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Form 990-PF Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

Treated às a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements OMB No 1545-0052

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0.

75.

300.

375

71,192.

For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number JACOUELINE ANNE MORRIS MEMORIAL FOUNDATION 20-2012614 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 4980 N. VIA DE LA GRANJA 520-299-4907 City or town, state, and ZIP code C If exemption application is pending, check here TUCSON, AZ 85718 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 401, 269. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a),) for charitable purposes (cash basis only) expenses per books ıncome income 50,000 Contributions, gifts, grants, etc., received N/A if the foundation is not required to attach Sch. B. 2 Interest on savings and temporary cash investments 6. 6 STATEMENT Dividends and interest from securities 10,482 10,482 STATEMENT 5a Gross rents b Net rental income or (loss) 656 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 452,2<u>20.</u> 3,656 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 64,144 Total. Add lines 1 through 11 14,144 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 150 75. 16a Legal fees STMT 3 **b** Accounting fees STMT 4 600. 300 c Other professional fees SO Operating and Administrative 17 Interest 18 Taxes ഹ 19 Depreciation and depletion Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative 750 375 expenses. Add lines 13 through 23 70,817 25 Contributions, gifts, grants paid 70.817 26 Total expenses and disbursements. Add lines 24 and 25 71,567 375

LHA For Paperwork Reduction Act Notice, see instructions.

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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

Form 990-PF (2011)

-7,423

27 Subtract line 26 from line 12:

N/A

13.769

JACQUELINE ANNE MORRIS MEMORIAL

F or	m 99	00-PF (2011) FOUNDATION	Beginning of year		2012614 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		End o	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	l	Cash - non-interest-bearing	101,463.	51,618.	E1 610
	1	Savings and temporary cash investments Accounts receivable ►	101,463.	31,010.	51,618.
	l °	Less: allowance for doubtful accounts			}
		Diodoos roogwahla			
	"	Less: allowance for doubtful accounts			1
	5	Grants receivable			-
	6	Receivables due from officers, directors, trustees, and other	-		
	Ĭ	disqualified persons			
	7	Other selected learning to			
		Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	C	Investments - corporate bonds STMT 5	369,743.	412,165.	349,651.
	11	Investments - land, buildings, and equipment basis	Acres 14 1000 A	- 1 This is a second of the se	<u> </u>
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers)	471,206.	463,783.	401,269.
	17	Accounts payable and accrued expenses	47.17.2001	403,703.	
	18	Grants payable			
S	19	Deferred revenue			1. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Γ	22	Other liabilities (describe >)			
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
ø,		and complete lines 24 through 26 and lines 30 and 31.			
nce	24	Unrestricted	471,206.	463,783.	
ala	25	Temporarily restricted			**' - * * * * * * * * * * * * * * * * *
Assets or Fund Balances	26	Permanently restricted			*
Fun		Foundations that do not follow SFAS 117, check here			•
ō	27	and complete lines 27 through 31 Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
Net /	30	Total net assets or fund balances	471,206.	463,783.	
Z	•	Total flot about of faile business	471,200	403,703.	
	31	Total liabilities and net assets/fund balances	471,206.	463,783.	
P	- art	Analysis of Changes in Net Assets or Fund B	<u> </u>		
_		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	471,206.
		r amount from Part I, line 27a		2	-7,423 .
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	463,783.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	463,783.
					5 000 DE

123511 12-02-11

	NDAT:						2	0-201	2614	Page 3
		sses for Tax on In		Income	/F3 77					
2-story brick wa	arehouse;	nd(s) of property sold (e.g. or common stock, 200 shs			(b) HC P - D -	ow acquired Purchase Donation	(c) Date (mo., d	acquired ay, yr.)	(d) Dat (mo., d	
1a PUBLICLY TRADE			_			P			_	
b CAPITAL GAINS	DIVI	DENDS							_	
С								-		
<u>_d</u>										
					<u> </u>					
(e) Gross sales price	(f) l	Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a 444,884.				448,56	4.				-3	<u>,680.</u>
ь 7,336.									7	,336.
С										
_d										
_e										
Complete only for assets showing	ng gain in	column (h) and owned by t	the foundation	on 12/31/69			I) Gains (C	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any		CC	Losses	not less thar (from col. (1 -0-) or h)}	
a									-3	,680.
b									7	,336.
<u>c</u>										
_ d										
e										
2 Capital gain net income or (net ca	apital loss	If gain, also enter If (loss), enter -0-			}	2			3	,656.
		•			7					
3 Net short-term capital gain or (lost f gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (iu (b).		}	3		N/A		
Part V. Qualification U		Section 4940(e) for	Reduced	Tax on Net	Inve		come	N/A		
(For optional use by domestic private										
(For optional use by domestic private	e iouiluali	ons subject to the section a	4540(a) lax Uli	i ilet ilivestillelit il	icome.)				
If section 4940(d)(2) applies, leave t	hıs part bl	ank.								
Was the foundation liable for the sec	tion 4042	tay on the distributable am	nount of any w	aar in the bace nei	riod2				□ vac	X No
If "Yes," the foundation does not qua				•	iou•			•	163	LAL 140
1 Enter the appropriate amount in					es.		· · · · · · · · · · · · · · · · · · ·			
	1	(b)			(c)				(d)	
(a) Base period years Calendar year (or tax year beginni	no in)	Adjusted qualifying dis	tributions	Net value of no	ncharit	able-use asset	s	Distrib (col. (b) div	ùtión ratio ided by col	(c))
2010	g/	5	1,475.			395,23		(0011 (0) 011		30239
2009			7,512.			321,09				16826
2008			6,319.	·		334,32				08633
2007			9,102.			375,76				04059
2006			4,091.			265,70	-			28305
2000		Ұ	1/0511			200770	" 			<u> </u>
2 Total of line 1, column (d)							2		. 5	88062
3 Average distribution ratio for the	5-year ba	se period - divide the total o	on line 2 hv 5.	or by the number	of vea	rs				00002
the foundation has been in existe	-			,	J. , J.	. •	3		. 1	17612
the restriction has been in existe	1100 11 1000	, man o yours								<u> </u>
4 Enter the net value of noncharital	hle-use as	sets for 2011 from Part X.	line 5				4		420	,884.
- Emer the flet tailed or fletionalities	010 000 00	5010 701 20 77 1101117 411774					··			70010
5 Multiply line 4 by line 3							5		49	,501.
o Muliphy and 4 by and 0							-	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>
6 Enter 1% of net investment incor	ne (1% of	Part L line 27h)					6			138.
2 170 or not invocunous filodi	(170 01	· areigining Erroj								
7 Add lines 5 and 6							7		49	,639.
, , , , , , , , , , , , , , , , , , ,							<u> </u>		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
8 Enter qualifying distributions from	n Part XII	line 4					8		71	,192.
If line 8 is equal to or greater than			th and come	Nata that part warn	IO 3 10/	tay rata		<u> </u>		<u>, </u>
See the Part VI instructions.		IOON THE DUX III FAIL VI, IIIIE	io, and comp	note mat part usin	iya 170	יום אומוד.				
								г.	orm 990-	PF (2011)

JACQUELINE ANNE MORRIS MEMORIAL Form 990-PF (2011) FOUNDATION 20-2012614 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) 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% 138. 1 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-) 0. 2 3 Add lines 1 and 2 3 138. 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-138. 5 6 Credits/Payments: a 2011 estimated tax payments and 2010 overpayment credited to 2011 261 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 7 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 123. 11 Enter the amount of line 10 to be: Credited to 2012 estimated tax Part VII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in Yes No . Post any political campaign? 1a b 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 or distributed by the foundation in connection with the activities c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (2) On foundation managers. ► \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 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 remain in the governing instrument? X 6 7 Did the foundation have at least \$5,000 in assets at any time during the year? X If "Yes," complete Part II, col. (c), and Part XV. 8a Enter the states to which the foundation reports or with which it is registered (see instructions) AZb If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) X of each state as required by General Instruction G? If "No," attach explanation 8b 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10

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had not been removed from jeopardy before the first day of the tax year beginning in 2011?

JACQUELINE ANNE MORRIS M	EMORIAL		20 20126	14 -	
Form 990-PF (2011) FOUNDATION Part VII-B Statements Regarding Activities for Which F	Form 4720 May Bo E	Paguired (seets	<u>20-20126</u>	<u> 14_ </u>	Page 6
5a During the year did the foundation pay or incur any amount to:	Onn 4720 May De 1	icquired (contin	T		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	A045(a)\2		s X No		
• • • • • •	` ''		IS LALINO		ŧ
(2) Influence the outcome of any specific public election (see section 4955); o	ir to carry on, directly or indire		s X No		E
any voter registration drive?	0				
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Ye	s X No]	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	с			
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?			s 🗶 No 📙	. *- 5	- 1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		n Regulations	ľ	· [2]	لـــــــــــــــــــــــــــــــــــــ
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere			18 - B	14.5.
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	neđ	;		·
expenditure responsibility for the grant?	N	'/A 🔲 Ye	s 🔲 No 🚎	201	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			y Ea	23 -24
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		*		
a personal benefit contract?		☐ Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		[**	6b	X
If "Yes" to 6b, file Form 8870.			2	3 : H3:	Tal A
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s 🗓 No 🏻	a a	4 7 kg
b If "Yes," did the foundation receive any proceeds or have any net income attribu			· · · · · · · · · · · · · · · · · · ·	7b	
Part VIII Information About Officers, Directors, Trustor Paid Employees, and Contractors		nagers, Highly			
1 List all officers, directors, trustees, foundation managers and their	compensation.		· -		
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Exp account, allowar	other
YVONNE P. MORRIS	PRESIDENT	enter-0-)	compensation	allowal	1063
4980 N. VIA DE LA GRANJA	EKROTORNI			:	
TUCSON, AZ 85718	0.50	0.	0.		Λ
	VICE PRESIDEN		0.		<u> </u>
4980 N. VIA DE LA GRANJA	AICE LKESIDEN	L			
TUCSON, AZ 85718	0 50		•		^
	0.50 SECRETARY	_0.	0.		<u>0.</u>
	SECRETARY				
4980 N. VIA DE LA GRANJA	0.50		•		_
TUCSON, AZ 85718	0.50	0.	0.		0.
	TREASURER				
4980 N. VIA DE LA GRANJA			_		_
TUCSON, AZ 85718	0.50	0.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to	4.3.5	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account, allowar	other
NONE					
				<u></u>	
	1	1			

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

Total. Add lines 1 through 3

All other program-related investments. See instructions.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see instru	ctions)
1	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	la l	412.678.
	Average of monthly cash balances	1b	412,678. 14,615.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	427,293.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1 1	* ******	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	427,293.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,409.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	420,884.
6	Minimum investment return. Enter 5% of line 5	6	21,044.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	21,044.
2a	Tax on investment income for 2011 from Part VI, line 5	44.4	
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	138.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	20,906.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20,906.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7_	20,906.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	20	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	71,192.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	E i	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	71,192.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	138.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	71,054.
	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	1

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI,				
line 7				20,906.
2 Undistributed income, if any, as of the end of 2011				20,300.
a Enter amount for 2010 only			0.	
b Total for prior years:				
b rotarior prior years.		0.		ı
3 Excess distributions carryover, if any, to 2011:				
a From 2006 21, 266.				,
b From 2007 20,818.				
			2	
d From 2009 21,501.		`	*	
e From 2010 31,840.		,	,	
f Total of lines 3a through e	115,116.	× • * ·		
4 Qualifying distributions for 2011 from		* * * * * * * * * * * * * * * * * * * *		
Part XII, line 4: ► \$ 71,192.			* * / dr	İ
a Applied to 2010, but not more than line 2a		. ' * ' ' '	0.	
b Applied to undistributed income of prior		_	* × ×	
years (Election required - see instructions)		O.	٠ , ·	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	in the second control of the second control	## 7 × × × × × × × × × × × × × × × × × ×	<u> </u>
d Applied to 2011 distributable amount		** * * * * * * * * * * * * * * * * * * *		20,906.
e Remaining amount distributed out of corpus	50,286.	, era erape.		-
5 Excess distributions carryover applied to 2011	0.	* * * * * * * * * * * * * * * * * * * *	^	0.
(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				æ.
indicated below:	165 400	71	**	ŕ
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	165,402.	3 /	* * * *	
b Prior years' undistributed income. Subtract		^	* ,	
line 4b from line 2b		0.	<u> </u>	
c Enter the amount of prior years' undistributed income for which a notice of			, A&,	*
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		j
d Subtract line 6c from line 6b. Taxable	,			
amount - see instructions		0.		i
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.		.>	0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				· ·
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	21,266.			
9 Excess distributions carryover to 2012.	21,2001			
Subtract lines 7 and 8 from line 6a	144,136.			
10 Analysis of line 9:	T44,T70.			
a Excess from 2007 20,818.				
b Excess from 2008 19,691.				
	İ			
d Excess from 2010 31,840.				
e Excess from 2011 50, 286.			<u> </u>	Form 990-PF (2011)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year PIMA COUNTY JUVENILE COURT NONE PUBLIC SUMMER INTERN PROGRAM 2225 E. AJO WAY TUCSON AZ 85713 3,685. UNIVERSITY OF ARIZONA NONE PUBLIC CHILDREN'S RESEARCH UNIVERSITY OF ARIZONA AND ADVOCACY PROJECT TUCSON, AZ 85721 30.048. UNIVERSITY OF ARIZONA NONE PUBLIC RESEARCH WEB-BASED UNIVERSITY OF ARIZONA RESOURCE FOR TEACHERS TUCSON, AZ 85721 OF CHILDREN WITH CHRONIC MEDICAL CONDITIONS 37,084. Total ▶ 3a 70.817. b Approved for future payment NONE Total <u>3b</u>

	<u> </u>
Part XVI-A	Analysis of Income-Producing Activities
Fait Avi-A	Analysis of income-rioducing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	_ (a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
a					
b			1		
	1	_	+		
d	1		+-	_	
e			1-		
•	-		+		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash	-				
investments			14	6.	
4 Dividends and interest from securities			$\frac{14}{14}$		
5 Net rental income or (loss) from real estate:	2013	A. W. S. S. R. B. B. B.			· ·
a Debt-financed property		Wilder Francisco	1		
b Not debt-financed property			†		
6 Net rental income or (loss) from personal		· · · · - ·	1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			1		
than inventory			18	3,656.	
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	- 1				
b			 		
С	_		1		
d	-				
e	_				
12 Subtotal. Add columns (b), (d), and (e)	- 28 A 7.	0	354 4	14,144.	0.
13 Total. Add line 12, columns (b), (d), and (e)			<u>.</u>	13	
(See worksheet in line 13 instructions to verify calculations.)	· 1				_

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).				

123621 12-02-11

Form **990-PF** (2011)

Pa	rt XVII	Information Re Exempt Organ	egarding Transfers To a	and Transactions a	and Relationsh	ips With Nonch	aritable	•	
	Did the o			ag with any other organization	on described in section	p F01/p) of		Yes	No
1			rectly engage in any of the followin)(3) organizations) or in section 52			11 50 1(0) 01		163	140
•			ation to a noncharitable exempt or	· · · · · · · · · · · · · · · · · · ·	nzations,				
٠	(1) Cast	, •	ation to a noncharitable exempt of	gamzation of,			1a(1)		x
	(2) Othe						1a(2)		X
ь	• •	nsactions:					10(2)		
-		s of assets to a noncharital	ble exempt organization				1b(1)		_X_
	(2) Puro	chases of assets from a noi	ncharitable exempt organization				1b(2)		X
	(3) Ren	tal of facilities, equipment,	or other assets				1b(3)		X
	(4) Rein	nbursement arrangements					1b(4)		X
	(5) Loai	ns or loan guarantees					1b(5)		X
	(6) Perf	ormance of services or me	mbership or fundraising solicitation	ons			1b(6)		X
C	Sharing	of facilities, equipment, ma	iling lists, other assets, or paid em	ployees			1c		X
d			"Yes," complete the following sche					ets,	
			oundation. If the foundation receive		ie in any transaction o	or sharing arrangement,	show in		
		'	other assets, or services received.						
(a) Li	ne no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of	f transfers, transactions, an	d sharing ar	rangeme	nts
			N/A						
	<u> </u>		<u></u>						
									
					 				
					-				
				·-··	+				
			-						
		<u> </u>							
	-								
			· · · · · ·						
2a	Is the fou	undation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organi	zations described				
	ın sectioi	n 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?			Yes	X] No
b	If "Yes," o	complete the following sche							
		(a) Name of org	anization	(b) Type of organization	(0) Description of relation	ship		
		N/A_			_				
	<u> </u>			-		 			
	Linds	r penalties of person I declare	that I have examined this return, includir	ag accompanying schedules and	statements, and to the h	not of my knowledge			
Qi.	1 0001	pelief, it is true, correct, and con	mplete Deglaration of preparer (other tha	in taxpayer) is based on all inform	nation of which preparer h	aa aassisaassisadaa N	ay the IRS	discuss	ihis er
Sig He	JII N	Tarely	of Middle	18/10/12	N	s	hown below	(see <u>ins</u>	tr)?
		nature of officer or trustee	$\frac{1}{2}$	Date	PRESID:	FIN.I.	X Yes		J No
	I OIS	Print/Type preparer's na	· · · · · · · · · · · · · · · · · · ·		r	Check If PTIN			
		SUSAN A. A	· ·		1 · 1	self- employed	•		
Pa	id	CPA	many Jupan	Dumotes	5/30/12/	· · ·	0594	316	
	 eparer		CHFLEISCHMAN PC	<u> </u>	·	Firm's EIN ▶ 86 – (
	e Only		Julia Dala Cimmin I C	-			, , , , ,	J J	
	,		O. BOX 64130						
			CSON, AZ 85728-	4130		Phone no. (520)) 32	1-4	600
					<u>_</u>		orm 990		

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No 1545-0047

Employer identification number

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

	CQUELINE ANNE MORRIS MEMORIAL UNDATION	20-2012614
Organization type (check or		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt chantable 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	
	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 Ru	ile. See instructions.
General Rule		
X For an organization contributor Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or edi ruelty to children or animals. Complete Parts I, II, and III.	
contributions for us If this box is checke purpose Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions did not to exclusively for religious, charitable, etc., purposes, but these contributions did not to ed, enter here the total contributions that were received during the year for an exclusive implete any of the parts unless the General Rule applies to this organization because reference, etc., contributions of \$5,000 or more during the year.	tal to more than \$1,000. ely religious, charitable, etc ,
but it must answer "No" on l	at is not covered by the General Rule and/or the Special Rules does not file Schedule & Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part the filing 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) (2011)

Name of organization

JACQUELINE ANNE MORRIS MEMORIAL
FOUNDATION

Employer identification number

20-2012614

Part I	Contributors (see instructions). Use duplicate copies of Part I if an	dditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RICHARD J. & YVONNE P. MORRIS 4980 N. VIA DE LA GRANJA TUCSON, AZ 85718	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
			Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution)

Name of organization

JACQUELINE ANNE MORRIS MEMORIAL

FOUNDATION

Employer identification number

20-2012614

(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
_			
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(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

Name of organization

Employer identification number

JACQUELINE	ANNE	MORRIS	MEMORIAL
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FOUNDATION	

20-2012614

Part III	Exclusively religious, charitable, etc., indivi- year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	., contributions of \$1,000 or less for)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter the year. (Enter this information once)				
(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, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transfer of gif	r of gift Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY C	ASH IN	VESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
JP MORGAN					•		6.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A		:		6.
FORM 990-PF DIVIDENT	DS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
JP MORGAN	•		17,818.		7,336.	10,4	82.
TOTAL TO FM 990-PF, PART I,	LN 4		17,818.		7,336.	10,4	82.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN				
LEGAL FEES		150.	75				
TO FM 990-PF, PG 1, LN 16A		150.		75.			75.
FORM 990-PF	ORM 990-PF ACCOUNTING FEES				STATEMENT		
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
ACCOUNTING FEES		600.		300.		300	
TO FORM 990-PF, PG 1, LN 16B		600.		300.		3	00.
=							

FORM 990-PF CORPORATE BONI	os	STATEMENT	5
DESCRIPTION	BOOK VALUE	FAIR MARKET	r
JP MORGAN ACCESS GROWTH FUND	412,165.	349,65	51.
TOTAL TO FORM 990-PF, PART II, LINE 10C	412,165.	349,651.	
FORM 990-PF PART XV - LINE 17 LIST OF FOUNDATION MAN		STATEMENT	6

NAME OF MANAGER

YVONNE P. MORRIS RICHARD J. MORRIS

Form **8868**

(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rever	nue Service Prile a Sepa	arate appi	ication for each return.			
• If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		>	\mathbf{x}
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form).		
	implete Part II unless you have already been granted					
Electronic	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6	months for a corpo	oration
	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				•	
	Benefit Contracts, which must be sent to the IRS in par	•	•			
	.irs.gov/efile and click on e-file for Charities & Nonprofits		,			•
Partil			submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an auto					
Part I only	, ,				•	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ictions.		Employe	identification numb	er (FIN) or
print	JACQUELINE ANNE MORRIS MEM			X 20-2012614		
	FOUNDATION					
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.		curity number (SSN	
filing your	4980 N. VIA DE LA GRANJA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Social security flumber (5514)		
return See Instructions,	City, town or post office, state, and ZIP code. For a for TUCSON, AZ 85718	oreign add	lress, see instructions.			
F						
	Return code for the return that this application is for (fil	· ~	···			0 4
Application	on	Return	Application			Return
ls For		Code	Is For		<u> </u>	Code
Form 990		01	Form 990-T (corporation) 07			
Form 990-	BL	02	Form 1041-A			08
Form 990-	EZ	01	Form 4720			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
	DR. YVONNE P. 1		-			
The bo	oks are in the care of \triangleright 4980 N. VIA DE	LA G	<u>RANJA - TUCSON, AZ</u>	8571	8	
	one No. ► <u>520-299-4907</u>		FAX No. 🕨			
If the o	rganization does not have an office or place of busines	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) 1	f this is fo	r the whole group, c	heck this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for
1 I rec	quest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until		
	AUGUST 15, 2012 , to file the exemp	t organiza	tion return for the organization name	ed above.	The extension	
	or the organization's return for:					
▶[X calendar year <u>2011</u> or					
▶[tax year beginning	, an	d ending		•	
						
2 If the	e tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
	•					
3a If thi	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
	refundable credits. See instructions.			3a	\$	138.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	mated tax payments made. Include any prior year over	•		3ь	\$	261.
· · · · · · · · · · · · · · · · · · ·	ance due. Subtract line 3b from line 3a. Include your pa			30		201.
	Ising EFTPS (Electronic Federal Tax Payment System).	-	•	ا م		0.
	If you are going to make an electronic fund withdrawal			3c	EO for poverne time t	
	or Privacy Act and Paperwork Reduction Act Notice,			JIII 68/9-		
	or Fireday Act and Faperwork Neduction Act Notice,	see instr	ucyons.		Form 8868 (Re	ev. 1-2012)
122841						