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Form

990**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2013**Open to Public Inspection**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014	
B Check if applicable: ☒ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization MORRIS ANIMAL FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 720 S Colorado Blvd Suite 174-A City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80246 D Employer identification number 84-6032307 E Telephone number 303-790-2345 G Gross receipts \$ 31,647,922 F Name and address of principal officer: J David Haworth 720 S Colorado Blvd, Suite 174-A, Denver, CO 80246 H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☒ No If "No," attach a list (see instructions) H(c) Group exemption number ▶ I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 J Website: ▶ www.morrisanimalfoundation.org K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1949 M State of legal domicile CO

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Morris Animal Foundation helps animals enjoy longer, healthier lives worldwide. Founded in 1948 the Foundation is a world leader in funding veterinary research to enhance (Continued on Schedule O, Statement 1)	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 41
	6	Total number of volunteers (estimate if necessary)	6 75
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,266,589 Current Year 8,063,763
	9	Program service revenue (Part VIII, line 2g)	0 236,593
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,365,802 2,274,003
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	297,344 431,548
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,929,735 11,005,907
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,825,781 7,637,488
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,920,222 2,757,968
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 231,278
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,104,106	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,141,480 2,853,813
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,887,483 13,480,547
19	Revenue less expenses. Subtract line 18 from line 12	1,042,252 -2,474,640	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 80,609,845 End of Year 86,340,689
	21	Total liabilities (Part X, line 26)	3,790,674 4,341,654
	22	Net assets or fund balances. Subtract line 21 from line 20	76,819,171 81,999,035

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	

Sign Here	Signature of officer	Date			
	J David Haworth, President & CEO	1/30/15			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2013)

SCANNED FEB 19 2015

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:

To improve the health and well-being of companion animals and wildlife by funding humane animal health studies and disseminating information about those studies.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,584,452 including grants of \$ 6,584,452) (Revenue \$ 0)

Animal Health Studies: Since 1948, Morris Animal Foundation has funded over 2,300 animal health studies, many of which have led to significant breakthroughs in diagnostics, treatments, preventions and cures for companion animals and wildlife. All of them have advanced the state of knowledge specific to veterinary medicine. Morris Animal Foundation funded 227 animal health studies in 2013. Recent successes include funding that helped scientists: 1. Locate a set of internal mutations within the feline infectious peritonitis (FIP) virus that are highly correlated with disease progression. Understanding how these mutations work at different stages of the disease will be a critical step toward the development of an FIP diagnostic test (D10FE-511). 2. Determine the efficacy of a compact and affordable camera adapter that can be used for diagnosing, treating and preventing many sight-threatening eye diseases making eye-imaging within financial reach of many veterinarians and accessible to their clients (D13CA-802). 3. Identify mares at risk for colic by monitoring levels of nonesterified fatty acids and that calcium supplementation during late pregnancy and lactation may help prevent colic (D12EQ-032). 4. Generate the first alpaca whole genome chromosome map which will help identify genes and mutations associated with inherited camelid diseases and disorders (D09LA-004) 5.

(Continued on Schedule O, Statement 2)

4b (Code:) (Expenses \$ 1,364,746 including grants of \$ 0) (Revenue \$ 0)

Program Awareness: Morris Animal Foundation's mission is to improve the health and well-being of companion animals and wildlife by funding humane health studies and disseminating information about these studies. Raising awareness about the Foundation's programs and impact is a critical component to fulfilling our mission. The Foundation's website provides a valuable resource for supporters, including a blog that highlights organizational and study successes, campaigns and donor/partner stories. The website is also used to promote recruitment and retention for the organization's Golden Retriever Lifetime Study, the largest and longest study ever undertaken to understand cancer in dogs. In 2014, the Foundation launched a six-month campaign called Unite to Fight Pet Cancer Campaign. This campaign included webinars, downloadable information and articles to help pet owners learn more about how pets develop cancer and to raise awareness about cancer in pets. Additional outreach efforts included hosting research symposiums at two major veterinary conferences; supporting a student representative program through which student ambassadors hosted more than 40 on-campus awareness-raising events for students and faculty; and executive team speaking engagements at universities and veterinary industry events. The organization also supports a volunteer-driven K9

(Continued on Schedule O, Statement 3)

4c (Code:) (Expenses \$ 641,761 including grants of \$ 0) (Revenue \$ 641,761)

Grant Management: Processed 582 applications for funding which all received preliminary review internally for relevance and guideline adherence and additionally a scientific abstract review to determine if full review merited. 1. Coordinated full review of 209 proposals including reviewer assignment, written review and scoring, prioritization, with three meetings of volunteer scientific advisory boards (small animal, large animal, and wildlife) to determine recommendations for funding. 2. Awarded and contracted 96 new animal health studies and 25 Veterinary Student Scholarships. 3. Monitored over 200 active health studies including two progress reports per year for each, scientific advisory board review, protocol revisions, and quarterly payments. 4. Initiated two proactive research calls: one for the human-animal bond research initiative (HABRI) including extensive work with this donor, creation of customized guidelines and review process, processing 20 submissions, coordinating out of sequence review for 9, and funding 6 new HABRI awards and one for the Zoetis - MAF Training Fellowships including creating and distributing an RFP, reviewing 14 submissions, and awarding two new fellowships. 5. Reviewed 10 and awarded 1 wildlife rapid response fund award and reviewed and awarded five feline SNP chip awards.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 4(Expenses \$ 2,051,766 including grants of \$ 1,053,036) (Revenue \$ 0)4e Total program service expenses **▶** 10,642,725

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	☐	☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	☐	☒
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	☐	☒
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	☒	☐
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	☐	☒
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	☒	☐
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	☒	☐
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	☒	☐
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	☐	☒
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☒	☐
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	☐	☒
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	☒	☐
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14 a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	☒	☐
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	☒	☐
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	☐	☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	☒	☐
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	☒	☐
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	☐	☒
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	☐	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	☐	☐

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	☒	☐
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	☒	☐
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	☒	☐
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	☐	☒
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	☐	☐
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	☐	☐
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	☐	☐
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	☐	☒
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	☐	☒
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	☐	☒
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	☐	☒
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☒
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☒
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	☐	☒
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	☐	☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	☐	☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	☐	☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	☐	☒
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	☐	☒
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	☐	☒
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	☐	☒
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐	☐
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐	☒
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	☐	☒
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	☒	☐

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	21			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓		
b	If "Yes," enter the name of the foreign country: ▶ <u>See Schedule O, Statement 5</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓		
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state?	13a				
Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	☒	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		☒
6 Did the organization have members or stockholders?	6		☒
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		☒
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	☒	
b Each committee with authority to act on behalf of the governing body?	8b	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		☒

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	☒
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	☒
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	☒
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	☒
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	☒
13 Did the organization have a written whistleblower policy?	13	☒
14 Did the organization have a written document retention and destruction policy?	14	☒
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	☒
b Other officers or key employees of the organization	15b	☒
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	☒
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CO**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Morris Animal Foundation, (303)790-2345**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Prema Arasu	2									
Trustee	0	✓						0	0	0
Deborah Davenport	2									
Trustee	0	✓						0	0	0
Bob Gain	2									
Trustee	0	✓						0	0	0
Walt George	2									
Trustee	0	✓						0	0	0
Colin Giles	4									
Treasurer	0	✓		✓				0	0	0
Susan Giovengo	2									
Secretary	0	✓		✓				0	0	0
Amy Hunkeler	2									
Vice Chair	0	✓		✓				0	0	0
James Kutsch	4									
Chairman	0	✓		✓				0	0	0
Clint Lewis	2									
Trustee	0	✓						0	0	0
Patrick Long	2									
Trustee	0	✓						0	0	0
Jonna Mazet	2									
Trustee	0	✓						0	0	0
Bette Morris	2									
Trustee	0	✓						0	0	0
Cynthia Morris	2									
Trustee	0	✓						0	0	0
David Morris	2									
Trustee	0	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
David Petrie	2									
Trustee	0	✓						0	0	0
Stan Teeter	2									
Trustee	0	✓						0	0	0
David Haworth	40									
President & CEO	0			✓				210,000	0	20,293
Diane Brown	40									
Chief Scientific Officer from March 2014	0				✓			0	0	0
Dan Reed	40									
Chief Development Officer	0				✓			119,815	0	7,263
John Taylor	40									
Chief Operating Officer	0			✓				157,389	0	16,955
Mike Guy	40									
Director Canine Lifetime Health Project	0					✓		116,208	0	14,265
Scott Koskoski	40									
Director Of Major & Planned Giving	0					✓		121,846	0	6,704
Winona Burgess	40									
Director Of Veterinary Outreach	0						✓	98,191	0	5,965
Wayne Jensen	40									
Chief Scientific Officer until August 2013	0						✓	111,686	0	11,131
1b Sub-total								935,135	0	82,576
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								935,135	0	82,576

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** ✓
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** ✓
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person **5** ✓

	Yes	No
3	✓	
4	✓	
5		✓

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UBC, PO Box 75253, Baltimore, MD 21275	Golden Retriever Lifetime Stu	771,351
Fisher Bioservices, PO Box 418395, Boston, MA 02241-8395	Biorepository Services for the	221,474
Donor Point, 649 N Horner Lane, Rockville, MD 20850	Direct Mail and Fundraising C	544,930
Rise Media, 1 South Wacker Drive Ste 300, Chicago, IL 60606	Advertising and Media	375,461
Simple Truth, 314 West Superior Street Suite 300, Chicago, IL 60610	Advertising and Media	167,529

- 2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,063,763				
	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f		8,063,763			
Program Service Revenue			Business Code				
	2a	Public Awareness Walks	813990	236,593	236,593	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue .		0	0	0	0
	g	Total. Add lines 2a-2f		236,593			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		458,451	458,451	0	0
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		28,802	28,802	0	0
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0 0				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			22,298,490 0				
	b	Less: cost or other basis and sales expenses .		20,482,938 0			
	c	Gain or (loss)		1,815,552 0			
	d	Net gain or (loss)		1,815,552	1,815,552	0	0
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 197,287				
	b	Less: direct expenses	b 159,077				
	c	Net income or (loss) from fundraising events .		38,210		0	38,210
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory .						
Miscellaneous Revenue		Business Code					
11a	Grant Refunds	900099	364,536	364,536	0	0	
b							
c							
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		364,536				
12	Total revenue. See instructions.		11,005,907	2,903,934	0	38,210	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,984,680	6,984,680		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	8,150	8,150		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	644,658	644,658		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,001,376	492,082	179,442	329,852
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,383,997	659,369	291,289	433,339
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,140	17,987	4,975	13,178
9 Other employee benefits	154,024	77,251	33,379	43,394
10 Payroll taxes	182,431	88,983	32,932	60,516
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	14,817	2,198	5,091	7,528
c Accounting	24,213	0	24,213	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	231,278			231,278
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	127,484	103,784	990	22,710
12 Advertising and promotion	737,466	737,466	0	0
13 Office expenses	81,061	39,982	11,948	29,131
14 Information technology	186,010	93,779	7,080	85,151
15 Royalties	0	0	0	0
16 Occupancy	106,284	49,347	18,823	38,114
17 Travel	348,273	136,646	9,044	202,583
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	290,634	189,353	55,769	45,512
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	19,865	9,277	3,516	7,072
23 Insurance	6,725	3,141	1,190	2,394
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Printing	415,824	136,809	2,021	276,994
b Postage & Shipping	176,288	31,143	2,676	142,469
c Bank Charges & Credit Card Fees	63,624	3,170	19,650	40,804
d				
e All other expenses	255,245	133,470	29,688	92,087
25 Total functional expenses. Add lines 1 through 24e	13,480,547	10,642,725	733,716	2,104,106
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,796,684	1	2,091,521
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	40,956	4	18,574
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	45,399	9	23,735
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 338,141		
	b Less: accumulated depreciation	10b 310,992	10c 27,149	
	11 Investments—publicly traded securities	13,714,186	11	14,190,522
	12 Investments—other securities. See Part IV, line 11	64,965,606	12	69,989,188
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,609,845	16	86,340,689	
Liabilities	17 Accounts payable and accrued expenses	405,441	17	371,915
	18 Grants payable	2,822,035	18	3,098,256
	19 Deferred revenue		19	0
	20 Tax-exempt bond liabilities		20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	0
	24 Unsecured notes and loans payable to unrelated third parties		24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	563,198	25	871,483
	26 Total liabilities. Add lines 17 through 25	3,790,674	26	4,341,654
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,230,696	27	29,929,213
	28 Temporarily restricted net assets	8,607,766	28	11,803,443
	29 Permanently restricted net assets	39,980,709	29	40,266,379
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	76,819,171	33	81,999,035
	34 Total liabilities and net assets/fund balances	80,609,845	34	86,340,689

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,005,907
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,480,547
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,474,640
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	76,819,171
5	Net unrealized gains (losses) on investments	5	7,654,504
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	81,999,035

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		☒
2b	☒	
2c	☒	
3a		☒
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number

84-6032307

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,957,597	11,159,967	9,388,226	10,636,743	8,497,644	48,640,177
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	8,957,597	11,159,967	9,388,226	10,636,743	8,497,644	48,640,177
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						48,640,177

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	8,957,597	11,159,967	9,388,226	10,636,743	8,497,644	48,640,177
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	748,326	5,849,891	3,300,815	3,314,502	2,082,463	15,295,997
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	748,326	5,849,891	3,300,815	3,314,502	2,082,463	15,295,997
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,705,923	17,009,858	12,689,041	13,951,245	10,580,107	63,936,174
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	76.08 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	70.41 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	23.92 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	29.59 %
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MORRIS ANIMAL FOUNDATION

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

84-6032307

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	9	0
2 Aggregate contributions to (during year)	283,000	0
3 Aggregate grants from (during year)	316,503	0
4 Aggregate value at end of year	10,735,072	0
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	39,980,709	39,076,926	39,754,005	36,024,608	33,299,749
b Contributions	285,670	903,783	2,003,376	1,023,871	294,412
c Net investment earnings, gains, and losses	0	0	0	4,600,625	4,313,579
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	2,680,455	1,895,099	1,883,132
f Administrative expenses	0	0	0	0	0
g End of year balance	40,266,379	39,980,709	39,076,926	39,754,005	36,024,608

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 0 %

b Permanent endowment ☒ 100 %

c Temporarily restricted endowment ☐ 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		☒
3a(ii)		☒
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	70,969	58,797	12,172
d Equipment	0	267,172	252,195	14,977
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,149

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other <u>Hedge Funds and Private Equity Funds</u>	69,989,188	End-of-Year Market Value
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	69,989,188	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Deposit	229,888
(3) Annuities Payable	641,595
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	871,483

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	19,811,519
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	7,654,505
b	Donated services and use of facilities	2b	992,030
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	159,077
e	Add lines 2a through 2d	2e	8,805,612
3	Subtract line 2e from line 1	3	11,005,907
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,005,907

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	14,631,654
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	992,030
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	159,077
e	Add lines 2a through 2d	2e	1,151,107
3	Subtract line 2e from line 1	3	13,480,547
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,480,547

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - The endowment assets are invested in a manner that is intended to produce a long term rate of return of 6% plus inflation, net of all fees, over rolling ten year periods. Earnings are intended to support health study programs and/or general operating expenses. Earnings and realized and unrealized gains on the endowment assets are classified as temporarily restricted and amounted to \$5,890,337 during FY14. Temporarily restricted earnings on endowment assets used to support health study programs and operations amounted to \$1,761,821 during FY14.

Schedule D, Part XI, Line 2d - Fundraising Expenses

Schedule D, Part XI, Line 4b - Fundraising Expenses

Schedule D, Part XII, Line 2d - Fundraising Expenses \$159,077

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number

84-6032307

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and the Pacific	0	0	Grantmaking		88,273
(2) Europe (including Iceland and C	0	0	Grantmaking		525,605
(3) North America (including Canad	0	0	Grantmaking		30,780
(4) Central America and the Caribb	0	0	Investments		26,135,687
(5) North America (including Canad	0	0	Investments		5,106,377
(6) Europe (including Iceland and C	0	0	Investments		8,578,186
(7) East Asia and the Pacific	0	0	Investments		1,585,681
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			42,050,589

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (including Iceland)	Animal Health Studies	10,000	Wire Transfer	0		
(2)			Europe (including Iceland)	Animal Health Studies	73,372	Wire Transfer	0		
(3)			Europe (including Iceland)	Animal Health Studies	50,000	Wire Transfer	0		
(4)			Europe (including Iceland)	Animal Health Studies	29,160	Wire Transfer	0		
(5)			Europe (including Iceland)	Animal Health Studies	47,235	Wire Transfer	0		
(6)			Europe (including Iceland)	Animal Health Studies	50,000	Wire Transfer	0		
(7)			Europe (including Iceland)	Animal Health Studies	48,622	Wire Transfer	0		
(8)			Europe (including Iceland)	Animal Health Studies	48,046	Wire Transfer	0		
(9)			Europe (including Iceland)	Animal Health Studies	10,627	Wire Transfer	0		
(10)			Europe (including Iceland)	Animal Health Studies	82,108	Wire Transfer	0		
(11)			Europe (including Iceland)	Animal Health Studies	76,435	Wire Transfer	0		
(12)			North America (including Iceland)	Animal Health Studies	30,780	Wire Transfer	0		
(13)			East Asia and the Pacific	Animal Health Studies	20,493	Wire Transfer	0		
(14)			East Asia and the Pacific	Animal Health Studies	34,462	Wire Transfer	0		
(15)			East Asia and the Pacific	Animal Health Studies	10,800	Wire Transfer	0		
(16)			East Asia and the Pacific	Animal Health Studies	22,518	Wire Transfer	0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **16**

3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - Distributions of grant payments are typically made in quarterly installments, subject to performance of the project to the satisfaction of the Foundation. Grant performance is assessed base on independent scientific review of progress reports that are requested twice annually. One half of the final quarterly payment will be withheld by the Foundation until receipt of a complete and satisfactory final report and accounting.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number

84-6032307

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a ☒ Mail solicitations | e ☒ Solicitation of non-government grants |
| b ☒ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☒ Phone solicitations | g ☒ Special fundraising events |
| d ☒ In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 See Schedule G, Part IV, Statement 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,050,025	544,930	505,095

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

All States

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		LA Gala (event type)	Knoxville Gala (event type)	0 (total number)	
Revenue	1 Gross receipts	169,802	27,485		197,287
	2 Less: Contributions	0	0		0
	3 Gross income (line 1 minus line 2)	169,802	27,485		197,287
Direct Expenses	4 Cash prizes	0	0		0
	5 Noncash prizes	0	0		0
	6 Rent/facility costs	5,000	1,500		6,500
	7 Food and beverages	79,536	10,538		90,074
	8 Entertainment	5,750	2,500		8,250
	9 Other direct expenses	46,724	7,529		54,253
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				159,077
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				38,210

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Part I, Line 2b(v) - Amounts paid to Donor Point include \$282,952 for Printing, Postage, Mailing Services, List Rentals, and other out of pocket expenses

Schedule G, Part II, Line 9 - Event Management, Staff Travel, Shipping, Postage, Printing, Production, Advertising, Promotion and Promotional items

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

MORRIS ANIMAL FOUNDATION

84-6032307

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

45

0

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

Cat. No 50055P

Schedule I (Form 990) (2013)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Animal Health Studies	1	8,150	0		
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - Distributions of grant payments are typically made in quarterly installments, subject to performance of the project to the satisfaction of the Foundation. Grant performance is assessed base on independent scientific review of progress reports that are requested twice annually. One half of the final quarterly payment will be withheld by the Foundation until receipt of a complete and satisfactory final report and accounting.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

MORRIS ANIMAL FOUNDATION

84-6032307

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
1 David Haworth, President & CEO	(i) 210,000	0	0	0	12,500	7,593	230,293	0
2 John Taylor, Chief Operating Officer	(i) 157,389	0	0	0	9,443	7,512	174,344	0
3	(i)							
4	(i)							
5	(i)							
6	(i)							
7	(i)							
8	(i)							
9	(i)							
10	(i)							
11	(i)							
12	(i)							
13	(i)							
14	(i)							
15	(i)							
16	(i)							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 3 - The President/CEO has a written employment contract. Compensation of the President/CEO is determined by reference to other non profit organizations of a similar size that complete the Form 990, local market conditions, and other independent salary surveys. The performance of the CEO is evaluated annually by the Chair of the Board of Trustees. Compensation recommendations are made by the compensation committee of the Board of Trustees (which includes the Chair of the Board) and are ratified by the full board.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number

84-6032307

Form 990, Part VI, Section A, Line 2 - Bette Morris is a trustee. David Morris and Cynthia Morris are trustees. Bette Morris is the mother of David Morris and Cynthia Morris.

Form 990, Part VI, Section B, Line 11b - A draft of the IRS Form 990 and all schedules is reviewed by the Board of Trustees, CEO and other Officers before it is filed with the IRS.

Form 990, Part VI, Section B, Line 12c - All members of the Board of Trustees and Board committees are required to complete an annual conflict of interest questionnaire. The Board reviews all forms and for any that declare a conflict, those matters are brought before the full Board. The Board also enforces compliance by promoting awareness of the policy at Board meetings.

Form 990, Part VI, Section B, Line 15 - The process for determining compensation includes a review and approval of the Compensation Committee of the Board, with ratification by the full Board; use of information included in the Form 990's of other comparable 501 (c) (3) organizations; a written employment contract; a formal written performance review; surveys conducted by local and national non profit organizations; independent human resources consultants; and TriNet, the Foundation's outsourced Professional Employer Organization. The process is similar for the Chief Operating Officer, the Chief Scientific Officer, and the Chief Development Officer other than there is no written contract and their salaries are recommended by the CEO and ratified by the Compensation Committee.

Form 990, Part VI, Section C, Line 19 - Governing and financial documents are made available upon request and are also posted on the Foundation's web site as well as other external web sites that monitor non profit activities.

Activity Or Mission Description
Description
the lives, health and well being of dogs, cats, horses, llamas/alpacas and hundreds of wildlife species Over 2,000 animal health studies have been funded, many leading to significant scientific breakthroughs in diagnostics, treatments, preventions and cures for companion animals and wildlife

First Program Service Accomplishments Description

Description

Develop health monitoring and early detection of illness in raptors by measuring acute-phase proteins (APPs) (D12ZO-026) Morris Animal Foundation also funded 42 training grants in 2013 addressing the critical need to provide advanced training to veterinarians and animal health researchers

Second Program Service Accomplishments Description

Description

Cancer Walk program that hosted seven canine cancer awareness walks in 2014, including our first virtual walk. The walk program significantly increases awareness of the Foundation's cancer research efforts and provides a way for supporters to get involved within their communities. The organization also provides animal health information through an extensive direct response program to donors, which includes direct mail, a quarterly print newsletter, an email newsletter program and a quarterly educational webinar series. Veterinary partners receive an audience-specific quarterly newsletter. The organization also has a number of content partnerships through which it disseminates information about its work through various consumer and veterinary publications.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Canine Lifetime Health Project - This project, which started in 2012, will identify causes of important health conditions in dogs and find new tests, diets and therapies for their prevention, diagnosis and treatment. The Golden Retriever Lifetime Study, the first study funded under the Canine Lifetime Health Project umbrella, is the first prospective longitudinal study attempted in veterinary medicine to identify the major dietary, genetic and environmental risk factors for cancer and other important diseases in dogs. The study is an observational study that will follow a cohort of 3,000 purebred Golden Retrievers equally distributed by gender throughout their lives by the collection of annual online dog owner questionnaires, and annual physical examinations and collection of biological samples and health data by the primary care veterinarian. Enrollment phase is ongoing, and as of 01 December 2014 there are 2,276 dogs and their veterinarians enrolled in the study. The Golden Retriever Lifetime Study will provide a lifetime data set of lifestyle and activity, environmental exposure and diet history combined with simultaneous annual biological sample sets and detailed health outcomes to identify disease incidence data for this cohort of geographically dispersed dogs, and outcomes necessary to interrogate complex associations between genes and environmental influences and cancer and other diseases.	2,051,766	1,053,036	0
Total:		2,051,766	1,053,036	0

Name Of Foreign Country	
Name	
Bermuda	
Canada	
Cayman Islands	
Ireland	
Hong Kong	
Curacao	

Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

Form. Schedule I

84-6032307

Page 1

Line Number Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	American Humane Association 1400 16th St NW 360 Washington, DC 20036	84-0432950	40,393	0
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal Health Studies			
Name and address	University of California Cashiers Office Univ of Calif Davis One Shields Avenue Davis, CA 95616	94-6036494	124,736	0
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal Health Studies			
Name and address	University of California San Diego 9500 Gilman Dr Mail Code 0717 La Jolla, CA 92093-0717	95-6006144	49,693	0
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal Health Studies			
Name and address	Colorado State University Cashiers Office 6015 Campus Deliver OSP Fort Collins, CO 80523-6015	84-6000545	720,325	0
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal Health Studies			
Name and address	Cornell University Sponsored Funds Accounting PO Box 22 Ithaca, NY 14851-0022	15-0532082	250,269	0
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal Health Studies			
Name and address	Duke University Office of Research Support 327 North Building Box 90077 Durham, NC 27708-0077	56-0532129	33,934	0
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Animal Health Studies			
Name and address	Duquesne University Office of Research 600 Forbes Ave Rm 301 Admin Bldg Pittsburgh, PA 15282	25-1035663	62,613	0

IRC code section

Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Florida 123 Grinter Hall PO Box 113001 Gainesville, FL 32611-3001	59-6002052	120,434	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Georgia Research Foundation Inc Contracts and Grants Dept 475 North Lumpkin Street Athens, GA 30602-5333	58-1353149	115,657	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Green Chimneys Childrens Services 400 Doansburg Rd Brewster, NY 10509	14-1568025	23,966	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Illinois Grants Contracts PO Box 4610 Springfield, IL 62708-4610	37-6000511	63,272	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Iowa 105 Jessup Hall Iowa City, IA 52242	42-6004813	29,896	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Iowa State University Office of Sponsored Programs Admin 1138 Pearson Hall Ames, IA 50011-2207	42-6004224	57,391	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	The Johns Hopkins University Bloomberg School of Public Health 615 N Wolfe St Baltimore, MD 21205	52-0595110	50,000	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

Name and address	Kansas State University 10 Anderson Hall Sponsored Projects Accounting Manhattan, KS 66506-0108	48-0771751	68,680	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	University of Kentucky Research Foundation co National City Bank PO Box 931113 Cleveland, OH 44193	61-6033693	163,961	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	University of Massachusetts Research Admin Bldg 70 Butterfield Terrace Amherst, MA 01003-9242	04-3167352	67,665	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	Michigan State University Contract Grant Administration 301 Administration Bldg East Lansing, MI 48824-1046	38-6005984	163,127	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	University of Minnesota NW 5957 PO Box 1450 Minneapolis, MN 55485-5957	41-6007513	652,935	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	University of Missouri University of Missouri Columbia 310 Jesse Hall Colombia, MO 65211	43-6003859	143,352	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	New England Aquarium Office of Sponsored Programs Central Warf Boston, MA 02110	04-2297514	34,698	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant	Animal Health Studies
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Name and address	New Mexico State University	85-6000401	10,800	0
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Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

MSC SPA PO Box 30002
Las Cruces, NM 88003

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	North Carolina State University	56-6000756	471,337	0
	Office of Contract Grants			
	Box 7214			
	Raleigh, NC 27695			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of North Carolina Wilmington	56-1258660	33,138	0
	Office of the Controller			
	601 S College Rd			
	Wilmington, NC 28403-5934			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Occidental College	95-1667177	50,485	0
	Grants and Contracts			
	1600 Campus Rd M-20			
	Los Angeles, CA 90041			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	The Ohio State University Research Foundation	31-6025986	379,509	0
	127L VMAB			
	College of Veterinary Medicine			
	Columbus, OH 43210			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Oklahoma State University	73-6017987	96,125	0
	Grants Contracts Financial Admin			
	402 Whitehurst - OSU			
	Stillwater, OK 74078			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Oregon State University	61-1730890	210,816	0
	Post Award Administration			
	PO Box 1086			
	Corvallis, OR 97339-1086			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Pennsylvania	23-1352685	152,081	0
	3451 Walnut Street			
	P 221 Franklin Building			

Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

Philadelphia, PA 19104-3246

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	The Pennsylvania State University Office of Sponsored Programs 110 Technology Centre Bldg University Park, PA 16802	24-6000376	73,511	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Purdue University Sponsored Programs Services 23510 Newtwork Pl Chicago, IL 60673	35-6002041	123,806	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of California Los Angeles Payment Solutions Compliance Box 951432 1125 Murphy Hall Los Angeles, CA 90095	95-6006143	19,980	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Rochester 513 Hylan Building PO Box 270140 Office of Research Project admin Rochester, NY 14627	16-0743209	50,680	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of California Santa Barbara Cashiers Office 1212 SAASB Santa Barbara, CA 93106-2003	95-6006145	40,509	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Smithsonian Institution OSP Clearing Account 24411 Network Pl Chicago, IL 60673	53-0206027	46,585	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	South East Zoo Alliance for Reproduction Conservation 581705 White Oak Rd Yulee, FL 32097	27-5075817	9,424	0
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IRC code section

Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	SVM University of Wisconsin-Madison 2015 Linden Dr Madison, WI 53706	39-6006492	10,500	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	The University of Tennessee 2047 River Dr Rm A 102 Knoxville, TN 37996-4550	62-6001636	182,563	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Texas AM AgnLife Research 2147 TAMUS College Station, TX 77843-2147	74-6000541	279,382	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Tufts Medical Center 800 Washington St Boston, MA 02111	04-3400617	50,036	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Tufts University Research Administration 136 Harrison Ave Boston, MA 02111	04-2103634	139,625	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Virginia Tech Office of Sponsored Programs 460 Turner Street Suite 306 Blacksburg, VA 24061	54-6001805	98,157	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Washington State University Sponsored Program Sciences PO Box 641025 Pullman, WA 99164-1025	91-6001108	340,009	0
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	Wildlife Conservation Society 2300 Southern Blvd	13-1740011	48,191	0
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Schedule I, Part IV, Statement 1

MORRIS ANIMAL FOUNDATION

Bronx, NY 10460

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Name and address	University of Wisconsin Madison	39-6006492	218,599	0
	Research Sponsored Programs			
	21 N Park St 6401			
	Madison, WI 53715			

IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant Animal Health Studies

Schedule G, Part IV, Statement 1

Form Schedule G

Page: 1

Line Number, Part I Line 2b

MORRIS ANIMAL FOUNDATION

84-6032307

Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
Donor Point 649 N Horners Lane Rockville, MD 20850	Direct Mail, Internet, EMail solicitations and fund raising counsel	No	1,050,025	544,930	505,095
Total:			1,050,025	544,930	505,095

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization