agencies			-		· · · · · · · · · · · · · · · · · · ·
		dues and assessments			ļ		
3		avings and temporary cash investments			14	3,783	· · · · · · · · · · · · · · · · · · ·
4		nd interest from securities			14	86,121	
5		come or (loss) from real estate					
		anced property			 		
_		t-financed property		- ·- · · · · · · · · · · · · · · · · ·	 		
		come or (loss) from personal property					
	Other invest				12	1,340	470,966
		s) from sales of assets other than inventory or (loss) from special events			12	1,340	470,300
		or (loss) from sales of inventory					
		ue a					-
•					1		
							
	е						
12		ld columns (b), (d), and (e)		(5	91,244	470,966
		ine 12, columns (b), (d), and (e)				13	562,210
		in line 13 instructions to verify calculations)				_	
	Part XVI-B	Relationship of Activities to the Ac	complishm	ent of Exempt P	urpose	S	
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	ses (other than	by providing funds fo	or such pu	urposes) (See instruct	
	1a	To provide funding for t	he arts	, sciences	s, ch	<u>arities</u>	
	 	······································					
							
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						-					
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No											
described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No						·					
b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowfedge and belief, if is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowfedge May the IRS discuss this return with the preparer shown below (see instructions)?	2a Isth	ne foundati	on directly or in	directly affiliated wit	h, or related to,	one or more ta	x-exempt org	anızatıons			
(a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Name of organization of relationship	des	cribed in s	ection 501(c) of	the Code (other tha	n section 501(c	c)(3)) or in sect	on 527?			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res X No
N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete perharation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)?	b If "Y	'es," comp	lete the following	g schedule							
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete pecharation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)?			Name of organization		(b) Type of o	organization		(c) Descrip	otion of relation	ship	
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No	N/A	<u> </u>									
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No							_				
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No					· 		ļ				<u> </u>
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No			<u> </u>				 				
Sign Here Correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No										- dhalas a - a	
Sign Here No President Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Self-employed Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Print/Type preparer's name Professional Tax Service Print/Type preparer's name Print/Type prep		under penalt correct, and	complete Declarati	are that I have examined on of preparer (other thar	this retum, including taxpayer) is based	g accompanying so I on all information o	nedules and stat of which preparer	ements, and to the best of has any knowledge			
Here President Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Date Check X if self-employed Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Print/Type preparer's name Professional Tax Service - Frank LaFazia Print/Type preparer's name Preparer's rigneture Date Check X if self-employed Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Date Check X if self-employed Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Preparer's rigneture Print/Type preparer's name Print/Type p					1						
Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Pr			-/- -/	V1 - /		•					
Signature of officer or trustee Print/Type preparer's name Preparer's rignature Print'S name > Professional Tax Service - Frank LaFazia Prin Pol1336288 Firm's address > 3100 Post Road Warwick, RI 02886 Phone no 401-739-5098	Here	/	12 ante	X On	task			. .	حجا و د		ــــــــــــــــــــــــــــــــــــــ
Paid Preparer's rigneture Frank La Fazia 12/07/15 Preparer's rigneture It is a fazia Prim's name Professional Tax Service - Frank LaFazia Prim's address Prim's address Prim's EIN Phone no 401-739-5098									<u>laent</u>		
Paid Preparer Use Only Frank La Fazia PTIN P01336288 Firm's address > 3100 Post Road Warwick, RI 02886 Phone no 401-739-5098				e				1 itle			
Paid Preparer Use Only		Print/Type	preparer's name		_	Preparer's signa	ture	1-6-1		Date	
Use Only Firm's name ► Professional Tax Service - Frank LaFazia PIN P01336288 Firm's address ► 3100 Post Road Firm's EIN ► Warwick, RI 02886 Phone no 401-739-5098	Paid				<u> </u>	In	me Ki (ta John			
Use Only Firm's address ▶ 3100 Post Road Firm's EIN ▶ Warwick, RI 02886 Phone no 401-739-5098	Preparer				—	1		7 - 7 - 1 -	·		
Warwick, RI 02886 Phone no 401-739-5098	Use Only				Frank	<u>Larazia</u>			6288		
	•	Firm's add									20 5000
AAA DE		<u> </u>	wa:	rwick, RI	02886				Phone no		39-5098 9 0-PF (2014

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LDFDTN Luigi Damiano Foundation 80-0512766 FYE: 12/31/2014

Federal Statements

		Statement 1 -	Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets	t I, Line 6a - S	ale of Assets			
	Description	i	How Received					
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss	ı
Amazon	41/20/7	7/02/14 12/31/14 \$	Purchase	166.698	·v	· vo	\$ 156	9
Cboe Holdings	7/02/14		Purchase		-	-	4,	Τ.
Conoco Philliups	7/02/14	12/31/14	Purchase 70,947	70,947				1
Cvs	7/02/14	12/31/14	Purchase 76,908	65,490			11,418	8
Chevron Corp	7/02/14	7/02/14 12/31/14	Purchase 65,194	61,000			4,194	4
Emc	7/02/14	7/02/14 12/31/14	Purchase 24,677	26,109			-1,432	2
Flowserve	7/02/14	12/31/14	Furchase 126,470	92,895			33,575	
Sprtn Total	7/02/14	12/31/14	Purchase 1,087,745	1,016,492			71,253	m
Ford	7/02/14	7/02/14 12/31/14	Purchase 66,694	68,358			-1,664	4
General Motors	7/02/14	12/31/14	Purchase 70,396	74,123			-3,727	7
Google/Alphabet	7/02/14	12/31/14	Purchase 650,606	635,326			15,280	0
Intel	7/02/14	12/31/14	Furchase 463,273	365,327			97,946	9
JnJ	7/02/14	7/02/14 12/31/14	Furchase 105,092	93,030			12,062	2
J.P Morgan	7/02/14	7/02/14 12/31/14	Furchase 83,776	81,233			2,543	8
Mc Donalds	7/02/14	12/31/14	Furchase 101,060	96,632			4,428	8
3M Company	7/02/14	12/31/14	Furchase 142,717 Furchase	116,255			26,462	7
Microsoft	7/02/14	7/02/14 12/31/14	Furcilase 265,821	243,266			22,555	<u>г</u>

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LDFDTN Luigi Damiano Foundation 80-0512766 FYE: 12/31/2014

Federal Statements

Description Whom Sold Date Acquired Sold NY Bancorp 7/02/14 12/31/14 Qualcom 7/02/14 12/31/14 Trinity 7/02/14 12/31/14 Wells Fargo 7/02/14 12/31/14						
Whom Sold A Bancorp Llcom nity		How Received				
Bancorp Llcom .nity .ls Fargo	Date Sold P	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
argo obil	/31/14 \$	Purchase 16,400 \$	16,469 \$		₩	\$
argo obil		Purchase 63,095	60,854			2,241
7/02/14	/31/14	Purchase 81,552	82,268			-716
LCOM HOXXI	12/31/14	298, 996	279,296			19,700
7/02/14 12/31/14	/31/14	Furchase 296,088 Purchase	274,226			21,862
		Purchase				
Amazon 12/01/13 12/31/14	/31/14	Purchase 166,857	151,831			15,026
	/31/14	Purchase 46,222	26,941			19,281
vron 12/01/13	12/31/14	Purchase 47,063	39,065			7,998
12/01/13	12/31/14	Furchase 1,028	1,141			-113
d Bancorp 12/01/13	12/31/14	20,765	16,716			4,049
Ford Motor 12/01/13 12/31/14	/31/14	rurchase 1,834	1,539			295
12/01/13	12/31/14	2,255	1,581			674
12/01/13	12/31/14	Furchase 65,060	46,807			18,253
e/Alphabet 12/01/13	12/31/14	63,870	46,662			17,208
Intel 12/01/13 12/31/14	/31/14	rurcnase 47,915	34,424			13,491

LDFDTN Luigi Damiano Foundation

Federal Statements

80-0512766 FYE: 12/31/2014

(continued)
Assets
- Sale of
Line 6a - S
. Part I.
1 - Form 990-PF,
Statement 1

		Net Gain / Loss	3,789	4,874	51	576	203	7,240	2,617	3,089	9,997	470,966
		' ا ــ	₩								!	o∥ ∾"
		Depreciation	ស									\$
		Expense										
				ம	7	d ı	7	0	m	m	ເດ	က ကြ
		Cost	9,453	33,685	3,587	844	1,527	34,760	8,188	18,863	34,066	4,523,360
_	eq		, გ. გ. გ.	O	e O	e O	O O	e O	e O	e V	υ O	ည္
How	Received	Sale Price	Purchase 13,242 \$	Purchase 38,559	Purchase 3,638	Purchase 1,420	Purchase 1,730	Purchase 42,000	Purchase 10,805	Purchase 21,952	Purchase 44,063	4,994,326
		Date Sold	31/14 \$	31/14	31/14	31/14	31/14	31/14	31/14	31/14	31/14	
		വഗ	12/	12/	12/	12/	12/	12/	12/	12/	12/	
	Description	Date Acquired	12/01/13 12/31/14 \$	12/01/13 12/31/14	12/01/13 12/31/14	12/01/13 12/31/14	12/01/13 12/31/14	12/01/13 12/31/14	12/01/13 12/31/14	12/01/13 12/31/14	12/01/13 12/31/14	
	De	Whom Sold	Johnson & Johnson	JP Morgan	McDonalds	3M Company	NY Bancorp	Oracle	Qualcom	Scripps Network	Wells Fargo	Total

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	w	٠ 0
Adjusted Net	\$	\$
Net Investment	φ.	\$
Total	\$ 3,000	\$ 3,000
Description	Professional Fees	Total

LDFDTN Luigi Damiano Foundation					12/7/2015 4:31 PM	M
80-0512766 FYE: 12/31/2014	rederal S	rederal Statements			•	
Statement	Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Line 16c - Oth	er Professio	nal Fees		•
Description	Total	Net Investment	<u> </u>	Adjusted Net	Charitable Purpose	
Other Professional Fees Total	\$ 27,000	w w	w w o	0	w w	
State	Statement 4 - Form 990-PF, Pa	990-PF, Part I, Line 23 -	- Other Expenses	Ses		
Description	Total	Net Investment	-	Adjusted Net	Charitable Purpose	
	₩.	₩.	ا پ		v.	-
Expenses Office Expense Total	2,952	w	0	0	\$	
Statement 5	Statement 5 - Form 990-PF, Part II, Lir	Part II, Line 10b - Corporate Stock Investments	rate Stock II	vestments		
Description	Beginning of Year	En Y	End of Year	Basis of Valuation	Fair Market Value	•
Securities Total	\$ 3,949,497	\$ \$	494,358 494,358		w w	
Statement 6 - Forr	- Form 990-PF, Part VIII, Line 1	1 - List of Officers, Directors, Trustees,	ers, Directo	s, Trustees, Etc.	ان	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses	
Frank W. La Fazia 57 Orchard Avenue Warwick RI 02886		1.00		0	0	0
Christopher Salas 37 Othmar Street	Director	0.00	C	0	0	0
					9-6	

					440 40 4 PAGGILLO 4
LDFDTN Luigi Damiano Foundation 80-0512766 FYE: 12/31/2014	Federal	Federal Statements	S		12///2015 4:31 PM
Statement 6 - Fo	Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, <u>Etc. (continued)</u>	ine 1 - List of continued)	Officers, Directors	, Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Narragansett RI 02882					:
Frank W. La Fazia 57 Orchard Avenue Warwick RI 02886	Director	0.00	0	C	0
Angela Salas 37 Othmar Street Narraganset RI 02882	Director	00.0	0	J	0
Frank R. La Fazia 57 Orchard Avenue Warwick RI 02886	President	0.00	0	C	0
Angela Salas 37 Othmar Street Narragansett RI 02882	secretary				
					<u></u>

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LDFDTN Luigi Damiano Foundation

Federal Statements

80-0512766 FYE: 12/31/2014

None

Description	Amount
cash deemed held	70,143
Total	70,143
Form 990-PF, Part XV, Line 2b - Application	on Format and Required Contents
Description	
Contribution approved on 12/15/14	
Form 990-PF, Part XV, Line 2c	- Submission Deadlines
Description	<u>.</u>
October 15, 2015	
Form 990-PF, Part XV, Line 2d - Awa	rd Restrictions or Limitations

	does		Two Y	Two Year Comparison Report	on Report			2013 & 2014
		lendar	For calendar year 2014, or tax year	year beginning	, ending			
Name				임	Foundation		Tax	Faxpayer Identification Number 80 – 0512766
				ì	ļ	2014	Differences	uces
			Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
	1. Contributions, gifts, grants, and similar amounts received	<u>8</u>				: 1	1 1	. 1
ər	7	7	9,500	8,754	3	3,782	-5,717	-4,972
ı u e	د ن	က	74,842	55,170	86,121	86,121	11,279	30,951
ЭΛ	4. Gross rents	4						
9 A	κ	ιςi	173,403		472,306		298,903	
1	ø	9		160		1,340	E	1,180
	7. Gross profit or (loss)	7.						
	8. Other income	œ	- 1				- 1	,
	9. Total. Add lines 1 through 8	6	257,745	64,084	562,210	91,243	304,465	27,159
SI	10. Compensation of officers, directors, trustees, etc	9						
0 0	11. Other employee salaries and wages	Ξ						
11:	12. Pension plans, employee benefits	12						
n	13. Professional fees	5	40,000		30,000		-10,000	
рə	14. Interest	4						
a	15. Taxes	5						
8 8	1 6.	9						
ə s	17.	1			- 1			
u	₩.	<u>@</u>	505		2,952		7,447	The state of the s
ə d	19.	•	221,621		228,478		6,857	
X	20. Total expenses and disbursements. Add lines 10 through 19	20	262,126	ĺ		- 1	969-	П
∃ [21. Net income (if negative investment activity, enter -0-) 21.	127	-4,381	64,084	300,780	, 24	305,161	, 15
	22. Excise Tax	77		641		1,825		1,184
səx	23. Section 511 Tax	23						
ŒŢ	24. Subtitle A income tax	742						
	25. Total Taxes	25.		641		1,825		1,184
	26. Estimates and overpayments credited	792						
ı	27.	72						
oun	28. Other Payments	78						
Ì9Σ	29. Total payments and credits	39				- 1		- 1
/ ə	30. Balance due / (Overpayment)	8		641		1,825		1,184
ng	31. Overpayment credited to next year	돐						
	32. Penalty	32		14		- 1	***************************************	ı
	33. Net due / (Refund)	33		655		1,839		1,184
J	34. Total assets	충	4,503,257		4,676,194		0	***************************************
əųį	35. Total liabilities	32	0		- 1		0	
0	36. Net assets	36.	4,503,257		854,540		0	***************************************

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12/07/2015
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ĭ	Form we controlled the controlled to the control	Use the 2Y	fax Return FISION Use the 2Yr Report for more recent historical information	story historical information			
Name	Luigi Damiano Foundation	i			:	—	Taxpayer Identification Number 80 - 0512766
-			2010	20	2011	2	2012
		Revenue and expenses per books	s Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
_	1. Contributions, gifts, grants, and similar amounts received	1.					
	1 Interest on savings and temporary cash investments	2				42,277	13,459
n u		3.				37,472	37,472
-		4.					
		ıçı				18,553	
		6.					417
_		7.					
	8. Other income	8.				866	998
		6	0	0		0 99,168	52,214
s 10	Compensation of officers, directors, trustees, etc	10.					
<u>0 0</u>	Other employee salaries and wages	11.					
<u>†</u>	Pension plans, employee benefits	12.					
o n ည်	Professional fees	13.				10,000	
рэ 7	Interest	14.					
a 1 5	Taxes	15.					
8 6	16. Depreciation and depletion	16.					
9 4	Occupancy	17.					
<u>∓</u>	18. Other expenses	18.				183	
စ် တ်	Contributions, gifts, grants paid	19		0			
	Total expenses and disbursements. Add lines 10 through 19	20.					
	21. Net income (if negative investment activity, enter -0-)	21,	0	0		0 88,985	۲
22.	Excise Tax	22.					1,044
33 (68	Section 511 Tax	23.					
(BT 24.	Subtitle A income tax	24.					
25.	Total Taxes	25.					1,044
<u>26</u> .	Estimates and overpayments credited	26.		***************************************			
27	•	27.					
28.		28.					
6 pur	Total payments and credits	29.					
g S	Balance due / (Overpayment)	30.		0		0	1,044
از ا	Overpayment credited to next year	31.					
Da 32.	Penalty	32					
ñ	33. Net due / (Refund)	33.		0			7, U44
7. 8	34. Total assets	34.	0	0		2,771,949	
ethe Ki	Total liabilities	35.	0	0		0	

LDFDTN Luigi Damiano Foundation 12/7/2015 4:31 PM **Federal Statements** 80-0512766 FYE: 12/31/2014 **Taxable Interest on Investments** Exclusion Postal US Unrelated Amount Business Code Code Code Obs (\$ or %) Description \$___ 3,782 14 RI Taxable Interest- Fidelity 3,782 Total **Tax-Exempt Interest on Investments** Unrelated Exclusion Postal InState Amount Business Code Code Code Muni (\$ or %) Description Tax Exempt Interest Fidelity \$ 14 RI Total **Taxable Dividends from Securities** US Unrelated Exclusion Postal Amount Business Code Code Code Obs (\$ or %) Description \$____ 86,121 14 RI Taxable Dividends- Fidelity \$ 86,121 Total