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Form **990-PF**

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

2010

OMB No 1545-0052

| For (| cale | ndar year 2010, or tax year b | peginning | | , and en | ding | | | |
|---------------------|----------|--|------------------------------|--|------------------|------------|---------------------|--------------------------|---|
| G C | hec | call that apply | nitial return | Initial return of a | former public ct | narity | Ft | nal returr | <u> </u> |
| | | A | mended return | Address chai | nge | | Name change | | <u> </u> |
| Nar | ne o | f foundation | | 0.17 | | | A Employer ider | itification | n number |
| | | JUNIPER TRE | | | | | | | |
| | | FKA MORELOC | | | | | 20-074 | | 3 |
| Nun | nber a | ind street (or PO box number if m P.O. BOX 37 | | address) | | Room/suite | 8 Telephone nur | | 0.00 |
| ٥. | | | 429 | | | | 513-76 | | · |
| City | ort | own, state, and ZIP code CINCINNATI, | OH 45222 | | | | C If exemption appl | | |
| | 161 | | | | | | D 1 Foreign organ | anization: Izations m | s, check here |
| | - | | ' ' | empt private foundation Other taxable private found | laði a a | | check here an | d attach co | eeting the 85% test, omputation |
| l Ea | | ction 4947(a)(1) nonexempt arket value of all assets at end | | | Accru | | | | itus was terminated |
| | | Part II, col (c), line 16) | · — | her (specify) | Accru | ar | | |)(A), check here ►∟ |
| (<i>ii</i> | | | | mn (d) must be on cash | basis) | | | | 60-month termination |
| Pa | -,- | | | | T | | | |)(B), check here ►∟ (d) Disbursements |
| | | (The total of amounts in column necessarily equal the amounts i | s (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net inv | | (c) Adjusted income | пец | for chantable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, | | 306307. | | | ļ | | (casii uasis oniy) |
| | 2 | | not required to attach Sch B | | | | <u> </u> | | <u> </u> |
| | 3 | Interest on savings and temporar cash investments | | 1583. | | 1583. | 1 | 583. | STATEMENT 1 |
| | 4 | Dividends and interest from | securities | | | | | | |
| | 5a | Gross rents | | | | | 1 | | |
| | b | Net rental income or (loss) | | | | | | | |
| a | 6a | Net gain or (loss) from sale of ass | sets not on line 10 | | | | | | ,, ,, ,, ,, ,, ,,, |
| Revenue | þ | Gross sales price for all assets on line 6a | | | | | | | |
| ě | 7 | Capital gain net income (from Par | rt IV, line 2) | | | 0. | , | | |
| ~ | 8 | Net short-term capital gain | | · | | · | | 0. | |
| | 9 | Income modifications Gross sales less returns | | | | | | | |
| | 10a | and allowances | | | ļ | | | | |
| | | Less Cost of goods sold | | | | | | | |
| | | Gross profit or (loss) | | | | | | | |
| | 11 | Other income | | 307890. | | 1583. | 1 | | |
| \rightarrow | 12 | Total Add lines 1 through 1 | | 307690. | | 1363. | <u></u> | 583. 0. | |
| | 13 14 | Compensation of officers, directo Other employee salaries and | · · · · · · | | | <u> </u> | | | 0 |
| | 15 | Pension plans, employee be | · ' | | | | | - | |
| nses | | Legal fees | iioiits | The state of the s | | | | | · · · · · · · · · · · · · · · · · · · |
| | | Accounting fees | ì | | -01 | | - | | |
| χ | | Other professional fees | ii 0 | ." | S | | | | |
| ě | 17 | Interest | 17 | SEP 26 2011 | 191 | | | | <u> </u> |
| Administrative Expe | 18 | Taxes | <u>.</u> | 1 | 102 | | | - | |
| ist | 19 | Depreciation and depletion | , | 0002NI | | | | | |
| Ξ | 20 | Occupancy | <u></u> | | | | | | |
| Ad | 21 | Travel, conferences, and me | etings [| | | | | | |
| and | 22 | Printing and publications | | | | | | | , |
| | 23 | Other expenses | STMT 2 | 629. | | 0. | | 0. | / 0 |
| rati | 24 | Total operating and adminis | | | | | | | |
| Operating | | expenses Add lines 13 thro | · · | 629. | | 0. | | 0. | 0 |
| - | | Contributions, gifts, grants p | | 191185. | | | | ······ | 191185 |
| | 26 | Total expenses and disburs | ements | 101014 | | _ | | _ | |
| \dashv | | Add lines 24 and 25 | | 191814. | | 0. | | 0. | 191185 |
| | | Subtract line 26 from line 12 | ŗ | 116076 | | | | | |
| | | Excess of revenue over expenses | F | 116076. | | 1500 | · | | |
| | | Net investment income (if ne | F | | | 1583. | - | 583 | |
| - 1 | r | ADDITION NOT INCOME 1/4 access | tive enter -O-1 | | L | | | · > < < | r |

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

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End of year

Page 2

JUNIPER TREE FOUNDATION

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FKA MORELOCK FAMILY FOUNDATION

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | | Beginning of year | End of y | f year | |
|--|---|--------------------|----------------|-----------------------|--|
| Par | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| 1 | Cash - non-interest-bearing | | <1.> | <1. | |
| 2 | Savings and temporary cash investments | 254144. | 370221. | 370221. | |
| 3 | Accounts receivable | | | | |
| | Less allowance for doubtful accounts | | | | |
| 4 | . . . | | | | |
| | Less allowance for doubtful accounts | | | | |
| 5 | Grants receivable | | | | |
| 6 | Receivables due from officers, directors, trustees, and other | | | | |
| İ | disqualified persons | | | | |
| 7 | Other notes and loans receivable | | | | |
| | Less allowance for doubtful accounts | | | | |
| , в | Inventories for sale or use | | •• | | |
| 5 | Prepaid expenses and deferred charges | | | - <u>-</u> | |
| 110 | a Investments - U.S. and state government obligations | | | | |
| - 1 | b Investments - corporate stock | | | | |
| 1 | c Investments - corporate bonds | | | | |
| 1 | · • | | | | |
| 11 | | İ | | | |
| 100 | Less accumulated depreciation | | | | |
| 12 | 3 3 | | | | |
| 13 | _ | | | | |
| 14 | | | | | |
| | Less accumulated depreciation | | | | |
| 15 | Other assets (describe) | | | | |
| | | 254144 | 270220 | 270220 | |
| | Total assets (to be completed by all filers) | 254144. | 370220. | 370220. | |
| 1 | Accounts payable and accrued expenses | | | | |
| 18 | , , | | | | |
| g 19 | Deferred revenue | | | | |
| 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| 20 21 | Mortgages and other notes payable | | | | |
| - 22 | Other liabilities (describe | | | | |
| | | | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | | |
| | Foundations that follow SFAS 117, check here | | | | |
| , | and complete lines 24 through 26 and lines 30 and 31 | | | | |
| 24 | Unrestricted | | | | |
| 25 | Temporarily restricted | | | | |
| 26 | Permanently restricted | | | | |
| <u> </u> | Foundations that do not follow SFAS 117, check here | | | | |
| | and complete lines 27 through 31 | | | | |
| 27 | Capital stock, trust principal, or current funds | 0. | 0. | | |
| 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 0. | 0. | | |
| 24 25 26 27 28 29 30 | Retained earnings, accumulated income, endowment, or other funds | 254144. | 370220. | | |
| 30 | Total net assets or fund balances | 254144. | 370220. | | |
| 7 | | | | | |
| 31 | Total liabilities and net assets/fund balances | 254144. | 370220. | | |
| Parl | Analysis of Changes in Net Assets or Fund B | alances | | | |
| | | 20 | | | |
| | al net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | 251111 | |
| | ist agree with end-of-year figure reported on prior year's return) | | | 254144. | |
| | er amount from Part I, line 27a | | 2 | 116076. | |
| | er increases not included in line 2 (itemize) | | 3 | 0. | |
| | l lines 1, 2, and 3 | | 4 | 370220. | |
| | reases not included in line 2 (itemize) | | 5 | 0. | |
| Tota | al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | olumn (b), line 30 | 6 | 370220. | |

Beginning of year

023511 12-07-10

20-0749868

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JUNIPER TREE FOUNDATION FKA MORELOCK FAMILY FOUNDATION

| | cribe the kind(s) of property sold (e arehouse, or common stock, 200 s | | | P - P | w acquired Purchase Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|--|--|--|------------------------------------|------------------|------------------------------------|--|------------------------------------|
| <u>1a</u> | | | | | | | |
| b NC | NE | | | ļ | | | ļ |
| C | | | | ļ | | | |
| <u>d</u> | | | | <u> </u> | | | |
| e (e) Gross sales price | (f) Depreciation allowed | (g) Co: | st or other basis | | | (h) Gain or (los | S) |
| | (or allowable) | plus 6 | expense of sale | | | (e) plus (f) minus | (g) |
| <u>a</u> | | _ | | _ | <u>.</u> | | |
| C | | | | | | | |
| d | | | | | | | |
| <u>e</u> | | | | | | | |
| Complete only for assets showl | ng gain in column (h) and owned b | | | | c | (i) Gains (Col (h) gail of (k), but not less that | |
| (I) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | · | Losses (from col | (h)) |
| a | | | | | | | |
| b | | | | | | | |
| C | | | 4*····· | | | | |
| <u>d</u> | | | | | | | |
| <u>e</u> | | | | | - 1 | | |
| 2 Capital gain net income or (net c | $\left\{\begin{array}{l} \text{If gain, also ent} \\ \text{If (loss), enter} \end{array}\right.$ | ter in Part I, line -0- in Part I, line | 7 7 | } : | 2 | | |
| 3 Net short-term capital gain or (lo | • | | | ζΓ | | | |
| If gain, also enter in Part I, line 8 | | ` ' | | } | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification U | Jnder Section 4940(e) fo | Daduasa | I Taur on New | | 3 | | |
| Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in (a) | each column for each year, see ins | complete this pa | art . | les | | · | X Yes No |
| Base period years Calendar year (or tax year beginn | (b) ing in) Adjusted qualifying d | istributions | Net value of no | (c) oncharita | ble-use asse | Distri (col (b) di | bution ratio vided by col. (c)) |
| 2009 | | | | | | 0. | .000000 |
| 2008 | | | - | | | 0. | .000000 |
| 2007 | | | | | | 0. | .000000 |
| 2006 2005 | | | | | | 0. | .000000 |
| 2003 | | _ | ! | | | | .000000 |
| 2 Total of line 1, column (d) | | | | | | 2 | |
| 3 Average distribution ratio for the | | I on line 2 by 5, | or by the number | r of years | | | |
| the foundation has been in existe | ence il less than 5 years | | | | | 3 | |
| 4 Enter the net value of noncharital | ble-use assets for 2010 from Part X | (, line 5 | | | | 4 | |
| 5 Multiply line 4 by line 3 | | | | | | 5 | |
| 6 Enter 1% of net investment incor | ne (1% of Part I, line 27b) | | | | | 6 | |
| 7 Add lines 5 and 6 | | | | | | 7 | |
| 8 Enter qualifying distributions from | | no 1h and | slote that as a ver- | a a 40/ 4 | au rata | 8 | |
| See the Part VI instructions | n line 7, check the box in Part VI, lin | e io, and comp | nete mat half nem | ıyaı 70 l | ax ialt | | |

| | JUNIPER TREE FOUNDATION | | | | |
|----------|--|-------------------|--------------|-------|----------------|
| Forn | | | 749868 | | Page 4 |
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494 | 48 - s | see instru | ıctio | ns) |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1% | 1 | | | 32. |
| | of Part I, line 27b | | | | |
| C | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) 💚 | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | <u>0.</u> |
| 3 | Add lines 1 and 2 | 3 | | | 32. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 | | 5 | | | 32. |
| 6 | Credits/Payments | | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a | | | | |
| þ | Exempt foreign organizations - tax withheld at source | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) | | | | |
| | Backup withholding erroneously withheld 6d | | | | _ |
| | | 7 | | | 0. |
| | | 8 | | | |
| | · · · · · · · · · · · · · · · · · · · | 9 | | | 32. |
| | | 10 | | | |
| | | 11 | | | |
| | art VII-A Statements Regarding Activities | | | Vaa | N _a |
| 12 | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | 4- | res | No |
| . | any political campaign? | | 1a | | X |
| U | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published distributed by the foundation in connection with the activities. | or | | | |
| r | Did the foundation file Form 1120-POL for this year? | | 10 | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| u | (1) On the foundation \blacktriangleright \$ 0 . (2) On foundation managers \blacktriangleright \$ 0 . | | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers ►\$ 0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | Х |
| | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| þ | If "Yes," has it filed a tax return on Form 990-T for this year? | N/I | A 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | |
| | By language in the governing instrument, or | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | W | | | |
| | remain in the governing instrument? | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | 7 | X | |
| | If "Yes," complete Part II, col. (c), and Part XV | | | | |
| | Enter the states to which the foundation reports or with which it is registered (see instructions) OH | | _ | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | 8b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary | ar | | | |
| | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9 | X | |

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STMT

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

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|--|----------|----------|--------|
| Part VII-A Statements Regarding Activities (continued) | | | |
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | Х |
| 12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | ''- | | |
| August 17, 2008? | 12 | | Х |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| Website address ► N/A | L | | |
| 14 The books are in care of ▶ JOHN P MORELOCK JR Telephone no ▶513 | 3-761-2 | 860 | |
| Located at ▶9233 SEWARD RD, FAIRFIELD, OH ZIP+4 | ▶45069 | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | | |
| and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| securities, or other financial account in a foreign country? | 16 | <u> </u> | X |
| See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of | | | |
| the foreign country | | | |
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a During the year did the foundation (either directly or indirectly) | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X | No | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| a disqualified person? | 1 | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | l l | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X | NO | | |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X | Na | | |
| | NO | | |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| termination of government service, if terminating within 90 days.) | No | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 140 | | |
| section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | 'A 1b | • | |
| Organizations relying on a current notice regarding disaster assistance check here | | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| before the first day of the tax year beginning in 2010? | 10 | | Х |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| before 2010? | No | | |
| If "Yes," list the years | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | / 7 | | |
| statement - see instructions) N / | A 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| 20 Did the foundation held many those 200/ departs and read release to the second seco | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X | Na | | |
| during the year? b if "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after | IAO | | |
| May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| Form 4720, to determine if the foundation had excess business holdings in 2010.) | 'A 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | 1 | | |
| had not been removed from jeopardy before the first day of the tax year beginning in 2010? | 4b | | Х |
| | Form 990 | DE | 20101 |

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|------|------|----|--------|

n

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

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|--|-------------|------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Con | npensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | > | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expense | ıs. |
| 1 DONATIONS OF FUNDS TO VARIOUS CHILDREN'S HOMES | | |
| | | |
| | 7 | 3743. |
| 2 DONATION OF FUNDS TO BACK2BACK MINISTRIES | | |
| | 1 | 2609. |
| 3 DONATIONS TO CRISIS PREGNANCY CENTERS IN THE CINCINNATI AREA | | 2003. |
| DOMITIONS TO CRISTS TRESMINGT CENTERS IN THE CINCINNAIT AREA | | |
| | 1 | 1000. |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | A | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A | Amount | · |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 | | |

Form **990-PF** (2010)

Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities 1 a b Average of monthly cash balances 1b c Fair market value of all other assets 10 d Total (add lines 1a, b, and c) 1 d e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets Subtract line 2 from line 1d 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 5 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here 🕨 🔀 and do not complete this part) 1 1 Minimum investment return from Part X, line 6 Tax on investment income for 2010 from Part VI, line 5 2a 2b Income tax for 2010 (This does not include the tax from Part VI) c Add lines 2a and 2b 20 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 191185. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 191185 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2010)

Form 990-PF (2010)

4940(e) reduction of tax in those years

| Part XIII Undistributed Income (see | instructions) | N/A | | |
|--|---------------------------------------|---------------------|------|--|
| | (a) | (b) | (c) | (d) |
| | Corpus | Years prior to 2009 | 2009 | 2010 |
| 1 Distributable amount for 2010 from Part XI, line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2010 | | | | |
| a Enter amount for 2009 only | | | | · · · · · · · · · · · · · · · · · · · |
| b Total for prior years | | | | |
| | · · · · · · · · · · · · · · · · · · · | , | | ,,, |
| 3 Excess distributions carryover, if any, to 2010 | | | | |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 e From 2009 | | 1 | | |
| | | | | |
| f Total of lines 3a through e 4 Qualifying distributions for 2010 from | | | | ······································ |
| Part XII, line 4 \(\bigs\) \$ | | | | |
| a Applied to 2009, but not more than line 2a | | | | |
| b Applied to undistributed income of prior | , | | -,,, | n n etter |
| years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | | | | |
| d Applied to 2010 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2010 | ····· | (1-1\) | | |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract | ······ | | | ····· |
| line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | | | |
| e Undistributed income for 2009. Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | | |
| f Undistributed income for 2010 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | | | | |
| 8 Excess distributions carryover from 2005 | · · · · · · · · · · · · · · · · · · · | | | |
| not applied on line 5 or line 7 | | | | |
| 9 Excess distributions carryover to 2011. | | | | ······································ |
| Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | |
| | | | | 50 000 DE (0010) |

JUNIPER TREE FOUNDATION FKA MORELOCK FAMILY FOUNDATION

| Part XIV Private Operating F | oundations (see inst | | | | .5000 |
|---|-----------------------------|-----------------------------|------------------------------|---------------------------------------|---------------------------------------|
| 1 a If the foundation has received a ruling o | | | | · · · · · · · · · · · · · · · · · · · | |
| foundation, and the ruling is effective for | | | ▶ 05/ | 21/04 | |
| b Check box to indicate whether the found | | | | | 2(J)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | · · · · · · · · · · · · · · · · · · · |
| each year listed | 0. | 0. | 0. | 0. | 0. |
| b 85% of line 2a | 0. | 0. | 0. | 0. | 0. |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | 191185 | 124517. | 102036. | 107176. | 524914. |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | 0. | 0. | 0. | 0. | 0. |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities | | | | | |
| Subtract line 2d from line 2c | 191185. | 124517. | 102036. | 107176. | 524914. |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | | |
| a "Assets" alternative test - enter | | | | | |
| (1) Value of all assets | 370221. | 254144. | 185051. | 111346. | 920762. |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | 370221. | 254144. | 185051. | 111346. | 920762. |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return shown in Part X, line 6 for each year listed | 0. | 0. | 0. | 0. | 0. |
| c "Support" alternative test - enter | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section | | | | | |
| 512(a)(5)), or royalties) | 306307. | 192365. | 175255. | 104500. | 778427. |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | 1755. | 0. | 0. | 0. | 1755. |
| (3) Largest amount of support from | | | | | |
| an exempt organization | 0. | 0. | 0. | 0. | 0. |
| (4) Gross investment income | 1583. | 1760. | 1286. | 2445. | 7074. |
| Part XV Supplementary Info | rmation (Complet | e this part only i | f the foundation | had \$5,000 or mo | re in assets |
| at any time during t | he year-see the ir | nstructions.) | | | |
| 1 Information Regarding Foundatio | n Managers: | | | | |
| a List any managers of the foundation wherear (but only if they have contributed in | | | ibutions received by the f | oundation before the close | e of any tax |
| JOHN P MORELOCK JR | | | | | |
| b List any managers of the foundation who other entity) of which the foundation has | | | or an equally large portion | n of the ownership of a pa | rtnership or |
| NONE | | | | | |
| 2 Information Regarding Contribution Check here X if the foundation o | | | - | ot accept unsolicited reque | sts for funds. If |
| the foundation makes gifts, grants, etc | | | | | |
| a The name, address, and telephone numi | ber of the person to whom | applications should be a | addressed | | |
| , , , , | · | ., | | | |
| b The form in which applications should b | e submitted and information | on and materials they sh | ould include | | |
| c Any submission deadlines | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographical | areas, charitable fields, l | kinds of institutions, or of | ther factors | |
| | | | | | |

20-0749868

Page 11

| Part XV Supplementary Information | | | | ~ |
|--|--|----------------------|----------------------------------|--------------------------|
| 3 Grants and Contributions Paid During the Y | ear or Approved for Future | Payment | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| a Paid during the year SEE STATEMENT 4 | Of Substantial Continuouof | recipient | | |
| Total b Approved for future payment | | | ▶ 3a | 191185. |
| NONE | | | | |
| Total | | | ▶ 3b | 0. |
| 023611 12-07-10 | | | | orm 990-PF (2010) |

Form 990-PF (2010)

| Part | XVI-A | Analysi | s of Income | -Producing | Activities |
|------|-------|---------|-------------|------------|-------------------|
|------|-------|---------|-------------|------------|-------------------|

| Enter gross amounts unless otherwise indicated | Unrelated t | usiness income | | y section 512, 513, or 514 | (e) | |
|---|-----------------|---------------------------------------|-----------------------|----------------------------|---------------------------------------|--|
| · | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income | |
| 1 Program service revenue | code | Allouit | code | Amount | - Indiction income | |
| a | _ | | | | · | |
| ь | 1 - | | | | · · · · · · · · · · · · · · · · · · · | |
| <u> </u> | | | | | | |
| d | | | | | | |
| e | _ | | | - | | |
| q Fees and contracts from government agencies | _ | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | |
| investments | | | 14 | 1583. | | |
| 4 Dividends and interest from securities | | | | 1300. | | |
| 5 Net rental income or (loss) from real estate | | 7 | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | · · · · · · · · · · · · · · · · · · · | | | | |
| 6 Net rental income or (loss) from personal | | | | | | |
| property | | | | | | |
| 7 Other investment income | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | |
| than inventory | | | | | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue | | | | | | |
| a | | | | | | |
| b | | | | | | |
| C | | | | | , | |
| d | | | | | | |
| e | _ | | | 1500 | | |
| 12 Subtotal Add columns (b), (d), and (e) | | | 0. | 1583. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1583. | |
| (See worksheet in line 13 instructions to verify calculations |) | | | | | |
| Part XVI-B Relationship of Activities | to the Accom | plishment of | Exempt P | urposes | | |
| Lun Ma | | aluma (a) of Do-234 | // A a a a a b b b b | | | |
| Line No. Explain below how each activity for which in the foundation's exempt purposes (other than the foundation's exempt purposes). | • | | | importaintly to the accomp | mannent of | |

| ▼ | the foundation's exempt purposes (other than by providing funds for such purposes) | |
|------------------|--|--------------------------|
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| 23621 2-07-10 | | Form 990-PF (2010 |

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| z u | -0 | 14 | 7 | 0 | O. | О. |

Page 13

| Part | XVII Info | rmation R | egarding Tran | sfers To | and Transactions | and Relatio | nships With Nonch | aritable | € | |
|---|----------------------|----------------------|--|--------------------|----------------------------------|--|---------------------------------------|------------------|-----------|-------|
| 1 D | | mpt Organ | | of the fellows | no with any other areas | | | | V | NI. |
| | | | | | ng with any other organizat | | ection 501(c) of | İ | Yes | NO |
| the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | | | ļ | |
| Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash | | | | | | | 10/1 | | v | |
| (2) Other assets | | | | | | | 1a(1) | | X | |
| • | her transactions | | | | | | | 1a(2) | | |
| | | to a noncharita | able exempt organiza | ition | | | | 1b(1) | | Х |
| (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization | | | | | | | 1b(2) | - | X | |
| |) Rental of faciliti | | | organization | | | | 1b(3) | | X |
| • |) Reimbursemen | | | | | | | 1b(4) | | X |
| |) Loans or loan g | = | ' | | | | | 1b(5) | | X |
| | - | | embership or fundrai | ısına solicitati | nns | | | 1b(6) | | X |
| | | | ailing lists, other asse | = | | | | 10 | | X |
| | - | | | | • | lwavs show the fa | our market value of the goods | | ets. | |
| | | | | | | | tion or sharing arrangement, | | | |
| | | | other assets, or serv | | | • | , , | | | |
| (a) Line | no (b) Amou | nt involved | (c) Name o | f noncharitabl | e exempt organization | (d) Descrip | otion of transfers, transactions, and | d shanng ar | rangeme | nts |
| | | | | N/A | | | | • | | • |
| | | | | | | | | | | |
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| | - | | | | | | - | | - | |
| | | | Al 45 la 4 a 4 a 4 b a 4 | | | | | | | |
| | | | r than section 501(c) | | or more tax-exempt organ | izations described | d | | □ |] No |
| | Yes," complete the | - | • |)(3)) 01 111 580 | 11011 527 7 | | L | Yes | <u> </u> |) 140 |
| <u> </u> | | a) Name of org | | | (b) Type of organization | 1 | (c) Description of relation | shin | | |
| | | N/A | <u></u> | | (b) type of organization | | (e) bescription of felation | 3111p | | |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| | ** | | | | | | | | | |
| | ** | | | | | | | • | | |
| | Under penalties of | f perjury, I declare | e that I have examined ti | his return, includ | ing accompanying schedules ar | nd statements, and to | o the best of my knowledge and b | elief, it is tri | e, correc | ct, |
| Sign | · | claration of prepa | rer (other than taxpayer | or fiduciary) is b | ased on all information of which | preparer has any kn | owledge | | | |
| Here | | MA | | | 9/20 | ·/// | | | | |
| | | of officer or tru | | · | Date | | Title | | | |
| | PrintyTyp | e prepare 's na | ime | Preparer's s | ignature / | Date | Check if PTIN | | | |
| | | V | | | //nlox | | self- employed | | | |
| Paid | JEFI | | S, CPA | | 1200 | 09/20/1 | | | | |
| Prep | | me ► SEE | SKIN, PAA | S / B/LA | CKBURN & COS | STANDI, | IN Firm's EIN | | | |
| Use (| | d | 22 00000 | 1. F | | | | | | |
| | Firm's ad | | 32 READIN | | | | | | | |
| | _ | CI | NCINNATI, | OH 45 | 215 | | Phone no (513 | | 1-2 | |
| | | | | d'i | | | F | orm 990 | -PF (| 2010) |

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization

JUNIPER TREE FOUNDATION

FKA MORELOCK FAMILY FOUNDATION

Employer identification number

20-0749868

| Organization type (check one): | | | | | |
|--|---|--|--|--|--|
| Filers of: | Section: | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| . • | s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions | | | | |
| General Rule | | | | | |
| X For an organization contributor. Comp | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II | | | | |
| Special Rules | | | | | |
| 509(a)(1) and 170(| c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | | |
| but it must answer "No" on | hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify no requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

JUNIPER TREE FOUNDATION

FKA MORELOCK FAMILY FOUNDATION

Employer identification number

| Part I | Contributors | (see instructions) |
|--------|--------------|--------------------|
|--------|--------------|--------------------|

| (a) | (b) | (c) | (d) |
|------------|---|-----------------------------|--|
| | Name, address, and ZIP + 4 JOHN P MORELOCK JR 9233 SEWARD RD FAIRFIELD, OH 45014 | \$ 204552. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 2 | CALVARY INDUSTRIES INC 9233 SEWARD RD FAIRFIELD, OH 45014 | \$100000. | Person X Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

023452 12-23-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization JUNIPER TREE FOUNDATION FKA MORELOCK FAMILY FOUNDATION Employer identification number

20-0749868

| ran n | Noncash Property (see instructions) | | |
|------------------------------|--|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| Schedule (| 3 (F | -9rm | 990, | 990-EZ, | or | 990-PF) (| 2010) |
|------------|------|------|------|---------|----|-----------|-------|
|------------|------|------|------|---------|----|-----------|-------|

Page

of of Part III

Name of organization JUNIPER TREE FOUNDATION Employer identification number

| | RELOCK FAMILY FOUNDATION | ON | 20-0749868 | | | | |
|--------------------------|---|---|--|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religion \$1,000 or less for the year. (Enter this info | e columns (a) through (e) and the ous, charitable, etc., contributions | on 501(c)(7), (8), or (10) organizations aggregating e following line entry. For organizations completing s of | | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of gif | t | | | | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |
| n) No. From Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of gif | t | | | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
|) No. | | | | | | | |
| rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
|) No. | | | | | | | |
| art I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of gift | | | | | |
| - | Transferee's name, address, an | d ZIP + 4 | Relationship of transferor to transferee | | | | |
| | | | | | | | |
| | | | | | | | |

| FORM 990-PF INTEREST ON SAV | INGS AND TEM | PORARY CASH II | NVESTMENTS S | TATEMENT | 1 |
|--|-----------------------------|-----------------------------------|----------------|----------------------------|----------------|
| SOURCE | | | | AMOUNT | |
| KEY BANK | | | | 158 | 83. |
| TOTAL TO FORM 990-PF, PART I | , LINE 3, CO | LUMN A | | 158 | 83. |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT | 2 |
| DESCRIPTION | | (B) NET INVEST- MENT INCOME | | (D) CHARITAI PURPOSI | |
| LEGAL FEES LOGO DESIGN OHIO FILING FEE | 263. 266. 100. | | 0. 0. 0. | | 0. 0. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 629. | 0. | 0. | | 0. |
| | F SUBSTANTIA PART VII-A, | L CONTRIBUTORS | 5 S' | PATEMENT | 3 |
| NAME OF CONTRIBUTOR | ADDR | ESS | | | |
| JOHN P MORELOCK JR | | SEWARD RD FIELD, OH 450 | 14 | | |
| CALVARY INDUSTRIES, INC. | 9233 | SEWARD RD | | | |

FAIRFIELD, OH 45014

| FORM 990-PF GRANTS PAID | STATEMENT 4 | | |
|---|--|-----------------------|--------|
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | | AMOUNT |
| THE ARINGTON FOUNDATION 6125 COMMMERCE COURT MASON, OH 45040 | NONE OPERATIONS | PRIVATE FOUNDATION | 2000. |
| ATKINS FAMILY IRREVOCABLE TRUST 1198 BRITESILKS LANE CINCINNATI, OH 45249 | OPERATIONS | IRREVOCABL TRUST | 1000. |
| BACK 2 BACK MINISTRIES 8118 CORPORATE WAY, SUITE 201 MASON, OH 45040 | | PUBLIC CHARITY | 42609. |
| ERIN CAMPBELL MINISTRIES P.O. BOX 24361 CINCINNATI, OH 45224-0361 | | RELIGIOUS | 1500. |
| DISCOVER THE JOURNEY 1718 MONROVIA AVE COSTA MESA, CA 92627 | NONE OPERATIONS | RELIGIOUS | 800. |
| GALILEAN CHILDREN'S HOME 712 SOUTH FORK CHURCH ROAD LIBERTY, KY 42539 | NONE OPERATIONS | PUBLIC CHARITY | 6243. |
| GEORGETOWN COLLEGE 400 EAST COLLEGE STREET GEORGETOWN, KY 40324 | NONE OPERATIONS | EDUCATION | 3722. |
| GINGHAMSBURG CHURCH 6759 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371 | NONE OPERATIONS | RELIGIOUS | 2000. |

| . JUNIPER TREE FOUNDATION FKA MOR | RELOCK FAM | | 20-0749868 |
|--|--|------------------------|------------|
| IRIS B. VEST WIDOWS MINISTRY CENTER 509 PARK ROAD SEVIERVILLE, TN 37862 | NONE OPERATIONS | PUBLIC CHARITY | 5000. |
| MOELLER HIGH SCHOOL 9001 MONTGOMERY ROAD CINCINNATI, OH 45242 | NONE OPERATIONS | RELIGIOUS EDUCATION | 2250. |
| NORTHERN KENTUCKY CINCINNATI HOOPS 3371 PADDOCK LN MASON, OH 45040 | NONE OPERATIONS | PUBLIC CHARITY | 300. |
| ONE-CITY FOUNDATION PO BOX 15784 CINCINNATI, OH 45215 | NONE OPERATIONS | PUBLIC CHARITY | 2240. |
| PENTECOSTAL CHILDRENS HOME P.O. BOX 550 BARBOURSVILLE, KY 40906 | | RELIGIOUS | 66500. |
| | NONE OPERATIONS | PUBLIC CHARITY | 11000. |
| | NONE OPERATIONS | RELIGIOUS | 6000. |
| SWEETEN LIFE SYSTEMS P.O. BOX 498455 CINCINNATI, OH 45249 | NONE OPERATIONS | RELIGIOUS | 1000. |
| MARIEMONT COMMUNITY CHURCH 3908 PLAINVILLE ROAD MARIEMONT, OH 45227 | NONE VAN PURCHASE AND OPERATIONS | RELIGIOUS | 5000. |
| MONTGOMERY COMMUNITY CHURCH 11251 MONTGOMERY ROAD CINCINNATI, OH 45249 | NONE OPERATIONS | RELIGIOUS | 10000. |

| JUNIPER TREE FOUNDATION FKA MOR | ELOCK FAM | | 20-0749868 |
|---|--------------------|------------------------|------------|
| MOODY BIBLE INSTITUTE 820 N. LASALLE BLVD. CHICAGO, IL 60610 | NONE OPERATIONS | RELIGIOUS EDUCATION | 1021. |
| THE OHIO STATE UNIVERSITY ENARSON HALL, 154 W. 12TH AVENUE COLUMBUS, OH 43210 | | EDUCATION | 10000. |
| ROSEMONT BAPTIST CHURCH 556 ROSEMONT GARDEN LEXINGTON, KY 40503 | NONE OPERATIONS | RELIGIOUS | 2000. |
| SMOKY MOUNTAIN CHILDRENS HOME 449 MCCARN CIRCLE SEVIERVILLE, TN 37862 | | PUBLIC CHARITY | 1000. |
| JOBS PLUS EMPLOYMENT NETWORK 1625 VINE STREET CINCINNATI, OH 45202 | | PUBLIC CHARITY | 1000. |
| FOCAS MINISTRIES P.O. BOX 428760 CINCINNATI, OH 45242 | NONE OPERATIONS | RELIGIOUS | 7000. |
| TOTAL TO FORM 990-PF, PART XV, LI | TNE 3A | | 191185. |

Form **8868**

(Rev January 2011) Department or the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

| If you a | re filing for an Automatic 3-Month Extension, comple | te only Pa | art I and check this box | | | ightharpoons X | | |
|---|--|--------------|---|-----------|------------------|-----------------|--|--|
| ·- | re filing for an Additional (Not Automatic) 3-Month Ex | | | form) | | | | |
| Do not co | omplete Part II unless you have already been granted a | an automa | atic 3-month extension on a previously f | led For | m 8868 | | | |
| Electroni | c filing (e-file). You can electronically file Form 8868 if | you need. | a 3-month automatic extension of time t | o file (6 | months for a | corporation | | |
| | o file Form 990-T), or an additional (not automatic) 3-mo | • | | | | • | | |
| - | file any of the forms listed in Part I or Part II with the ex- | | | | | | | |
| Personal 6 | Benefit Contracts, which must be sent to the IRS in pag | per format | (see instructions) For more details on t | he elec | tronic filing of | this form, | | |
| | irs gov/efile and click on e-file for Charities & Nonprofits | | , | | J | | | |
| Part I | Automatic 3-Month Extension of Time | | ibmit original (no copies needed) | _ | | | | |
| A corpora | tion required to file Form 990-T and requesting an autor | | | nplete | | | | |
| art I only | | | | | | | | |
| | orporations (including 1120-C filers), partnerships, REM ome tax returns | fICs, and t | rusts must use Form 7004 to request a | n exten | sion of time | | | |
| Туре or | Name of exempt organization | | | Empl | oyer identific | ation number | | |
| orint | TINITORD DOED BOINDADION | | | | | | | |
| | FKA MORELOCK FAMILY FOUNDATION | | | | 20-0749868 | | | |
| le by the lue date for iling your | Number, street, and room or suite no If a PO box, s P.O. BOX 37429 | | | | | | | |
| eturn See nstructions | City, town or post office, state, and ZIP code For a form CINCINNATI, OH 45222 | oreign add | dress, see instructions | · | | | | |
| | | | | | • | _ | | |
| Enter the Return code for the return that this application is for (file a separate application for each return) | | | | | | 0 4 | | |
| Application | on | Return | Application | | | Return | | |
| s For | | Code | Is For | | | Code | | |
| orm 990 | | 01 | Form 990-T (corporation) | | | 07 | | |
| | orm 990·BL 02 Form 1041·A | | | | | 08 | | |
| orm 990- | | | | | | 09 | | |
| orm 990- | | 04 Form 5227 | | | | 10 | | |
| orm 990- | T (sec 401(a) or 408(a) trust) | 05 | | | | 11 | | |
| orm 990- | T (trust other than above) | 06 | Form 8870 | | | 12 | | |
| | JOHN P MORELOCI | K JR | | | | | | |
| The po | oks are in the care of > 9233 SEWARD RD | - FA | IRFIELD, OH 45069 | | | | | |
| Telepho | one No ▶ 513-761-2860 | | FAX No ▶ | | | | | |
| If the o | rganization does not have an office or place of business | s in the Ur | nited States, check this box | | | > | | |
| If this is | s for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) If th | ns is for | r the whole gr | oup, check this | | |
| oox 🕨 🗓 | If it is for part of the group, check this box | and atta | ach a list with the names and EINs of all | memb | ers the extens | sion is for | | |
| 1 I req | uest an automatic 3-month (6 months for a corporation | required | to file Form 990·T) extension of time un | tıl | | | | |
| | $\overline{	ext{AUGUST} \hspace{0.1cm} 15$, $\hspace{0.1cm} \hspace{0.1cm} 2011 \hspace{1cm}$, to file the exemp | t organiza | tion return for the organization named | above | The extension | 1 | | |
| _ | r the organization's return for | | | | | | | |
| ▶ _ | \overline{X} calendar year 2010 or | | | | | | | |
| ▶[| tax year beginning | , an | d ending | | _ | | | |
| | | | | | | | | |
| 2 If the | e tax year entered in line 1 is for less than 12 months, c | neck reas | on Initial return Fin | al retur | n | | | |
| | Cnange in accounting period | | | | | | | |
| | | | | | | | | |
| 3a If thi | s application is for Form 990-BL, 990-PF, 990-T, 4720, o | or 6069, e | nter the tentative tax, less any | | | | | |
| nonr | retungable credits. See instructions | | | 3a | \$ | 0. | | |
| b If thi | s application is for Form 990-PF, 990-T, 4720, or 6069, | enter any | retundable credits and | | | | | |
| estir | mated tax payments made. Include any prior year overp | ayment a | llowed as a credit | 3ь | \$ | 0. | | |
| c Bala | ince due. Subtract line 3b from line 3a. Include your pa | yment wit | h this form, if required, | | | | | |
| ่ อง บ | sing EFTPS (Electronic Federal Tax Payment System) | See instru | ctions | 3c | \$ | 0. | | |
| Caution | f you are going to make an electronic fund withdrawal y | with this Fe | orm 3868 see Form 3453-EO and Form | 1 3879- | ED for payme | nt instructions | | |
| Caution I | | with this F | | | EO tor payme | | | |