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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

OMB No 1545-0052

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2010, or tax year beginning , 2010, and ending

G Check all that apply: ☐ Initial return ☐ Initial Return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

MORRIS MORGENSTERN FOUNDATION
C/O PAUL GOODNOUGH, CPA
543 COUNTRY CLUB DRIVE B-116
WOOD RANCH, CA 93065

A Employer identification number
13-1635719

B Telephone number (see the instructions)
(805) 577-0526

C If exemption application is pending, check here ☐

D 1 Foreign organizations, check here ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, column (c), line 16)
J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify) _____

► \$ 9,016,439.

(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc., received (att sch)

2 Ck ► ☒ if the foundn is not req to att Sch B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain/(loss) from sale of assets not on line 10

b Gross sales price for all assets on line 6a 580,002.

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances.

b Less Cost of goods sold

c Gross profit/(loss) (att sch)

11 Other income (attach schedule)

12 Total. Add lines 1 through 11

13 Compensation of officers, directors, trustees, etc

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule)

b Accounting fees (attach sch) SEE ST 1

c Other prof fees (attach sch)

17 Interest

18 Taxes (attach schedule)(see instr) SEE STM 2

19 Depreciation (attach sch) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule)

SEE STATEMENT 3

24 Total operating and administrative expenses. Add lines 13 through 23

25 Contributions, gifts, grants paid STMT 4

26 Total expenses and disbursements. Add lines 24 and 25

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

SCANNED
AUG 16 2011
ADMINISTRATIVE EXPENSES AND OPERATING

11 P

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
ASSETS	1 Cash — non-interest-bearing	14,456.	28,292.	28,292.
	2 Savings and temporary cash investments	446,240.	453,844.	453,844.
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments — U.S. and state government obligations (attach schedule)	1,820,022.	1,358,223.	1,713,332.
	b Investments — corporate stock (attach schedule)	3,017,956.	3,038,334.	5,782,858.
	c Investments — corporate bonds (attach schedule)			
	11 Investments — land, buildings, and equipment: basis			
Less: accumulated depreciation (attach schedule)				
12 Investments — mortgage loans				
13 Investments — other (attach schedule)	929,672.	941,899.	740,463.	
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach schedule)				
15 Other assets (describe SEE STATEMENT 5)	15,426.	15,425.	297,650.	
16 Total assets (to be completed by all filers — see instructions. Also, see page 1, item I)	6,243,772.	5,836,017.	9,016,439.	
LIABILITIES	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0.	0.	
NET FUND ASSETS OR FUND BALANCES	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	6,243,772.	5,836,017.	
	28 Paid-in or capital surplus, or land, building, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances (see the instructions)	6,243,772.	5,836,017.		
31 Total liabilities and net assets/fund balances (see the instructions)	6,243,772.	5,836,017.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year — Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	6,243,772.
2 Enter amount from Part I, line 27a	2	-407,755.
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	5,836,017.
5 Decreases not included in line 2 (itemize)	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) — Part II, column (b), line 30	6	5,836,017.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)

(b) How acquired
P — Purchase
D — Donation(c) Date acquired
(month, day, year)(d) Date sold
(month, day, year)

1a VANGUARD ADMIRAL SHARES	P	VARIOUS	VARIOUS
b FIDELITY	P	VARIOUS	VARIOUS
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 580,000.		552,741.	27,259.
b 2.			2.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(j) Fair Market Value as of 12/31/69	(k) Adjusted basis as of 12/31/69	(l) Excess of column (i) over column (j), if any	
a			27,259.
b			2.
c			
d			
e			

2 Capital gain net income or (net capital loss)

☐ If gain, also enter in Part I, line 7
☐ If (loss), enter -0- in Part I, line 7

2

27,261.

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)

☐ If gain, also enter in Part I, line 8, column (c) (see the instructions). If (loss), enter -0-
☐ in Part I, line 8

3

0.

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes☒ No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2009	518,622.		
2008	587,277.		
2007	757,125.		
2006	165,156.		
2005	545,904.		

2 Total of line 1, column (d)**2****3** Average distribution ratio for the 5-year base period— divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years**3****4** Enter the net value of noncharitable-use assets for 2010 from Part X, line 5**4****5** Multiply line 4 by line 3**5****6** Enter 1% of net investment income (1% of Part I, line 27b)**6**

2,909.

7 Add lines 5 and 6**7**

2,909.

8 Enter qualifying distributions from Part XII, line 4**8**

698,670.

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary – see instr.)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	2,909.
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
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	2,909.
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	2,909.
6 Credits/Payments			
a 2010 estimated tax prmts and 2009 overpayment credited to 2010	6a	9,801.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	9,801.	
8 Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,892.	
11 Enter the amount of line 10 to be. Credited to 2011 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation <input checked="" type="checkbox"/> \$ 0. (2) On foundation managers <input checked="" type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) NY		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses.</i>		X

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Part VII-A Statements Regarding Activities (Continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>PAUL GOODNOUGH, CPA</u> Telephone no <u>(805) 577-0526</u> Located at <u>543 COUNTRY CLUB DRIVE, B-116</u> ZIP + 4 <u>93065</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>	N/A <input type="checkbox"/> N/A		
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country <u></u>	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement – see the instructions.)	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b	X

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?☐ Yes ☒ No**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?☐ Yes ☒ No**(3)** Provide a grant to an individual for travel, study, or other similar purposes?☐ Yes ☒ No**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)☐ Yes ☒ No**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?☐ Yes ☒ No**b** If any answer is 'Yes' to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b N/A

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐**c** If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?N/A ☐ Yes ☐ No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b X

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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
FRANK N. MORGENSTERN 17616 LAKE ESTATES DRIVE BOCA RATON, FL 33496	TRUSTEE 8.00	0.	0.	0.

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

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

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

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 N/A	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.

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

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

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

1 Minimum investment return from Part X, line 6		1	
2a Tax on investment income for 2010 from Part VI, line 5	2,909.	2a	
b Income tax for 2010. (This does not include the tax from Part VI)		2b	
c Add lines 2a and 2b		2c	2,909.
3 Distributable amount before adjustments Subtract line 2c from line 1		3	-2,909.
4 Recoveries of amounts treated as qualifying distributions		4	
5 Add lines 3 and 4		5	-2,909.
6 Deduction from distributable amount (see instructions)		6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	0.

Part XII Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	698,670.
b Program-related investments — total from Part IX-B	1b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	698,670.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	2,909.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	695,761.

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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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2010:				
a Enter amount for 2009 only			0.	
b Total for prior years: 20 ____, 20 ____, 20 ____		0.		
3 Excess distributions carryover, if any, to 2010.				
a From 2005	549,426.			
b From 2006	171,267.			
c From 2007	762,476.			
d From 2008	591,105.			
e From 2009	521,476.			
f Total of lines 3a through e	2,595,750.			
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ \$ 698,670.				
a Applied to 2009, 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 2010 distributable amount				0.
e Remaining amount distributed out of corpus	698,670.			
5 Excess distributions carryover applied to 2010 (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	3,294,420.			
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 2009. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)	549,426.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	2,744,994.			
10 Analysis of line 9				
a Excess from 2006	171,267.			
b Excess from 2007	762,476.			
c Excess from 2008	591,105.			
d Excess from 2009	521,476.			
e Excess from 2010	698,670.			

BAA

Form 990-PF (2010)

N/A

- Form
- 990-PF**
- (2010)

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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

2010

FEDERAL STATEMENTS
MORRIS MORGENSTERN FOUNDATION
C/O PAUL GOODNOUGH, CPA

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STATEMENT 1
FORM 990-PF, PART I, LINE 16B
ACCOUNTING FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAUL GOODNOUGH	\$ 24,000.	\$ 24,000.		
TOTAL	\$ 24,000.	\$ 24,000.	\$ 0.	\$ 0.

STATEMENT 2
FORM 990-PF, PART I, LINE 18
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAXES	\$ 12,000.	\$ 12,000.		
FOREIGN TAXES	19,283.	19,283.		
NY TAXES	250.	250.		
TOTAL	\$ 31,533.	\$ 31,533.	\$ 0.	\$ 0.

STATEMENT 3
FORM 990-PF, PART I, LINE 23
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	\$ 280.	\$ 280.		
TOTAL	\$ 280.	\$ 280.	\$ 0.	\$ 0.

STATEMENT 4
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY: EDUCATIONAL
 DONEE'S NAME: ANTI DEFAMATION LEAGUE
 DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:
 ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL
 AMOUNT GIVEN: \$ 10,000.

CLASS OF ACTIVITY: RELIGIOUS
 DONEE'S NAME: BINAI B'RITH FOUNDATION
 DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:
 ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 175.

CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: BROWN UNIVERSITY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL
AMOUNT GIVEN: 6,000.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: COMMUNITY CHEST
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: GREAT NECK SYNAGOGUE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 3,150.CLASS OF ACTIVITY:
DONEE'S NAME: HADASSAH
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 3,000.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: COLUMBIA UNIVERSITY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL
AMOUNT GIVEN: 2,000.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: SINAI TEMPLE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 3,600.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: UNIVERSITY OF PENN
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 10,750.

CLASS OF ACTIVITY:

DONEE'S NAME:

WORLD JEWISH CONGRESS

DONEE'S ADDRESS:

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

EDUCATIONAL

AMOUNT GIVEN:

2,500.

CLASS OF ACTIVITY:

DONEE'S NAME:

CHARITABLE

DONEE'S ADDRESS:

MISC ORGANIZED CHARITIES

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

CHARITABLE

AMOUNT GIVEN:

5,150.

CLASS OF ACTIVITY:

DONEE'S NAME:

RELIGIOUS

DONEE'S ADDRESS:

TEMPLE ANSHEI SHALOM

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

RELIGIOUS

AMOUNT GIVEN:

5,580.

CLASS OF ACTIVITY:

DONEE'S NAME:

STAND WITH US

DONEE'S ADDRESS:

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

CHARITABLE

AMOUNT GIVEN:

3,600.

CLASS OF ACTIVITY:

DONEE'S NAME:

RELIGIOUS

DONEE'S ADDRESS:

JEWISH NATIONAL FUND

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

EDUCATIONAL

AMOUNT GIVEN:

1,000.

CLASS OF ACTIVITY:

DONEE'S NAME:

CHARITABLE

DONEE'S ADDRESS:

AMERICAN CANCER SOCIETY

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

MEDICAL RESEARCH

AMOUNT GIVEN:

325.

CLASS OF ACTIVITY:

DONEE'S NAME:

RELIGIOUS

DONEE'S ADDRESS:

BOCA RATON SYNAGOGUE

'

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

RELIGIOUS

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 1,800.

CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: JBI INTERNATIONAL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: SAMUEL WAXMAN CANCER RESEARCH
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: MEDICAL RESEARCH
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: STEVEN FRAGER FOUNDATION INC.
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: MEDICAL RESEARCH
AMOUNT GIVEN: 1,250.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: TALMUDIC COLLEGE OF FLORIDA
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: EDUCATIONAL
AMOUNT GIVEN: 180.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: TEMPLE ISRAEL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 70.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: UNITED JEWISH APPEAL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 450.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: MIRRER YESHIVA
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 350.

CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: JEWISH FEDERATION OF S PALM BEACH COUNTY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: RELIGIOUS
AMOUNT GIVEN: 29,145.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: JEWISH COMMUNAL FUND
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 200,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: LONG BEACH MEDICAL CENTER
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 3,000.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: CONGREGATION SONS OF ISRAEL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 4,975.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: DIABETES RESEARCH INSTITUTE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: NYU MEDICAL CENTER
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: ALEPH SOCIETY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: AM. COMM. ZEDEK HOSPITAL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: C.A.M.E.R.A.
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 4,500.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: CHAMAH
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: CROHN'S & COLITIS FOUNDATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: LUBAVITICH YOUTH ORGANIZATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: NAT MULTIPLE SCLEROSIS SOCIETY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: AABA FOUNDATION INC
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 500.

CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: AGUDATH ISRAEL OF AMERICA
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: BOCA RATON COMMUNITY HOSPITAL FOUNDATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 2,300.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: CONGREGATION KEKELETT JESHUA
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: THE FORSTER FAMILY FOOD PANTRY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 100.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: HALB
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 10,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: HEWLETT FIRE DEPARTMENT
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 50.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: UCLA DEPT OF UROLOGY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 1,800.

CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: AMIT WOMEN
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: CONGREGATION DARCHEI TORAH
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '
AMOUNT GIVEN: 25,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: FIVE TOWNS SOCIETY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '
AMOUNT GIVEN: 590.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: HILLEL OF PALM BEACH COUNTY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: SEEDS OF PEACE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: BASCOM PALMER EYE INSTITUTE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '
AMOUNT GIVEN: 4,500.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: BEIT T'SHUVAH
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE: '

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 10,775.

CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: B'NAI TORAH CONGREGATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 7,500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: EPILEPSY FOUNDATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: FRIENDS OF ISRAEL DEFENSE FORCES
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,050.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: JEWISH ADOPTION & FOSTER CARE OPTIONS
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 620.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: MEIR PANIM
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: PRESERVATION FOUNDATION OF PALM BEACH CO
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 100.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: SOUTH BEACH COMMUNITY HOSPITAL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 500.

CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: SPANISH RIVER CHRISTIAN SCHOOL
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: ST ANDREWS CANCER RESEARCH
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 100.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: U OF A FEDERATION OF NY
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 10,000.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: UC SANTA BARBARA FOUNDATION
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: UNIVERSITY OF FLORIDA
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: AMERICAN FRIENDS OF MAGEN DAVID ADOM
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 10,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: THE AMANDA MCPHERSON FOUNDATION
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 2,000.

CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: AMERICAN ACADEMIC ASSOCIATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 5,500.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: BOCA RATON CHRISTIAN SCHOOL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: BOCA RATON MUSEUM OF ART
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 835.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: BRAUSER MAIMONEDES ACADEMY
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: CHABAD OF GREAT NECK
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 360.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: CHEVRAH HATZALAH
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,800.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: CHILDREN'S CANCER FUND
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 250.

CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: DOCTORS WITHOUT BORDERS
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 400.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: FIVE TOWNS COMMUNITY CHEST
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: FRANKLIN HOSPITAL MEDICAL CENTER
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 1,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: FRIENDS OF WLRN
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 275.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: HAITI CHARITY FUND
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 650.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: HOLOCAST MEMORIAL CENTER OF NASSAU
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: JEWISH COMMUNITY FUND OF SAN DIEGO
DONEE'S ADDRESS: ,RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 1,000.

CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: JEWISH HEART FOR AFRICA
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 100.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: JEWISH HOME LIFECARE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: KEVIN CENTER
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 100.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: MALI HEALTH ORGANIZING PROJECT
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: MESINITHA TIFERS JERUSALEM
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: NATIONAL PARKINSON FOUNDATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 900.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: NORTON MUSEUM OF ART
DONEE'S ADDRESS:RELATIONSHIP OF DONEE: '
ORGANIZATIONAL STATUS OF DONEE:

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN: \$ 100.

CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: ORZEC CECR
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 350.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: PBC COPS FOR KIDS FOUNDATION
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 15.CLASS OF ACTIVITY: RELIGIOUS
DONEE'S NAME: PENN HILLEL
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 5,000.CLASS OF ACTIVITY: EDUCATIONAL
DONEE'S NAME: TALMUDIC ACADEMY FOR GIRLS
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 18,000.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: RONALD MCDONALD HOUSE
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 250.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: THE JEWISH GUIDE FOR THE BLIND
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:
AMOUNT GIVEN: 500.CLASS OF ACTIVITY: CHARITABLE
DONEE'S NAME: THE SIMI VALLEY SAMARITAN CENTER
DONEE'S ADDRESS:RELATIONSHIP OF DONEE:
ORGANIZATIONAL STATUS OF DONEE:

FEDERAL STATEMENTS
MORRIS MORGENSTERN FOUNDATION
C/O PAUL GOODNOUGH, CPA

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART I, LINE 25
CONTRIBUTIONS, GIFTS, AND GRANTS

AMOUNT GIVEN:	\$ 500.
CLASS OF ACTIVITY:	EDUCATIONAL
DONEE'S NAME:	TRANSFORMATION ACADEMY
DONEE'S ADDRESS:	
RELATIONSHIP OF DONEE:	,
ORGANIZATIONAL STATUS OF DONEE:	
AMOUNT GIVEN:	250.
CLASS OF ACTIVITY:	CHARITABLE
DONEE'S NAME:	U OF M SCHOOL OF MEDICINE
DONEE'S ADDRESS:	
RELATIONSHIP OF DONEE:	,
ORGANIZATIONAL STATUS OF DONEE:	
AMOUNT GIVEN:	2,000.
CLASS OF ACTIVITY:	EDUCATIONAL
DONEE'S NAME:	US REGENTS
DONEE'S ADDRESS:	
RELATIONSHIP OF DONEE:	,
ORGANIZATIONAL STATUS OF DONEE:	
AMOUNT GIVEN:	500.
CLASS OF ACTIVITY:	CHARITABLE
DONEE'S NAME:	WNYC
DONEE'S ADDRESS:	
RELATIONSHIP OF DONEE:	,
ORGANIZATIONAL STATUS OF DONEE:	
AMOUNT GIVEN:	250.
TOTAL \$ 698,670.	

STATEMENT 5
FORM 990-PF, PART II, LINE 15
OTHER ASSETS

	<u>BOOK VALUE</u>	<u>FAIR MARKET VALUE</u>
HISTORICAL DOCUMENTS	\$ 15,425.	\$ 297,650.
TOTAL	<u>\$ 15,425.</u>	<u>\$ 297,650.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	MORRIS MORGENSTERN FOUNDATION C/O PAUL GOODNOUGH, CPA	13-1635719
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	543 COUNTRY CLUB DRIVE B-116	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WOOD RANCH, CA 93065	

Enter the Return code for the return that this application is for (file a separate application for each return)

04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► PAUL GOODNOUGH, CPA

Telephone No. ► (805) 577-0526 FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 10 or
 - ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	2,909.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	9,801.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.