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DLN: 93493119003386

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public

			alendar year, or tax year beginning 01-01-2015 , and ending 12-31- C Name of organization	2015	D Employ	yer identification numbe	
		applicable change	Elisabeth Reeve Morrow Morgan Foundation c/o Jones & Jones Att Graham O Jones			-	
r ∧u≀ Nai		_	·		22-60	35428	
		-	Doing business as				
∏ Inıt		turn	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telepho	one number	
Fin ret		erminated	45 Essex Street	i, saite	(201)	487-3600	
┌ Am	ended	d return	City or town, state or province, country, and ZIP or foreign postal code				
Apr	olicatio	on pending	Hackensack, NJ 07601		<b>G</b> Gross re	eceipts \$ 990,899	
		, ,	<b>F</b> Name and address of principal officer	1 11/ 2 .			
			Elisabeth M Pendleton	I	Is this a group subordinates?	return for Yes	No
			3410 Lowell Street NW		Are all subordi		
			Washington, DC 20016		included?		,
 <b>I</b> Ta	x-exe	empt status	5  501(c)(3)			a list (see instruction	ıs)
	abait	te: ► N/			Group exempt	ion number 🟲	
			Corporation Trust Association Other	<b>L</b> Year	r of formation 19.	35 <b>M</b> State of legal dom	ıcıle DE
Pa	rt I	Sun	ımary				
Governance			escribe the organization's mission or most significant activities e support specifically for the listed organization. A school under IRC	170(b)(1)(/	A )(II)		
Ē	,-	Check tl	his box 🛌 if the organization discontinued its operations or dispose	d of more th	ian 25% of its	net assets	
ν. V		CHECK	ins box Fig. If the organization discontinued its operations of dispose	d of more th	1411 25 70 01 163	net assets	
	3	Number	of voting members of the governing body (Part VI, line 1a)			3	7
Activities &	4	Number	of independent voting members of the governing body (Part VI, line $\overline{}$	1b)		4	7
Ē	5	Total nu	mber of individuals employed in calendar year 2015 (Part V, line 2a)			5	0
ដ្	6	Total nu	mber of volunteers (estimate if necessary)			6	0
	1		related business revenue from Part VIII, column (C), line 12			7a	0
	b l	Net unrel	ated business taxable income from Form 990-T, line 34			7b	0
					Prior Year	Current Yea	
g)	8		ributions and grants (Part VIII, line 1h)			0	0
Eu	9		ram service revenue (Part VIII, line 2g)			0	0
Revenue	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)	•	302,2	0	13,973 0
_	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) revenue—add lines 8 through 11 (must equal Part VIII, column (A),	line			
	12	12)	revenue—add imes o tinough II (must equal) art vIII, column (A),		302,2	275 11	13,973
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1–3)		100,0	10	00,000
	14	Benet	fits paid to or for members (Part IX, column (A), line 4)			0	0
(f)	15		ies, other compensation, employee benefits (Part IX, column (A), line	es		0	0
Expenses	16-	5-10				0	0
<u>क</u>	16a		essional fundraising fees (Part IX, column (A), line 11e)	•		0	
五	b		undraising expenses (Part IX, column (D), line 25) ►0 r expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	_	33,5	220	35,642
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses Add lines 13-17 (must equal Part IX, column (A), line 25		133,5		35,642 35,642
	19		nue less expenses Subtract line 18 from line 12		168,7		21,669
<u>ም</u>	<u> </u>		enpended duration and non-integral to the transfer				
Net Assets or Fund Balances				<u> </u>	ning of Current \		
A.S.S.	20		assets (Part X, line 16)	•	1,370,9		19,251
4 B	21		liabilities (Part X, line 26)	· ·		0	0
	22		ssets or fund balances Subtract line 21 from line 20		1,370,9	1,34	19,251
Unde my k	r per nowle	nalties of edge and	<b>nature Block</b> perjury, I declare that I have examined this return, including accom belief, it is true, correct, and complete Declaration of preparer (other nowledge				
		***	*** nature of officer		2016-04-28		
		I ■ Sign	nature of officer		Date		
_		T Sign	lature of officer				
Sign Here		Elisa	abeth M Pendleton President				
_		Elisa Typ	abeth M Pendleton President e or print name and title	T Date		PTIN	
Here	e 	Elisa	abeth M Pendleton President	Date 2016-04-28	Check If self-employed	PTIN P00542588	
Sign Here	e 	Elisa	abeth M Pendleton President e or print name and title  Print/Type preparer's name  Preparer's signature			P00542588	

**Use Only** 

Firm's address ► 303 Fifth Avenue Suite 1813/14

New York, NY 10016 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no (212) 213-4435

. ✓ Yes ☐ No

Form	orm 990 (2015)	Page <b>2</b>
Par	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	•	
	ne support of the education of children through grants to the Elisabeth Morrow School, a school under Sec 170(b)(1)(A)( evenue Code	ιι) of the Internal
Neve	enue code	
2	the prior Form 990 or 990-EZ?	′es √No
	If "Yes," describe these new services on Schedule O	
3	services?	res ✓ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code ) (Expenses \$ 104,421 including grants of \$ 100,000 ) (Revenue \$	)
	The Elisabeth Morrow School is the beneficiary of this organization and is a school as described in IRC Sec 170(b)(1)(A)(ii) All payments are support	for the school's
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		_
	•	
4c	c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
40	t (code ) (Expenses \$ including grants of \$ ) (Revenue \$	,
4d	d Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	e Total program service expenses \ 104,421	

art TV	Check	list of	Require	d Sc	hedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🚨	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🐕	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		Νo
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	20-		N. a
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28a		No
c	Part IV	28b		No
29	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		No
		29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	39	Yes	

	990 (2015)					Page
Pai	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			г
	Check if Schedule o contains a response of note to any line in this	rait	<u> </u>	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal emp <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	oloym	ent tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during			3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	_		3b		110
	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities account)?	gnatu	re or other authority	4a		No
b	If "Yes," enter the name of the foreign country ►	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited in the problem of the party o	tax sh	elter transaction?	5b		Νo
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contributive services provided to the payor?		d partly for goods and	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services $\boldsymbol{p}$	rovide	ed?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	rty for •	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the o					
_	required?			7g		
	Form 1098-C?	•		7h		
0	Did a donor advised fund maintained by the sponsoring organization have excess bu during the year?	sınes	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	? .		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b	-	
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	) ın lıe	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		I			
а	Is the organization licensed to issue qualified health plans in more than one state? Nadditional information the organization must report on Schedule O	lote. 9	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	k year	?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explana	ation ii	s Schedule O	14h		

Part VI Governance, Management, and Disclosure
--

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a 16b		No
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No
b Se	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No
b	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No

State the name, address, and telephone number of the person who possesses the organization's books and records ►Elisabeth M Pendleton President 3410 Lowell St NW Washington, DC 20016 (202) 363-2601

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🔽 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	check , unle n office ustee	ess er )	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) Elisabeth Morgan Pendleton President	0 00	х		х				0	0	0
(2) Reeve Lindbergh Tripp  Vice President	0 00	х		х				0	0	0
(3) Graham O Jones Treasurer	0 00	х		х				0	0	0
(4) Constance M Fulenwider Secretary	0 00	х		х				0	0	C
(5) Judith W Johnson Trustee	0 00	х						0	0	0
(6) William C Miller IV Trustee	0 00	х						0	0	0
(7) Monica Borg Trustee	0 00	х						0	0	C
										Form <b>990</b> (2015)

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

(A) Name and Title	(B) Average hours per week (list any hours	more t perso	tion ( han d n is l	one l both	oox, an d	heck unless officer stee)	3	Repo compe from organiza	,	(E) Reportable compensation from related organizations (W	.   (	(F) Estima mount o compens	ated fother sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizat relat organiza	ed
											+		
											-		
4. 0.17.1						<u> </u>							
1b Sub-Total	· · · · · s to Part VII, S	 ection A	٠.										
d Total (add lines 1b and 1c) .						►			0	0			0
Total number of individuals (inc \$100,000 of reportable compe	-					d abov	e) w	ho receive	ed more th	an			
												Yes	No
3 Did the organization list any for on line 1a? If "Yes," complete S					key •	emplo	yee, •	or highes	t compen	sated employee	3		No
For any individual listed on line organization and related organization and related organization.	e 1a, is the sum zations greater	of repo than \$:	rtable 150,0	e co	mpe ? <i>If</i>	nsatio "Yes," d	n and	d other co lete Sched	mpensatio	on from the uch	4		No
5 Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Section B. Independent Co	ntractors												
Complete this table for your five compensation from the organizer.	e highest comp											ax vear	
	(A) ame and business	<u> </u>								(B) cription of services		(C Comper	)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

		Sheek if Schedu	ıle O contains a respo	or note to any m	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded fron tax under sections
	1a	Federated camp	paigns 1a					512-514
and Other Similar Amounts		Membership du						
		•	ents <b>1</b> 0					
2	d		ations 1d					
<u> </u>		Government grants						
5	e	-						
] e	f	similar amounts no	ons, gifts, grants, and <b>1f</b> It included above					
5	g	Noncash contribution 1a-1f \$	ons included in lines					
	h	Total. Add lines	s 1a-1f					
				Business Code				
	2a							
	b							
	c							
	d							
	e f	All other progra	ım service revenue					
	•							
	g 3		s 2a – 2f					
	3		ome (including dividen ar amounts)		24,352			24,3
	4		tment of tax-exempt bond					
	5	Royalties	(ı) Real	► (II) Personal				
	6a	Gross rents	(I) Real	(II) Personal				
	b	Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss) (ı) Securities	<b>►</b> (II) Other				
	7a	Gross amount		(II) O thei				
		from sales of assets other	966,547					
		than inventory						
	b	Less cost or other basis and	876,926					
	С	sales expenses Gain or (loss)	89,621					
	d	Net gain or (los	s)		89,621			89,6
	8a	Gross income frevents (not incl	<del>-</del>					
	b	Less directexi	a penses b					
			loss) from fundraising					
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19					
	b	Less direct exi	penses <b>b</b>					
			loss) from gaming act					
	10a	Gross sales of I returns and allo						
	b	Less cost of ac	oods sold <b>b</b>					
			loss) from sales of inv	entory				
		Miscellaneous	Revenue	Business Code				
- 1	11a							
	b							
	_							
	c C	Δ II other royer:	10					
	d	All other revenu	ue	•				

# Part IX Statement of Functional Expenses

Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. A	II other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	s Part IX			<u> </u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	100,000	100,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	4,000		4,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	24,133		24,133	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,088		3,088	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,421	4,421		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	135,642	104,421	31,221	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . (A) (B) End of year Beginning of year 1 4,386 6.230 Cash-non-interest-bearing . . . . . 1 2 Savings and temporary cash investments . 165,752 2 103,790 3 3 Pledges and grants receivable, net . 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net . . . . . . 7 8 Inventories for sale or use . . . 8 9 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10c b Less accumulated depreciation . 10b 264,949 255,188 11 11 945,594 974,282 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . 14 14 **15** 15 Other assets See Part IV, line 11 . . . . . . 16 1,370,920 16 1,349,251 **Total assets.** Add lines 1 through 15 (must equal line 34) . . **17** 17 Accounts payable and accrued expenses . 18 18 Grants payable 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 . . . . . . . . . . . . . . . . 0 26 26 **Total liabilities.**Add lines 17 through 25 . . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 

 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 1.370.920 1,349,251 27 Unrestricted net assets . . . . . 28 28 Temporarily restricted net assets . . . . . 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 33 1,370,920 1,349,251 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances . . . . . . . . . . . 1.370.920 34 1,349,251

FUIII	1 990 (2013)				Page <b>⊥</b> ∡
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	.   1		:	113,973
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		:	135,642
3	Revenue less expenses Subtract line 2 from line 1	. 3			-21,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,:	370,920
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,:	349,251
Par	rt XIII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	• Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled of a separate basis, consolidated basis, or both	r reviewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on basis, consolidated basis, or both	a separate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	plain in			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	th in the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		

#### rkecess As Thea ba

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total1

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2015

Open to Public Inspection

		<b>he organization</b> eve Morrow Morgan Founda	ition				Employer identifica	tion number
		Jones Att Graham O Jones	idon				22-6035428	
Pa	rt I	Reason for Pub	lic Charity Sta	atus (All organizati	ons must cor	nplete this pa	art.) See instructio	ns.
The	organı	zation is not a private	foundation becau	seitis (Forlines 1 tl	hrough 11, che	ck only one bo	x )	
1	Г	A church, conventior	of churches, or a	association of churche	es described in	section 170(b	)(1)(A)(i).	
2	Г	A school described in	n <b>section 170(b)(</b>	1)(A)(ii).(Attach Sch	edule E (Form	990 or 990-E	Z))	
3				ervice organization de	· ·			
4	Γ	•	organization opera	ated in conjunction wit				. Enter the
5	Γ	An organization ope	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II)					
6	Г		•	) or governmental unit d	lescribed in <b>se</b>	ction 170(b)(1	)(A)(v).	
7		An organization that	normally receive	s a substantial part of (Complete Part II )				eneral public
8	Γ			on 170(b)(1)(A)(vi) (	Complete Part	II)		
9	Г Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III)  An organization organized and operated exclusively to test for public safety See section 509(a)(4).						
11	آ ا	<u> </u>	•	ed exclusively for the	•			ut the nurneses of
11	Į <b>v</b>			zations described in s				
				describes the type of				
а	Γ	Type I. A supporting	organization ope	rated, supervised, or o	controlled by it	s supported or	ganization(s), typical	y by giving the
- '				regularly appoint or	-	y of the directo	rs or trustees of the s	supporting
	_			IV, Sections A and B.			tod ovannimation(a) h	hana aantual au
b	'		upporting organiz	pervised or controlled ration vested in the sa				
c	Г		•	ipporting organization	operated in co	nnection with,	and functionally integ	rated with, its
	·			tions) You must com				,
d	✓			A supporting organiza				
				zation generally must			ment and an attentive	eness requirement
e	Г			e Part IV, Sections A a			a Type I Type II Ty	ne III functionally
_	,			ly integrated supporti			a 1, pc 1, 1, pc 11, 1	, pe III lanecionan,
f	Ente	r the number of suppor					<u>1</u>	
g		Provide the following	ınformatıon abou	t the supported organ	ızatıon(s)			
		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)					
						T		
					Yes	No		
(A) I	lisabetl	h Morrow School	221487171		Yes		100,000	0
			I -					

100,000

Pa	Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Se	ection A. Public Support	•	•		, ,		
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	( <b>d)</b> 2014	<b>(e)</b> 2015	( <b>f)</b> Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13							
14	Public support percentage for 201			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
		-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	<ul> <li>33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> </ul>						
17a	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.						
b	organization  10%-facts-and-circumstances test  15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd <b>stop here.</b>	► C
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	<b>-</b> '

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	I, complete Sections A and D, and complete Part V)	a chec	Keu III	JUIFAI
Se	ection A. All Supporting Organizations			
	, and the second se		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		Νo
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?  If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections $501(c)(3)$ and $509(a)(1)$ or $(2)^{2}$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
h	A family member of a person described in (a) above?	11b		No

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Νo

Par	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	sation D. All Tune III Supporting Organizations			
36	ection D. All Type III Supporting Organizations		.,	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		No
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		No
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inctri	ictions)	
a b	The organization satisfied the Activities Test Complete <b>line 2</b> below The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970	See instructions. All other
	Type III non-functionally integrated supporting organizations must complete Sections A through E	Г

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0	0
2	Recoveries of prior-year distributions	2	0	0
3	Other gross income (see instructions)	3	26,810	24,352
4	Add lines 1 through 3	4	26,810	24,352
5	Depreciation and depletion	5	0	0
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	25,424	24,133
7	Other expenses (see instructions)	7	0	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	1,386	219

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a	2,465,320	2,321,707
b	Average monthly cash balances	1b	57,431	139,744
C	Fair market value of other non-exempt-use assets	<b>1</b> c	0	0
d	Total (add lines 1a, 1b, and 1c)	1d	2,522,751	2,461,451
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)0			
2	Acquisition indebtedness applicable to non-exempt use assets	2	0	0
3	Subtract line 2 from line 1d	3	2,522,751	2,461,451
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	37,841	36,922
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	2,484,910	2,424,529
6	Multiply line 5 by 035	6	86,972	84,859
7	Recoveries of prior-year distributions	7	0	0
8	Minimum Asset Amount (add line 7 to line 6)	8	86,972	84,859

	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	1,386
2	Enter 85% of line 1	2	1,178
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	86,972
4	Enter greater of line 2 or line 3	4	86,972
5	Income tax imposed in prior year	5	0
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	86,972

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		100,000
2 Amounts paid to perform activity that directly furth		orted organizations, in	0
excess of income from activity			
3 Administrative expenses paid to accomplish exemp	pt purposes of supported orga	nızatıons	4,421
4 Amounts paid to acquire exempt-use assets			0
5 Qualified set-aside amounts (prior IRS approval re	quired)		0
6 Other distributions (describe in Part VI) See instru	uctions		0
7 Total annual distributions. Add lines 1 through 6			104,421
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is re	sponsive (provide	100,000
9 Distributable amount for 2015 from Section C, line	6		86,972
			100 0 %
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line     6			86,972
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)		0	00,572
3 Excess distributions carryover, if any, to 2015			
27.540			
<b>d</b> From 2013			
f Total of lines 3a through e	51,895		
<b>g</b> Applied to underdistributions of prior years		0	
<b>h</b> Applied to 2015 distributable amount			51,895
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7			
\$\$ 104,421			
<b>a</b> Applied to underdistributions of prior years		0	
<b>b</b> Applied to 2015 distributable amount			35,077
c Remainder Subtract lines 4a and 4b from 4	69,344		
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than			0
<ul> <li>zero, see instructions)</li> <li>Excess distributions carryover to 2016. Add lines</li> <li>31 and 4c</li> </ul>	69,344		0
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 20140			
<b>e</b> From 2015 69,344			

### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### Facts And Circumstances Test

Return Reference	Explanation
Part IV Section D Line 2	The Elisabeth Reeve Morrow Morgan Foundation has a longstanding relationship with the Elisabeth Morrow School going back to its inception in November 1935. The head of the Elisabeth Morrow School was a member and officer of the Elisabeth Reeve Morrow Morgan Foundation from its first meeting in December 1935 until her death in 1988. Throughout the history of the Foundation other members of the board have also been trustees of the School. The Foundation's only purpose since its incorporation, by way of annual gifts, has been to fund special projects as proposed by the Elisabeth Morrow School, for faculty support in addition to funding the School's scholarship and endowment projects. Currently several members of the Foundation's Board have significant relationships with the School as a former trustee, a former teacher, parents, and a spouse of a trustee of the School. Board members meet with the Head of School three or more times a year to discuss the School's priorities Each year the Head of School presents the Foundation with recommendations of items for financial support and amounts requested.
Part V Section D Line 8	The Elisabeth Morrow School, listed in Part I, Line 11g, column (i) meets both the Responsiveness and Attentiveness tests. The Elisabeth Reeve Morrow Morgan Foundation's Responsiveness to the Elisabeth Morrow School is detailed in the explanation for Part IV, Section D, Line 2. The Elisabeth Reeve Morrow Morgan Foundation only supports the Elisabeth Morrow School and both organizations have a historic and continuing relationship going back to 1935. The Elisabeth Morrow School is attentive to the Elisabeth Reeve Morrow Morgan Foundation because the Foundation is a leadership donor to the School's Annual Fund with gifts of \$100,000, which represent about 13.6% of the School's Annual Fund, the Foundation is a significant donor to the Campaign to Build an Endowment for Our Faculty with a gift of \$250,000, which represented 2.5% of the total endowment project.

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493119003386

OMB No 1545-0047

Open to Public

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements** ► Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization **Employer identification number** Elisabeth Reeve Morrow Morgan Foundation c/o Jones & Jones Att Graham O Jones 22-6035428 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year Aggregate value of contributions to (during Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) 
Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🛌 Number of states where property subject to conservation easement is located -\_\_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the vear Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)( $_{\rm I}$ ) and section 170(h)(4)(B)( $_{\rm II}$ )? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	*****	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal	Treas	ures, o	or O	ther S	imilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ssion, and other rec	ords, cl	heck a						nificant us	e of its	
а	ГР	ublic exhibition		d	Γ	Loa	norex	change p	orogra	ams			
b	┌ s	cholarly research		е	Γ	Oth	er						
c	ГР	reservation for future generations											
4	Provid Part X	de a description of the organization's III	collections and exp	olaın ho	w they	y furt	her the	organıza	atıon'	s exemp	t purpose	ın	
5		g the year, did the organization solic									_	_	
Do		s to be sold to raise funds rather tha		as part	of the	orga	nızatıo	n's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arrae Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, lı	ne 9, or	r rep	orted a	n amour	nt on Forn	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interi	mediary	/ for c	ontrı	butions	orother	rass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	rt XIII and complete	e the fo	llowin	g tab	le				Am	ount	
C	Beg	Jinning balance							<b>1</b> c				
d	Add	ditions during the year							1d				
е	Dıs	tributions during the year							1e				
f	End	ling balance						L	1f				
2a	Dıd th	e organization include an amount or	n Form 990, Part X, I	ıne 21,	for es	crov	orcus	todial ac	cour	ıt lıabılıt	y? <b>┌ Yes</b>	┌ No	
Ь		s," explain the arrangement in Part											Г
Pa	rt V	Endowment Funds. Complet	(a)Current year		nor yea						, line 10 years back	<b>(e)</b> Four ye	are back
1a	Regin	ning of year balance	(a)Current year	(0)	nor yea	11	в (с) і	wo years b	Jack	(d)Tillee	years back	(e)Four ye	ars back
b	_	ributions							+				
С	losse												
d		s or scholarships											
e		rexpenditures for facilities rograms											
f	A dmı	nistrative expenses											
g		fyear balance											
2	Provid	Ie the estimated percentage of the c	urrent year end bala	nce (lır	ne 1g,	colu	ımn (a)	) held as					
а	Board	designated or quasi-endowment 🕨											
b	Perma	nent endowment ►											
c	•	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should equal 100%										
За	Are th	ere endowment funds not in the pos zation by	session of the organ				eld and	admınıs	tered	for the		Yes	No
		related organizations						•				(i)	
b		lated organizations s" on 3a(ii), are the related organiza										(ii)     Bb	
4	Descr	ibe in Part XIII the intended uses o		endowm	nent fu	ınds							
Par	t VI	Land, Buildings, and Equipa Complete if the organization a		Form 0	יטט ד	) n r+ '	TV lun	o 115 C		orm 00	O Dart V	/ line 10	
		Description of property	iiswereu res to i			or oth	er basıs	(b Cost or ot (oth	) her ba		Accumulate depreciation	d <b>(d)</b> Bo	ok value
1a	Land			.									
b	Buildin	gs		[									
c	Leaseh	old improvements		. [									
d	Equipm	nent											
Tota	<b>I.</b> A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	t X, colu	mn (B	3), lin	e 10(c).	<i>)</i>	•			D (Form 9	0

See Form 990, Part X, line 12.	nete ii the organi		
<ul><li>(a) Description of security or category (including name of security)</li></ul>		( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			
(2)Closely-held equity interests (3)Other			
See Additional Data Table			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>	974,282	
Part VIII Investments—Program Related.  Complete if the organization answered 'Y	es' on Form 990,	Part IV, line 11c.Se	e Form 990 Part X line 13
(a) Description of investment	T	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total (Column (h) must equal Form 000, Bart V, col (B) (no. 12.)	<u> </u>		
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
		orm 990, Part IV, line 1	1d See Form 990, Part X, line 15  (b) Book value
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
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Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization a		orm 990, Part IV, line 1	
Part IX Other Assets. Complete if the organization at (a) Descript	lon		(b) Book value
Part IX Other Assets. Complete if the organization at (a) Descript (a) Descript (b) Descript (c)	olon		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization at the complex see Form 990, Part X, line 25.	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organization at (a) Description of the organization at (a) Descri	olon		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organic See Form 990, Part X, line 25.	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)  Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25.  1. (a) Description of liability	ion		(b) Book value

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines $2a$ through $2d$				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				<b>4</b> c	
5	Total revenue Add lines 3 and	<b>4c.</b> (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
С	Otherlosses		2c			
d	Other (Describe in Part XIII )		2d			
e	Add lines <b>2a</b> through <b>2d</b>				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII )		4b			
c	Add lines <b>4a</b> and <b>4b</b>				4c	
5	Total expenses Add lines <b>3</b> ar	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18	)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

### **Additional Data**

Software ID: Software Version:

**EIN:** 22-6035428

Name: Elisabeth Reeve Morrow Morgan Foundation

c/o Jones & Jones Att Graham O Jones

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
(3)0 ther		
(A) 2000 Mastercard Inc	68,947	С
(B) 3000 Microsoft Corp	105,660	С
(C) 2500 EPAM Systems	83,182	c
(D) 125 Priceline com	84,652	С
(E) 900 Apple Inc	82,387	С
(F) 2500 Luxoft Holding Inc	92,234	С
(G) 1050 Home Depot	102,560	С
(H) 1500 Fleetmatics Group PLC	78,468	С
(I) 1700 Facebook Inc-A	156,271	С
(J) 350 Alphabet Inc	119,921	С

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Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

**DLN: 93493119003386**OMB No 1545-0047

2015

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lame of the organization						Employer identifi	cation number
						22-6035428	
		and Assistance				•	
Sabeth Reeve Morrow Morgan Foundation Jones & Jones Att Graham O Jones  Open and Information on Grants and Assistance  Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
					nization answered "Yes" (	on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization		(c) IRC section	(d) A mount of cash	(e) A mount of non- cash	(book, FMV, appraisal,		1
(1) The Elisabeth Morrow School 435 Lydecker Street Englewood, NJ 07631	22-1487171	170(b)(1)(A)(II)	100,000	0			Education/Scholarships
							_
<ul><li>Enter total number of sect</li><li>Enter total number of othe</li></ul>		_				<b>&gt;</b> .	1 0

Part I, Line 2

Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22	<u>:</u>
Part III can be duplicated if additional space is needed	

(a)Type of grant or assistance	ce	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental I	nformatio	<b>on.</b> Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanation	n				

The Board of Directors reviews all contributions to make sure the contributions are being used for the stated purpose

Schedule I (Form 990) 2015

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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization Elisabeth Reeve Morrow Morgan Foundation c/o Jones & Jones Att Graham O Jones Employer identification number

22-6035428

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Elisabeth Morgan Pendleton, Reeve Lindbergh Tripp and Constance M. Fulenwider are members of one extended family
Form 990, Part VI, Section B, line 11	A draft of the return is provided to the Board before it is filed with the IRS
Form 990, Part VI, Section B, line 12c	An Oversight Committee of the Board is charged with the review and enforcement of the conf lict-of-interest policy and meets at least annually. All trustees are requested to review the policy prior to each Annual Board Meeting and to confirm their status in writing. Perc eived conflicts of interest, if any, are to be resolved at the Annual Board of Trustees Meeting.
Form 990, Part VI, Section C, line 19	The foundation's governing documents, conflict of interest policy, and financial statement s can be made available upon request to the President

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2015

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**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Elisabeth Reeve Morrow Morgan Foundation c/o Jones & Jones Att Graham O Jones

**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

22-6035428

nplete if the organization	answered "Yes" o	n Form 990, F	Part I۱	V, line 33.				
<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	End-	<b>(e)</b> of-year assets	D	<b>(f)</b> Direct controlling entity		
			_					
unizations Complete if	the organization an	swered "Yes"	on Fo	orm 990. Pa	rt IV. l	ine 34 because it l	had or	ne.
g the tax year.								
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		<b>(f)</b> Direct controlling entity	(g) Section 512( (13) control entity?	
								No
Education	N)	501(c)(3)		Line 2				No
							_	<u> </u>
		_						
000	Cat Na 501	257				Cabadula D (Fare	- 000)	2015
	(b) Primary activity  Inizations Complete if g the tax year.  (b) Primary activity  Education	(b)   Cc   Legal domicile (state or foreign country)   Country   Legal domicile (state or foreign country)   Country   Country	(b) Primary activity  Legal domicile (state or foreign country)  Total income  Total income	(b) Primary activity  Legal domicile (state or foreign country)  Inizations  Complete if the organization answered "Yes" on Fig the tax year.  (b) Primary activity  Legal domicile (state or foreign country)  Education  NJ  501(c)(3)	Inizations Complete If the organization answered "Yes" on Form 990, Pag the tax year.  (b) Primary activity (c) (c) (d) (ff section 501()	(c) Primary activity   Legal domicile (state or foreign country)   Total income   End-of-year assets   End-of-year	(c) Legal domicile (state or foreign country)  Inizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it is q the tax year.  (b) Primary activity Legal domicile (state or foreign country)  Education N) SOI(c)(3) Line 2	Characteristics   Characteri

Schedule R (Form 990) 2015												Page <b>2</b>
Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)  (i)  (i)  (j)  (k)  Primary activity  Legal  Direct  Predominant  Share of  Disproprtionate  Code V-UBI  General or  Percentage												
Name, address, and EIN of		Legal domicile (state or foreign	Direct controlling	Predominant income(related, unrelated, excluded from tax under sections 512-	Share of	Share of end-of-year	Disprop	ortionate	amount in box 20 of Schedule K-1	Gene man	eral or aging	
				314)			Yes	No		Yes	No	
												-

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	<b>(h)</b> Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
-									<u> </u>

Part V Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Form	990, Part IV, line	34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more	e related organizations li	sted in Parts II-IV?							
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No			
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes				
c Gift, grant, or capital contribution from related organization(s)									
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No			
e Loans or loan guarantees by related organization(s)				1e		No			
f f Dividends from related organization(s)				1f		No			
g Sale of assets to related organization(s)				1g		No			
<b>h</b> Purchase of assets from related organization(s)				1h		No			
i Exchange of assets with related organization(s)				<b>1</b> i		No			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
I Performance of services or membership or fundraising solicitations for related organization(s) .				11		No			
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No			
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No			
o Sharing of paid employees with related organization(s)				10		No			
<b>p</b> Reimbursement paid to related organization(s) for expenses				1р		No			
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No			
${f r}$ O ther transfer of cash or property to related organization(s)				1r		No			
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1s		No			
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple									
(a) Name of related organization	( <b>b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining am						
1)Elisabeth Morrow School	В	100,000	Cash Value						
	1	I							

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
<b>(a)</b> Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Ire of Share of end-of-year	(h) Disproprtionate			(j) General or managing partner?		(k) Percentago ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	Ī

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015