Form **990-PF**

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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

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Depa	artme	ent of the Treasury			social security nur						2017
	-			Go to www.i	rs.gov/Form990Pl	for instr	uctions and and e		ormation.		Open to Public Inspection
		endar year 2017 or to	ax year beginning				, and c	inding	A Employer identi	fication	numher
INa	IIIE	or roundation							Lingioyer identi	iio a tioi	
F	F	& R.T MOR	GANTI FOU	MATIO	N				46-6702	2836	1
			number if mail is not deli					Room/suite	B Telephone numi	_	
E	BE:	SSEMER TR	UST, 630 1	FIFTH	AVENUE				516-508		48
			nce, country, and ZIF			-			C if exemption applic	ation is p	pending, check here
N	ŒΙ	YORK, N	Y 10111								
G	Che	ck all that apply:	Initial return		Initial retu	ırn of a fo	rmer public	charity	D 1. Foreign orgai	nization	s, check here
_			Final return		Amended	l return			2 Foreign organiz	atione mi	eeting the 85% test
)			Address cha		Name ch	_		* · i	check here and	attach co	eeting the 85% test, omputation
		ck type of organizati			kempt private found			NU			itus was terminated
/\ —			onexempt charitable		Other taxable priva			\(\frac{1}{2}\)	under section 5		
		narket value of all as	• 1		•	_ Cash	L Acc	rual			60-month termination
•	rom ►\$	Part II, col. (c), line	2 622	U [] Part L colur()	ther (specify) nn (d) must be on	cash hasi	: 1		under section 5	ו)(ם) זנ)(B), check here
	art	Analysis of Rev	enue and Expenses	(1 411 1, 0014)			_	nyontmont	(a) Advicted (——	(d) Disbursements
	arı	The total of amoun	ts in columns (b), (c), and ne amounts in column (a)	l (d) may not	(a) Revenue expenses per	books		nvestment ome	(c) Adjusted i income	ici	for charitable purposes (cash basis only)
	Τ.		ts, grants, etc., receiv		48.	000.			N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1	. —	e foundation is not required to								
		Interest on enunge	and temporary								
			erest from securities	M		28.		28.			STATEMENT 1
	1	5a Gross rents									
		b Net rental income or	(loss)	1 2							
4	, (a Net gain or (loss) fro	m sale of assets not on li	ne 10							
Revenue		b Gross sales price fo assets on line 6a	r all								
d d	; ;	7 Capital gain net income (from Part IV, line 2)						0.			
α	- ;	8 Net short-term ca	apital gain								
	!	9 Income modifica							<u> </u>		<u> </u>
	1	Oa and allowances	urns								
		b Less Cost of goods	sold								
		c Gross profit or (I	oss)								
		1 Other income			40	020		28.			
	1					028. 110.		73.			1,037.
	1	•	ficers, directors, trustees	, etc		110.		/) •			1,057.
	1		salaries and wages						-		
é	g '	5 Pension plans, e 6a Legal fees	inpluyee uchents		-				_		
Š	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	b Accounting fees						VED			<u> </u>
	<u> </u>	c Other profession	al fees			1 7	RECE	AFR	1.1		
9	2 1	7 Interest	ui 1005			1 -			ξ		
Constitution in the constitution of the consti	١ ١	8 Taxes				<u>\$</u>	MAY 1	4 2018	RS-0S		
	2 1	9 Depreciation and	l depletion			1861	WIF t		IK I		
	[2	0 Occupancy				1 -	2005	A1 117			
į	2 2		ces, and meetings			1	DGDE	14. O.			
7	₽ 2	· ·									
		3 Other expenses									
n7	a 2	4 Total operating	and administrative		1		1				
c	Operating		ines 13 through 23			110.		73.	·		1,037.
-	2 2	5 Contributions, g	ifts, grants paid		78,	000.	ļ		1		78,000.
70F	2	6 Total expenses	and disbursements.				1				
⊰ _	\perp	Add lines 24 and			79	110.		73	·		79,037.
2	2	7 Subtract line 26	from line 12;						1		
ANGEL JUNEAU			over expenses and disbu		-31	082.	ļ				
<u> </u>			income (if negative, ent					0			
€		c Adjusted net inc	ome (if negative, enter	-0-)					N/A		

(a) List and describe	e the kınd(s)	of property sold (for exa r common stock, 200 sh	mple, real estat		(b) I	How acq - Purch: - Donat	juired (i	c) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NC	ONE	·								
C	<u> </u>		_		<u> </u>					
<u>d</u>										
<u>e</u>	(A) D		(-) 0		1			42.0-		
(e) Gross sales price	, , ,	preciation allowed (or allowable)		t or other basis xpense of sale					in or (loss) (f) minus (
a b	 		<u> </u>		-		-			
C										
<u>d</u>	<u> </u>									
e Consiste anti-fer constant about		-l /b\ a.a.d ad b	<u> </u>	10/04/00						
Complete only for assets show			1						ol. (h) gain ot less thai	
(i) FMV as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any				Losses (from col. (h))
a			<u> </u>							
b	ļ				.		 .			
<u>c</u>	 		 -				 -			
<u>d</u>	 -									
6	<u> </u>	C 16l			<u> </u>					
2 Capital gain net income or (net o	capital loss)	If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	<i>(</i> 7		2				
Net short-term capital gain or (le		•		•	ر ا				-	
If gain, also enter in Part I, line 8			iiu (<i>0)</i> .		7					
If (loss), enter -0- in Part I, line	8					3				
		ection 4940(e) for					ent inco	me		
(For optional use by domestic priva	ite toungatior	is subject to the section	494U(a) tax on	net investment ii	ncome	e.)				
f section 4940(d)(2) applies, leave	this part blai	nk.								
Was the foundation liable for the se	ction 4942 ta	ax on the distributable ar	nount of any ve	ear in the base oe	riod?					Yes X N
If "Yes," the foundation doesn't qua				•						
1 Enter the appropriate amount in	ı each colum	n for each year; see the i	nstructions bet	fore making any e	entries	3.				
(a) Base period years		(b)		N-1-1	(c)				Distrib	(d) oution ratio
Calendar year (or tax year beginn	ning in)	Adjusted qualifying dis		Net value of no	oncha			(col. (b) div	rided by col. (c))
2016			1,000.				$\frac{5,219}{2000}$	-		.19160
2015 2014			6,530. 5,551.				9,931. 7,400.			5.69227 3.19258
2014			79,132.				3,610.			5.81425
2012			7,2020				3,010.	<u> </u>		
2 Total of line 1, column (d)								2		14.89072
3 Average distribution ratio for the	e 5-year base	period - divide the total	on line 2 by 5.0	O, or by the numb	er of	years		1 1		
the foundation has been in exist	tence if less t	han 5 years						3	 -	3.72268
4 Enter the net value of noncharit	able-use assi	ets for 2017 from Part X,	line 5					4		10,416
5 Multiply line 4 by line 3								5		38,77
6 Enter 1% of net investment inco	ome (1% of F	Part I, line 27b)						6		
7 Add lines 5 and 6								7		38,77!
8 Enter qualifying distributions fro	om Part XII, I	ine 4						8		79,03
If line 8 is equal to or greater th	an line 7, che	ck the box in Part VI, lin	e 1b, and comp	lete that part usi	ng a 1	% tax ra	ate.			
See the Part VI instructions.										

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctior	15)
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 here 🕨 🗶 and enter 1%			0.
of Part i, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3 Add lines 1 and 2			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.			
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 0.			
7 Total credits and payments. Add lines 6a through 6d			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
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 2018 estimated tax ▶ Refunded ▶ 11			
Part 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 participate or intervene in		Yes	
any political campaign?	1a		_X_
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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			l
distributed by the foundation in connection with the activities.	} }		l
c Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			Į
(1) On the foundation. ► \$ O . (2) On foundation managers. ► \$ O .		,	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ► \$O.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	_2		<u>X</u>
If "Yes," attach a detailed description of the activities.			Į
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			ĺ
 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	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
			ĺ
8a Enter the states to which the foundation reports or with which it is registered. See instructions.	'	Í	Ì
CT			ĺ
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)			l
of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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		ĺ	l
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	 -	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		<u>X</u>
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Pa	t VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	_11		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_13_	X	<u> </u>
	Website address ► N/A			
14	The books are in care of ► C/O BESSEMER TRUST Telephone no. ► 516-5			
	Located at ► 630 FIFTH AVENUE, NEW YORK, NY ZIP+4 ►1	0111	·	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	ـــا٠
	and enter the amount of tax-exempt interest received or accrued during the year	<u>N</u>	/ <u>A</u>	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	<u>L</u>	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	-		[
Ds	foreign country rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	During the year, did the foundation (either directly or indirectly):	-	163	140
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	}	1	}
	a disqualified person?	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ļ	ļ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			,
	(5) Transfer any income or assets to a disqualified person (or make any of either available			İ
	for the benefit or use of a disqualified person)?	ì		Ì
	(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.)	-	ĺ	
t	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	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			ŀ
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- 1	}	1
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ł		l
	before 2017?	ŀ	Ì	
	If "Yes," list the years ,,,,,			
	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.) N/A	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
3:	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ļ	l
	during the year?			
ŀ	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		İ	
•	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		1	
	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 2017.) N/A	3b		1
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
i	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 2017?	4b	<u> </u>	<u> </u>
		Form 99	0-PF	(2017

(a) Name and address of each employee paid more than \$50,000	(b) Title, and ave hours per we devoted to pos	ek (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				
			-	
Total number of other employees paid over \$50,000			•	J

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructi	ons)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	10,575.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	10,575.
_	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	10,575.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	159.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,416.
6	Minimum Investment return. Enter 5% of line 5	6	521.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
_	foreign organizations, check here and do not complete this part.)		521.
1	Minimum investment return from Part X, line 6	1	521.
2 a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		0
C	Add lines 2a and 2b	2c	<u> </u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	521.
4	Recoveries of amounts treated as qualifying distributions	4	<u>0.</u>
5	Add lines 3 and 4	5	521.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	<u>521.</u>
P	art 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	79,037.
b	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:		
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	79,037.
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.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	79,037.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	
	4040(a) raduation of tay in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7			_	521.
2 Undistributed income, if any, as of the end of 2017			_	
a Enter amount for 2016 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012				
b From 2013 78,451.				
c From 2014 55, 297.				
d From 2015 56,033.				
e From 2016 739.				
f Total of lines 3a through e	190,520.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 79,037.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				521.
e Remaining amount distributed out of corpus	78,516.			
5 Excess distributions carryover applied to 2017 (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	269,036.			
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must			i	0
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	•			· · · · · -
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.		•		
Subtract lines 7 and 8 from line 6a	269,036.			
10 Analysis of line 9:				
a Excess from 2013 78,451.				
b Excess from 2014 55,297.				
c Excess from 2015 56,033.				
d Excess from 2016 739.				
e Excess from 2017 78,516.				5 QQQ DE (0017)

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Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	it it is a private operating			
foundation, and the ruling is effective fo			>		
b Check box to indicate whether the foun	dation is a private operati	ng foundation described i	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		/
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	1				
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				7	
e Qualifying distributions made directly					
for active conduct of exempt activities.		1			
Subtract line 2d from line 2c		1	\ /		
3 Complete 3a, b, or c for the		-			· · · · · · · · · · · · · · · · · · ·
alternative test relied upon:			X		
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	1		1		
c "Support" alternative test - enter:					
- ','					
Total support other than gross investment income (interest,	İ				
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)				<u> </u>	<u></u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	armetics (Comple	ata this want and	if the storm detic	- had \$5,000 as	- In coorts
Part XV Supplementary Info			ii the foundatio	n nad \$5,000 or mo	re in assets
<u>_</u>		Tuotions.)			
1 Information Regarding Foundati	•				
a List any managers of the foundation w year (but only if they have contributed			tributions received by th	ie foundation before the clos	e of any tax
	more man 40,000). (See	section 507 (u)(2).)			
NONE	100/				
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	tion of the ownership of a pa	irtnership or
<u>-</u> ,	as a 1070 or grouter intere				
NONE					
2 Information Regarding Contribu					-A. f. f. 1. 11
Check here X if the foundation the foundation makes gifts, grants, etc					esis for funds. If
				<u> </u>	
a The name, address, and telephone nur	nber or email address of t	the person to whom applic	cations should be addre	essed:	
L. The form in which applications should	he submitted and inform	ation and materials that s	hould include:		
b The form in which applications should	DE SUDMILLEO AND INIOPMA	ation and materials they s	noula include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	cal areas, charitable fields,	, kınds of ınstitutions, o	r other factors:	
		<u> </u>			
723601 01-03-18					Form 990-PF (2017

Show any relationship to any foundation manager or substantial contributor any foundation manager or substantial contributor status of receptent contribution. Amount appears of substantial contributor status of receptent contribution. Amount contributor status of receptent contribution. Amount appears of substantial contributor status of receptent contribution. Amount contributor status of receptent contribution. Seneral punds appears to substantial contributor status of receptent contribution. Seneral punds appears to substantial contributor status of receptent contribution. Seneral punds appears to substantial contributor status of receptent contribution. Seneral punds appears to substantial contributor status of receptent contribution. Seneral punds appears to substantial contributor status of receptent contribution. Seneral punds appears to substantial contributor status of receptent contribution. Amount contribution and contribution contribution are contribution. Seneral punds appears to substantial contribution and contribution are contribution. Seneral punds appears to substantial contribution and contribution appears to substantial contribution and contribution appears to substantial contribution and contribution are contributed. Seneral punds and contribution are contributed and contribution appears to substantial contribution and contribution are contributed. Seneral punds and contribution are contributed and contribution and contribution are contributed as a seneral punds. Seneral punds are contributed and contribution and contribution are contributed and contribution and contribution are contributed and contribution are contributed. Seneral punds are contributed and contribution and contribution are contributed and contribution and contribution are contributed and contribution are contributed and contribution and contribution are contributed and contribution are contributed and contribution and contribution are contributed and contribution are contributed and contribution are contributed and contrib	3 Grants and Contributions Paid During the		Payment		
Allogefield visiting nurse association Name and address (home or business) a Paid during the year countributor or substantial contributor or substantial contributor recipient general funds	Recipient	If recipient is an individual,	Foundation	Purpose of grapt or	
a Paid during the year OUNDERS HALL 93 DANBURY ROAD 11DGEFIELD, CT 06877 5. OOSPICE OF WESTERN CT 10 MILESTONE ROAD ANDRURY, CT 06810 2. MEALS ON WHEELS 5 GILBERT STREET 11DGEFIELD, CT 06877 5. MIDGEFIELD SUNRISE COTTAGE 10 DOX 486 MIDGEFIELD, CT 06877 5. MIDGEFIELD VISITING NURSE ASSOCIATION 17 GROVERNOR STREET MIDGEFIELD CT 06877 60. Total SEE CONTINUATION SHEET(S) b Approved for future payment	Name and address (home or business)	any foundation manager or substantial contributor	status of	contribution	Amount
33 DANBURY ROAD IDGEFIELD CT 06877 5, OSFICE OF WESTERN CT 0 MILESTONE ROAD ANBURY, CT 06810 2, EALS ON WHEELS 5 GILBERT STREET IDGEFIELD, CT 06877 5, IDGEFIELD SUNRISE COTTAGE 0 BOX 486 IDGEFIELD VISITING NURSE ASSOCIATION 7 GROVERNOR STREET IDGEFIELD VISITING NURSE ASSOCIATION 7 GROVERNOR STREET IDGEFIELD CT 06877 60, Total SEE CONTINUATION SHEET(S) 32 78	a Paid during the year		·		
93 DANBURY ROAD IDGEFIELD CT 06877 Seneral Funds OMILESTONE ROAD ANBURY, CT 06810 2, EALS ON WHEELS 5 GILBERT STREET IDGEFIELD CT 06877 5, IDGEFIELD SURRISE COTTAGE O BOX 486 IDGEFIELD , CT 06877 IDGEFIELD VISITING NURSE ASSOCIATION 7 GROVERNOR STREET IDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) 5 Approved for future payment					
93 DANBURY ROAD IDGEFIELD CT 06877 SENERAL FUNDS OSPICE OF WESTERN CT 0 MILESTONE ROAD ANBURY, CT 06810 2, MEALS ON WHEELS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS TO GROVENOR STREET SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS TO GROVENOR STREET SENERAL FUNDS SENERAL FUNDS TO GROVENOR STREET SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS SENERAL FUNDS TO GROVENOR STREET SENERAL FUNDS SENERAL					
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AND MILESTONE ROAD DANBURY, CT 06810 MEALS ON WHEELS 25 GILBERT STREET RIDGEFIELD, CT 06877 RIDGEFIELD SUNRISE COTTAGE PO BOX 486 RIDGEFIELD, CT 06877 RIDGEFIELD, CT 06877 SENERAL FUNDS RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD, CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment	RIDGEFIELD, CT 06877				5,00
ADABURY, CT 06810 MEALS ON WHEELS 25 GILBERT STREET RIDGEFIELD, CT 06877 RIDGEFIELD SUNRISE COTTAGE PO BOX 486 RIDGEFIELD, CT 06877 RIDGEFIELD, CT 06877 SENERAL FUNDS FUNDS					
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MEALS ON WHEELS 25 GILBERT STREET RIDGEFIELD, CT 06877 RIDGEFIELD SUNRISE COTTAGE PO BOX 486 RIDGEFIELD, CT 06877 RIDGEFIELD, CT 06877 FINAL SEE CONTINUATION SHEET(S) Approved for future payment SEE CONTINUATION SHEET(S) Approved for future payment				GENERAL FUNDS	
25 GILBERT STREET RIDGEFIELD, CT 06877 RIDGEFIELD SUNRISE COTTAGE PO BOX 486 RIDGEFIELD, CT 06877 SERIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD, CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment	DANBURY, CT 06810				2,000
25 GILBERT STREET RIDGEFIELD CT 06877 SERIDGEFIELD SUNRISE COTTAGE PO BOX 486 RIDGEFIELD . CT 06877 RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD . CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment					
25 GILBERT STREET RIDGEFIELD, CT 06877 RIDGEFIELD SUNRISE COTTAGE FO BOX 486 RIDGEFIELD, CT 06877 RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD, CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment	MEALS ON WHEELS			GENERAL FINIS	
RIDGEFIELD SUNRISE COTTAGE PO BOX 486 RIDGEFIELD . CT 06877 RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD . CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment	25 GILBERT STREET			GENERAL FUNDS	
RIDGEFIELD CT 06877 RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment	RIDGEFIELD, CT 06877				5,000
RIDGEFIELD CT 06877 RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment					
RIDGEFIELD CT 06877 RIDGEFIELD VISITING NURSE ASSOCIATION 27 GROVERNOR STREET RIDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment	DIDCEELE D. CIDIDI GE. COMMAGE				
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27 GROVERNOR STREET RIDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment					5,000
27 GROVERNOR STREET RIDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment					
27 GROVERNOR STREET RIDGEFIELD CT 06877 Total SEE CONTINUATION SHEET(S) b Approved for future payment					
RIDGEFIELD_CT 06877 Total SEE CONTINUATION SHEET(S) ▶ 3a 78_ b Approved for future payment				GENERAL FUNDS	
Total SEE CONTINUATION SHEET(S) ▶ 3a 78 b Approved for future payment					60,000
b Approved for future payment		NTINUATION SHEE	T(S)	▶ 3a	78.000
NONE					
NONE					
	NONE				
				1	
l l l					
Total ► 3b	Total			▶ 3b	

	Analysis of Income-Producing	A -4::4:
Par Avi-A	Analysis of income-Producing :	ACTIVITIES
	i many and an interior i readening .	,

	Ulliciate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	code	Amount	sion	Amount	function income
a					
b		-			-
C	_ I				
d					
e	I .				
f	-	-			<u>-</u>
g Fees and contracts from government agencies	_				
Membership dues and assessments					
Interest on savings and temporary cash		•			
investments					
Dividends and interest from securities			14	28.	·
			1 4		
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		 			<u> </u>
Other investment income	-		 		
Gain or (loss) from sales of assets other				<u> </u>	
than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	_		-		
b	_		1		
C	_	 	ļ		
	_				
d					
e	_	_		1 20	
e Subtotal. Add columns (b), (d), and (e)		0.			
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.	<u>, </u>		2
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.	<u> </u>		2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.				13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) se worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities ine No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities line No. Explain below how each activity for which in	to the Acco	omplishment of Exn column (e) of Part XVI-A	xemp	t Purposes	2

Part XVII				nd Transactions	and Re	lationshi	ps With Non	charitable	,	<u> </u>
1 Did the org	anization directly or indir		of the following	with any other organiza	ation descri	hed in section	n 501(c)		Yes	No
=	section 501(c)(3) organ					DOG 111 300110	11 00 1(0)		1	
•	rom the reporting founda	•								
(1) Cash			, -					1a(1)		_X_
(2) Other a	issets							1a(2)		X
b Other trans	actions:									1
(1) Sales	of assets to a noncharital	ble exempt organiza	tion					1b(1)	1	X
(2) Purcha	ases of assets from a noi	ncharitable exempt	organization					1b(2)		X
	of facilities, equipment,	or other assets						1b(3)		X
	ursement arrangements							1b(4)		X_
• •	or loan guarantees							1b(5)		X
• •	mance of services or me							1b(6)	+	X
_	facilities, equipment, ma er to any of the above is	-			alwaye cho	w the fair m	arket value of the a	1c	cote	
	given by the reporting fo								3613,	
	the value of the goods,			d 1000 than lan market v	aroo iii ariy		onalling arrange.			
	b) Amount involved			exempt organization	(d) Description of	of transfers, transaction	ns, and sharing a	rrangeme	ents
			N/A					_		
		_	•							
			··-							
										
	<u></u>		.==.				· · · · · · · · · · · · · · · · · · ·			
									-	
							· ·-			
			* ***							
2a Is the foun	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt org	anizations (described				
in section	501(c) (other than section	on 501(c)(3)) or in s	ection 527?					Yes	; X	No
b If "Yes," co	mplete the following sch									
	(a) Name of org	ganization		(b) Type of organization	on	(c) Description of re	lationship		
	N/A									
				•	-					
					+					
					-					
Under	penalties of perjury, I declare	that I have examined the	his return, includir	l accompanying schedules	and statemen	ts, and to the t	est of my knowledge			
eign and be	lief, it is true, correct, and co	mplete Declaration of p	preparer (other tha	n taxpayer) is based on all in	formation of v	vhich preparer	has any knowledge	May the IRS return with t	the prepa	rer
Here	15-7-18					ORP T	RUSTEE	shown belo		No
Sign	ature of officer or truster	e	Date	Titl						
	Print/Type preparer's name Preparer's s			ignature	Date	- 1	Check if	PTIN	_	
		/	/			-	self- employed			
Paid										
Preparer	Firm's name						Firm's EIN			
Use Only										
	Firm's address						Dhone no			

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

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Employer identification number

P	F & RJ MORGANTI FOUNDATION	46-6702836		
Organization type (check				
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			
	n is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ale See instructions.		
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin ny one contributor. Complete Parts I and II See instructions for determining a contributor	•		
Special Rules				
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a stor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount is C, line 1 Complete Parts I and II.	, or 16b, and that received from		
year, total contri	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			
year, contributio is checked, ente purpose. Don't c	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. Don't 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			
but it must answer "No"	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its fit 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) (2017)

Name of organization

Employer identification number

PF & RJ MORGANTI FOUNDATION

16 6702026

FF &	RD MORGANII FOUNDATION	4.5	<u> </u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	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	\$ 48,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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 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.)

PF & RJ MORGANTI FOUNDATION

46-6702836

art II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. rom 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
		s	
(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

Name of orga	Inization		Employer Identification number		
PF & R	J MORGANTI FOUNDATION		46-6702836		
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described i lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or lumns of \$1,000 or lumns.	46-6702836 In section 501(c)(7), (8), or (10) that total more than \$1,000 for ling line entry. For organizations sess for the year (Enter this info once) \$\Begin{array}{c} 46-6702836 \\ \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol} \text{sol}		
(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, an	d ZIP + 4	Relationship of transferor to transferee		
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECURITIES		STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
BESSEMER TRUST	28.	0.	28.	28.		
TO PART I, LINE 4	28.	0.	28.	28.		

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or show any relationship to **Amount** any foundation manager contribution Name and address (home or business) or substantial contributor recipient ROAR- RIDGEGIELD OPERATION FOR ANIMAL GENERAL FUNDS RESCUE 45 SOUTH STREET RIDGEFIELD, CT 06877 1,000. Total from continuation sheets 1,000.