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# Form **990-PF**

EXTENDED TO FEBRUARY 16, 2016
Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

De	hartmen	t of the Treasury	▶ Do not enter	social security numbers o	n this form as it may be m	ade public.	LUIT
Inte	mal Re	venue Service			e instructions is at www.i		Open to Public Inspection
_			or tax year beginning JUL	1, 2014	, and ending	JUN 30, 2015	<del></del>
N	ame of	foundation				A Employer identification	number
	niin	МОВШОМ	TOUNDANTON THO	•		04-3288386	
_			FOUNDATION, INC		Room/suite	<del></del>	· · · · · · · · · · · · · · · · · · ·
		,		•	Hoomvsuite	B Telephone number (207) 361	2525
_			N SAYWARD 1 NATE			1	
		own, state or pr E NEDDI	ovince, country, and ZIP or foreign p	oostal code		C If exemption application is p	ending, check here
G	Check	all that apply	Initial return	Initial return of a	former public charity	D 1. Foreign organizations	s, check here 🕨 🔛
			Final return	Amended return		2 Foreign organizations mo	oting the 95% test
_			Address change	Name change		Foreign organizations me check here and attach co	mputation
H	_	type of organiz	· -			E If private foundation stat	
L			-	Other taxable private found		under section 507(b)(1)	(A), check here
			l assets at end of year   J Accounti		X Accrual	F If the foundation is in a 6	
		Part II, col. (c),		ther (specify)		under section 507(b)(1)	(B), check here
_	<b>▶</b> \$	Analysis of D	2181872 . (Part I, colu			<del>                                     </del>	(4)
	art I	(The total of am	Revenue and Expenses ounts in columns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes
_	1.		al the amounts in column (a) )	8037	11111	1100110	(cash basis only)
	1	. —	gifts, grants, etc., received	0037			
	2		of the foundation is not required to attach Sch. B		<u> </u>		<del> </del>
	3		gs and temporary s	18328.	18328.	19229	STATEMENT 1
	4		interest from securities	10320.	10320	10320.	DIAIENI I
	1 .	Gross rents					
	1 _	Net rental income		38192.		<del>, , , , , , , , , , , , , , , , , , , </del>	
	D 00	Gross sales price	from sale of assets not on line 10 e for all 127839.	30172	<u>'</u>		
3		assets on line 6a	income (from Part IV, line 2)	<del>1 HI</del>	38192.		'
á	2 8	Net short-term			00232	0.	
	9	Income modifi	, •	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			HH -1-11
	1 -	Gross sales less and allowances				***************************************	
		Less Cost of go	ods sold	1 . '11 . 1411 . 1411 . 1111 - 71 . 1'1	<del>   - '   -               -   </del>	<del>                                      </del>	
D	- 1	Gross profit o	1/2/00/10	,			
	11	Other income	(6)	463.	463.	463.	STATEMENT 2
	12	Total. Add line	es Affrough 4.EC 1/1 2015	<b>汤</b> 65020.	56983	18791.	
	13	Compensation o	of officers, directors, trustees, etc	· 0 .	0.	0.	0.
	14	Other employe	ee salaries and wages	S. C.			_
	15	Pension plans	, employee benefits	1			
	g   16a	Legal fees	STMT 3	7749.	0.	0.	7749.
	[ t	Accounting fe					
Ĺ	<u>5</u> 0	Other professi	ional fees STMT 4	7684.	7684.	7684.	0.
į	17	Interest		0.220		0000	
1	18	Taxes .	STMT 5	9330		9330.	0.
	19	Depreciation a	ind depletion	769	. 0.	1493.	
-	20	Occupancy					
•	21	· ·	ences, and meetings				
	22	Printing and p		40622	E 77	E 77	47076
•	16a to 17 18 19 20 21 22 23 24	Other expense		48632	577.	577.	47976.
	24	=	ng and administrative	74164.	8261.	19084.	55725.
Č	۔۔ 5	•	d lines 13 through 23	20100		19004.	20100.
	25		, gifts, grants paid	20100	<u> </u>		20100.
	120	-	es and disbursements.	94264	8261.	. 19084.	75825.
_	27	Add lines 24 a Subtract line 2		74204	0201	19004.	13023
	- 1		ue over expenses and disbursements	-29244			
	- 1		nt income (if negative, enter -0-)		48722.	•	<del>                                     </del>
			income (if negative, enter -0-)			0.	
_							

423501 11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

-		Balance Sheets Attached schedules and amounts in the description column should be for end-of-wear amounts only	Beginning of year	End of	year
14	<u>irt</u>	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year armounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing	19883.	13587.	13587.
	2	Savings and temporary cash investments	64466.	57341.	57341.
		Accounts receivable			· · · · · · · · · · · · · · · · · · ·
		Less allowance for doubtful accounts		Ì	
	4	Pledges receivable	· · · · · · · · · · · · · · · · · · ·		
		Less allowance for doubtful accounts ▶		1	
-	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	· · · ·			··
	•	Less allowance for doubtful accounts		1	
ا ي	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
As		Investments - U.S. and state government obligations			
ı		Investments - corporate stock		<del></del>	
		·			
ļ		Investments - corporate bonds			
- [	11	Investments - land, buildings, and equipment basis		1	
		Less accumulated depreciation			<del>-</del>
		Investments - mortgage loans Investments - other STMT 8	2084766.	2069712.	2109941.
	13		2004700.	2009/12.	2109941.
	14		1772	1002	1002
			1772.	1003.	1003.
		Other assets (describe )			
	16	Total assets (to be completed by all filers - see the	2170007	2141642	2101072
$\dashv$		instructions. Also, see page 1, item I)	2170887.	2141643.	2181872.
- 1		Accounts payable and accrued expenses	-		
- 1	18	Grants payable			
es	19	Deferred revenue			
<b>≝</b>	20	Loans from officers, directors, trustees, and other disqualified persons			
1	21	Mortgages and other notes payable			
- I	22	Other liabilities (describe)			
			_		
-+	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
ဗ္ဗ		Unrestricted			
<u>a</u>	25	Temporarily restricted			
9	26	Permanently restricted			
<u> </u>		Foundations that do not follow SFAS 117, check here			
<u> </u>		and complete lines 27 through 31.	16613	16612	
ايَ	27	Capital stock, trust principal, or current funds	16613.	16613.	
σı	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
<u>ا</u> ک	29	Retained earnings, accumulated income, endowment, or other funds	2154274.	2125030.	
ž	30	Total net assets or fund balances	2170887.	2141643.	
-			2170007	2141642	
1	<u>31</u>	Total liabilities and net assets/fund balances	2170887.	2141643.	······
Pŧ	rt	Analysis of Changes in Net Assets or Fund Bal	ances		
1 1	ota	I net assets or fund balances at beginning of year - Part II, column (a), line 30	<u> </u>		-
(	mus	st agree with end-of-year figure reported on prior year's return)		. 1	2170887.
2 E	nte	r amount from Part I, line 27a		2	-29244.
3 (	)the	er increases not included in line 2 (itemize)		3	0.
4 <i>F</i>	١dd	lines 1, 2, and 3		4	2141643.
5 [	)ecr	reases not included in line 2 (itemize)		5	0.
6 T	ota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	2141643.

04-3288386

Page 2

Form **990-PF** (2014)

THE MORTON FOUNDATION, INC.

Form 990-PF (2014)

orm 990-PF (2014) THE	MORT	TON FOUNDATI	ON, IN	С.			04-	-3288	3386	Page 3
Part IV Capital Gains	and Lo	sses for Tax on Ir	vestment	Income						
		nd(s) of property sold (e g or common stock, 200 shs			`Þ	How acquired - Purchase - Donation	(c) Date acq (mo , day,		(d) Date (mo , da	
<u>a</u>										
b SEE ATTACHED	STAT	TEMENT				_				
<u>C</u>			<u> </u>		<u> </u>					
d										
<u>e                                      </u>	(6) 5	Nanasanahan allamad	(=) 0==	A Ab b	<u>!</u>		(1-) (2-)-		· · · · ·	
(e) Gross sales price	(1) L	Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain (e) plus (f)		)	
<u>a</u>										
<u>b</u>										
<u>C</u>			_							
d e 127839.				8964	7.	<del></del>			38	3192.
Complete only for assets showing	ng gain in e	column (h) and owned by t	the foundation		<u> </u>		Gains (Col	(h) gain r		,152.
(i) F M V as of 12/31/69		j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I)			(k), but not l Losses (fro	less than	-0-) or	
a										
b	-									
C										
d										
е									38	3192.
P Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	7 7	}	2			38	3192.
Net short-term capital gain or (los	s) as defii	ned in sections 1222(5) an	d (6)							
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			. ,		}	3			-25	5764.
Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	lnv	estment Inc	ome			
For optional use by domestic private	foundation	ons subject to the section 4	1940(a) tax on	net investment in	come	e )		•		
f section 4940(d)(2) applies, leave th	ne nart his	ank								
r section 4940(u)(2) applies, leave ti	ns part bio	alik								
Was the foundation liable for the sec				•	10d?			ļ	Yes	X No
f "Yes," the foundation does not qual					-4					
Enter the appropriate amount in (	each colur		ISTRUCTIONS DE	fore making any ei			<del></del>		(d)	
(a) Base period years Calendar year (or tax year beginnii	ng In)	(b) Adjusted qualifying dist		Net value of no	(c) nchai	ritable-use assets		Distribi	itión ratio ded by col.	
2013	1		22233.			2056773				9430
2012			92606.			1837513				0397
2011			75255.			1785940				12137
2010			89519.			1620951				55226
2009			83208.			1395246	•		.0:	<u> 59637</u>
2 Total of line 1, column (d)							2		.26	66827
3 Average distribution ratio for the	•	•	on line 2 by 5,	or by the number	of ye	ars			0.1	- 2265
the foundation has been in existe	nce if less	than 5 years					3		- 0	3365
4 Enter the net value of nonchantat	ole-use ass	sets for 2014 from Part X,	line 5				4		2178	3721.
5 Multiply line 4 by line 3					-		5		116	5267.
5 Enter 1% of net investment incon	ne (1% of	Part I, line 27b)					6			487.
7 Add lines 5 and 6	,	, ,					7		116	5754.
		line 4							-	5825.
R. Enter auglifying dietributions from	n Part Yll	IIDA 4					1 8 1		, -	コロノコ -

orn	1990-PF(2014) THE MORTON FOUNDATION, INC.	04-	<u>-328</u>	<u>8386</u>		Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	instru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	_1		.,,,,	9	74.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	_3			9	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		** ***	. 9	74.
6	Credits/Payments					
а	2014 estimated tax payments and 2013 overpayment credited to 2014  6a 4371	4				
b	Exempt foreign organizations - tax withheld at source	_				
C	Tax paid with application for extension of time to file (Form 8868)	_				
d	Backup withholding erroneously withheld 6d :	4				~ -
7	Total credits and payments Add lines 6a through 6d	7			43	71.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
-	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			33	97.
	Enter the amount of line 10 to be Credited to 2015 estimated tax ► 3397 . Refunded ►	11	Ш.			0.
	art VII-A Statements Regarding Activities				<del>-</del>	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			res	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or		1		
	distributed by the foundation in connection with the activities.					Х
	Did the foundation file Form 1120-POL for this year?		•	1c		^
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶ \$ 0 •					
	(1) 01 01 01 01 01 01 01 01 01 01 01 01 01	<u>-</u>				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ 0.					
•	managers ► \$ O .  Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		x
2	If "Yes," attach a detailed description of the activities.			<u></u>		1 2
,	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		1		
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	VI.		3		X
12	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	of "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	1	N/A	4b		<del> </del>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
·	If "Yes," attach the statement required by General Instruction T.		•	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			Į		
-	By language in the governing instrument, or					
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state.</li> </ul>	te law		ļ.		1
	remain in the governing instrument?			6	Х	1
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part X	V		7	Х	
	, , , , , , , , , , , , , , , , , , , ,				700	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	MA, ME					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar				
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

orm	1990-PF (2014) THE MORTON FOUNDATION, INC. 04-328	8386		Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► CAROLYN M. SAYWARD  Telephone no ►207-30	51 - 2	525	
	Located at ► 1 NATE'S WAY, CAPE NEDDICK, ME ZIP+4 ►0:	3902		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		•	$\cdot \Box$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If "Yes," enter the name of the			
	foreign country			
Pε	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		_X_
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years $\blacktriangleright$			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions ) N/A	2b		
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014)  N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<u>4a</u>		<u>X</u> _
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_		17
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	I Ah		X

Form 990-PF (2014) THE MORTON FOUNDATION, I			<u>04-32883</u>	86 Page <b>6</b>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	····
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	es X No	
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			
the prevention of cruelly to children or animals?	-		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	NI / D	
section 53 4945 or in a current notice regarding disaster assistance (see instru			N/A	5b
Organizations relying on a current notice regarding disaster assistance check t				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		- /		
expenditure responsibility for the grant?		I/A L Ye	es 🔲 No 📗	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		es X No	
a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a page of the property of the pr	parennal hanafit contract?			<sub>Бр</sub>   X
If "Yes" to 6b, file Form 8870.	Jersonai Denem Contract?	•	<del>  '</del>	2
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	☐ Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribute.			—,  —	7b
Part VIII Information About Officers, Directors, Trust		nagers. Highly		<u>~_                                    </u>
Paid Employees, and Contractors			•	
1 List all officers, directors, trustees, foundation managers and their	compensation.	1	( 4 %	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -0-)	compensation	allowances
CAROLYN M. SAYWARD SEE STATEMENT 7	SECRETARY, DI	RECTOR		
1 NATE'S WAY	10.00			0
CAPE NEDDICK, ME 03902	10.00	0.	0.	0.
CHRISTINA C.M. WHITAKER SEE STATMNT 7 8 CUNNINGHAM ROAD	TREASURER, DIR	ECTOR		
FREEPORT, ME 04032	1.00	0.	0.	0.
	PRESIDENT, DI	1	<u> </u>	
48 ANNIS LANE	TREBIBERT, DI	RECTOR		
HOPE, ME 04847	2.00	0.	0.	0.
HOTELY THE 04047	2000			
	-			
	1			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense account, other
	hours per week devoted to position	(c) Compensation	and deferred compensation	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances
NONE	hours per week	(c) Compensation	and deferred	allowances

orm 990-PF (2014) THE MORTON FOUNDATION, INC.	04-3	288386 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)	tion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	4	
	-	
		<del></del>
<del></del>	7	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistinumber of organizations and other beneficiaries served, conferences convened, research papers produced.	ical information such as the uced, etc	Expenses
1		
SEE STATEMENT 10		46990.
2		
SEE STATEMENT 11		881.
SEE STATEMENT II	-	
·		
1		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on I	ings 1 and 2	Amount
1 N/A	illes i aliu z	Aniount
1N/A		
2		
All other program-related investments See instructions		
3		

Total. Add lines 1 through 3

Page 8

<u> </u>	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	indations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	2143938.
b	Average of monthly cash balances	1b	67962.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	2211900.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2211900.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	33179.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2178721.
6	Minimum investment return. Enter 5% of line 5	6	108936.
P	foreign organizations check here X and do not complete this part )	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	7 2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		75.005
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	75825.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	25.005
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	75825.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	75825.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies for th	e section

Form **990-PF** (2014)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (s	ee instructions)	N/A		
	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2013	2013	2014
1 Distributable amount for 2014 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2014	<del>11                                    </del>			
a Enter amount for 2013 only				
ь Total for prior years				
				HI
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
¢ From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from				
Part XII, line 4 🕨 \$				
a Applied to 2013, but not more than line 2a	111 11111			
b Applied to undistributed income of prior				
years (Election required - see instructions)			. , , , , , , , , , , , , , , , , , , ,	'HH-' HHI:
c Treated as distributions out of corpus				
(Election required - see instructions)		<u> </u>	i. 1477	
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus	_	<del></del>	''', ' <del>'' ''' ''' ''' ''' ''' ''''</del>	
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable				
amount - see instructions				
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015	. <u> </u>	······································	<del>-14    </del>	
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by		1		
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)		<u> </u>	1144 - 1441 - 144, - 1444 - 1	······· ······························
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7			11. <del>111.1 111.</del> 11111	<del>п щи щи пи</del>
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	<del></del>		', · · · · · · · · · · · · · · · · · · ·	······································
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014	<u> </u>	. <u></u>	L	<u> </u>

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

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

c Any submission deadlines.

3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
AMERICAN MEANS AGOOD		DUDI IG GUADIMY	CENEDAL DONAGLON	
AMERICAN HEART ASSOC 7272 GREENVILLE AVE.		PUBLIC CHARITY	GENERAL DONATION	
DALLAS, TX 75321				100
J. C. J.				
WISE COUNSEL RESEARCH, INC.		PUBLIC CHARITY	DONATION TO CHARITABLE	
260 CANTON AVE			ORG	
MILTON, MA 02186				20000
				···
-				
Total			<b>▶</b> 3a	20100
b Approved for future payment			Ja	20100
a reproted to latere payment				
NONE				

0.

**▶** 3b

Page 11

Total

Page 12

Excluded by section 512, 513, or 514

Part XVI-A **Analysis of Income-Producing Activities** 

Enter gross amounts unless otherwise indicated	Unrelate	Unrelated business income		by section 512, 513, or 514	(e)		
1 Program service revenue	(a) Business code	(a) Business code  (b) Excl Excl sion cocc		(d) Amount	Related or exempt function income		
			<del>  </del>		·		
a	1						
b	1		<del>                                     </del>	-	· · · · · · · · · · · · · · · · · · ·		
c							
d		<del></del>	<del>   </del>	<del>-</del>			
e	<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>		
- Face and contracts from polynomial accounts	<del></del>		1	-			
g Fees and contracts from government agencies	·		<del>                                     </del>				
2 Membership dues and assessments	·	_					
3 Interest on savings and temporary cash			1				
investments			14	18328.			
4 Dividends and interest from securities	<del>111111</del>		14	10320.			
5 Net rental income or (loss) from real estate			╄				
a Debt-financed property			<del>  -</del>		<del></del>		
b Not debt-financed property		-					
6 Net rental income or (loss) from personal							
property .							
7 Other investment income				_	463.		
8 Gain or (loss) from sales of assets other			1!				
than inventory		<u>-</u>	14	1022.	37170.		
9 Net income or (loss) from special events					<u> </u>		
10 Gross profit or (loss) from sales of inventory							
11 Other revenue							
a							
b							
C							
d							
e							
12 Subtotal. Add columns (b), (d), and (e)		0.		19350.	37633.		
13 Total. Add line 12, columns (b), (d), and (e)	<u>-</u>			13	56983.		
(See worksheet in line 13 instructions to verify calculated	ions )						
Part XVI-B Relationship of Activ  Line No. Explain below how each activity for wh					olishment of		
▼ the foundation's exempt purposes (other)							
3,4 INVESTMENT INCOME U	SED TO FUN	D CHARITABLE	ACT	IVITIES			
					-		
		<del></del>					
	<del>_</del>						
				-			
					· - · · · ·		
423621 11-24-14		<del> </del>			Form <b>990-PF</b> (2014)		
11-24-14							

Unrelated business income

	Exempt Organ	izations					
1 Did the o	rganization directly or indi	rectly engage in any of the follow	ing with any other organization	n described in section 501(c) of		Yes	No
the Code	(other than section 501(c)	(3) organizations) or in section 5	527, relating to political organiz	zations?			
	•	ation to a noncharitable exempt o					
(1) Cast	• •	·	•		1a(1)		Х
(2) Othe					1a(2)		X
b Other trai			·		/-		
	s of assets to a noncharital	ble exempt organization			16(1)	,	Х
٠,		ncharitable exempt organization		•	1b(2)		X
	al of facilities, equipment,				1b(3)		<u>X</u>
	nbursement arrangements				1b(4)		<u>X</u>
	is or loan guarantees	-			1b(5)		<u>X</u>
, ,		mbership or fundraising solicitati	· ·		1b(6)		X
` '		iling lists, other assets, or paid er			10		$\frac{x}{x}$
-				ays show the fair market value of the goods,		otc	<del></del>
	•	•	• •	ays snow the fair market value of the goods, e in any transaction or sharing arrangement, :		GIS,	
	• • •	other assets, or services received		e in any transaction of snaring arrangement,	311UW III		
(a) Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions, and			
(a) Line no	(b) Airiount involved	N/A	e exempt organization	(u) Description of transfers, transactions, and	snamy am	angeme	
		N/A					
	<del></del>						
							<del></del>
				<u> </u>			
					<del></del>		
						_	
	·						
	<u></u>						
						_	
2a Is the for	indation directly or indirect	tly affiliated with, or related to, on	e or more tax-exempt organiza	ations described			
ın sectioi	n 501(c) of the Code (other	r than section 501(c)(3)) or in se	ction 527?		Yes	X	No
	complete the following sch						
	(a) Name of org		(b) Type of organization	(c) Description of relations	hib		
	N/A						
				<u> </u>			
	<del></del>						
Unde	er penalties of penury, I declare	that I have examined this return, include	ing accompanying schedules and s	statements, and to the best of my knowledge	the IDO a		
Sign and	belief, it is true, correct, and cor	mplete Declaration of preparer (other th	an taxpayer) is based on all informa	ation of which preparer has any knowledge ref	ay the IRS d	e prepar	er
Here	COMP	Salminad.	112/4/15		X Yes	(see ins	]" No
1 2	nature of office or trustee	Jugicine	Date	Title		_	
	Print/Type preparer's na	<del></del>		Date Check If PTIN			
	, propulor a lic		11/10	self- employed			
Paid	BRADLEY JO	N NYSTEDT X	VMXINT		0085	729	
Preparer				Firm's EIN ► 20-3			
Use Only		THOI & PHEICHE	" Juli	FIIII S EIN F 20-3	3300	1 7	
Joe Oilly	Firm's address ▶ 29	70 N. SWAN ROA	D - SUITE 221	-			
			O - SOIIE ZZI	DL 520 0	Ω1 2	ann	
	<u> </u>	CSON, AZ 85712		Phone no 520-8	orm <b>990</b>		(001.1)
					·orm <b>YYI</b>	,-PF	711171

Part IV Capital Gains and Los	ses for Tax on Investment Income				
• (a) List and 2-story br	describe the kind(s) of property sol ick warehouse, or common stock, 2	d, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(mo , day, yr )	(mo , day, yr )
1a ·1119.384 SH JPI	MORGAN STRATEGIC	INC. OPPT		05/06/14	03/05/15
b 2896.471 SH WE				05/01/14	05/04/15
c 1537.660 SH JPI	MORGAN STRATEGIC	INC OPPT		05/01/14	05/04/15
d MISSION DISTRIC	CT LLC				
e MISSION DISTRIC	CT LLC				
f CAPITAL GAINS	DIVIDENDS				
g					
1					
<u></u>					
k			·		
1					
m					_
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) p	) Gain or (loss) blus (f) minus (g)	
a 13000.		13277.		_	-277.
ь 32000.		32645.			-645.
c 18000.		18238.			-238.
d		25487.			-25487.
e 63817.					63817.
f 1022.					1022.
9	-				
h					<del></del>
1			<del></del>		
1					
<u>k</u>					
1				_	<del> </del>
<u>m</u>		-		<del></del>	
<u>n</u>			<u> </u>		
Complete only for secrets showing	g gain in column (h) and owned by	the foundation on 12/31/69	//\ \ \ o	sses (from col (h))	<del></del>
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Gains (excess	of col (h) gain ove not less than "-0-")	
2	<del></del>		**		-277.
a h					-645.
<u>b</u>				<del></del>	-238.
<u>d</u>			**		-25487.
e				_	63817.
f					1022.
9					
h					
1					
1					
k					
1					
m					· · · · · · · · · · · · · · · · · · ·
<u>n</u>					
0		<u> </u>	<del></del>		
2 Capital gain net income or (net ca	apital loss) { If gain, also ente If (loss), enter "-	r in Part I, line 7 0-" in Part I, line 7	2		38192.
3 Net short-term capital gain or (logifigain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line	column (c)	nd (6)			-25764.

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

Name of the organization

**Employer identification number** 

Т	THE MORTON FOUNDATION, INC.	04-3288386
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule. See instructions.
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions by one contributor. Complete Parts I and II. See instructions for determining a conf	- · · · · · · · · · · · · · · · · · · ·
Special Rules		
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s i) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year, total contrib	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributior is checked, enter purpose. Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ins exclusively for religious, charitable, etc., purposes, but no such contributions to r here the total contributions that were received during the year for an exclusively r complete any of the parts unless the <b>General Rule</b> applies to this organization be ble, etc., contributions totaling \$5,000 or more during the year	taled more than \$1,000. If this box religious, charitable, etc.,
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or check the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

## THE MORTON FOUNDATION, INC.

04-3288386

Late :	Contributors (see instructions). Use duplicate copies of Part III addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAROLYN M. MORTON CHARITABLE LEAD TRUST  DR. A KEITH WHITAKER, 260 CANTON AVE  MILTON, MA 02186	\$\$ <u>8037.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# THE MORTON FOUNDATION, INC.

04-3288386

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orga	anization			Employer identification number				
тне мо	RTON FOUNDATION, INC.			04-3288386				
Part III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete colucompleting Part III, enter the total of exclusively religious, cl	imns (a) through (e) and the follo hantable, etc., contributions of \$1,000 o	wing line entry For organization	r (10) that total more than \$1,000 for				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(e) Transfer of gif	tt					
			-					
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from	4) 2	(-) 114 -:4	(0 D					
Part I	(b) Purpose of gift	(c) Use of gift	(a) Des	cription of how gift is held				
		= 1, ==1.						
		(e) Transfer of gif	t					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I	(J, Talpete of gill		(4, 200					
		· · · · · · · · · · · · · · · · · · ·						
		(a) Tues of a if						
		(e) Transfer of gif	τ					
	Transferee's name, address, and	ZIP + 4	Relationship of tra	ensferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I								
}		(e) Transfer of git	it					
	_	_						
-	Transferee's name, address, and	ZIP + 4	Relationship of tra	ensferor to transferee				

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SEC	URITIES S	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- S MENT INCOME	
 JP MORGAN STRATEGIC INC OPP MISSION DISTRICT	1522.		0. 152	2. 1522.	1522.
LLC MORGAN STANLEY WELLS FARGO ADV	14886. 3.		0. 1488 0.	6. 14886. 3. 3.	14886. 3.
ABSOLUTE	2939.	102	2. 191	7. 1917.	1917.
TO PART I, LINE 4	19350.	102	2. 1832	8. 18328.	18328.
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MISSION DISTRICT N/	T DIST		452.	452.	452.
OTHER MISC TOTAL TO FORM 990-P	F, PART I,	LINE 11 =	463.	463.	463.
FORM 990-PF		LEGAL	FEES	S'	TATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL FEES		7749.	0	. 0.	7749.
TO FM 990-PF, PG 1,		7749.	0	. 0.	7749.

FORM 990-PF	OTHER PROFES	SIONAL FEES	STATEMENT 4				
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	CHARITABLE			
INVESTMENT ADVISOR FEES	7684.	7684.	7684.	0.			
TO FORM 990-PF, PG 1, LN 160	7684.	7684.	7684.	0			
FORM 990-PF	TAX	ES	STATEMENT 5				
DESCRIPTION	(A) EXPENSES PER BOOKS			CHARITABLE			
TAX ON INVESTMENT INCOME FOREIGN TAX	8569. 761.	0.	8569. 761.	0.			
TO FORM 990-PF, PG 1, LN 18	9330.	0.	9330.	0.			
FORM 990-PF	OTHER E	XPENSES	នា	PATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS			CHARITABLE			
MASS FORM PC FILING FEE CHARITABLE PROGRAMS SEE	70.	0.	0.	70.			
STATEMENT 7	47871.	0.	0.	47871.			
	79.	0.	0.	0.			
		^	0.	35. 0.			
SUPPLIES MAINE FILING FEE MISC	35. 577.	0. 577.	577 <b>.</b>	0.			

FOOTNOTES

COLUMN (D), LINE 23 OF PART I INCLUDES AMOUNTS FOR CHARITABLE PROGRAMS CONDUCTED DIRECTLY BY THE FOUNDATION. SEE PART IX-A FOR DETAILS.

PART VIII DISCLOSES COMPENSATION PAID TO OFFICERS, ETC. DURING THE YEAR. \$0.00 WAS PAID TO ANY OFFICER, DIRECTOR ETC., FOR SUCH DUTIES.

STATEMENT

COMPENSATION WAS PAID FOR SERVICES PROVIDED BY INDIVIDUALS WHO ARE OFFICERS, DIRECTORS, ETC., FOR SERVICES THEY PROVIDE IN CARRYING OUT THE DIRECT CHARITABLE ACTIVITIES OF THE FOUNDATION. THIS COMPENSATION INCLUDED THE FOLLOWING: CAROLYN M. SAYWARD \$43975

FORM 990-PF	OTHER INVESTMENTS		STATEMENT
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MISSION DISTRICT JP MORGAN STRATEGIC INV FUND WELLS FARGO ADVANT ABS	COST COST COST	1913348. 78071. 78293.	1958765 76374 74802
TOTAL TO FORM 990-PF, PART II,	LINE 13	2069712.	2109941
FORM 990-PF DEPRECIATION OF	ASSETS NOT HELD FOR	RINVESTMENT	STATEMENT
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE	OTHER BASIS 857.	DEPRECIATION 857.	0
FURNITURE FAX MACHINE	OTHER BASIS  857. 382.	DEPRECIATION  857. 382.	000
FURNITURE FAX MACHINE LIGHT FIXTURE	OTHER BASIS  857. 382. 457.	B57. 382. 457.	0000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER	OTHER BASIS  857. 382. 457. 2435.	857. 382. 457. 2435.	000000000000000000000000000000000000000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER	OTHER BASIS  857. 382. 457. 2435. 2000.	857. 382. 457. 2435. 2000.	000000000000000000000000000000000000000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER	OTHER BASIS  857. 382. 457. 2435.	857. 382. 457. 2435.	000000000000000000000000000000000000000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER	OTHER BASIS  857. 382. 457. 2435. 2000. 3800.	BEPRECIATION  857. 382. 457. 2435. 2000. 3800.	000000000000000000000000000000000000000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER	OTHER BASIS  857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760.	BEPRECIATION  857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760.	000000000000000000000000000000000000000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	000000000000000000000000000000000000000
FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER LAPTOP COMPUTER PRINTER	0THER BASIS  857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207. 870.	## DEPRECIATION    857.   382.   457.   2435.   2000.   3800.   1490.   1989.   760.   207.   870.	
DESCRIPTION  FURNITURE FAX MACHINE LIGHT FIXTURE COMPUTER COMPUTER COMPUTER COMPUTER COMPUTER LAPTOP COMPUTER PRINTER IPAD COMPUTERS COMPUTERS	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	857. 382. 457. 2435. 2000. 3800. 1490. 1989. 760. 207.	000000000000000000000000000000000000000

### ACTIVITY ONE

THE FOUNDATION PROVIDES A PROGRAM AND STAFF TO WORK AT YORK MIDDLE SCHOOL WITH TEACHERS AND SPECIAL EDUCATION CASE MANAGERS IN GRADES 5-8 TO IMPROVE THE EDUCATIONAL ENVIRONMENT FOR STUDENTS WITH SPECIAL EDUCATION NEEDS. TODAY'S EDUCATION MODEL IS BASED ON AN INCLUSION MODEL THAT MEANS STUDENTS WITH SPECIAL EDUCATION NEEDS SHOULD BE LEARNING IN THE LEAST RESTRICTIVE ENVIRONMENT WHICH IN MOST

CASES MEANS THE REGULAR EDUCATION SETTING. THE CHALLENGE IS THE CURRICULUM BEING OFFERED IN SCHOOLS IS NOT DEVELOPED TO MEET THE NEEDS OF STUDENTS WITH SPECIAL EDUCATION NEEDS. THE FOUNDATION PROGRAM PROVIDES A STAFF PERSON, CAROLYN SAYWARD, WHO IS A CERTIFIED MAINE TEACHER WITH A MASTER'S SHE BRIDGES THE GAP BETWEEN CLASSROOM TEACHERS AND DEGREE. SPECIAL EDUCATION CASE MANAGERS TO MEET THE NEEDS OF SPECIAL EDUCATION STUDENTS WITH INDIVIDUALIZED EDUCATION PLANS (IEP). SHE COLLABORATES WITH THE GRADE LEVEL TEAMS TO DISCUSS HOW SHE CAN ADAPT CURRICULUM TO BETTER MEET STUDENT NEEDS.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 1

46990.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT

11

### ACTIVITY TWO

HEART TO HEART: HEART TO HEART IS A FAMILY FOCUSED, FAMILY RUN SUPPORT PROGRAM FOR PEOPLE IN MAINE WHO HAVE BEEN AFFECTED BY CONGENITAL HEART DISEASE (CHD). WE DO NOT OFFER MEDICAL ADVICE OR PROFESSIONAL COUNSELING BUT INSTEAD OFFER GUIDANCE AND SUPPORT TO ONE ANOTHER WHILE WE NAVIGATE THE WORLD OF CHD FOR OUR CHILDREN. WE PROVIDE COMFORT BAGS TO PARENTS WHO HAVE A CHILD IN THE HOSPITAL, 2 FAMILY EVENTS PER YEAR TO GET CHD FAMILIES TOGETHER, ADULT ONLY SUPPORT GROUPS WITH GUEST SPEAKERS TWICE A YEAR AND A WEBSITE WITH A NUMBER OF DIFFERENT RESOURCES FOR THE PUBLIC.

**EXPENSES** 

TO FORM 990-PF, PART IX-A, LINE 2

881.

# 2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

	•	*		•	•	•	<del>.</del>	•	•		-	•	•	•			 
Current Year Deduction	0	0	0	O.	0	<b>O</b>	43	57	0	0	0	413	256	769			
Current Sec 179									•					Ó			
Accumulated Depreciation	857.	382.	457.	2435.	1000.	1900,	702.	937.				258.	160.	9088,			
Basis For Depreciation	857.	382	457.	2435.	1000.	1900.	745.	994			<del></del>	1290.	800.	10860.	•	·····	 
Reduction in Basis					1000.	1900.	745.	995.	760.	207.	870.	1290.	800.	8567.		····	
Bus % Excl			,		•					••••			,,				
Unadjusted Cost Or Basis	857.	382.	457.	2435.	2000.	3800.	1490.	1989.	760.	207.	870.	2580,	1600.	19427.			
No	17	11	17	11	17	21	17	7	17	17	17	21	17				
Lıfe	00°2	5.00	7.00	5.00	5.00	5.00	_	5.00	2.00	5.00	5.00	5.00	5.00				
Method	200DB	200DB	200DB	200DB	200DB	Z00DB	81109200DB5.00	200DB	200DB	200DB	50311200DB5.00	Z000E	200DB				
Date Acquired	0629052000B7.00	062905200085.00	062905200DB7.00	050206200085.00	030608200DB5.00	051208200085.00	081109	022310200085.00	011811200DB5.00	030111200025.00	050311	072913200DB5.00	040914200DB5.00			······	 
Description	1FURNITURE	2FAX MACHINE	3LIGHT FIXTURE	4COMPUTER C	5COMPUTER C	6СОМРОТЕВ (	7COMPUTER C	<b>ВСОМРОТЕ</b> В	9LAPTOP COMPUTER	10PRINTER	11IPAD C	12COMPUTERS C	000 mm mg #	9 4	- "		
Asset No	1	N	(A)	₹T'	ιΩ	Ψ	1	ú¢	Ω	10	11	12	13				

(D) - Asset disposed