

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

Form 990-PF

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

 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. Department of the Treasury Internal Revenue Service For calendar year 2015 or tax year beginning , and ending Name of foundation A Employer identification number MORSE CHARITABLE FOUNDATION, INC. 45-3630825 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 2000 BRUSH STREET, SUITE 440 313-961-0500 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 48226-2251 DETROIT, MI G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: Accruat F If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 2,384,706. (Part I, column (d) must be on cash basis) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and expenses per books (d) Disbursements (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) псоте ıncome Contributions, gifts, grants, etc., received N/A 2 Check X If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 12,879 12,879 STATEMENT 4 Dividends and interest from securities SCANNED VOV 5a Gross rents b Net rental income or (loss) 48,994 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 352,467. 48,994 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications b Less Cost of c Gross profitor loss) OV -72,091 11 Other income STATEMENT 2 -10,21861,873 12 Total. Add lines 1(through )1:15 1 13 Compensation of officers, directors, 0. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 4,725. 2,363. 2,126. b Accounting fees c Other professional fees 17 Interest STMT 4 2,208. 1,695. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 5 6,758. 6,758. 0. 23 Other expenses 24 Total operating and administrative 13,691 expenses. Add lines 13 through 23 10,579 2,363. 25 Contributions, gifts, grants paid 202,568. 202,568. 26 Total expenses and disbursements. 10,579 216,259 Add lines 24 and 25 204,931. Subtract line 26 from line 12: , \$° -226,477. 2 Excess of revenue over expenses and disbursements 51,294 b Net investment income (if negative, enter -0-)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

N/A

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

		0-PF (2015) MORSE CHARITABLE FOUNDA	TION, INC.	45-	3630825 Page 2
<u></u>	ort.	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
	ai ų	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
		Savings and temporary cash investments	7,529.	25,760.	25,760.
	3	Accounts receivable			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	]	Less: allowance for doubtful accounts	L	<del></del>	
	4	Pledges receivable		. 1 . 1 . 2 . 4 4	
	1	Less; allowance for doubtful accounts			
	1	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Į	disqualified persons			
	7	Other notes and loans receivable			
	1	Less; allowance for doubtful accounts			ļ
ets		Inventories for sale or use			
Assets	ı	Prepaid expenses and deferred charges	 		<u> </u>
•		Investments - U.S. and state government obligations	COO FO A	205 - 600	1 204 700
	1	Investments - corporate stock STMT 6	602,794.	325,602.	1,924,782.
	C	Investments - corporate bonds			
	11	Investments land, buildings, and equipment basis		1 2 7 2 8 2 1	* ALA A N
	Ì	Less accumulated depreciation			<u> </u>
	1	Investments - mortgage loans		422 555	400 000
		Investments - other STMT 7	401,630.	433,777.	433,777.
	14	Land, buildings, and equipment; basis		à 3 % %	r Bax 2 ( A
		Less accumulated depreciation	<u> </u>		
		Other assets (describe STATEMENT 8)	50.	387.	387.
	16	Total assets (to be completed by all filers - see the	1 010 000	505 506	0 204 706
_	<u> </u>	instructions. Also, see page 1, item I)	1,012,003.	785,526.	2,384,706.
	1	Accounts payable and accrued expenses	<del></del>	<u> </u>	
	18	Grants payable		ļ	
ies	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable	<del></del>		
	22	Other liabilities (describe )	<del> </del>		
	١.,	Tatal tightitation (and times 17 through 00)	0.	0.	
	23	Total fiabilities (add lines 17 through 22)	<del></del>	<u> </u>	
	1	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
es	104	•			
	24	Unrestricted Temporarily restricted		<del></del>	
ala	25 26	Temporarily restricted Permanently restricted	<del></del>	<del> </del>	
Net Assets or Fund Balanc	20	Foundations that do not follow SFAS 117, check here	<del></del>	<del> </del>	
Ξ	]	and complete lines 27 through 31.			1 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
6	27	Capital stock, trust principal, or current funds	1,611,343.	1,660,337.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	-599,340.	-874,811.	
et	30	Total net assets or fund balances	1,012,003.	785,526.	
Z	"	Total life assets of folia balances		70373200	
	31	Total liabilities and net assets/fund balances	1,012,003.	785,526.	
=					
LP	art	Analysis of Changes in Net Assets or Fund E	salances		
<u>1</u>	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30		T
		st agree with end-of-year figure reported on prior year's return)		1	1,012,003.
2	-	r amount from Part I, line 27a		2	-226,477.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	785,526.
5		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	785,526.
	2511				Form <b>990-PF</b> (2015)

(a) List and descr	and Losses for Tax on I	a., real estate.	t Income	<u>т(Б)</u> F	low acquired - Purchase	(c) Date	e acquired	(d) Date sold
2-story brick wa	rehouse; or common stock, 200 sh	s. MLC Co.)		D	- Purchase - Donation	(mo.,	day, yr.)	(mo., day, yr.)
1a COMERICA BANK	- GARDNER - PUBI	ICLY T	RADED					
b SECURITIES	Cinnin Din			ـــــ	P	<b></b>		
0 0 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- GARDNER - PUBI	LICLY T	RADED	╁—		<del></del>		
d SECURITIES	<del></del>	<del></del>		₩	D	<del> </del>		<del> </del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	_			Gain or (loss) us (f) mınus (	
a b 312,481.			265,75	3.				46,728
c 32272321		+	2037.5					10,720
d 39,986.			37,72	0.				2,266
e								
Complete only for assets showin	g gain in column (h) and owned by					(I) Gains (	(Col. (h) gaın t not less thar	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)			Losse	s (from col. (	h))
a b		<del> </del>						46,728
C		<del> </del>						40,720.
_d								2,266.
е								
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	er in Part I, line D- in Part I, line	7 7	}	2			48,994
3 Net short-term capital gain or (los		nd (6):						
If gain, also enter in Part I, line 8,	column (c).			- } }			N/A	
If (loss), enter -0- in Part I, line 8  Part V*   Qualification U	nder Section 4940(e) for	r Reduced	Tay on Net	lpv.	estment l	ncome	N/A	
Was the foundation liable for the sect		omplete this pa	ırt.					Yes X No
(a)  Base period years	(b)	instructions be	ible making any e	(c)				(d) oution ratio
Base periód years Calendar year (or tax year beginnir	بالمراحية المراجع المستحدينات فالمستحدينات فالمستحدث المستحدد المس	stributions	Net value of no			its	Distrib (col. (b) div	outión ratio vided by col. (c))
2014	19	94,125.			,884,38			.067302
2013		7,313.			,635,40			.116609
2012		92,009.		1	,768,66			.108561
2011 2010		0.			88,23	9.		.000000
2010			L			<del></del>	Т	<del></del>
2 Total of line 1, column (d)						2	1	.292472
3 Average distribution ratio for the 5 the foundation has been in exister		on line 2 by 5,	or by the number	of yea	ars	3		.073118
4 Enter the net value of noncharitab	·	line 5				4	1	2,327,280
T Lines the Het Value of Hollelid Had	w uso assets for 20 to HUIII Fall A,	, anto J				-	†	
5 Multiply line 4 by line 3					5	<del> </del>	170,166	
6 Enter 1% of net investment income (1% of Part I, line 27b)			6	+	513			
7 Add lines 5 and 6				7		170,679		
B Enter qualifying distributions from Part XII, line 4					8		204,931	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ıg a 19	% tax rate.			
523521 11-24-15							F	orm <b>990-PF</b> (2015

Form 9	90-PF (2015) MORSE CHARITABLE FOUNDATION, I				3630825 Page 4
<b>Part</b>	×			948 -	see instructions)
1a E	xempt operating foundations described in section 4940(d)(2), check here 🕨 💹 and ent				0 1 / 1 3 A
	ate of ruling or determination letter: (attach copy of letter if nece			2	
<b>b</b> D	omestic foundations that meet the section 4940(e) requirements in Part V, check here	X and e	inter 1%	1	513.
0	f Part I, line 27b				
c A	ll other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% (	of Part I, line	e 12, col. (b). 🕽 📗	<u> </u>	
<b>2</b> T	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth	iers enter -0	-)	2	0.
3 A	dd lines 1 and 2			3	513.
4 S	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -(	)-)	4	0.
5 T	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5	513.
6 C	redits/Payments:			* 3 4	* * * *
<b>a</b> 2	015 estimated tax payments and 2014 overpayment credited to 2015	6a	900.		
bΕ	xempt foreign organizations - tax withheld at source	6b			
c T	ax paid with application for extension of time to file (Form 8868)	6c			14/2//
d B	ackup withholding erroneously withheld	6d		1 3 C	
7 T	otal credits and payments. Add lines 6a through 6d			7	900.
8 E	nter any <b>penalty</b> for underpayment of estimated tax. Check here $oxed{X}$ if Form 2220 is attact	hed		_8_	
9 T	ax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		<b>&gt;</b>	9	
10 0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		▶	10	387.
11 E	nter the amount of line 10 to be: Credited to 2016 estimated tax		387 • Refunded ►	11	0.
Parl	VII-A Statements Regarding Activities				
1a D	during the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did	t participate or intervene	in	≥ <sup>∞</sup> Yes No
а	ny political campaign?				1a X
<b>b</b> D	old it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (see instr	uctions for the definition	)?	1b X
11	f the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and	d copies of	any materials publishe	ed or	
a	listributed by the foundation in connection with the activities				
c D	old the foundation file Form 1120-POL for this year?				1c X
d E	nter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	year:			
(	1) On the foundation. > \$ 0 . (2) On foundation managers.	▶ \$	0.		
еE	nter the reimbursement (if any) paid by the foundation during the year for political expenditu	ure tax impo	sed on foundation		
	nanagers. ► \$0.				
2 H	las the foundation engaged in any activities that have not previously been reported to the IR	Ss			2 X
It	f "Yes," attach a detailed description of the activities.				* * * *
3 H	las the foundation made any changes, not previously reported to the IRS, in its governing in	strument, a	rticles of incorporation, o	r	
b	ylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	s			3     X
4a D	old the foundation have unrelated business gross income of \$1,000 or more during the year	?			4a X
<b>b</b> If	"Yes," has it filed a tax return on Form 990-T for this year?			N/	
5 V	Vas there a liquidation, termination, dissolution, or substantial contraction during the year?				5 X
/1	f "Yes," attach the statement required by General Instruction T				
6 A	are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her:			
•	By language in the governing instrument, or				
•	By state legislation that effectively amends the governing instrument so that no mandatory	directions t	hat conflict with the state	law	مه احد دا شدا
r	emain in the governing instrument?				6 X
7 D	id the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com،	plete Part	ll, col (c), and Part XV		7 X
8a E	inter the states to which the foundation reports or with which it is registered (see instruction	ıs) 🕨			
_	FL,MI				
b 11	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	torney Gene	ral (or designate)		
	if each state as required by General Instruction G? If "No," attach explanation				8b X
	s the foundation claiming status as a private operating foundation within the meaning of sec			ndar	
у	ear 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," co	omplete Pa	rt XIV		9 X
10 D	old any persons become substantial contributors during the tax year? If "Yes," attach a schedule	e listing their r	names and addresses		10 X
					Form <b>990-PF</b> (2015)

523541 11-24-15

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4b Form **990-PF** (2015)

Form 990-PF (2015) MORSE CHARITABLE FOUNDAT			<u>45-36308</u>	25 Page <b>6</b>
Rart VII-B' Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:			×	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🗶 No 🖟	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ectly,	1	
any voter registration drive?		Y	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	Y	es 🗶 No 📑		
(4) Provide a grant to an organization other than a charitable, etc., organizatio		1.	W 1 1	
4945(d)(4)(A)? (see instructions)			es 🗶 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			
the prevention of cruelty to children or animals?	or outdate and purposed, or r		es X No	
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify unit	der the eventions described i			
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	ii riogulationo	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	,		<b>▶</b> □ 3	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		nod		
, , , , , , , , , , , , , , , , , , , ,				
expenditure responsibility for the grant?		[/A	es 🗀 No 🗼	3.20
If "Yes," attach the statement required by Regulations section 53 494	• •			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[32]	
a personal benefit contract?		Y	es X No	<u> </u>
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		<u> </u>	6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y₁	es 🗶 No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	y	
Paid Employees, and Contractors	<del></del>			
1 List all officers, directors, trustees, foundation managers and their		L(-) Componenties	T (d) 2	T . 36
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
	to position	enter -0-)	and deterred compensation	allowances
PETER C. MORSE	PRESIDENT & D	TRECTOR		[
2000 BRUSH STREET, SUITE 440				
DETROIT, MI 48226-2251	0.25	0.	0.	0.
MARTHA F. MORSE	VICE PRESIDEN	T & DIREC	TOR	
2000 BRUSH STREET, SUITE 440				}
DETROIT, MI 48226-2251	0.25	0.	0.	]0.
DAVID M. HEMPSTEAD	SECRETARY & D	IRECTOR		
1901 ST. ANTOINE STREET, 6TH FLOOR				
DETROIT, MI 48226	0.25	0.	0.	0.
RODNEY P. WOOD	TREASURER			
2000 BRUSH STREET, SUITE 440				ĺ
DETROIT, MI 48226-2251	0.50	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
4-1 Name and address of each ampleyee and more than \$50,000	(b) Title, and average		(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account, other allowances
NONE	· · · · · · · · · · · · · · · · · · ·		compensuson	
				Į.
<del></del>				
	i	i		
<del></del>	<del></del>	<del> </del>	<del></del>	<del> </del>
<del></del>	1			
<del></del>	<del> </del>	<del> </del>		<del></del>
	<del> </del>	ļ		1
	<del> </del>	<del>  - · · ·</del>	<del> </del>	<del> </del>
		1		1
The state of the sample of the	<del></del>	L	L	<del> </del>
Total number of other employees paid over \$50,000	<del></del>		<u> </u>	0 0 0 0 0 0 0 0
			Form	TABLE 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

	<u>5-3630</u>	825 Page 7
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		(o) component
HOME		
<del></del>		
<del></del>		
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Rart X-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
	-	
	$\dashv$	
2	+	
<u> </u>	⊣	
<del></del>	┥	
		<del></del>
<u> </u>		
	-{	
	<del></del>	
<u> </u>		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
1 41/11		
2		
<u> </u>		
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3	<u>-                                    </u>	0.
	For	m <b>990-PF</b> (2015)

Fori	m 990-PF (2015) MORSE CHARITABLE FOUNDATION, INC.	4!	5-3630825 Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	ns, see instructions)
a b c d e	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  Average monthly fair market value of securities  Average of monthly cash balances  Fair market value of all other assets  Total (add lines 1a, b, and c)  Reduction claimed for blockage or other factors reported on lines 1a and  1c (attach detailed explanation)  Acquisition indebtedness applicable to line 1 assets  Subtract line 2 from line 1d  Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	1a 1b 1c 1d 2 3 4 5	2,315,753 46,968 2,362,721 0 2,362,721 35,441 2,327,280
6	Minimum investment return. Enter 5% of line 5	6	116,364
123	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	id certai	n
	Minimum investment return from Part X, line 6  Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.)  2a 513.	1	116,364
	Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions Add lines 3 and 4	2c 3 4 5	513 115,851 0 115,851
6 7	Deduction from distributable amount (see instructions)  Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	6 7	115,851
313.	Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:  Expenses, contributions, gifts, etc total from Part I, column (d), line 26  Program-related investments - total from Part IX-B  Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	1a 1b 2	204,931
	Amounts set aside for specific charitable projects that satisfy the:  Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)  Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	3a 3b	204,931
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b  Adjusted qualifying distributions. Subtract line 5 from line 4	5 6	513 · 204,418 ·
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualities	for the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<ol> <li>Distributable amount for 2015 from Part XI,</li> </ol>	1 7 1 4 4	W /3 & // 3 A	144.744	2013
line 7				115,851.
2 Undistributed income, if any, as of the end of 2015	AAAAA			# % * * * *
a Enter amount for 2014 only			0.	
<b>b</b> Total for prior years:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 Evenes distributions per viva de la code		0		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 b From 2011				
dFrom 2012 106,890. dFrom 2013 182,437.				
eFrom 2014 50,409.				
f Total of lines 3a through e	339,736.			
4 Qualifying distributions for 2015 from	339,730.		2 3 4 1 1 A A	." *
Part XII, line 4: ▶\$ 204,931.				
a Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior		* 1 * 1 x x 1	0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	x 78 % %x, -		* * * * * *	<u> </u>
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	* * * * * *			115 051
e Remaining amount distributed out of corpus	89,080.		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	115,851.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	0.			
must be shown in column (a), the same amount	1 1 " 1 X 4			<u>U•</u>
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	428,816.	<u>. 4 . 4 . 7</u>		
b Prior years' undistributed income. Subtract			* * * * *	* *
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		_		
d Subtract line 6c from line 6b. Taxable		0.	<b>b b b e</b>	
amount - see instructions		١		* * * * * *
e Undistributed income for 2014. Subtract line	* * * *	0.		
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2015. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				•
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by	\$			
section 170(b)(1)(F) or 4942(g)(3) (Election	Š			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010		" \$ " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	£ , \$ .	
not applied on line 5 or line 7		. 1	* *	
9 Excess distributions carryover to 2016.		, , , , , , , , , , , , , , , , , , ,		*, *, *, *,
Subtract lines 7 and 8 from line 6a	428,816.		,	× 4 × 1
10 Analysis of line 9:	,	`		* ;
a Excess from 2011 b Excess from 2012 106,890.	· ·	`	*	,
b Excess from 2012 106,890. c Excess from 2013 182,437.				, 1
d Excess from 2014 50, 409.			ļ	
e Excess from 2015 89,080.			İ	r
523581 11-24-15				
		9		Form <b>990-PF</b> (2015)

orm 990-PF (		CHARITABLE I		INC.	45-36	30825 Page 10
Part XIV	Private Operating	Foundations (see in	structions and Part VI	I-A, question 9)	N/A	
	ndation has received a ruling					
	on, and the ruling is effective	•	-	<b>▶</b>	<del>,                                      </del>	
	x to indicate whether the fou		ing foundation described		4942(j)(3) or 494	42( <u>j)(</u> 5)
	lesser of the adjusted net	Tax year	4) 2011	Prior 3 years		
	rom Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
	nt return from Part X for		1	1	}	
each year			ļ <i>-</i>		<del></del>	
<b>b</b> 85% of li		ļ	<u> </u>	<b></b>	<del> </del>	
	g distributions from Part XII,			]	1	
	each year listed	<u> </u>	<del> </del> -	<del> </del>	<del> </del>	<del></del>
	included in line 2c not		1	1	1	
exempt a	ctly for active conduct of			1	1	
•	g distributions made directly	<del> </del>	<del> </del>	<del></del>	<del> </del>	<del></del>
	conduct of exempt activities			1		
Subtract Complete alternativ a "Assets" a	line 2d from line 2c 3a, b, or c for the e test relied upon: alternative test - enter: e of all assets					
	e of assets qualifying er section 4942(j)(3)(B)(i)					
2/3 of mi	nent' alternative test - enter nimum investment return Part X, line 6 for each year					
<b>c</b> "Support	'alternative test - enter:					
inve: divid secu	I support other than gross stment income (interest, lends, rents, payments on irities loans (section (a)(5)), or royalties)					
and orga	port from general public 5 or more exempt nizations as provided in ion 4942(j)(3)(B)(iii)					
( <b>3</b> ) Larg	est amount of support from					
an e	xempt organization		<u></u>			
	s investment income					
Part XV	Supplementary Inf at any time during			if the foundation	n had \$5,000 or mo	re in assets
	ition Regarding Foundat managers of the foundation v	_	than 20/ of the total cont	ributions received by th	o foundation before the class	a of any toy
vear (but	only if they have contributed	i more than \$5.000). (See	; man 2% of the total com section 507(d)(2).)	ributions received by the	e roundation before the clos	e or any tax
• •	C. MORSE	, , , ,	( ), /-/			
b List any i	managers of the foundation v	who own 10% or more of that a 10% or greater interc	he stock of a corporation	(or an equally large port	ion of the ownership of a pa	rtnership or
ONE		<u> </u>				
	tion Regarding Contribu	ution, Grant, Gift, Loar	. Scholarship etc. Dr	rograms:		
Check he		n only makes contributions	to preselected charitable	organizations and does	not accept unsolicited reque complete items 2a, b, c, and	
a The name	e, address, and telephone nu	mber or e-mail address of	the person to whom appl	cations should be addre	essed:	
SEE STA	ATEMENT 9					
<b>b</b> The form	in which applications should	d be submitted and informa	ation and materials they s	hould include;		
c Any subr	mission deadlines:					
<b>d</b> Any restr	ictions or limitations on awai	rds, such as by geographic	cal areas, charitable fields,	kınds of institutions, or	other factors:	
23601 11-24-1						Form <b>990-PF</b> (2015)

Show any relationship to any featureship to any foundation manager of substantial confributor .  BAAKER INDUSTRIES  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  PROGRAM SERVICES  PROGRAM SERVICES  PROGRAM SERVICES  PROGRAM SERVICES  PROGRAM SERVICES  PUBLIC CHARITY FELLOWSHIP IN PULMONOLOGY  79,5  GEORGETOWN UNIVERSITY  NO INDIVIDUALS  PUBLIC CHARITY THE WALLSTREET ALLIANCE  ALLIANCE  15,0  JUPITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  100 ESTRADA SQUARE  ROBE SQUIND, PL 33455  Total SEE CONTINUATION SHEET(S)  PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  101 ESTRADA SQUARE  102,5  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  101 ESTRADA SQUARE  102,5  PROGRAM SERVICES  103 ESTRADA SQUARE  104 ESTRADA SQUARE  105 ESTRADA SQUARE  106 ESTRADA SQUARE  107 ESTRADA SQUARE  108 ESTRADA SQUARE  109 ESTRADA SQUARE  109 ESTRADA SQUARE  109 ESTRADA SQUARE  100 ESTRADA SQUARE  100 ESTRADA SQUARE  101 ESTRADA SQUARE  102 ESTRADA SQUARE  103 ESTRADA SQUARE  104 ESTRADA SQUARE  105 ESTRADA SQUARE  107 ESTRADA SQUARE  108 ESTRADA SQUARE  109 ESTRADA SQUARE  109 ESTRADA SQUARE  100 ESTRADA SQUARE  100 ESTRADA SQUARE  101 ESTRADA SQUARE  101 ESTRADA SQUARE  102 ESTRADA SQUARE  103 ESTRADA SQUARE  104 ESTRADA SQUARE  105 ESTRADA SQUARE  107 ESTRADA SQUARE  108 ESTRADA SQUARE  109 ESTRADA SQUARE  109 ESTRADA SQUARE  100 ESTRADA SQUARE  100 ESTRADA SQUARE  100 ESTRADA SQUARE  101 ESTRADA SQUARE  101 ESTRADA SQUARE  101 ESTRADA SQUARE  102 ESTRADA SQUARE  103 ESTRAD	3 Grants and Contributions Paid During the		Payment	,	
The first stand address (unite of description of substantial contributor recopent  a Paid couring the year  BAKER INDUSTRIES  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  BRANDYWINE CONSERVANCY  PO BOX 141  CHILDREN'S HOSPITAL OF PHILADELPHIA  MO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  PO BOX 141  10,0  CHILDREN'S HOSPITAL OF PHILADELPHIA  MO INDIVIDUALS  PUBLIC CHARITY FELLOWSHIP IN  PULMONOLOGY  79,5  GEORGETOWN UNIVERSITY  NO INDIVIDUALS  PUBLIC CHARITY THE WALLSTREET  ALLIANCE  15,0  TUPITER ISLAND MEDICAL CLINIC, INC  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  15,0  TOTAL  TOTAL  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  Log STRADA SQUARE  TOTAL  TOTAL  TOTAL  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY PERM PELLOWSHIP IN THE  DIVISION OF		If recipient is an individual, show any relationship to any foundation manager		Purpose of grant or contribution	Amount
BAKER INDUSTRIES  184 PENNSYLVANIA AVENUE  4ALVERN, PA 19355-2864  NO INDIVIDUALS  BUBLIC CHARITY PROGRAM SERVICES  3,0  BRANDYWINE CONSERVANCY PO BOX 141  CHADDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA 10,0  CHILDREN'S HOSPITAL OF PHILADELPHIA 10 INDIVIDUALS  PUBLIC CHARITY PELLOWSHIP IN PULMONOLOGY  79,5  GEORGETOWN UNIVERSITY PHE WALLSTREET AND CIVIC CENTER BLVD  NO INDIVIDUALS  PUBLIC CHARITY PHE WALLSTREET ALLIANCE  15,0  TOTAL  TOTAL  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  10 Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  101  TOTAL  TOTAL  TOTAL  THE WALLSTREET  5,0  DAPPROVED for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY PERM PELLOWSHIP IN THE DIVISION OF	Name and address (nome or business)	or substantial contributor	recipient		
ALUERN, PA 19355-2864  3,0  BRANDYWINE CONSERVANCY PO BOX 141  CHAIDDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA 10,0  PHILADELPHIA, PA 19104-4399  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  PUBLIC CHARITY FELLOWSHIP IN PULMONOLOGY  79,5  BEORGETOWN UNIVERSITY NO INDIVIDUALS  PUBLIC CHARITY THE WALLSTREET ALLIANCE  15,0  TUDITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  100 ESTRADA SQUARE ROBE SOUND, PL 33455  Total  SEE CONTINUATION SHEET(S)  3,0  PUBLIC CHARITY PROGRAM SERVICES  5,0  Total  SEE CONTINUATION SHEET(S)  3 202,5  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY TERM PELLOWSHIP IN THE DIVISION OF	a Paid during the year		]		
ALUERN, PA 19355-2864  3,0  BRANDYWINE CONSERVANCY PO BOX 141  CHAIDDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA 10,0  PHILADELPHIA, PA 19104-4399  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  PUBLIC CHARITY FELLOWSHIP IN PULMONOLOGY  79,5  BEORGETOWN UNIVERSITY NO INDIVIDUALS  PUBLIC CHARITY THE WALLSTREET ALLIANCE  15,0  TUDITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  100 ESTRADA SQUARE ROBE SOUND, PL 33455  Total  SEE CONTINUATION SHEET(S)  3,0  PUBLIC CHARITY PROGRAM SERVICES  5,0  Total  SEE CONTINUATION SHEET(S)  3 202,5  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY TERM PELLOWSHIP IN THE DIVISION OF			1		
BRANDYWINE CONSERVANCY NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES PO BOX 141 CHADDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104-4399  NO INDIVIDUALS PUBLIC CHARITY FELLOWSHIP IN PULMONOLOGY 79,5  GEORGETOWN UNIVERSITY NO INDIVIDUALS PUBLIC CHARITY THE WALLSTREET ALLIANCE 15,0  TUPITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES 100 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SER CONTINUATION SHEET(S)  3,0  PUBLIC CHARITY PROGRAM SERVICES 5,0  Total SER CONTINUATION SHEET(S)  3 202,5  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM PELLOWSHIP IN THE DIVISION OF	BAKER INDUSTRIES	NO INDIVIDUALS	PIIBI.TC CHARTTY	DDOGDAM SERVICES	
BRANDYWINE CONSERVANCY NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES PO BOX 141 CHADDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CEMTER BLVD PHILADELPHIA, PA 19104-4399  NO INDIVIDUALS PUBLIC CHARITY FELLOWSHIF IN PULMONOLOGY  79,5  GEORGETOWN UNIVERSITY NO INDIVIDUALS PUBLIC CHARITY THE WALLSTREET ALLIANCE  15,0  JUPITER ISLAND MEDICAL CLINIC, INC 100 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD  NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD		NO INDIVIDUAD	COBBIC CHARTIT	PROGRAM SERVICES	
CHILDREN'S HOSPITAL OF PHILADELPHIA CHAIDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY FELLOWSHIP IN FULMONOLOGY  79,5  GEORGETOWN UNIVERSITY BOX 0734 WASHINGTON, DC 20073-0734  WASHINGTON, DC 20073-0734  DUPLITER ISLAND MEDICAL CLINIC, INC 100 ESTRADA SQUARE ROBE SOUND, PL 33455  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY TERM FELLOWSHIP IN THE DIVISION OF			ļ	į	3,00
CHILDREN'S HOSPITAL OF PHILADELPHIA CHAIDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY FELLOWSHIP IN FULMONOLOGY  79,5  GEORGETOWN UNIVERSITY BOX 0734 WASHINGTON, DC 20073-0734  WASHINGTON, DC 20073-0734  DUPLITER ISLAND MEDICAL CLINIC, INC 100 ESTRADA SQUARE ROBE SOUND, PL 33455  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY TERM FELLOWSHIP IN THE DIVISION OF					
CHILDREN'S HOSPITAL OF PHILADELPHIA CHAIDS FORD, PA 19317  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY FELLOWSHIP IN FULMONOLOGY  79,5  GEORGETOWN UNIVERSITY BOX 0734 WASHINGTON, DC 20073-0734  WASHINGTON, DC 20073-0734  DUPLITER ISLAND MEDICAL CLINIC, INC 100 ESTRADA SQUARE ROBE SOUND, PL 33455  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY TERM FELLOWSHIP IN THE DIVISION OF					
CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY PELLOWSHIP IN PULMONOLOGY  79,5  GEORGETOWN UNIVERSITY  BOX 0734  WASHINGTON, DC 20073-0734  NO INDIVIDUALS  PUBLIC CHARITY THE WALLSTREET ALLIANCE  15,0  JUPITER ISLAND MEDICAL CLINIC, INC  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY FERM PELLOWSHIP IN THE DIVISION OF		NO INDIVIDUALS	PUBLIC CHARITY	PROGRAM SERVICES	
CHILDREN'S HOSPITAL OF PHILADELPHIA  34TH STREET AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104-4399  NO INDIVIDUALS PUBLIC CHARITY PULMONOLOGY  79,5  GEORGETOWN UNIVERSITY NO INDIVIDUALS PUBLIC CHARITY THE WALLSTREET ALLIANCE  15,0  JUPITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  1010 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA AND INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  5,0  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  1012  103 104 105 105 105 105 105 105 105 105 105 105			ł		10.00
PHILADELPHIA, PA 19104-4399  TO INDIVIDUALS  PUBLIC CHARITY  THE WALLSTREET  ALLIANCE  JUPITER ISLAND MEDICAL CLINIC, INC  10 ESTRADA SQUARE  HOBE SOUND, FL 33455  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA  AND INDIVIDUALS  PUBLIC CHARITY  PROGRAM SERVICES  5,0  Total  CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY  PROGRAM SERVICES  5,0  Total  CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY TERM FELLOWSHIP IN THE  DIVISION OF	CHADDS FORD, PA 1931/	<del></del>		<del> </del>	10,000
PHILADELPHIA, PA 19104-4399  TO INDIVIDUALS  PUBLIC CHARITY  THE WALLSTREET  ALLIANCE  JUPITER ISLAND MEDICAL CLINIC, INC  NO INDIVIDUALS  PUBLIC CHARITY  PROGRAM SERVICES  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY  PROGRAM SERVICES  5,0  Total  SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA  NO INDIVIDUALS  PUBLIC CHARITY  PROGRAM SERVICES  5,0  Total  SEE CONTINUATION SHEET(S)  DIVISION OF					
GEORGETOWN UNIVERSITY BOX 0734 WASHINGTON, DC 20073-0734  JUPITER ISLAND MEDICAL CLINIC, INC 100 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S)  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD  NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  5,0  202,5	CHILDREN'S HOSPITAL OF PHILADELPHIA	NO INDIVIDUALS	PUBLIC CHARITY	FELLOWSHIP IN	
GEORGETOWN UNIVERSITY BOX 0734 WASHINGTON, DC 20073-0734  JUPITER ISLAND MEDICAL CLINIC, INC 100 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S)  D Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA SATH STREET AND CIVIC CENTER BLVD  NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  5,0  D UBLIC CHARITY PROGRAM SERVICES  PUBLIC CHARITY PROGRAM SERVICES  5,0  TOTAL  PUBLIC CHARITY TERM FELLOWSHIP IN THE DIVISION OF	34TH STREET AND CIVIC CENTER BLVD			PULMONOLOGY	
BOX 0734  WASHINGTON, DC 20073-0734  JUPITER ISLAND MEDICAL CLINIC, INC  NO INDIVIDUALS  PUBLIC CHARITY PROGRAM SERVICES  100 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S)  D Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY TERM FELLOWSHIP IN THE DIVISION OF	PHILADELPHIA, PA 19104-4399	<del></del>	<b></b>	<del> </del>	79,56
BOX 0734  WASHINGTON, DC 20073-0734  JUPITER ISLAND MEDICAL CLINIC, INC  100 ESTRADA SQUARE HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S)  Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS  PUBLIC CHARITY FERM FELLOWSHIP IN THE DIVISION OF					
JUPITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  100 ESTRADA SQUARE HOBE SOUND, FL 33455  Total SEE CONTINUATION SHEET(S) > 3a 202,5  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE DIVISION OF	GEORGETOWN UNIVERSITY	NO INDIVIDUALS	PUBLIC CHARITY	THE WALLSTREET	
JUPITER ISLAND MEDICAL CLINIC, INC NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES  100 ESTRADA SQUARE  HOBE SOUND, FL 33455  Total SEE CONTINUATION SHEET(S) > 32 202,5  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE 34TH STREET AND CIVIC CENTER BLVD	BOX 0734			ALLIANCE	
100 ESTRADA SQUARE  HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S) > 3a 202,5  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE 34TH STREET AND CIVIC CENTER BLVD	WASHINGTON, DC 20073-0734	+		<del> </del>	15,00
100 ESTRADA SQUARE  HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S) > 3a 202,5  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE 34TH STREET AND CIVIC CENTER BLVD					
100 ESTRADA SQUARE  HOBE SOUND, PL 33455  Total SEE CONTINUATION SHEET(S) > 3a 202,5  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE 34TH STREET AND CIVIC CENTER BLVD	JUPITER ISLAND MEDICAL CLINIC INC	NO INDIVIDUALS	PUBLIC CHARITY	PROGRAM SERVICES	
Total SEE CONTINUATION SHEET(S)  b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY FERM FELLOWSHIP IN THE DIVISION OF	100 ESTRADA SQUARE				
b Approved for future payment  CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE 34TH STREET AND CIVIC CENTER BLVD PIVISION OF	HOBE SOUND, FL 33455	<u> </u>			5,000
CHILDREN'S HOSPITAL OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY TERM FELLOWSHIP IN THE 34TH STREET AND CIVIC CENTER BLVD		NTINUATION SHEE	er(s)	<b>▶</b> 3a	202,56
34TH STREET AND CIVIC CENTER BLVD	• Approved for future payment				
34TH STREET AND CIVIC CENTER BLVD			li li		
i i i i i i i i i i i i i i i i i i i	CHILDREN'S HOSPITAL OF PHILADELPHIA	NO INDIVIDUALS	PUBLIC CHARITY	TERM FELLOWSHIP IN THE	
PHILADELPHIA, PA 19104-4399 PULMONOLOGY 166,3			}	DIVISION OF	
	PHILADELPHIA, PA 19104-4399		<b></b>	PULMONOLOGY	166,36
			1		
		<del> </del>	<b></b>	<del> </del>	
			1		
Total ▶ 3b 166,3	Total	1	L	3h	166,36

Part XVI-A	Analysis of Income-Producing Activities
Part Evião I	Analysis of income-Producing Activities
	Aliaivolo di lilicollici i caacilig Activitico

nter gross amounts unless otherwise indicated.	Unrelated t	usiness income		ed by section 512, 513, or 514	(e)
3	(a)	(b)	(C) Exclu-	(d)	Related or exempt
Program service revenue:	Business code	Amount	code	Amount	function income
a					
b					
C	·		+		
d	·	<del></del>			
e	•				<del></del>
f	·	-			
g Fees and contracts from government agencies	·			<del></del>	
Membership dues and assessments			<del>-                                    </del>		
Interest on savings and temporary cash			7 7		
investments					
Dividends and interest from securities			14	12,879.	
Net rental income or (loss) from real estate;	擎	<u> </u>	{ <b>%</b>	. ? \	¥.,
a Debt-financed property					
b Not debt-financed property	LL				
Net rental income or (loss) from personal					
property	LL				
Other investment income			14	-72,091.	
Gain or (loss) from sales of assets other	1		] ]	Ì	
than inventory			18	48,994.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:					
a					
b	. [				
c					
d					
e					
Subtotal. Add columns (b), (d), and (e)	***		) •   ;	-10,218.	
Total. Add line 12, columns (b), (d), and (e)				13	-10,21
ee worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt	Purposes	
		_	Zacinpe	. i uiposos	

▼	the foundation's exempt purposes (other than by providing funds for such purposes).	Similent Of
		<del> </del>
	<del> </del>	
		<del></del>
		<del></del>
	<del></del>	<del></del>
		<del></del>
523621 11-24-	-15	Form <b>990-PF</b> (2015)

Ρį	Information Regarding Transfers To and Transactions and Relationships With Noncha Exempt Organizations	ritable	€	_
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of	· (4)	Yes	No
	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	3 4	8 18	* * *
а	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions;	J		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	16(2)		X
	(0) Destrict facilities agreement as other consts	41-70		7

(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

 1b(3)
 X

 1b(4)
 X

 1b(5)
 X

 1b(6)
 X

 1c
 X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a)Line no	(b) Amount involved	(c) Name of nonchari	table exempt organization	(d) Descriptio	n of transfers, transaction	s, and sharing arrangements
		N/	A			
						<del> </del>
	<u> </u>			<del></del>		
	<del></del>	L				
	<del> </del>					
	<del> </del>					
	<del> </del>		<del></del>			
	<del></del>			<del></del>		
	<del> </del>			<del></del>		·· <del>-</del> · · · · · · · · · · · · · · · · · · ·
	<del> </del>			<del></del>	<del></del>	
				<del> </del>		
						<del></del>
in s	ne foundation directly or indirect ection 501(c) of the Code (other es," complete the following sche	than section 501(c)(3)) or in		izations described		Yes X No
	(a) Name of org	anization	(b) Type of organization		(c) Description of rela	itionship
	N/A					
				<b></b>		
	Under penalties of perjury, I declare	that I have everying this return upo	bluding accompanying ashedular as	d statements, and to the	a best of my knowledge	
Sign Here	and belief, it is true, correct and con	aplete Declaration of preparer (other	er than taxpayer) is based on all infor	mation of which prepare	er has any knowledge	May the IRS discuss this return with the preparer shown below (see instr.)?  X Yes No
	Signature of officer or trustee		Date	Title		<u></u>
	Print/Type preparer's na	1 .	r's signature	Date	Check if F self- employed	PTIN
Paid	ROSALBA TU	RO KO	Salle Turs	11/1/2016		P01075908
Prepa		LLC	////	<u>,                                </u>	Firm's EIN ▶ 26	
Use C	Only					<del></del>
	Firm's address ► 20	00 BRUSH ST,	STE 440			
	DE	TROIT, MI 482	26		Phone no. 313	-961-0500

Form **990-PF** (2015)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor JUPITER MEDICAL CENTER FOUNDATION NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES 1210 S OLD DIXIE HIGHWAY JUPITER, PL 33458 10,000. PUBLIC CHARITY POLICY RESEARCH MANHATTAN INSTITUTE NO INDIVIDUALS 52 VANDERBILT AVENUE NEW YORK, NY 10017 4,000. PAOLI HOSPITAL FOUNDATION NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES 255 WEST LANCASTER AVENUE PAOLI, PA 19301 10,000. PUBLIC CHARITY PROGRAM SERVICES PHILANTHROPY ROUND TABLE NO INDIVIDUALS 1730 M STREET NW, SUITE 601 WASHINGTON, DC 20036 5,000. STANFORD UNIVERSITY NO INDIVIDUALS PUBLIC CHARITY THE HOOVER INSTITUTION 326 GALVEZ STREET STANFORD, CA 94305-6105 7,500. NO INDIVIDUALS STATE POLICY NETWORK PUBLIC CHARITY PROGRAM SERVICES 1655 N FT MYER DRIVE, SUITE 360 ARLINGTON, VA 22209 10,000. THE ACADEMY OF MUSIC NO INDIVIDUALS PUBLIC CHARITY RESTORATION FUND ONE SOUTH BROAD STREET, 14TH FLOOR PHILADELPHIA, PA 19107 5,000. THE HEARTLAND INSTITUTE NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES ONE SOUTH WACKER DRIVE, SUITE 2740 CHICAGO, IL 60606 1,500. THE NEW CRITERION NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES 900 BROADWAY NEW YORK, NY 10003 5,000. NO INDIVIDUALS CHILDREN'S SCHOLARSHIP FUND OF PUBLIC CHARITY PROGRAM SERVICES PHILADELPHIA 100 S BROAD STREET, STE 1200 PHILADELPHIA, PA 19110 15,000. Total from continuation sheets 90,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or status of recipient Amount contribution any foundation manager Name and address (home or business) or substantial contributor NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES GESU SCHOOL 1700 WEST THOMPSON STREET PHILADELPHIA, PA 19121-5023 15,000. BOYS & GIRLS CLUB OF PHILADELPHIA NO INDIVIDUALS PUBLIC CHARITY PROGRAM SERVICES 1518 WALNUT STREET, STE 712 PHILADELPHIA, PA 19102 2,000. Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND INTER	REST	FROM SECU	RITIES	S:	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI		(A) REVENUE PER BOOKS	(E NET IN MENT I	WEST-		
COMERICA BANK - GARDNER COMERICA BANK -	12,364.		0.	12,364	. 12	2,364.		
ICIA	515.		0.	515	i <b>.</b>	515.		
TO PART I, LINE 4	12,879.		0.	12,879	12	2,879.		
FORM 990-PF		OTHER ]	INCO	мЕ	<del></del>	S'.	TATEMENT	2
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOI	
FROM K-1 - LIMITLES HOLDINGS, LLC (UBIT		_		-72,091.		0.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11		-72,091.		0.	=======================================	
FORM 990-PF		ACCOUNT	ING	FEES		Sr.	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUS NET IN	TED	(D) CHARITAI PURPOSI	
ACCOUNTING FEES		4,725	. —	2,126.			2,36	53.
TO FORM 990-PF, PG	1, LN 16B	4,725.	 ·	2,126.	<del></del>		2,30	53.
	====		= ==					

FORM 990-PF	TAX	ES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
FOREIGN TAX FEDERAL EXCISE TAX	1,695. 513.		5. ).	0.
TO FORM 990-PF, PG 1, LN 18	2,208.	1,695	5.	0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) - ADJUSTED E NET INCOM	
INVESTMENT FEES	6,758.	6,758	3.	0.
TO FORM 990-PF, PG 1, LN 23	6,758.	6,758	3.	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6
DESCRIPTION		I	BOOK VALUE	FAIR MARKET VALUE
116,505 UNITS BANKRATE INC 125 UNITS BROWN FORMAN CORP ( 440 UNITS ALTRIA GROUP 540 UNITS BERSHIRE HATHAWAY ( 100 UNITS BROWN FORMAN CORP ( 225 UNITS COMCAST CORP SPECIA 145 UNITS MARTIN MARIETTA MAY 580 UNITS MASTERCARD INC - C 660 UNITS PHILIP MORRIS INTE 950 UNITS UNILEVER N V NEW Y 905 UNITS WELLS FARGO & CO 335 UNITS ANHEUSER-BUSCH INB 380 UNITS BRITISH AMERICAN T 545 UNITS CIE FINANCIERE RIC 720 UNITS DIAGEO PLC 28 101/7 700 UNITS HEINEKEN HOLDINGS ( 1,010 UNITS NESTLE SA REP RG 360 UNITS SABMILLER PLC 190 UNITS SABMILLER PLC	INC CL B CL B AL CLASS A TERIALS INC LASS A RNATIONAL ORK SHS EV SPN ADR OBACCO PLC 2 HMONT AG 108P SHRS NV - NEW	5P ORD	2,679. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	1,549,517. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

MORSE CHARITABLE FOUNDATION, IN	С.		45-3630825
300 UNITS BERSHIRE HATHAWAY INC C 5 UNITS BROWN FORMAN CORP CL A 90 UNITS BROWN FORMAN CORP CL B 135 UNITS COMCAST CORP SPECIAL CL 60 UNITS MARTIN MARIETTA MATERIAL 310 UNITS MASTERCARD INC - CLASS 345 UNITS PHILIP MORRIS INTERNATI 475 UNITS UNILEVER N V NEW YORK S 485 UNITS WELLS FARGO & CO 215 UNITS ANHEUSER-BUSCH INBEV SP 200 UNITS BRITISH AMERICAN TOBACC 400 UNITS CIE FINANCIERE RICHMONT 340 UNITS DIAGEO PLC 28 101/108P 340 UNITS HEINEKEN HOLDINGS NV - 215 UNITS JC DECAUX SA 505 UNITS NESTLE SA REP RG SH ADR 200 UNITS PERNOD RICARD 175 UNITS SABMILLER PLC 28 UNITS THE WATCH GROUP AG-B	ASS A S INC A ONAL HS N ADR O PLC 25P ORD AG SHRS NEW	32,107. 358. 6,368. 5,412. 5,947. 16,838. 30,406. 18,717. 18,201. 20,495. 10,873. 32,728. 9,790. 20,492. 8,490. 35,482. 23,726. 8,838. 10,785.	39,612. 551. 8,935. 7,618. 8,195. 30,182. 30,329. 20,577. 26,365. 26,875. 11,116. 28,948. 9,279. 26,223. 8,244. 37,610. 23,250. 10,497. 9,799.
FORM 990-PF OT	HER INVESTMENTS		STATEMENT 7
FORM 990-PF OT DESCRIPTION	HER INVESTMENTS  VALUATION METHOD	BOOK VALUE	STATEMENT 7 FAIR MARKET VALUE
	VALUATION	BOOK VALUE 433,777.	FAIR MARKET VALUE
DESCRIPTION  LIMITLESS MOBILE HOLDINGS, LLC -	VALUATION METHOD COST		FAIR MARKET VALUE
DESCRIPTION  LIMITLESS MOBILE HOLDINGS, LLC - 0.7688392% INTEREST	VALUATION METHOD COST	433,777.	FAIR MARKET VALUE
DESCRIPTION  LIMITLESS MOBILE HOLDINGS, LLC - 0.7688392% INTEREST  TOTAL TO FORM 990-PF, PART II, LI	VALUATION METHOD  COST  NE 13  OTHER ASSETS  BEGINNING OF	433,777.	FAIR MARKET VALUE  433,777.  433,777.  STATEMENT 8
DESCRIPTION  LIMITLESS MOBILE HOLDINGS, LLC - 0.7688392% INTEREST  TOTAL TO FORM 990-PF, PART II, LI  FORM 990-PF	VALUATION METHOD  COST  NE 13  OTHER ASSETS  BEGINNING OF	433,777. 433,777. END OF YEAR	FAIR MARKET VALUE  433,777.  433,777.  STATEMENT 8  FAIR MARKET

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DAVID M. HEMPSTEAD

1901 ST. ANTOINE STREET, 6TH FLOOR

DETROIT, MI 48226

TELEPHONE NUMBER

313-259-7777

#### FORM AND CONTENT OF APPLICATIONS

BRIEF LETTER, FINANCIAL STATEMENT, COPY OF IRS LETTER DETERMINING TAX STATUS (UNLESS ALREADY LISTED IN CUMULATIVE LIST).

#### ANY SUBMISSION DEADLINES

NONE

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

AWARDS GENERALLY LIMITED TO CHARITABLE ORGANIZATIONS ALREADY FAVORABLY KNOWN TO, AND OF INTEREST TO, THE SUBSTANTIAL CONTRIBUTORS OF THIS FOUNDATION. NO GRANTS TO INDIVIDUALS.

#### GENERAL EXPLANATION

STATEMENT 10

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PART VII-B, QUESTION 1A(3) - SERVICES ACCEPTED FROM A DISQUALIFIED PERSON

#### **EXPLANATION:**

FE, LLC (2000 BRUSH ST., SUITE 440, DETROIT, MI 48226-2251), IS A BUSINESS OFFICE MAINTAINED FOR, AND AT THE EXPENSE OF, VARIOUS MEMBERS OF THE MORSE FAMILY WHO, WITH RESPECT TO THIS FUND, ARE "DISQUALIFIED PERSONS", INCLUDING PARTICULARLY PETER C. MORSE AND MARTHA F. MORSE.

FE, LLC SUPPLIES ACCOUNTING SERVICES AND OFFICE SERVICES (COLLECTING INCOME, DISTRIBUTION OF CONTRIBUTIONS, MAINTENANCE OF ACCOUNTS AND RECORDS, HANDLING CORRESPONDENCE, PREPARATION OF TAX RETURNS AND ANNUAL REPORTS, AND SIMILAR MATTERS) PERTAINING TO THE OFFICE OF THE TREASURER. SUCH SERVICES ARE PERFORMED BY RODNEY P. WOOD AND BY OTHERS IN FE, LLC UNDER HIS SUPERVISION. NO COMPENSATION IS PAID BY THE MORSE CHARITABLE FOUNDATION, INC. DIRECTLY TO RODNEY P. WOOD AS COMPENSATION FOR HIS SERVICES IN ANY OF THE CAPACITIES LISTED ABOVE OR OTHERWISE. IN 2015, \$4,725 WAS PAID BY THE MORSE CHARITABLE FOUNDATION, INC. TO FE, LLC FOR ALL THE SERVICES REFERRED TO IN THIS PARAGRAPH.

#### GENERAL EXPLANATION

STATEMENT

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PART VII-B, QUESTION 1A(4) - COMPENSATION PAID TO A DISQUALIFIED PERSON **EXPLANATION:** 

DAVID M. HEMPSTEAD, LISTED AS SECRETARY, IS A PARTNER IN THE LAW FIRM OF BODMAN LLP, 1901 ST. ANTOINE STREET, 6TH FLOOR, DETROIT, MICHIGAN 48226, WHICH FIRM ACTS AS THE ATTORNEYS FOR THE MORSE CHARITABLE FOUNDATION, INC. MR. HEMPSTEAD IS THE PERSON IN THE FIRM PRINCIPALLY CONCERNED WITH SUCH LEGAL SERVICES TO THE FUND, BUT OTHERS IN THE FIRM ALSO RENDER LEGAL SERVICES TO THE FUND UNDER HIS SUPERVISION. THE TIME SPENT BY MR. HEMPSTEAD STRICTLY IN THE LISTED OFFICIAL CAPACITIES CANNOT READILY BE SEPARATED FROM THAT SPENT IN PERFORMING THE LEGAL SERVICES REFERRED TO. DURING 2015, THE MORSE CHARITABLE FOUNDATION, INC. DID NOT PAY ANY SAID ATTORNEY FEES (AND EXPENSES) FOR THE SERVICES REFERRED TO IN THIS PARAGRAGH.