Form **990-PF**

7

T. CHARLE

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.

2018

	_	calendar year 2018 or tax year beginning	iis.gov/ronnssorr ioi iiist	, and ending		T Open to Fabric hispection
	_	me of foundation			A Employer identification	number
	M	ORSE FAMILY FOUNDATION (F	K/A STACEY			
	Ā	ND ROBERT MORSE FAMILY FO	(UNDATION		82-6770075	
		nber and street (or P O box number if mail is not delivered to street			B Telephone number	-
		/O UE LLC, 325 COLUMBIA T		202	973-408-67	00
		or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		LORHAM PARK, NJ 07932	<u> </u>			. —
	G (Check all that apply: Initial return		ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
		Address change Check type of organization: X Section 501(c)(3) ex	X Name change	<u> </u>		
	<u>"</u>	Section 4947(a)(1) nonexempt charitable trust			E If private foundation sta under section 507(b)(1)	
	I F	ur market value of all assets at end of year J Accounti	·	Accrual	,	
		· 1 —	ther (specify)		F If the foundation is in a under section 507(b)(1)	
		\$ 154,765. (Part I, colun	nn (d) must be on cash basi	s.)		(- <i>)</i> ,
γ	Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
/,		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
\N		1 Contributions, gifts, grants, etc., received	156,189.		N/A	
•		2 Check If the foundation is not required to attach Sch. B. Interest on savings and temporary				
		3 cash investments	447	4 4 7		CONTRACTOR 1
		4 Dividends and interest from securities	447.	447.		STATEMENT 1
CD		5a Gross rents b Net rental income or (loss)			· · · · · · · · · · · · · · · · · · ·	
Õ		6a Net gain or (loss) from sale of assets not on line 10				
SCANNED	Revenue	b assets on line 6a			DE	FIVED
2		7 Capital gain net income (from Part IV, line 2)		0.	1 - 11-	752 -701
	æ	8 Net short-term capital gain			36	2000 8
		9 Income modifications			4 NO/	(2 3) 2019 G
1		10a Gross sales less returns and allowances			ù	<u></u>
8		b Less Cost of goods sold			100	AFN. U
		c Gross profit or (loss)				-/ to 1
<u> </u>		11 Other income 12 Total, Add lines 1 through 11	156,636.	447.		
2020 6107 1	_	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
20		14 Other employee salaries and wages	, · · · · · · · · · · · · · · · · · · ·			
5		15 Pension plans, employee benefits			• • •	
7	enses	16a Legal fees		•	-	
-	en	b Accounting fees				
خ	Exp	c Other professional fees				
64 DEC 1	Administrative	17 Interest				
	tra	18 Taxes STMT 2	4,404.	0.		0.
, 3	ij	19 Depreciation and depletion				
1 800	Adr	20 Occupancy21 Travel, conferences, and meetings	664.	0.		664.
60 (and /	22 Printing and publications	004.	0.		004.
	ga	23 Other expenses STMT 3	1,670.	425.		923.
Part .	ati	24 Total operating and administrative	_,			
~	Operating	expenses. Add lines 13 through 23	6,738.	425.		1,587. 230,311.
, es	٥	25 Contributions, gifts, grants paid	230,311.			230,311.
		26 Total expenses and disbursements.				
		Add lines 24 and 25	237,049.	425.		231,898.
•)	27 Subtract line 26 from line 12:	00 410			
25		a Excess of revenue over expenses and disbursements	-80,413.	22.		
ζ_{i}		b Net investment income (if negative, enter -0-)		44.	N/A	}
. (1		C Adjusted net income (if negative, enter -0-)			T4 / T3	. 1

823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2018)

For	m 99	00-PF (2018) AND ROBERT MORSE FAMILY	FOUNDATION)	<u>82-6</u>	5770075 Page 2
ᇤ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	-
L	art	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	181,136.	16,920.	16,920.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less; allowance for doubtful accounts			
	5	Grants receivable			
	ı	Receivables due from officers, directors, trustees, and other			
	Ĭ	disqualified persons		1	
	٦,	Other notes and loans receivable			
	′	Less; allowance for doubtful accounts		· 	
'n	۵	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ass		Investments - U.S. and state government obligations			
		·	0.	156,189.	137,845.
				130,1031	
	١	Investments - corporate bonds			
	11	Investments - land, huildings, and equipment hasis			
		Less accumulated depreciation			
	l	Investments - mortgage loans			
	'-	Investments - other			
	14	Land, buildings, and equipment: basis			
	١	Less accumulated depreciation	72,386.	0.	0.
		Other assets (describe ► STATEMENT 5)	12,300.	U•	
	16	Total assets (to be completed by all filers - see the	252 522	172 100	151 765
_		instructions. Also, see page 1, item I)	253,522.	173,109.	154,765.
		Accounts payable and accrued expenses			
	l	Grants payable			
es	19	Deferred revenue			
Liabilitres	20	Loans from officers, directors, trustees, and other disqualified persons			
ë	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
				ا ا	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.		ļ	i
ĕ	24	Unrestricted			
Į,	25	Temporarily restricted			
8	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here			1
Ē		and complete lines 27 through 31.		_	}
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	,
As	29	Retained earnings, accumulated income, endowment, or other funds	253,522.	173,109.	1
Net Assets or Fund Balances	30	Total net assets or fund balances	253,522.	173,109.	<u> </u>
_					Ĭ
	31	Total liabilities and net assets/fund balances	253,522.	173,109.	1
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30	-	
		st agree with end-of-year figure reported on prior year's return)		1	253,522.
		amount from Part I, line 27a		2	-80,413.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3	_ 	4	173,109.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund halances at end of year (line 4 minus line 5) - Part II or	hlumn (h) line 30		173,109.

Form 990-PF (2018)

AND ROBERT MORSE FAMILY FOUNDATION)

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b) How acquired P - Purchase D - Donation		(c) Date (mo., d	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			•							
	NE				_					
- c								<u> </u>		
- <u></u> e		<u> </u>								
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			<u>I</u>		ain or (loss) (f) minus (
a		- 							-	
<u>b</u>	ļ									
- c d	1					-				
e		-								
Complete only for assets shows	ng gain in	column (h) and owned by	the foundation	n on 12/31/69.					ol. (h) gaın	
(i) FMV as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (I), if any			CO	l. (k), but r Losses	ot less than (from col. (n -0-) or h))
<u>a</u>										
b										
d d										
			†							
		∫ If gain, also ente	r in Part I line	7	٦		•			
2 Capital gain net income or (net ca	apıtal loss				刖	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8,			nd (6):		J					
If (loss), enter -0- in Part I, line 8	la da a C	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. Dadusas	I Tau an Mai		3				
Part V Qualification U							ient ind	come		
(For optional use by domestic private	е топпаан	ons subject to the section	4940(a) tax or	i net investment in	COINE	; .)				
If section 4940(d)(2) applies, leave t	his part bl	lank.								
Was the foundation liable for the sec If "Yes," the foundation doesn't quali					riod?					Yes X No
Enter the appropriate amount in					ntries	i.				
(a) Base period years		(b)			(c)				Distrib	(d) ution ratio
Calendar year (or tax year beginni	ing in)	Adjusted qualifying dis		Net value of no	nchai				(col. (b) div	ided by col. (c))
2017			5,000.				9,385	•		.532765
2016										
2015 2014									-	
2013									<u> </u>	
	*						•	i I		
2 Total of line 1, column (d)								2		.532765
3 Average distribution ratio for the	-		on line 2 by 5.	0, or by the numb	er of	years				F20F6F
the foundation has been in existe	nce if less	than 5 years						3		.532765
4 Enter the net value of noncharitat	ole-use as	sets for 2018 from Part X,	line 5					4		159,408.
5 Multiply line 4 by line 3						5		84,927.		
6 Enter 1% of net investment incor	ne (1% of	Part I, line 27b)						6		0.
7 Add lines 5 and 6								7		84,927.
8 Enter qualifying distributions from								8		231,898.
If line 8 is equal to or greater that	n line 7, ch	neck the box in Part VI, line	th, and comp	lete that part usin	g a 19	% tax r	ate.			

MORSE FAMILY FOUNDATION (F/K/A STACEY

rm 990-PF (2018) AND ROBERT MORSE FAMILY FOUR		82-677		Page 4
Part VI Excise Tax Based on Investment Income (Section		4948 - se	e instruction	ons)
1a Exempt operating foundations described in section 4940(d)(2), check here a	and enter "N/A" on line 1.			· 1
Date of ruling or determination letter: (attach copy of letter	if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	e ▶ X and enter 1%	1		0.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, ent	ter 4% of Part I, line 12, col. (b).	<u> </u>		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations on	ıly; others, enter -0-)	2		0.
3 Add lines 1 and 2		3		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations or	nly; others, enter -0-)	4	-	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		0.
6 Credits/Payments:				PA
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a O	.	,	·
b Exempt foreign organizations - tax withheld at source	6b O		•	
c Tax paid with application for extension of time to file (Form 8868)	6c 4,000	i	•	
d Backup withholding erroneously withheld	6d O	7 _		
7 Total credits and payments. Add lines 6a through 6d		7	4,(000.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is	s attached	8	n.c.	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	. 9		
O Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpa	nid >	10	4,(000.
1 Enter the amount of line 10 to be: Credited to 2019 estimated tax	4,000 . Refunded	. 11		0.
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local	legislation or did it participate or interve	ne in	Yes	No
any political campaign?	•		1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political pi	urposes? See the instructions for the de	finition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and cop				7.
distributed by the foundation in connection with the activities.	•			1 1
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed durin	g the year:		7	1
(1) On the foundation. > \$ 0 • (2) On foundation mana		•		
e Enter the reimbursement (if any) paid by the foundation during the year for political exp		_		1 1
managers. ▶ \$ 0.	•			- : -
2 Has the foundation engaged in any activities that have not previously been reported to	the IRS?		2	X
If "Yes," attach a detailed description of the activities.				. " [
Has the foundation made any changes, not previously reported to the IRS, in its govern	ning instrument, articles of incorporation	, or	, , "	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		•	3 X	-
4a Did the foundation have unrelated business gross income of \$1,000 or more during the			4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	•	N/A	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the	year?	·	5	X
If "Yes," attach the statement required by General Instruction T	•		4 -	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfi	ied either:		`-	1
By language in the governing instrument, or				. ,
By state legislation that effectively amends the governing instrument so that no mand	datory directions that conflict with the st	ate law		
remain in the governing instrument?	,		6 X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," o	complete Part II. col. (c), and Part XV		7 X	
Sid the foundation have at loads possess in addition at the during the year. It is a	5011p1010 / alt 11, 0012 (0), alta 1 alt 71			(
Ba Enter the states to which the foundation reports or with which it is registered. See instr	uctions -		1 1	1' 1
WY			- . .	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to t	the Attorney General (or designate)		- ` `	-
	the Attorney deneral (or designate)		8b X	-
of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning	of section 4942(1)/3) or 4942(1)/5) for a	alandar	00 A	
		aiciiudi		
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	•		9 10	 ^-
Did any persons become substantial contributors during the tax year? if "Yes," attach a si				l X

823531 12-11-18

MORSE FAMILY FOUNDATION (F/K/A STACEY

Form 990-PF (2018) AND ROBERT MORSE FAMILY FOUNDATION)

82-6770075

Page 5

Part VII-A Statements Regarding Activities (continued)			
		Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
If "Yes," attach statement. See instructions	12		x
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Website address ► N/A			
14 The books are in care of ► THE FOUNDATION Telephone no. ► 973-40	8-6	700	
Located at ► C/O UE LLC, 325 COLUMBIA TURNPIKE, FLORHAM PARK, ZIP+4 ►07			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
securities, or other financial account in a foreign country?	16		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
foreign country			
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):	,		- 1
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		·	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person? Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	l i		(
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			91
(5) Transfer any income or assets to a disqualified person (or make any of either available			
for the benefit or use of a disqualified person)?		÷	
(6) Agree to pay money or property to a government official? (Exception. Check "No"		•	-
ıf the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
Organizations relying on a current notice regarding disaster assistance, check here			h
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			لــــا
before the first day of the tax year beginning in 2018?	1c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			ll
defined in section 4942(j)(3) or 4942(j)(5)):			i I
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
before 2018? Yes X No			,
If "Yes," list the years $lacksquare$, , , , ,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect]
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			لــــا
statement - see instructions.) N/A	2b		<u> </u>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	١. ا		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	.		
		•	ŀŀ
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after	.		.
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		1	•
of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		X
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? A Did the foundation make any investment in a price year (but offer December 31, 1960) that could jeopardize the phastable purpose that	4a		i
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 2018?	4b		J
	m 99 0	-PF	

AND ROBERT MORSE FAMILY FOUNDATION) 82-6770075 Form 990-PF (2018) Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to: Yes X No (1) ·Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations 5b N/A section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? 6b X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870, Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Yes X No excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances STACEY C. MORSE TRUSTEE C/O UE LLC, 325 COLUMBIA TURNPIKE 0 0 0. FLORHAM PARK, NJ 07932 1.00 TRUSTEE ROBERT R. MORSE C/O UE LLC, 325 COLUMBIA TURNPIKE 0 0 FLORHAM PARK, NJ 07932 1.00 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (a) Name and address of each employee paid more than \$50,000 (c) Compensation allowances NONE

Form **990-PF** (2018)

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

Page 7

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
	pe of service	(c) Compensation
NONE		
		·
Total number of others receiving over \$50,000 for professional services	<u>▶</u>	(
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	is the E	xpenses
1 N/A		
2		
		,
3	_	
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		
2		
All other program-related investments. See instructions.		
3		
Fotal. Add lines 1 through 3		0.

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign fou	ndations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·	Average monthly fair market value of securities	1a	30,975.
	Average of monthly cash balances	1b	30,975. 130,861.
	Fair market value of all other assets	1c	
d		1d	161,836.
_	Reduction claimed for blockage or other factors reported on lines 1a and	 	
٠	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	161,836.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,428.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	159,408.
6	Minimum investment return. Enter 5% of line 5	6	7,970.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are	nd certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	7,970.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,970.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,970.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	7,970.
P	art XII Qualifying Distributions (see instructions)	···	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		221 000
a		1a	231,898.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
Þ	Cash distribution test (attach the required schedule)	3b	221 000
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	231,898.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
_	income. Enter 1% of Part I, line 27b	5	<u>0.</u> 231,898.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for th	ne section

Form **990-PF** (2018)

Form 990-PF (2018) AND ROBERT	MORSE FAMILY	FOUNDATION)	82-	6770075 Page 9
Part XIII Undistributed Income (see	e instructions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
Distributable amount for 2018 from Part XI, line 7				7,970.
2 Undistributed income, if any, as of the end of 2018			_	
a Enter amount for 2017 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				•
b From 2014				
c From 2015				
dFrom 2016 eFrom 2017 5,000.				
•	5,000.			
f Total of lines 3a through e 4 Qualifying distributions for 2018 from	3,000.			
Part XII, line 4: ►\$ 231,898.				
a Applied to 2017, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2018 distributable amount				7,970.
e Remaining amount distributed out of corpus	223,928.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	228,928.			,
b Prior years' undistributed income. Subtract			•	
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must		İ		0.
be distributed in 2019 7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				<u> </u>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.		-		
Subtract lines 7 and 8 from line 6a	228,928.			
10 Analysis of line 9:				
a Excess from 2014	j	İ		
b Excess from 2015			,	

823581 12-11-18

c Excess from 2016

d Excess from 2017

e Excess from 2018

Form **990-PF** (2018)

5,000.

223,928.

MORSE FAMILY FOUNDATION (F/K/A STACEY Form 990-PF (2018) AND ROBERT MORSE FAMILY FOUNDATION) 82-6770075 Page 10 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2018 (b) 2017 (c) 2016 (d) 2015 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon; a "Assets" alternative test - enter. (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest dividends, rents, payments on securities loans (section 512(a)(5)), or revalues) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) STACEY C. MORSE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 🕨 🐰 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2018)

AND ROBERT MORSE FAMILY FOUNDATION)

Supplementary Information (continued) Grants and Contributions Pard During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation status of Purpose of grant or contribution Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year AMERICAN ACADEMY IN ROME NONE PUBLIC CHARITY GENERAL UNRESTRICTED 7 E 60TH ST NEW YORK, NY 10022 500. BREARLEY SCHOOL NONE PUBLIC CHARITY GENERAL UNRESTRICTED 610 EAST 83RD STREET NEW YORK, NY 10028 5,000. PUBLIC CHARITY GENERAL UNRESTRICTED CENTER FOR THE ARTS NONE P.O. BOX 860 JACKSON, WY 83001 5,378. COLLEGIATE SCHOOL INC NONE PUBLIC CHARITY GENERAL UNRESTRICTED 260 WEST 78TH STREET NEW YORK, NY 10024 3,000. COMMUNITY FOUNDATION OF JACKSON HOLE PUBLIC CHARITY GENERAL UNRESTRICTED NONE P.O. BOX 574 JACKSON, WY 83001 25,000. SEE CONTINUATION SHEET(S) 230,311. ➤ 3a Total b Approved for future payment NONE 0. Total

82-6770075

Page 11

Part XV. Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation show any relationship to Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient COVENANT HOUSE NONE PUBLIC CHARITY GENERAL UNRESTRICTED 461 EIGHTH AVENUE NEW YORK, NY 10001 2,000. CREATIVE TIME, INC NONE PUBLIC CHARITY GENERAL UNRESTRICTED 59 EAST 4TH STREET, 6TH FLOOR NEW YORK, NY 10003 500. DEERFIELD ACADEMY NONE PUBLIC CHARITY GENERAL UNRESTRICTED 7 BOYDEN LANE 2,750. DEERFIELD, MA 01342 FREEDOM INSTITUTE INC NONE PUBLIC CHARITY GENERAL UNRESTRICTED 515 MADISON AVE INC, 13TH FL NEW YORK, NY 10022 300. GRAND TETON NATIONAL PARK FOUNDATION NONE PUBLIC CHARITY GENERAL UNRESTRICTED P.O. BOX 249 MOOSE, WY 83012 8,500. HARVARD UNIVERSITY NONE PUBLIC CHARITY GENERAL UNRESTRICTED 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138-5795 2,500. JACKSON HOLE LAND TRUST NONE PUBLIC CHARITY GENERAL UNRESTRICTED 185 E HANSEN AVE JACKSON, WY 83001 2,500. MOUNT SINAI HOSPITAL NONE PUBLIC CHARITY GENERAL UNRESTRICTED ONE GUSTAVE L. LEVY PLACE, BOX 1049 NEW YORK, NY 10029 500. MUSEUM OF MATHEMATICS PUBLIC CHARITY GENERAL UNRESTRICTED NONE 134 WEST 29TH STREET, SUITE 709/710 108. NEW YORK, NY 10001 NEW YORK BOTANICAL GARDEN PUBLIC CHARITY GENERAL UNRESTRICTED NONE 2900 SOUTHERN BLVD BRONX, NY 10458 500. Total from continuation sheets 191,433.

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	-
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
NEW YORK CITY BALLET, INC	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
20 LINCOLN CENTER				
NEW YORK, NY 10025				1,000
PARK AVENUE ARMORY	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
643 PARK AVENUE				
NEW YORK, NY 10065				4,000
SCHOOL OF AMERICAN BALLET INC 70 LINCOLN CENTER PLAZA	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
NEW YORK, NY 10023				29,200
TETON COUNTY SHERIFFS AUXILLARY	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
P.O. BOX 3829				2 400
JACKSON, WY 83001				3,100
TUE ALC ACCOCIAMION ELOBIDA CUADMED	NONE	DITIDI TO CUADITAV	GENERAL UNRESTRICTED	
THE ALS ASSOCIATION FLORIDA CHAPTER 3242 PARKSIDE CENTER CIRCLE	NONE	PUBLIC CHARITI	SEMERAL UNRESTRICTED	
TAMPA, FL 33619				200
THE DOE FUND	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
232 EAST 84TH STREET				2 000
NEW YORK, NY 10028				2,000
THE HARVARD BUSINESS SCHOOL CLUB OF	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
NEW YORK				
1460 BROADWAY NEW YORK, NY 10036				1,120
THE HILL SCHOOL	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
717 EAST HIGH ST				
POTTSTOWN, PA 19464				3,500
TUFTS UNIVERSITY	NONE	DIIRI.TO OUNDIMU	GENERAL UNRESTRICTED	
FORTS UNIVERSITY BO GEORGE STREET, SUITE 100-3	NONE	EUBLIC CHARITY	SIMBARD UNABSTRICTED	
MEDFORD, MA 02155		<u> </u>		25,000
UNICEF USA	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
125 MAIDEN LANE				100
NEW YORK, NY 10038 Total from continuation sheets		<u> </u>		100

MORSE FAMILY FOUNDATION (F/K/A STACEY AND ROBERT MORSE FAMILY FOUNDATION)

82-6770075

3 Grants and Contributions Paid During the '				
- Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
WITHNEY MUSEUM OF AMERICAN ART	NONE		GENERAL UNRESTRICTED	
99 GANSEVOORT ST		~		
NEW YORK, NY 10014				15,00
YADDO	NONE	DIIDITO CUARTITO	GENERAL UNRESTRICTED	
312 UNION AVENUE	NONE	PUBLIC CRARITI	GENERAL UNRESTRICTED	
SARATOGA SPRINGS, NY 12866				2,50
VALE UNIVERSITY	NONE	PUBLIC CHARITY	GENERAL UNRESTRICTED	
PO BOX 2038 NEW HAVEN, CT 06521-2038				84,55
	 			
				.
		 		

Form 990-PF (2018)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)	
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue.	Business	Amount	sion code	Amount	function income	
a						
b	_					
C	_	···				
d						
e		······································	1 1			
f				-		
g Fees and contracts from government agencies		-				
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities			14	447.		
5 Net rental income or (loss) from real estate;			7 7			
a Debt-financed property						
b Not debt-financed property		-				
6 Net rental income or (loss) from personal					<u>. </u>	
property						
7 Other investment income					<u>-</u>	
8 Gain or (loss) from sales of assets other than inventory					-	
9 Net income or (loss) from special events		-				
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a						
b						
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)	• ,).	447.	(
13 Total. Add line 12, columns (b), (d), and (e)				13	447	
(See worksheet in line 13 instructions to verify calculations.	.)			_		

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).	
	the foundation 3 exempt purposes (other than by providing famos for such purposes).	
\longrightarrow		
		
-+		
		_
	<u> </u>	
823621 12-11-	Form 990-PF	(2018)

AND ROBERT MORSE FAMILY FOUNDATION) Part XVII | Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt Organ	ıizations								
1	Did the	organization directly or indi	rectly engage in any	of the followin	ig with any othe	r organizatio	n described in secti	on 501(c)		Yes	No
	(other	than section 501(c)(3) organ	nizations) or in section	on 527, relating	g to political org	anizations?			İ		i
а	•	ers from the reporting found	•	-							
_	(1) Ca	• •			3				1a(1)		X
	. ,	her assets							1a(2)	\vdash	X
									1.4(2)	-	
O		ransactions:	- Ll						1b(1)		
		les of assets to a noncharita							- ` -		X
		rchases of assets from a no		organization					1b(2)		X
		ntal of facilities, equipment,							1b(3)	\vdash	X
		imbursement arrangements	1						1b(4)		
	• •	ans or loan guarantees							1b(5)		X
	(6) Pe	rformance of services or me	embership or fundrai	ısıng solıcıtatıo	ons				1b(6)	_	X
	c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								1c	l	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,										ets,	
		ices given by the reporting f				market value	e in any transaction	or sharing arrangement, sh	iow in		
		(d) the value of the goods,				-1	1 (4)				
(a)L	tue no	(b) Amount involved	(c) Name of		e exempt organi	zation	(0) Description	of transfers, transactions, and s	haring ar	rangeme	nts
				N/A			4				
											
			<u> </u>								
			 								
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_			<u> </u>								
2a		oundation directly or indirec	•	-	or more tax-exe	empt organiz	zations described		٦ ٧	v] No
		on 501(c) (other than sectio		ection 5277				L	_ Yes	LA] 1/IO
	If "Yes,	complete the following sch			(b) Type of or	annization I		c) Description of relationsh	ın.		
		(a) Name of org	janization		(b) Type of or	gamzauon		c) Description of relationsh	ıμ		
		N/A			 		-				
											
							-				
					 		•••		•		
	Lun	der penalties of perjury, I declare	that I have examined th	ie return, includin	nd accompanying s	chedules and	statements and to the	hest of my knowledge			
e:	and	belief, it is true correct, and cor						has any knowledge May retur	the IRS on with th	e prepar	er
Sig He		I will wit I	1_11/11/12		10.7/2	zh.c	TRUSTE		vn below Yes		7 I
•••	2	repature of officer or tructee	TIWW		Date	8/2019	Title		⊔ Yes		J No
		gnature of officer or trustee Print/Type preparer's na		Preparer's s		1	Date	Check if PTIN			
		r minutype preparer 5 mg	ATTIC .	Trichater 2.2	igilatul ö		Date	self- employed			
Pa	id	DAVID C "	שנים ג משונו	DAVITO	כ נואותים		11/12/10	, * I	161	569	
	na epare	Pirm's name VNT			S. UNTR	ACRT	11/12/19	Firm's EIN ► 22 – 37			
	epare se Onl		RACHT EAR	тт трС	•			riimisein > 22-37	540	טכ	
US	e Uni	Firm's address ▶ 325 COLUMBIA TURNPIKE, SUITE 202									
						OTTE	404	Phone no. 973-40	R_6	700	
		I FL	ORHAM PAR	(L, NO	01334	,					(2018)
								rυ	…!! フブ!	J-L L	(2010)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

MORSE FAMILY FOUNDATION (F/K/A STACEY AND ROBERT MORSE FAMILY FOUNDATION)

Employer identification number

82-6770075

Organiz	zation type (check o	one).												
Filers o	f:	Sect	ion:											
Form 99	90 or 990-EZ		501(c)() (enter numb	er) organizatio	on				•				
			4947(a)(1)	nonexempt cha	arıtable trust n	ot treated a	as a priva	te founda	ition					
			527 politic	cal organization										
Form 99	90-PF	X	501(c)(3) e	exempt private f	oundation									
			4947(a)(1)	nonexempt cha	arıtable trust tı	reated as a	private fo	oundation						
			501(c)(3) t	axable private fo	oundation									
	f your organization is inly a section 501(c)						eneral R	ule and a	Special (Rule Se	e instru	uctions		—
General	i nuie													
X	For an organization property) from any												oney or	
Special	Rules													
	sections 509(a)(1) any one contributo	or an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations usections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that receive may one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part V (ii) Form 990-EZ, line 1 Complete Parts I and II					ived from	h,						
year, total contribi		tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),					or the							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that revivear, contributions exclusively for religious, charitable, etc., purposes, but no such contribution is checked, enter here the total contributions that were received during the year for an exclusive purpose. Don't complete any of the parts unless the General Rule applies to this organization religious, charitable, etc., contributions totaling \$5,000 or more during the year.					ntribution exclusive	s totaled ely religio	more thus, char	an \$1,0 itable, (000 If this etc ,	s box				
but it m	i: An organization th ust answer "No" on hat it doesn't meet t	Part I	V, line 2, of	ıts Form 990, or	check the bo	x on line H	of its For	m 990-EZ						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

MORSE FAMILY FOUNDATION (F/K/A STACEY AND ROBERT MORSE FAMILY FOUNDATION)

82-6770075

Partil _g	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	C/O UE LLC, 325 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932	\$156,189.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MORSE FAMILY FOUNDATION (F/K/A STACEY AND ROBERT MORSE FAMILY FOUNDATION)

Employer identification number

82-6770075

Part II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	515 SHS NETFLIX INC.		_
		\$\\$\\$	10/31/18
(a) No. from Part I	(b) · Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
— : - -		 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	8		990. 990-EZ. or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Name of organization **Employer identification number** MORSE FAMILY FOUNDATION (F/K/A STACEY AND ROBERT MORSE FAMILY FOUNDATION) 82-6770075 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTER	EST :	FROM SECUR	ITIES ST	FATEMENT	1
GROSS SOURCE AMOUNT		CAPITAL GAINS DIVIDENDS		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
THROUGH MORGAN STANLEY SMITH BARNEY LLC	447.		0.	447.	447.		
TO PART I, LINE 4	447.		447.		447.		
FORM 990-PF		TAX	ES		S	FATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
FEDERAL EXCISE TAXES		4,404.	404. 0.				0.
TO FORM 990-PF, PG 1	, LN 18	4,404.		0.			0.
FORM 990-PF		OTHER E	XPEN	SES	S	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
FILING FEE ADMINISTRATIVE EXPENSES PENALTIES		850. 498. 322.	0.			425. 498. 0.	
TO FORM 990-PF, PG 1	_	1,670.		425.			23.

FORM 990-PF C	CORPORATE STOCK		STATEMENT	4
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	r
NETFLIX INC (NFLX)	156,189.	137,845.		
TOTAL TO FORM 990-PF, PART II, LI	156,189.	9. 137,845		
FORM 990-PF	OTHER ASSETS		STATEMENT	5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	r
REVERSAL OF FEDERAL TAX WITHHOLDING DUE FROM BROKER	72,386.	0.		0.
TO FORM 990-PF, PART II, LINE 15	72,386.	0.		0.

RESOLUTION TO AMEND TRUST INSTRUMENT NAME CHANGE

Stacey C. Morse and Robert R. Morse, as the trustees (collectively, the "Trustees") of the Stacey and Robert Morse Family Foundation (the "Foundation"), hereby take the following action by consent and upon waiver of notice, such action to have the effect of a vote at a duly constituted meeting upon proper notice as of the date hereof.

WHEREAS, Stacoy C. Morse and Robert R. Morse, as settlors, executed that certain Trust Agreement dated December 13, 2017 (the "Trust Instrument"), thereby creating the Foundation as a charitable trust;

WHEREAS, the Trust Instrument establishes the name of the Foundation:

WHEREAS, the Trustees wish to change the name of the Foundation from the "Stacey and Robert Morse Family Foundation" to the "Morse Family Foundation";

WHEREAS, Article 4 of the Trust Instrument provides that "[t]he Trustee[s]... shall have the power, acting alone, to amend the [Trust Instrument] in any manner required for the sole purpose of ensuring that the [Foundation] continues to qualify as an entity described in Code Secs. 170(c)(2), 2055(a) and 501(c)(3)";

WHEREAS, the Internal Revenue Service Instructions for Form 990, Return of Organization Exempt from Income Tax, provide that, if an organization is a trust, a name change must be reported by attaching a copy of a resolution amend the trust instrument that shows the effective date of the change of name and signed by at least one trustee;

WHEREAS, the amendment to the Trust Instrument for purposes of changing the name of the Foundation as set forth in this Resolution will not disqualify the Foundation as an entity described in Code Secs. 170(c)(2), 2055(a) and 501(c)(3);

WHEREAS, Article 10 of the Trust Instrument provides:

When [the Trustees] take action that is authorized hereunder and such action does not involve the participation of another person with respect to such action, the Trustee[s] may (but shall not be required to) execute . . . an acknowledged, written instrument describing the action taken, which instrument shall be maintained with the [Foundation] records and . . . delivered to one or more of the adult and competent beneficiaries then eligible or entitled to distributions of income or principal of such [Foundation] . . .

WHEREAS, pursuant to the Trust Instrument and as required by the Internal Revenue Service, the Trustees wish to document the amendment of the Trust Instrument for purposes of

changing the name of the Foundation to the "Morse Family Foundation" effective as of

RESOLVED, that the Trust Instrument he and hereby is amended to change the name of the Foundation to the "Morse Family Foundation" with such amendment to the Trust Instrument and name change of the Foundation to be effective as of July 30, 20 19:

FURTHER RESOLVED, that the Trustees of the Foundation be and hereby are, in the name and on behalf of the Foundation, authorized to execute and deliver to the Internal Revenue Service such documents as may be required by the same to effectuate the name change of the Foundation; and

FURTHER RESOLVED, that the Trustees of the Foundation be and hereby are, in the name and on behalf of the Foundation, authorized to execute and deliver such other documents as may be necessary or appropriate to effectuate the name change of the Foundation.

The undersigned, being the Trustees of the Foundation, hereby consent to the adoption of the foregoing resolutions without a meeting to be effective as of <u>Jum</u>, 20 19.

TRUSTEES:

Stacey C. Morse

Robert R Marse

Robert R. Morse