For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

#### DLN: 93493116007301 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

		nue Service	I .								
			alendar year, or tax year begins	ning 01-01-2020 , and endi	ing 12-3	1-2020					
		pplicable:	C Name of organization Elisabeth Reeve Morrow Morgan Four				D Employ	er identif	ication number		
		change	c/o Jones & Jones Att Graham O Jone				22-603	5428			
	me cha tial ret	-	Doing business as								
		.urn n/terminated	-								
		return	Number and street (or P.O. box if ma	il is not delivered to street address)	Room/sui	ite	E Telephoi	ne number			
		on pending	45 Essex Street	,			(201) 4	87-3600			
			City or town, state or province, count	ry, and ZIP or foreign postal code							
			Hackensack, NJ 07601				<b>G</b> Gross re	ceipts \$ 1	,220,608		
			<b>F</b> Name and address of principal	officer:		H(a) is	this a group re				
			Reeve Lindbergh					turri ioi	□Yes ☑No		
			839 Tripp Lane St Johnsbury, VT 05819				ibordinates? re all subordina	tes			
Tay	v-ovor	npt status:	•			i `ín	cluded?		☐ Yes ☐No		
l a.	v-eveli	npt status.	<b>✓</b> 501(c)(3)	nsert no.)	<b></b> 527		"No," attach a	•	•		
J W	ebsit	e:► N/A	<b>\</b>			H(c) G	roup exemption	number	<b>&gt;</b>		
						_		I			
<b>K</b> Forr	n of or	ganization:	: 🗹 Corporation 🔲 Trust 🔲 Assoc	iation 🔲 Other ►		<b>L</b> Year of f	ormation: 1935	M State	of legal domicile: DE		
Pa	art I		mary								
	ı		scribe the organization's mission or		C 170/F)/	4 \ / A \ / :: \					
မ	=	_naritable	support specifically for the listed o	organization. A school under IRC	C 170(b)(	1)(A)(II).					
Ĕ											
Ĕ	-										
<b>X</b>	2	Check thi	is box $\blacktriangleright \Box$ if the organization disc	continued its operations or disp	osed of m	nore than 2	25% of its net a	ssets.			
Ğ.	3	Number o	of voting members of the governing	g body (Part VI, line 1a)				3	8		
<b>ಶ</b>	4	Number o	of independent voting members of	the governing body (Part VI, lin	ne 1b) .			4	8		
ě	5	Total nun	nber of individuals employed in cale	endar year 2020 (Part V, line 2a	a)			5	0		
<u> </u>			nber of volunteers (estimate if nece	, , ,	•			6	0		
Activities & Governance			7a	0							
			elated business revenue from Part lated business taxable income from	* **			•	7b	0		
	b	Net uniei	ated business taxable income nom	Form 990-1, line 39		<del></del>	· ·	/			
	_						Prior Year		Current Year		
<u>9</u> ;			cions and grants (Part VIII, line 1h)	· —				0	0		
Ē	9	Program	service revenue (Part VIII, line 2g)		•			0	0		
Ravenue	10	Investme	ent income (Part VIII, column (A), lii		110,	967	646,645				
_	11	Other rev	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)				0	0		
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), lir	ne 12)		110,	967	646,645		
	13	Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3 )			150,	000	150,000		
			paid to or for members (Part IX, col					0	0		
۰.			other compensation, employee ber	, ,,				0			
See		•		, , , , , , , , , , , , , , , , , , , ,	,			0	0		
ર્જી			onal fundraising fees (Part IX, colum	, ,,	•			4	0		
Expenses			raising expenses (Part IX, column (D), li	· ————							
	l	·	penses (Part IX, column (A), lines 1	•	•		34,	784	37,154		
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)			184,	784	187,154		
	19	Revenue	less expenses. Subtract line 18 fro	m line 12			-73,	817	459,491		
\$ &				<del></del>		Beginr	ning of Current \	'ear	End of Year		
Net Assets or Fund Balances						<u> </u>					
Ba	20	Total ass	ets (Part X, line 16)		•		944,	888	1,404,379		
₹ ₹	21	Total liab	ilities (Part X, line 26)					0	0		
ŽΞ	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20			944,	888	1,404,379		
Pa	rt II	Sign	ature Block								
			erjury, I declare that I have exami								
	ledge nowle		f, it is true, correct, and complete.	Declaration of preparer (other	than offic	er) is base	ed on all inform	ation of v	which preparer has		
ally K	HOWIE										
		*****	*				2021-04-21				
Sign		Signati	ure of officer				Date				
Here		Reeve	Lindbergh President								
			r print name and title								
		P	rint/Type preparer's name	Preparer's signature	l D	ate		PTIN			
Paid	4			1		021-04-21	Check $\square$ if	P0054258	8		
		\r   <sub>F</sub>	ïrm's name ► Prata McCabe CPAs LLP	1	I		self-employed Firm's EIN ► 84	-1738482			
	pare	*!									
use	On	ıy   <sub>∓</sub>	irm's address 🟲 7 West 45th Street Suite	e 706			Phone no. (212)	213-4435			
			New York, NY 10036								
May +	he IP	C discuss	this return with the preparer show	n above? (see instructions)					/es $\square$ No		

Cat. No. 11282Y

Form 990 (2020)

Form	990 (2020)					Page <b>2</b>
Pa	nt III Statemen	t of Program Service	Accomplis	hments		
	Check if Sch	edule O contains a respor	se or note to	any line in this Part III .		🗆
1		organization's mission:				
The s		ion of children through gr	ants to the Elis	sabeth Morrow School, a	school under Sec 170(b)(1)(A)(ii)	of the Internal Revenue
2		n undertake any significan		vices during the year wh	nich were not listed on	
	•	or 990-EZ?				🗌 Yes 🗹 No
		nese new services on Sche				
3	services?	n cease conducting, or ma   nese changes on Schedule		changes in how it condu	cts, any program	☐ Yes ☑ No
4	Section $501(c)(3)$ a	zation's program service and 501(c)(4) organization nue, if any, for each prog	s are required	to report the amount of	argest program services, as measu f grants and allocations to others, t	red by expenses. he total
4a	(Code:	) (Expenses \$	150,000	including grants of \$	150,000 ) (Revenue \$	)
	See Additional Data	, (				,
4b	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program serv (Expenses \$	rices (Describe in Schedul inclu	e O.) ding grants of	\$	) (Revenue \$	)
4e	Total program se	rvice expenses >	150,0	00		

15

17

18

19

12b

13

14a

14b

15

16

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18

19

20a

20b

21

Yes

Form **990** (2020)

Νo

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> , Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

orm	990 (2020)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	_ <del></del>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	· :		
4	Enter the number reported in Rev 2 of Form 1006. Enter -0. If not applicable.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 <sub>a</sub>	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	on <b>6a</b>	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	ere <b>6b</b>	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se provided to the payor?	rvices <b>7a</b>	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file <b>7c</b>	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo 1098-C?	rm <b>7h</b>	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	<u> </u>	
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?		
	Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in	13a	
	which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	INO
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exc	cess	<b>—</b>
16	parachute payment(s) during the year?	. 15	No
10	If "Yes," complete Form 4720, Schedule O.	16	No

	,			9 - 1
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	€.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  Reeve Lindbergh President 839 Tripp Lane St Johnsbury, VT 05819 (802) 748-9956	F	orm OC	<b>0</b> (2020

organization and any related organizations.

Part VII

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

☑ Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)  s O D D D D D D D D D D D D D D D D D D		(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) Reeve Lindbergh President	0.00	X		Х		<u>d</u>		0	0	0
(2) Anne M Fulenwider Vice President	0.00	х		Х				0	0	0
(3) Graham O Jones Treasurer	0.00	Х		Х				0	0	0
(4) Margaret Silver Secretary	0.00	Х		Х				0	0	0
(5) Monica Borg Trustee	0.00	Х						0	0	0
(6) Judith W Johnson Trustee	0.00	Х						0	0	0
(7) William C Miller IV Trustee	0.00	Х						0	0	0
(8) Rosemary Mills Russell Trustee	0.00	Х						0	0	0
										Form <b>990</b> (2020)

Part VII

Page 8

	(A)	(B) (C) Average Position (do not check more							(D)			(E)		(F)		
	Name and title	Average hours per week (list any hours for related	than one box, unless person com is both an officer and a fr director/trustee) org							ompensation co from the frorganization or		Reportable compensatior from related organizations	,	Estima amount o compens from	f other sation the	
		organizations below dotted line)  Officer  Institutional Trustee  Officer  Institutional Trustee  Officer  Institutional Trustee				(W-2/1099- MISC)		organizati relati organiza	ed							
													_			
	Sub-Total						<u> </u>									
_	Total from continuation sheets to Pa Total (add lines 1b and 1c)	art VII, Section			:		<b>&gt;</b>			0			0		0	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eived mo	re than	\$10	0,000				
														Yes	No	
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er •	mplo •	yee, o	or hi	ghest cor	mpensa	ted (	employee on	3		No	
4	For any individual listed on line 1a, is organization and related organizations individual											the				
5	Did any person listed on line 1a receive services rendered to the organization?												5		No	
Se	ection B. Independent Contract	ors														
1	Complete this table for your five higher from the organization. Report comper												npens	sation		
	Name a	(A) and business addre	ess							D	)escri	(B) ption of services		(C Compen		

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

compensation from the organization ▶ 0

orm s Pari		(2020) Statement	of F	Pevenue						Page <b>9</b>
raii	VIII				a rest	oonse or note to any	line in this Part VIII			🗆
					- r		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Gifts, Grants ilar Amounts	b Membership dues 1t				1a 1b			revenue		512 - 514
5 X					1d					
Contributions, Gift and Other Similar	е	Government grants (	contri	ibutions)	1e					
lions r Sir	f	All other contributions and similar amounts above	s, gift not ir	ts, grants, ncluded	1f					
Contributions, and Other Sim	g	Noncash contribution: lines 1a - 1f:\$	s incl	uded in	1g					
Comp	h	Total. Add lines 1a	a-1f			•				
						Business Code				
æ	2a									
Neur	b									
e Be	C									
žer vi										
am §	d									
Program Service Revenue	e	-								
		All other program								
	₩	Total. Add lines 2 Investment income				interest, and other				
	s	similar amounts). Income from invest				<b>•</b>	1			19,682
	1	Royalties				•	<del>}</del>			
				(i) R	eal	(ii) Personal	1			
		Gross rents Less: rental	6a				_			
		expenses	6b							
		Rental income or (loss)	<b>6</b> c							
	C	Net rental income	or (	(loss) . (i) Secu		(ii) Other				
	7a	a Gross amount		1,200,92		-				
	b	Less: cost or other basis and sales expenses	7b		573,96	53				
	С	Gain or (loss)	7c		626,96	53				
<b>a</b> v	1	Net gain or (loss) Gross income from fu	ındra	ising events			626,963			626,963
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	d on		f 8a					
r Re	1	Less: direct expen			81	)	<u> </u>			
Othe	'	: Net income or (los	ss) fr	om fundra	iising e	vents •				
	9a	Gross income from See <b>Part</b> IV, line 19	gami •	ing activitie	es. 9a	1				
	1	Less: direct expen				(b)				
					g activ	ities •				
	10	aGross sales of inve returns and allowa	entor	ry, less	10	a				
		Less: cost of good			10					
	_	Net income or (los Miscellaneo			of inver	Business Code				
	11	a					1			
	Ŀ									
	•	:								
	_ ا	All other revenue				-				
		Total. Add lines 1				•				
	12	<b>Total revenue.</b> S	ee ir	nstructions			646,645	C		646,645
	_						2.10,043			Form 000 (2020)

Pa	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns.	All other organizatio	ns must complete co	lumn (A).
	Check if Schedule O contains a response or note to an	•	<del>-</del>	·	· · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	150,000	150,000	-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	1,750		1,750	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	32,892		32,892	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,512		2,512	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
4	a				
i	)				
•					
•	d				
•	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	187,154	150,000	37,154	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

2

3

27

28

31

32

33

ō 29

Assets 30 207

271,758

216,532

915.882

1,404,379

1.404.379

1,404,379

1,404,379

Form 990 (2020)

(B)

End of year

Page **11** 

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

Cach_non_inte

Cash-non-interest-bearing . . . . . Savings and temporary cash investments . Pledges and grants receivable, net . . .

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . . Prepaid expenses and deferred charges .

10a

basis. Complete Part VI of Schedule D 10b

b Less: accumulated depreciation

10a Land, buildings, and equipment: cost or other Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 . Investments—program-related. See Part IV, line 11

11 12 13 14 Intangible assets . 15

Other assets. See Part IV, line 11 . . . Total assets. Add lines 1 through 15 (must equal line 33) .

16 17 Accounts payable and accrued expenses . 18 Grants payable .

Deferred revenue . . . Tax-exempt bond liabilities . . .

19 20 21 Liabilities 22

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

23 24 25

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . .

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Fund Balances

Other liabilities (including federal income tax, payables to related third parties,

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 27, 28, 32, and 33.

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

944.888

Beginning of year

233 1

2

3

4

5

6 7

8

9

10c

11

12 13

14

15

16

17 18

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30

31

32

33

75,551

846.505

944,888

22,599

0

944,888

944,888

25 26

Form	990 (2020)				Page <b>12</b>
Pa	tXI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			646,645
2	Total expenses (must equal Part IX, column (A), line 25)	2			187,154
3	Revenue less expenses. Subtract line 2 from line 1	3			459,491
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			944,888
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		1	,404,379
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
			$\vdash$		<del></del>

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Form **990** (2020)

#### **Additional Data**

#### Software ID: Software Version:

The Elisabeth Morrow School is the beneficiary of this organization and is a school as described in IRC Sec 170(b)(1)(A)(ii). All payments are for the school's support.

**EIN:** 22-6035428

c/o Jones & Jones Att Graham O Jones

Form 990 (2020)

Form 990, Part III, Line 4a:

Name: Elisabeth Reeve Morrow Morgan Foundation

efil	e GR	APHIC prin	nt - DO NO	OT PROCESS	As Filed Data -				493116007301
	m 99	OULE A	Coi	mplete if the org	Charity Status ganization is a sective 4947(a)(1) nonexer Attach to Form 9	on 501(c)(3) o mpt charitable	rganization or trust.	ort 🗀	2020
-		f the Treasury	•	Go to www.irs.	gov/Form990 for in			rmation.	Open to Public Inspection
Nam	e of tl	<b>he organiza</b> eve Morrow Mor		on				Employer identifica	ation number
c/o Jo	nes & J	lones Att Graha	m O Jones					22-6035428	
	rt I				<b>s</b> (All organizations it is: (For lines 1 throu			ee instructions.	
1	n ganiz		•		•	<b>.</b>	,	(A)(:)	
		·		,	ociation of churches d			(A)(I).	
2	Ш				)(A)(ii). (Attach Sch	`	, ,		
3		A hospital o	r a coopera	tive hospital servi	ce organization descri	ibed in <b>section 1</b>	.70(b)(1)(A)(i	iii).	
4		A medical r name, city,		anization operated	d in conjunction with a	a hospital describ	ed in <b>section 1</b>	l <b>70(b)(1)(A)(iii).</b> Er	ter the hospital's
5				ed for the benefit lete Part II.)	of a college or univers	sity owned or ope	erated by a gov	ernmental unit describ	ed in <b>section 170</b>
6		A federal, s	tate, or loca	al government or o	governmental unit des	cribed in <b>sectio</b>	n 170(b)(1)(A	)(v).	
7		section 17	0(b)(1)(A)	<b>)(vi).</b> (Complete l	Part II.)		-	nit or from the genera	I public described in
8		A communi	ty trust desc	cribed in <b>section</b>	170(b)(1)(A)(vi). (	Complete Part II	.)		
9		non-land gr	ant college	of agriculture. Se	e instructions. Enter t	he name, city, ar	nd state of the o		
10	Ц	from activit investment	ies related t income and	to its exempt fund	tions—subject to certa ss taxable income (les	ain exceptions, a	nd (2) no more	s, membership fees, a than 331/3% of its su ses acquired by the or	pport from gross
11		An organiza	ition organiz	zed and operated	exclusively to test for	public safety. Se	e section 509	(a)(4).	
12	<b>✓</b>	more public	ly supporte	d organizations de		<b>09(a)(1)</b> or <b>sec</b>	tion 509(a)(2)	of, or to carry out the See section 509(a) 12e, 12f, and 12g.	
a		organizatio	n(s) the pov					ration(s), typically by of the supporting organ	
b		<b>Type II.</b> A manageme	supporting nt of the sup	organization supe	tion vested in the sam			rganization(s), by hav le the supported orgar	
c		Type III f	ınctionally	integrated. A su		•		nd functionally integrat	ed with, its
d	<b>✓</b>	functionally	integrated.	The organization		y a distribution r		th its supported organ an attentiveness requ	
e							S that it is a Ty	pe I, Type II, Type III	functionally
f	Ento				ntegrated supporting :	-		1	
g					pported organization(s			<u></u>	
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	1	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A) E	lisabeth	h Morrow Schoo	ıl	221487171	2	Yes		150,000	0
T - *-	1		4			1		150,000	
Tota		work Bodes	l tion Act No	tice, see the In	tructions for	Cat. No. 11285	<u> </u>	150,000 Schedule A (Form 99	

Sch	nedule A (Form 990 or 990-EZ) 2020						Page <b>2</b>
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support  Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and <b>stop here</b>	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and <b>stop here.</b> The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and <b>stop here.</b> The organization						
<b>17</b> a	a 10%-facts-and-circumstances tes	t—2020. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and <b>stop h</b> e	e <b>re.</b> Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

Sche	dule A (Form 990 or 990-EZ) 2020						Page <b>3</b>
Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.	)	
Se	ection A. Public Support			1	Г		
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
4	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
o	from line 6.)						
Se	ection B. Total Support					•	
	Calendar year	( ) 2016	(1) 2017	( ) 2010	(1) 2010	( ) 2022	
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)			<u> </u>		<u> </u>	
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thire	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
	check this box and <b>stop here</b>						▶ ∐
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2020 (lin			column (f))		15	
16	Public support percentage from 2019 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Invest						
	Investment income percentage for 202			line 13 column (f	7)	17	
17		•	.,		• •	17	
18	Investment income percentage from 2					18	
	331/3% support tests—2020. If the						
1	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganization qualifi	ies as a publicly su	ipported organiza	tion	. ▶□
b	33 1/3% support tests—2019. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1/3	% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported ord	ganization	▶ □
20	Private foundation. If the organization	_	_				
				,		· · · · · · · · · · · · · · · · · · ·	

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked

Page 4

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

No

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2020

5a

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations

_	ection A. An Supporting Organizations		
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain	 	

_	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	Ye
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		

	the second of the company of the contract of t			
	describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described			
	in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			

2	Did the organization have any supported organization that does not have an IRS determination of status under section 509  (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	١
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	^
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		

	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	in section 509(a)(1) or (2).	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	3a	No
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?		

	3c below.	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	determination.	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	No

Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

	reduce A (Form 550 dr 550 E2) 2020			aye .
Pa	Supporting Organizations (continued)			
			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		No
b	A family member of a person described in 11a above?	11a		No No
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		No
	VI. Section B. Type I Supporting Organizations			
-	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		763	
_		1		<b>-</b>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
3	Section D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's		163	NO
_	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
_	Burner of the collection described to the 2 characteristic of a constant and a constant of the collection to	2		No
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		No
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	b  The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.	3 h		

3b

Schedule A (Form 990 or 990-EZ) 2020

Add lines 1 through 3

Depreciation and depletion

Other gross income (see instructions)

production of income (see instructions)

Section B - Minimum Asset Amount

c Fair market value of other non-exempt-use assets

Acquisition indebtedness applicable to non-exempt use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

e Discount claimed for blockage or other factors

tax year or assets held for part of year):

Other expenses (see instructions)

a Average monthly value of securities

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

Subtract line 2 from line 1d

Multiply line 5 by 0.035

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

instructions).

3

4 5

3

6 7

8

2

4

5

7

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 0 Net short-term capital gain 1

2 Recoveries of prior-year distributions

Aggregate fair market value of all non-exempt-use assets (see instructions for short

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see

3

4

5

7

8

1

1a

**1**b

1c

**1**d

2

3

4

5

6

7

8

1

2

3

4

5

6

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

0 31 706 31.706

19.682 19.682

3.289.222

3.435.732

3,435,732

3,384,196

118.447

118.447

2,733

2.323

103.750

103.750

103,750

Current Year

Schedule A (Form 990 or 990-F7) 2020

51,536

146.510

Page 6

Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

28,973 32,892 2,733 -13,210(A) Prior Year (B) Current Year (optional)

2.945.256

3.009.413

3,009,413

2,964,272

103.750

103.750

45,141

64.157

Schedule A (Form 990 or 990-EZ) 2020

details in Part VI). See instructions

10 Line 8 amount divided by Line 9 amount

See instructions.

instructions)

See instructions.

8 Breakdown of line 7:

d Excess from 2019.

Excess from 2020.

a Excess from 2016. . . . .

**b** Excess from 2017. . . .

c Excess from 2018. . . . .

3j and 4c.

\$

Distributable amount for 2020 from Section C, line 6

Section E - Distribution Allocations

(see instructions)

1 Distributable amount for 2020 from Section C, line 6

2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in **Part VI**).

3 Excess distributions carryover, if any, to 2020:

q Applied to underdistributions of prior years h Applied to 2020 distributable amount

4 Distributions for 2020 from Section D, line 7:

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

150,000 a Applied to underdistributions of prior years b Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

i Carryover from 2015 not applied (see

a From 2015. . . . . . **b** From 2016. . . . . . .

**c** From 2017. . . . . . **d** From 2018. . . . . .

e From 2019. . . . . .

f Total of lines 3a through e

2 excess of income from activity 0 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 0 4 Amounts paid to acquire exempt-use assets 0 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Other distributions (describe in Part VI). See instructions 6 7 7 Total annual distributions. Add lines 1 through 6.

(i)

**Excess Distributions** 

302,478

198,728

150.000

348,728

Distributions to attentive supported organizations to which the organization is responsive (provide

0

150.986

151,492

0

0 47,236

151,492

150,000

150,000

150,000

103,750

103,750

103,750

10000.0000000000 %

(iii)

Distributable

Amount for 2020

8

9

10

0

0

Schedule A (Form 990 or 990-EZ) (2020)

(ii)

Underdistributions

Pre-2020

Schedule A (Form 990 or 990-EZ) 2020 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V. Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions). **Facts And Circumstances Test** 990 Schedule A, Supplemental Information Return Reference Explanation Part IV Section D Line 2 The Elisabeth Reeve Morrow Morgan Foundation has a longstanding relationship with the Elis abeth Morrow School going back to its inception in November 1935. The head of the Elisabet h Morrow School was a member and officer of the Elisabeth Reeve Morrow Morgan Foundation f rom its first meeting in December 1935 until her death in 1988. Throughout the history of the Foundation other members of the board have also been trustees of the School. The Found ation's only purpose since its incorporation, by way of annual gifts, has been to fund spe cial projects as proposed by the Elisabeth Morrow School, for faculty support in addition to funding the School's scholarship and endowment projects. Currently several members of t he Foundation's Board have significant relationships with the School as a former trustee, a former teacher, parents, and a spouse of a trustee of the School. Board members meet wit h the Head of School three or more times a year to discuss the School's priorities. Each y ear the Head of School presents the Foundation with recommendations of items for financial

support and amounts requested.

be defication by displacemental information					
Return Reference	Explanation				
Part V Section D Line 8	The Elisabeth Morrow School, listed in Part I, Line 12g, column (i) meets both the Respons iveness and Attentiveness tests. The Elisabeth Reeve Morrow Morgan Foundation's Responsive ness to the Elisabeth Morrow School is detailed in the explanation for Part IV, Section D, Line 2. The Elisabeth Reeve Morrow Morgan Foundation only supports the Elisabeth Morrow S chool and both organizations have a historic and continuing relationship going back to 193  5. The Elisabeth Morrow School is attentive to the Elisabeth Reeve Morrow Morgan Foundatio n because the Foundation is a leadership donor to the School's Annual Fund with gifts of o ver \$100,000, which represent about 14% of the School's Annual Fund; the Foundation is a s ignificant donor to the Campaign to Build an Endowment for Our Faculty with a gift of \$250,000, which represented 2.5% of the total endowment project.				

990 Schedule A. Supplemental Information

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#### **SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information Open to Public

Elisabeth Reeve Morrow Morgan Foundation c/o Jones & Jones Att Graham O Jones  Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds  1 Total number at end of year	☐ Yes ☐ No
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds  1 Total number at end of year	the Yes No
(a) Donor advised funds (b) Funds  1 Total number at end of year	the Yes No
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are to organization's property, subject to the organization's exclusive legal control?	Yes No
Aggregate value of grants from (during year)  4 Aggregate value at end of year	Yes No
<ul> <li>Aggregate value at end of year</li> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are torganization's property, subject to the organization's exclusive legal control?</li> <li>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperr private benefit?</li></ul>	Yes No
<ul> <li>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are torganization's property, subject to the organization's exclusive legal control?</li> <li>Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperr private benefit?</li> </ul>	Yes No
organization's property, subject to the organization's exclusive legal control?	Yes No
charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperr private benefit?	missible
Part III Conservation Easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or education)	ortant land area
Protection of natural habitat Preservation of a certified historic s	structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution contribut	tion t the End of the Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a) 2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization tax year ▶	during the
4 Number of states where property subject to conservation easement is located ▶	
<b>5</b> Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easer  •	ments during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements  • \$	s during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe organization's accounting for conservation easements.	nd
Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Ass Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	sets.
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sh historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public so Part XIII, the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	
(ii) Assets included in Form 990, Part X	
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid following amounts required to be reported under FASB ASC 958 relating to these items:	de the
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	

Pali	2111	Organizations Maintaining C	collections o	f Art, H	istorio	cal Ti	reasu	res, or	Other	Similar A	Assets (co	ntinued)
3		the organization's acquisition, access check all that apply):	sion, and other	records, o	check a	iny of	the fol	lowing t	hat are a	significant	use of its c	ollection
а		Public exhibition			d		Loan	or excha	ange prog	ırams		
b		Scholarly research			e		Other	·				
c		Preservation for future generations										
4		de a description of the organization's	collections and	explain h	ow the	y furth	her the	organiz	ation's e	kempt purp	ose in	
5		MIII. If the year, did the organization solice If the year is the solice If the year If y									☐ Yes	□ No
Par	t IV	<b>Escrow and Custodial Arran</b> Complete if the organization ar X, line 21.		' on Forn	n 990,	Part	IV, lii	ne 9, oi	r reporte	ed an amo		
1a		e organization an agent, trustee, cust ded on Form 990, Part X?									☐ Yes	□ No
b	If "Ye	es," explain the arrangement in Part >	(III and comple	te the foll	lowina	table:					Amount	
c		ning balance	·		-				1c			
d	_	ions during the year							1d			
e		butions during the year							1e			
f		ig balance							1f			
2a	Did th	ne organization include an amount on	Form 990. Par	t X. line 2	1. for e	escrow	v or cu	stodial a	ccount lia	ability?	. 🗆 Yes	
b		es," explain the arrangement in Part X									_	140
	rt V	Endowment Funds.	III. Check here	e ii tile ex	pianauk	JII IIas	s been	provided	u III Part.	<u> </u>	<u>. ⊔</u>	
F(:	LV	Complete if the organization ar	nswered "Yes'	' on Forn	n 990.	Part	IV. lii	ne 10.				
		complete it the organization at	(a) Currer			ior yea			ears back	(d) Three y	ears back (e	e) Four years bad
1a	Beginn	ing of year balance										
b	Contrib	outions										
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
		expenditures for facilities ograms										
f.	Admini	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the co	urrent vear end	balance (	line 1a	, colu	mn (a)	) held a	s:			
а		d designated or quasi-endowment <b>&gt;</b>	,	`		,	,	,				
b	Perm	anent endowment <b>&gt;</b>		•••								
c		endowment ▶										
·		percentages on lines 2a, 2b, and 2c sh	ould equal 100	10%								
3а	Are th	here endowment funds not in the pos nization by:	·		on that	are h	eld and	d admini	istered fo	r the		Yes No
	(i) Uı	nrelated organizations									3a(	
b		delated organizations									3a(i	
4		ribe in Part XIII the intended uses of										
	t VI	Land, Buildings, and Equipn										
		Complete if the organization ar		' on Forn	n 990,	Part	IV, lii	ne 11a.	See Fo	m 990, P	art X, line	10.
	Descri	ption of property (a) Cost or	other basis tment)	(b) Cost o						lepreciation		Book value
1a	Land											
		gs										
		old improvements										
		nent									1	
		ines 1a through 1e. (Column (d) mu:	et equal Form 9	OO Part	V colur	nn /B	) line	10(c)			1	

Part VII	Investments-Other Securities.	000 P- I TV/ I			N- 1 M		2
	Complete if the organization answered "Yes" on Fo (a) Description of security or category	(b) Book value	ne 11t	(c) Metho	d of val	uation	
(1) Financia	(including name of security)			Cost or end-of	-year m	arket '	/alue
(2) Closely-	held equity interests						
( <b>3)</b> Other <u> </u>	crosoft Corp.	105,660			С		
(B) 1000 Ho	me Depot Inc.	97,676			С		
(C) 1700 Fa	cebook Inc-A	156,271			С		
(D) 350 Alpł	nabet Inc.	119,922			С		
(E) 550 Fede	ex	150,871			С		
(F) 800 Appl	le Inc	109,472			С		
(G) 180 Cha	rter Communications Inc	101,380			С		
(H) 500 Lilly	r, Eli Co	74,630			С		
(I)							
	n (b) must equal Form 990, Part X, col. (B) line 12.)	915,882					
Part VIII	Investments—Program Related.  Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, li	ne 11c		Part X,	line :	13.
	(a) Description of investment			(b) Book value		or end	d of valuation: -of-year market
(1)						\	alue
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>&gt;</b>				
	Complete if the organization answered 'Yes' on Fo  (a) Description		e 11d.	. See Form 990, Par	t X, line		) Book value
(1)	(a) Description					(1)	) DOOK Value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)					_		
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>		
Part X	Other Liabilities.					/	F 25
1.	Complete if the organization answered 'Yes' on Fo		<u>ie 11e</u>	or 11f.See Form	990, P	art X,	(b) Book value
(1) Federal	income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•			
<b>2.</b> Liability fo	or uncertain tax positions. In Part XIII, provide the text of			ion's financial state			
organization	's liability for uncertain tax positions under FIN 48 (ASC 74	40). Check here if the	text of	tne tootnote has be	en prov	uded ir	n Part XIII 📙

1

2

3

4

2

3

4

5

Part XIII

Page 4

a Net unrealized	gains (losses) on investments	2a	
<b>b</b> Donated servic	es and use of facilities	2b	
<b>c</b> Recoveries of p	rior year grants	2c	
d Other (Describe	e in Part XIII.)............	2d	

Total revenue, gains, and other support per audited financial statements . . . . . . . . . .

Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII.) 4b Add lines 4a and 4b . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

а 

Other (Describe in Part XIII.)

Add lines 2a through 2d . . . . . . .

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

b

Add lines **4a** and **4b** . . . . . . . . . . . . .

Supplemental Information

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

4b

2a

2b

2c 2d

4c

2e

2e

3

Schedule D (Form 990) 2020

Return Reference

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Explanation

<u> </u>	orm 990) 2020 Supplemental Info	Page <b>5</b>	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2020

#### **Additional Data**

3000 Microsoft Corp.

1000 Home Depot Inc.

1700 Facebook Inc-A

180 Charter Communications Inc

350 Alphabet Inc.

550 Fedex

800 Apple Inc

500 Lilly, Eli Co

### Software ID: **Software Version:** EIN:

22-6035428

Elisabeth Reeve Morrow Morgan Foundation c/o Jones & Jones Att Graham O Jones

105,660

97,676

156,271

119,922

150,871

109,472

101,380

74,630

С

С

С

С

C

C

Form 990, Schedule D, Part VII - Investments Other Se	curities	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value

Form 990, Schedule D, Part VII - Investments Other Se	ecurities	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	<b>(b)</b> Book value	(c) Method of valuat Cost or end-of-year mark

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Data -				D	LN: 93493116007301
Note: To capture the full co	ontent of this de	ocument, please se	lect landscape mode	: (11" x 8.5") whe	n printing.		
Schedule I		Grants and C	thar Accietanc	o to Organiz	otions		OMB No. 1545-0047
(Form 990)			ther Assistanc	_	•		2020
			and Individuals		<del>-</del>		<b>2020</b>
	Co	mplete if the organiza	tion answered "Yes," o  Attach to Form		, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/Form990 for		on.		Inspection
Name of the organization						Employer identi	fication number
Elisabeth Reeve Morrow Morgan Fo c/o Jones & Jones Att Graham O Jo						22-6035428	
Part I General Informa	tion on Grants	and Assistance				•	
	o award the grants nization's procedur ssistance to Dom	or assistance? es for monitoring the use	e of grant funds in the Un	ited States.			Yes No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) The Elisabeth Morrow School 435 Lydecker Street Englewood, NJ 07631	22-1487171	170(b)(1)(A)(ii)	150,000	0			Education/Scholarships
2 Enter total number of section	on 501(c)(3) and go	overnment organizations	listed in the line 1 table .			<b>. ▶</b>	1
3 Enter total number of other	organizations listed	d in the line 1 table				<b>.</b> -	0
For Paperwork Reduction Act Notice	see the Instruction	ns for Form 990.		Cat. No. 50055	P		chedule I (Form 990) 2020

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

Schedule I (Form 990) 2020

(6)

(7)

Part IV Return Reference

Part I, Line 2:

**Explanation** 

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLN: 9349311600730
SCHEDUL (Form 990 or EZ)	o Form 990 or 990-EZ conses to specific questions on hy additional information. or 990-EZ. or the latest information.  OMB No. 1545-0047  2020  Open to Public Inspection	
Name & the of Elisabeth Reeve M c/o Jones & Jones 990 Schedul	Employer identification number 22-6035428	
Return Reference	Ехр	lanation
Form 990, Part VI, Section A, line 2	Reeve Lindbergh, Margaret Silver and Anne M. Fulenwider are	members of one extended family.

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 11b

Form 990,
Part VI,
Section B,

A copy of the return is provided to the Board before it is filed with the IRS.

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
line 12c
An Oversight Committee consisting of all the Board members is charged with the review and enforcement of the conflict-of-interest policy and meets at least annually. All trustees a re requested to review the policy prior to each Annual Board Meeting and to confirm their status in writing. Perceived conflicts of interest, if any, are to be resolved at the Annu al Board of Trustees Meeting.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
line 19

SCHEDULE R
(Form 990)

As Filed Data Related

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2020

DLN: 93493116007301 OMB No. 1545-0047

> Open to Public Inspection

Schedule R (Form 990) 2020

lame of the organization Elisabeth Reeve Morrow Morgan Foundation /o Jones & Jones Att Graham O Jones								r identificati	ion number		
Part I Identification of Disregarded Entities. Complete	e if the organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	22-60354 3.	28			
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary act	ivity	(c Legal domi or foreign	cile (state	(d) Total inco	ome End-	<b>(e)</b> -of-year assets	(1 Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organizati	ione Comple	ato if the oran	nization	answord	"Voc" on I	orm 990	Part IV lie	no 34 hosai	uso it had one or	moro	
related tax-exempt organizations during the tax year	i <b>ons.</b> Comple	ite ii the orga	anization	answered	res on r	-01111 990,	Part IV, III	ne 34 becat	ise it had one or		
(a) Name, address, and EIN of related organization		<b>(b)</b> ry activity	Legal dom or foreigi	c) icile (state n country)	(d) Exempt Cod	) le section	(e) Public charity (if section 501	status 1(c)(3))	<b>(f)</b> Direct controlling entity		ity?
(1)Elisabeth Morrow School 435 Lydecker Street	Education		ı	NJ	501(c)(3)		Line 2			Yes	No No
Englewood, NJ 07631 22-1487171											

Cat. No. 50135Y

(a) Name, address, and EIN o related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(I Disprop alloca	n) rtionate tions?	(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	manag partne	lor Per ing ow	(k) rcenta vners
					311)			Yes	No		Yes	No	
Identification of Related Organ						ization ans	wered "Ye	s" on F	orm 9	990, Part I\	/, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	l do (state	(c) Legal omicile or foreign untry)	Direct	(d) t controlling Type entity (C co	(e) e of entity orp, S corp, or trust)	<b>(f)</b> Share of total income		(g) of end- year assets	-of- Perce	h) entage ership	Sectio (13) c er	cont ntity
			uncry)									Yes	•

Schedule R (Form 990) 2020					Pag	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered	d "Yes" on Form 990, Pa	rt IV, line 34, 35l	o, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations listed ir	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	Yes	
f c Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				<b>1</b> q		No
r Other transfer of cash or property to related organization(s)				1r		No
f s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered r	elationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	imount in	volved	
(1)Elisabeth Morrow School	В	150,000	Cash Value			

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

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

was not a related organization. See instructions regarding exclusion	TOT CERTAIN IIIV	resument p	artifierships.										
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity		sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partnerî	or g ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			'							Schedul	e R (Form	1 990	0) 2020

Schedule R (Form 990) 2020 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Schedule R (Form 990) 2020