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EXTENDED TO NOVEMBER 15, 2016 Return of Private Foundation

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

OMB No 1545-0052

Form **990-PF** Department of the Treasury Internal Revenue Service

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.lrs.gov/form990pf.

Open to Public Inspection

Fo	cale	ndar year 2015 or tax year beginning		, and ending		
N	ame c	f foundation	A Employer identification	number		
į,	JUN	IPER TREE FOUNDATION	'			
]	·KA	MORELOCK FAMILY FOUNDA	TION		20-0749868	}
		and street (or P O box number if mail is not delivered to street	B Telephone number			
]	. C	BOX 37429			513-761-28	60
Cı	ty or t	own, state or province, country, and ZIP or foreign p	oostal code		C If exemption application is p	
_		CINNATI, OH 45222	[] lasted astronact a f	arman and ha abando	B 4 Farrier agreement	
G	GHEC	c all that apply: Initial return Final return	Amended return	ormer public charity	D 1. Foreign organizations	s, check here
			=		Foreign organizations me check here and attach co	eting the 85% test,
	Chaol	Address change x type of organization: X Section 501(c)(3) ex	Name change		1	
<u>"</u> -	_		Other taxable private found	otion	E If private foundation sta	
		arket value of all assets at end of year J Accounting		Accrual	under section 507(b)(1)	
			ther (specify)	ACCIDAL	F If the foundation is in a	
	rom. ►\$	391202. (Part I, colu	mn (d) must be on cash	hasis)	under section 507(b)(1)	(B), Check here
		Analysis of Revenue and Expenses		I	(a) Adjusted not	(d) Disbursements
	4, 6	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
<u></u>	1	Contributions, gifts, grants, etc., received	242079.			(Casil basis offy)
2016	2	Check if the foundation is not required to attach Sch B	242013.			
	3	Interest on savings and temporary	560.	560.	560	STATEMENT 1
9	1 4	cash investments Dividends and interest from securities		300.	300.	STATEMENT I
2	F.	Gross rents		 	 	<u> </u>
\Box	1 .			<u> </u>	 	
0	1 _	Net rental income or (loss)		<u></u>		
<u></u>	l oa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
뜅	٦, ا	assets on line 6a		0.		
SCANNED Revenue	7	Capital gain net income (from Part IV, line 2) Net short-term capital gain			0.	
\propto		Income modifications				
$\tilde{\omega}$	10a	Gross sales less returns			·	
	1			-		
	D	Less Cost of goods sold Gross profit or (loss)	<u> </u>			
	11	Other income				
	12	Total. Add lines 1 through 11	242639.	560.	560.	
	13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	14	Other employee salaries and wages		<u> </u>		
	1	Pension plans employee penetre IVED	1			
es	140-	Lacations		····		
Sue	h iou		(l <u></u>	
ă	ء ا					
ě	17					
Operating and Administrative Expense	18	Taxes Depreciation and depletion Occupancy	200.	0.	0.	0.
istr	19	Depreciation and depletion				
Ë	20	Occupancy				
Adi	21	Travel, conferences, and meetings				
p	22	Printing and publications				
g	23	Other expenses STMT 3	2766.	0.	0.	0.
atin	24	Total operating and administrative				
0er:		expenses. Add lines 13 through 23	2966.	0.	0.	0.
Ō	25	Contributions, gifts, grants paid	568564.			568564.
	1	Total expenses and disbursements.				
		Add lines 24 and 25	571530.	0.	0.	568564.
_	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	<328891.	>		
	1	Net investment income (if negative, enter -0-)		560.		
	l	Adjusted net income (if negative, enter -0-)			560.	

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

orm 990-PF (2015) FKA MORELOCK FAMILY FOU			0749868 Page:
Part II Balance Sheets Attached schedule's and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	70000	201000	201000
2 Savings and temporary cash investments	720093.	391202.	391202
3 Accounts receivable ►	1		
Less; allowance for doubtful accounts ▶			
4 Pledges receivable ►			
Less; allowance for doubtful accounts			
5 Grants receivable	<u> </u>		
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and toans receivable			
Less; allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges	<u> </u>		
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment; basis			
Less accumulated depreciation			
15 Other assets (describe ▶			
16 Total assets (to be completed by all filers - see the			-,,
instructions. Also, see page 1, item I)	720093.	391202.	391202.
17 Accounts payable and accrued expenses	720055.	3,512,021	3312021
18 Grants payable			
			
20 Loans from officers, directors, trustees, and other disqualified persons			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
24 Unrestricted .			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	720093.	391202.	
30 Total net assets or fund balances	720093.	391202.	
31 Total liabilities and net assets/fund balances	720093.	391202.	
art III Analysis of Changes in Net Assets or Fund B	alances		
Total net assets or fund balances at beginning of year - Part II, column (a), line	30		
(must agree with end-of-year figure reported on prior year's return)		1	720093.

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		T	
	(must agree with end-of-year figure reported on prior year's return)	1	-	720093.
2	Enter amount from Part I, line 27a	2	Γ	<328891.>
3	Other increases not included in line 2 (itemize)	3	\Box	0.
4	Add lines 1, 2, and 3	_ 4	Ţ	391202.
5	Decreases not included in line 2 (itemize) ▶	5		0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	Ι	391202.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

JUNIPER TREE FOUNDATION

_	m 990-PF (2015) FKA MORELOCK FAMILY FOUNDATION 2 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49)7498 see in			Page 4 ns)
	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)					
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				11.
	of Part I, line 27b					
C	e 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				11.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				11.
6	Credits/Payments:			-		
а	2015 estimated tax payments and 2014 overpayment credited to 2015	- (
b	Exempt foreign organizations - tax withheld at source					
C	: Tax paid with application for extension of time to file (Form 8868)	- 1				
d	Backup withholding erroneously withheld	İ				
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				11.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1	L		Yes	No
	any political campaign?		 -	1a_		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?)	Ļ	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or	ļ			
	distributed by the foundation in connection with the activities.		1			
	Did the foundation file Form 1120-POL for this year?		L	1c_		<u>X</u>
d	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 .		ļ		ı	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1			
	managers. ► \$ 0 .		İ			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		-	2_		<u>X</u>
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u> </u>	3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/	-	4a		<u>x</u> _
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	A -	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u> </u>	5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.			!		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw.	i		77	
_	remain in the governing instrument?		-	6	<u> </u>	
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 XV		-	7		
_	The state of the first the format and the second state of the state of		1			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	OH			l		
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			o.	v	
^	of each state as required by General Instruction G? If "No," attach explanation	lar	<u> </u>	8b	<u> </u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	ıdı		,	v	
10	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	MT_	4	9 10	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses ST	1.7 T				(2015)

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

523561 11-24-15

Total. Add lines 1 through 3

	rm 990-PF (2015) FKA MORELOCK FAMILY FOUNDATION	20-07	49868 Page 8
F	Part X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foundations, see	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	0.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1 <u>d</u>	0.
е	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6_	Minimum investment return. Enter 5% of line 5	6	0.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations of oreign organizations check here X and do not complete this part.)	tions and certain	
1	Minimum investment return from Part X, line 6	1 1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	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	
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		======
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	568564.
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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	568564.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	-
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6_	568564.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun	dation qualifies for the	section

4940(e) reduction of tax in those years.

N/A (a) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	
Corpus Years prior to 2014 2014 20 1 Distributable amount for 2015 from Part XI, line 7	
line 7	
2 Undistributed income, if any, as of the end of 2015	
a Enter amount for 2014 only	
b Total for prior years:	
3 Excess distributions carryover, if any, to 2015:	
a From 2010	
b From 2011	
c From 2012	
d From 2013	
e From 2014	
f Total of lines 3a through e	
4 Qualifying distributions for 2015 from	
Part XII, line 4: ► \$	
a Applied to 2014, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	
(Election required - see instructions)	
d Applied to 2015 distributable amount	
e Remaining amount distributed out of corpus	
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	
6 Enter the net total of each column as indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
c Enter the amount of prior years'	•
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	
d Subtract line 6c from line 6b. Taxable	
amount - see instructions	
e Undistributed income for 2014. Subtract line	
4a from line 2a. Taxable amount - see ınstr.	
f Undistributed income for 2015. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2016	
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3) (Election	
may be required - see instructions)	
8 Excess distributions carryover from 2010	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2016.	
Subtract lines 7 and 8 from line 6a	
0 Analysis of line 9:	
a Excess from 2011	
b Excess from 2012	
c Excess from 2013	
d Excess from 2014 e Excess from 2015	

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Form 990-PF (2015) FKA MOR	RELOCK FAMIL	Y FOUNDATIO	<u>N</u>	20-07	<u>49868 Page 1</u>
Part XIV Private Operating F			A, question 9)		····
1 a If the foundation has received a ruling of		, ,		04.404	
foundation, and the ruling is effective fo		•		21/04	
b Check box to indicate whether the found		g foundation described in		4942(j)(3) or 49	42(<u>J)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year	453.0044	Prior 3 years	(4) 0040	/-> T-4-1
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for		_	_	_	_
each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII,					
line 4 for each year listed	568564.	315322.	267813.	300256.	1451955.
d Amounts included in line 2c not					
used directly for active conduct of	İ				
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly	1	1			
for active conduct of exempt activities.				j	
Subtract line 2d from line 2c	568564.	315322.	267813.	300256.	1451955.
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:]				
(1) Value of all assets			599340.	518119.	1117459
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			599340.	_ 518119.	1117459
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed	0.	0.	0.	0.	0.
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)			349000.	368089.	717089.
(2) Support from general public			3130001	3000031	, 2 , 0 0 5 0
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)			0.	325.	325.
(3) Largest amount of support from	 			3231	323.
an exempt organization			0.	0.	0.
(4) Gross investment income	 		535.	667.	1202.
Part XV Supplementary Info	rmation (Complet	e this part only it	f the foundation	had \$5 000 or mo	re in assets
at any time during the			i die ioditaation	1144 40,000 01 1110	10 111 000010
_ -					
1 Information Regarding Foundation	•	00/ -f the total contin	hutiana rasaurad hir tha f	aundation before the close	of any tay
a List any managers of the foundation who year (but only if they have contributed m			buttons received by the i	oungation before the close	on any lax
•	1010 than 40,000 /. (000 00)	0 001 (0)(2)./			
JOHN P MORELOCK JR	400/	-116		a of the oursership of a par	tassabia as
 List any managers of the foundation who other entity) of which the foundation has 			or an equally large portion	n of the ownership of a par	mership or
- ·	ra 1070 or groater milorost	•			
NONE					
2 Information Regarding Contribution					ata faa fuu da 16
Check here X if the foundation of	•	•	•	•	
the foundation makes gifts, grants, etc. (_ 			u.
a The name, address, and telephone numb	per or e-mail address of the	e person to whom applic	ations should be address	sed:	
					<u> </u>
b The form in which applications should be	e submitted and information	on and materials they sho	ould include:		
c Any submission deadlines:					
	· · · · · · · · · · · · · · · · · · ·				
d Any restrictions or limitations on awards	, such as by geographical	areas, charitable fields, k	inds of institutions, or ot	her factors:	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year AMERICAN CENTER FOR LAW & JUSTICE NONE PUBLIC CHARITY OPERATIONS P.O. BOX 90555 1000. WASHINGTON DC 20090-0555 BACK 2 BACK MINISTRIES NONE PUBLIC CHARITY OPERATIONS 8118 CORPORATE WAY, SUITE 201 MASON, OH 45040 OPERATIONS 301577. NONE PUBLIC CHARITY OPERATIONS BURNHAM MINISTRIES INTERNATIONAL P.O. BOX 811625 10000. BOCA RATON, FL 33481-1625 CINCINNATI CHRISTIAN UNIVERSITY NONE EDUCATION OPERATIONS 2700 GLENWAY AVENUE 3230. CINCINNATI OH 45204 CITIZENS FOR COMMUNITY VALUES NONE PUBLIC CHARITY OPERATIONS 11175 READING ROAD #103 2650. CINCINNATI OH 45241 CONTINUATION SHEET(S) **▶** 3a 568564. Total **b** Approved for future payment NONE Total ►_ <u>3b</u> Form **990-PF** (2015)

Part XVI-A Analysis of Income-Producing Activities

1 Program service revenue:	(a) Business	business income (b)	(C) Exclu-	ed by section 512, \$13, or 514 (d)	(e) Related or exempt
	code	Amount	sion	Amount	function income
a	_				
b			 -		· ·
C	_				
d	_	··	 -		
e			 -		
f	_		 		
g Fees and contracts from government agencies	<u> </u>				
2 Membership dues and assessments	ļ—·		-		
3 Interest on savings and temporary cash				560	
investments			14	560.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property			 	·	
b Not debt-financed property			 		
6 Net rental income or (loss) from personal			1 1	ĺ	
property			 -		
7 Other investment income				 -	
8 Gain or (loss) from sales of assets other]]	ļ	
than inventory			 -		···-
9 Net income or (loss) from special events			 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			i i	ł	
a	l l				
b	1 1		 		
·		· · · · · · · · · · · · · · · · · · ·			
d	-				
e	~		 -	560	0
	1 1				
12 Subtotal. Add columns (b), (d), and (e)		0.			
					560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
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2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities Line No. Explain below how each activity for which in	to the Accorr	nplishment of Excolumn (e) of Part XVI-A	empt	13 Purposes	560

(4) Reimbursement arrangements

(6) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

(5) Loans or loan guarantees

X

Х

X X

1b(4)

1b(5)

1b(6)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: X 1a(1) X (2) Other assets 1a(2) **b** Other transactions: X (1) Sales of assets to a noncharitable exempt organization 16(1) X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3)

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharit	able exempt organization	(d) Description of transfers, transacti	ons, and sharing arrangements
		N/Z	A		
		· 			
					·
					<u>-</u>
				<u> </u>	
					
		<u></u>			
					
ın secti	ion 501(c) of the Code (other t complete the following scheo (a) Name of orga	than section 501(c)(3)) or in stule.	one or more tax-exempt organiza section 527? (b) Type of organization	(c) Description of r	Yes X No
	N/A		(4) 1)		``
					
	·				
Sign Here	der penalties of perjury, I deflare the delief it strip, correct, and comp	at I have examined this return, included Declaration of preparer (other	uding accompanying schedules and stathan taxpayer) is based on all informations and statement of the stateme	atements, and to the best of my knowledge ion of which prepare has any knowledge TRUSTEE DIRECT R Title	May the IRS discuss this return with the preparer shown below (see instr)? X Yes No
	Print/Type preparer's nam	ne Prenarer'		Date Check If	PTIN
	U Type proparer s ham	10 Topardi		self- employed	
Paid	JEFF C PAAS	CPA	11/14 (114)	9/26/16	P00084598
Prepare Use Onl	Firm's name > SEES	KIN, PAAS			1-1230975
- ***	Firm's address ▶ 883	2 READING ROA	AD.		

Schedule B (Form 990, 990-EZ,

Department of the Treasury

or 990-PF)

Internal Revenue Service

Name of the organization

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 www.lrs.gov/form990 .

OMB No. 1545-0047

Employer identification number

JUNIPER TREE FOUNDATION FKA MORELOCK FAMILY FOUNDATION 20-0749868 Organization type (check one). Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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) (2015)

Name of organization

JUNIPER TREE FOUNDATION

FKA MORELOCK FAMILY FOUNDATION

Employer identification number

20-0749868

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CALVARY INDUSTRIES INC 9233 SEWARD RD FAIRFIELD, OH 45014	s21224.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN P MORELOCK JR 9233 SEWARD RD FAIRFIELD, OH 45014	\$ 220855.	Person X Payroll
(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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash (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.)

Name of organization

Employer identification number

JUNIPER TREE FOUNDATION
FKA MORELOCK FAMILY FOUNDATION

20-0749868

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use duplicate copies of F	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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- -		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
453 10-28-15		Schedule R (Form 9	990, 990-EZ, or 990-PF)

523454 10-26-15

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor FOCAS MINISTRIES NONE RELIGIOUS OPERATIONS 64 E. MCMICKEN AVE APT. 1 CINCINNATI OH 45202 3500, FULL GOSPEL ASSEMBLY NONE PUBLIC CHARITY OPERATIONS 11850 LEBANON RD CINCINNATI, OH 45241 4510. JOBS PLUS NONE PUBLIC CHARITY OPERATIONS 1211 YORK ST. CINCINNATI OH 45214 1000, LANDMARK CHURCH NONE RELIGIOUS OPERATIONS 1600 GLENDALE MILFORD RD CINCINNATI OH 45215 1060. MARIEMONT COMMUNITY CHURCH NONE RELIGIOUS OPERATIONS 3908 PLAINVILLE ROAD 5000, MARIEMONT OH 45227 OHIO STATE UNIVERSITY NONE EDUCATION OPERATIONS 1480 WEST LANE AVENUE 10000. COLUMBUS OH 43221 PUBLIC CHARITY OPERATIONS PURE HOPE NONE 110 BOGGS LANE 500, CINCINNATI, OH 45246 PUBLIC CHARITY OPERATIONS NONE REBEL PILGRIM 602 MAIN ST STE 1300 5000. CINCINNATI, OH 45202 PUBLIC CHARITY OPERATIONS SWEETEN LIFE SYSTEMS NONE P.O. BOX 498455 9000. CINCINNATI, OH 45249 RELIGIOUS **OPERATIONS** VINEYARD CHRISTIAN CHURCH NONE 11020 S. LEBANON RD. 16000. LOVELAND, OH 45140 Total from continuation sheets 250107.

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient WEST CHESTER CHURCH OF THE NAZARENE RELIGIOUS **OPERATIONS** NONE 7951 TYLERSVILLE ROAD WEST CHESTER, OH 45069 OPERATIONS 35760. PUBLIC CHARITY OPERATIONS ALLIANCE DEFENDING FREEDOM NONE 15100 N. 90TH STREET SCOTTSDALE, AZ 85260 850. ANNA CHURCH OF CHRIST PUBLIC CHARITY OPERATIONS NONE 11515 WENGER RD ANNA OH 45302 2000. APPALACHIAN CHILDRENS HOME NONE PUBLIC CHARITY OPERATIONS 1909 KY-3439 6800. BARBOURVILLE, KY 40906 PUBLIC CHARITY OPERATIONS BILLY GRAHAM EVANGELISTIC ASSOCIATION NONE 1 BILLY GRAHAM PARKWAY 700. CHARLOTTE, NC 28201 BREAK POINT NONE PUBLIC CHARITY OPERATIONS 44180 RIVERSIDE PKWY 1000. LANSDOWNE, VA 20176 CAMPUS CRUSADE FOR CHRIST NONE OPERATIONS RELIGIOUS 100 LAKE HART DRIVE 1000. ORLANDO FL 1000 CENTRAL PARKWAY CHURCH OF GOD NONE RELIGIOUS OPERATIONS 3220 CENTRAL PARKWAY 12800. CINCINNATI, OH 45225 PUBLIC CHARITY OPERATIONS CITY GOSPEL MISSION NONE 1805 DALTON AVE 100. CINCINNATI, OH 45214 PUBLIC CHARITY OPERATIONS EVE CENTER NONE 7038 BLUE ASH RD 3500, CINCINNATI, OH 45236 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient FAMILY RESEARCH COUNCIL NONE PUBLIC CHARITY OPERATIONS 801 G STREET NW WASHINGTON DC 20001 2200, FELLOWSHIP FOR THE PERFORMING ARTS NONE PUBLIC CHARITY OPERATIONS 1674 BROADWAY SUITE 404 NEW YORK, NY 10019 8250, **OPERATIONS** FENWICK HIGH SCHOOL NONE RELIGIOUS 4855 STATE ROUTE 122 500. FRANKLIN OH 45005 FIRST CHURCH OF CHRIST NONE RELIGIOUS OPERATIONS 6080 CAMP ERNST ROAD BURLINGTON, KY 41005 562, FOCUS ON THE FAMILY PUBLIC CHARITY OPERATIONS NONE 8605 EXPLORER DRIVE 600. COLORADO SPRINGS CO 80920 FRRME AMERICA PUBLIC CHARITY OPERATIONS NONE 282 PATRICKTOWN ROAD 150. SOMERVILLE ME 150 PUBLIC CHARITY OPERATIONS FUENTEC DE AGUA VIVA NONE 5801 SEMINARY RD 1000. FALLS CHURCH, VA 22041 GALILEAN CHILDREN'S HOME NONE PUBLIC CHARITY OPERATIONS 712 S. FORK CHURCH RD 1000. LIBERTY KY 42539 GRACE CROSSING NONE PUBLIC CHARITY OPERATIONS 1553 BEAVER VALLEY RD 7000. DAYTON OH 45434 PUBLIC CHARITY OPERATIONS INTERNATIONAL CHURCH FOR ALL NATIONS NONE 8451 ISLAND PINES DRIVE 11000. MAINEVILLE, OH 45039 Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor JACK HAYFORD MINISTRIES NONE PUBLIC CHARITY OPERATIONS P.O. BOX 92627 SOUTHLAKE, TX 76092 300, JUDICIAL WATCH NONE PUBLIC CHARITY OPERATIONS 425 THIRD STREET SW, SUITE 800 WASHINGTON DC 20024 900, PUBLIC CHARITY OPERATIONS MATTHEW 25 MINISTRIES NONE 11060 KENWOOD RD 1000. BLUE ASH, OH 45242 MISSION CHURCH NONE RELIGIOUS OPERATIONS 7851 TANNERS LN 15000. FLORENCE KY 41042 MOMS HOPE NONE PUBLIC CHARITY OPERATIONS 1243 NUNNER ROAD MAINEVILLE, OH 45039 7500. PUBLIC CHARITY OPERATIONS NATIONAL RIGHT TO LIFE NONE 512 10TH STREET NW 250, WASHINGTON, DC 20004 NEW HOPE BAPTIST NONE RELIGIOUS **DPERATIONS** 1401 LOVELAND MADEIRA ROAD 2000. LOVELAND, OH 45140 RELIGIOUS OPERATIONS NONE NICHOLSON CHRISTIAN CHURCH 1970 WALTON NICHOLSON RD 250. INDEPENDENCE KY 41051 PUBLIC CHARITY OPERATIONS NORTHERN CINCY HOOPS NONE 4903 SANDALWOOD CT 300. MASON, OH 45040 PUBLIC CHARITY OPERATIONS OHIO PROLIFE LEAGUE NONE 7723 TYLER'S PLACE BLVD #117 100. CINCINNATI OH 45069 Total from continuation sheets

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor ONE-CITY NONE PUBLIC CHARITY OPERATIONS 245 W. MCMILLAN ST CINCINNATI OH 45219 5000. OPEN DOORS NONE PUBLIC CHARITY OPERATIONS P.O. BOX 27001 SANTA ANA, CA 92799 950. PHILADELPHIA BAPTIST CHURCH NONE RELIGIOUS OPERATIONS 44 KINSEY RD XENIA OH 45385 2500. PREGNANCY CARE OF CINCINNATI NONE PUBLIC CHARITY OPERATIONS 2415 AUBURN AVENUE 41915. CINCINNATI, OH 45219 PRISON FELLOWSHIP NONE PUBLIC CHARITY OPERATIONS P.O. BOX 1550 1500. MERRIFIELD, VA 22116-1550 SALT MINISTRIES NONE PUBLIC CHARITY OPERATIONS P.O. BOX 42039 CINCINNATI OH 45242 1000. public charity prerations SAMARITAN'S PURSE NONE P.O. BOX 3000 BOONE, NC 28607 2450. PUBLIC CHARITY DPERATING SIM USA NONE 14830 CHOATE CIRCLE 1000 CHARLOTTE, NC 28273 SOUL WINNERS FOR JESUS CHRIST NONE RELIGIOUS **OPERATING** 910 N. MAIN STREET 7000. DAYTON OH 45406 RELIGIOUS OPERATING THE SALVATION ARMY NONE 2250 PARK AVENUE 1800. CINCINNATI OH 45212 Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor THE UNDERGROUND NONE RELIGIOUS OPERATING 1140 SMILEY AVENUE 5000. CINCINNATI OH 45240 WORLD MAGAZINE NONE RELIGIOUS OPERATING P.O. BOX 20002 ASHEVILLE, NC 28802 <u>50.</u> Total from continuation sheets

JUNIPER TREE FOUNDATION FKA MORELOCK FAMILY FOUNDATION

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Part XV Supplementary Information	20-0749000
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	· · · · · · · · · · · · · · · · · · ·
NAME OF RECIPIENT - BACK 2 BACK MINISTRIES	
OPERATIONS	
OPERATIONS	
OPERATIONS	
	· · · · · · · · · · · · · · · · · · ·
	· <u>.</u>
-	

FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY	CASH :	INVESTMENTS	STATEMENT	1
SOURCE			(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME	
KEY BANK			560.		560.	
TOTAL TO PART I, LINE 3	560.		560.	560.		
FORM 990-PF	TAX	KES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I	3) NVEST- INCOME	(C) ADJUSTED NET INCOM	CHARIT	ABLE SES
OHIO REGISTRATION FEES	200	•	0 .	•	0.	0.
TO FORM 990-PF, PG 1, LN 18	200		0 .	•	0.	0.
FORM 990-PF	OTHER I	EXPENSES	<u> </u>		STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET IN		ADJUSTED		
OFFICE EXPENSE MISCELLANEOUS MISSION TRIP	156. 10. 2600.		0.	•	0.	0.
TO FORM 990-PF, PG 1, LN 23	2766.		0.	•	0.	0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

JOHN P MORELOCK JR

9233 SEWARD RD
FAIRFIELD, OH 45014

CALVARY INDUSTRIES, INC.

9233 SEWARD RD
FAIRFIELD, OH 45014