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Form 990-PF

Department of the Treasury Internal Revenue Sarvice

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.lrs.gov/form990pf.

OMB No 1545-0052

Fore	cale	ndar year 2015 or tax year beginning			, and e	nding			
		foundation					A En	nployer identificatio	n number
M	OR	RIS FAMILY FOUNDATION							
	•	B. WISTAR MORRIS					-	<u> 26-379739</u>	0
		and street (or P O box number if mail is not delivered to stre	et address)		Room/suite		lephone number	
		BROAD AXE ROAD					<u> </u>	<u> 757-625-70</u>	570
-		own, state or province, country, and ZIP or foreign		ode			Clfe	xemption application is	pending, check here
_ <u>C</u>	HA	RLOTTESVILLE, VA 2290	3	_			_		
G C	heck	all that apply: Initial return	<u></u>	Initial return of a f	ormer public o	charity	D 1.	Foreign organization	ns, check here
		Final return	<u> </u>	Amended return			2	Foreign organizations m	neeting the 85% test.
		Address change		Name change			↓ -:	Foreign organizations makes the check here and attach of	computation
H_C	_	type of organization: X Section 501(c)(3)	-				I -	private foundation st	
		ction 4947(a)(1) nonexempt charitable trust		axable private found	ation		บก	der section 507(b)(1	1)(A), check here 🕨 🗀
I Fa	ur m	arket value of all assets at end of year J Accour	_		Accr	ual			60-month termination
		Part II, col (c), line 16)	Other (sp	ecify)			un	ider section 507(b)(1	1)(B), check here 🕨 📖
	\$	1,285,106. (Part I, co.	umn (d)	must be on cash	basis)				T
Pa	<u>ırt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and		vestment		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	ex	penses per books	Inco	ome		income	(cash basis only)
	1	Contributions, gifts, grants, etc., received		500,000.	ļ			N/A	
	2	Check If the foundation is not required to attach Sch B							
	3	Interest on savings and temporary cash investments	ļ				<u> </u>		
	4	Dividends and interest from securities	<u> </u>	<u> 28,970.</u>	2	<u>8,957.</u>	<u> </u>	· · · · · -	STATEMENT 1
	5a	Gross rents					 		
	þ	Net rental income or (loss)		46 504			<u> </u>		
Pe	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1 1 1 1		16,734.					-
enı	b	assets on line 6a				C 724	 -		
Revenue	7	Capital gain net income (from Part IV, line 2)				6,734.	-		
	8	Net short-term capital gain					├		
	9	Income modifications Gross sales less returns					 		
	Ι.	and allowances					 		
		Less Cost of goods sold	+				+		
	l	Gross profit or (loss) Other income		933.		0.	\vdash	··	STATEMENT 2
	11	Total Add lines 1 through 11		546,637.	1	5,691.	+		DIMILITARY 2
	12	Compensation of officers, directors, trustees, etc	+	0.		0.	1		0
	14	Other employee salaries and wages					†·		<u> </u>
	1	Pension plans, employee benefits					1	1,	
es	I	Legal fees	-				 		
ens	I	Accounting fees STMT 3		2,100.		2,100.	 		0
ă	ı	Other professional fees				- /- D	h		
e E	17	Interest			RECE	AFD (5		
ati	18	Taxes STMT 4		1,756	MAN OF	2016	3		0
ist	19	Depreciation and depletion		1 0	MAY 2 3	ZUIO	اط		
and Administrative Expenses	20	Occupancy		- IEL			#		
Ad	21	Travel, conferences, and meetings			OGDE	4,01			
5	22	Printing and publications							
g S	23	Other expenses STMT 5		4,049.		4,049.			.0
erating	24	Total operating and administrative							
Operating and Adminis		expenses Add lines 13 through 23		7,905.		6,805.	1		0
O	25	Contributions, gifts, grants paid		79,400.			L		79,400
	26	Total expenses and disbursements.							
<u>;</u>		Add lines 24 and 25	\perp	87,305.		<u>6,805.</u>			79,400
<u> </u>	27	Subtract line 26 from line 12:							
)	a	Excess of revenue over expenses and disbursements		459,332.					ļ
	t	Net investment income (if negative, enter -0-)			3	8,886.	-		
	ا ر	Adjusted net income (if negative, enter -0-)						N/A	1

15400502 144155 92734W

MORRIS FAMILY FOUNDATION C/O B. WISTAR MORRIS

Fo	rm 99	90-PF(2015) C/O B. WISTAR MORRIS		26-	3797390 Page 2	
ΓE	art	II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	of year	
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
		Cash - non-interest-bearing				
	2	Savings and temporary cash investments	55,849.	72,404.	72,404.	
	3	Accounts receivable -				
	l	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
	ļ	Less: allowance for doubtful accounts		_		
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges		_		
ĕ	10a	Investments - U.S. and state government obligations				
	1	Investments - corporate stock				
	C	Investments - corporate bonds				
	11					
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment basis ▶				
		Less accumulated depreciation				
	15	Other assets (describe ► OTHER INVESTMENTS)	792,548.	1,234,402.	1,212,702.	
	1	Total assets (to be completed by all filers - see the				
		instructions. Also, see page 1, item I)	848,397.	1,306,806.	1,285,106.	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
Ś	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	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				
m	Ì	and complete lines 24 through 26 and lines 30 and 31				
č	24	Unrestricted				
jar	25	Temporarily restricted				
Ä	26	Permanently restricted				
Net Assets or Fund Balances	ł	Foundations that do not follow SFAS 117, check here				
Ϋ́		and complete lines 27 through 31.				
ţ	27	Capital stock, trust principal, or current funds	1,000,000.	1,000,000.		
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0,		
ţ	29	Retained earnings, accumulated income, endowment, or other funds		306,806.	STATEMENT 6	
Ž	30	Total net assets or fund balances	848,397.	1,306,806.		
	21	Tatal liabilities and not assets/fried bulance	848,397.	1,306,806.		
				1,300,800.		
LP	art	Analysis of Changes in Net Assets or Fund Ba	alances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30			
		st agree with end-of-year figure reported on prior year's return)		1	848,397.	
		r amount from Part I, line 27a r increases not included in line 2 (itemize)		2	459,332.	
	0. 1,307,729.					
		eases not included in line 2 (itemize) OTHER DECREASES		5	923.	
<u>6</u>	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,306,806.	
					Form 990-PF (2015)	

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	Part IV Capital Gains	and Losses for Tax on Ir	nvestmen	t Income						
		ribe the kind(s) of property sold (e.g irehouse; or common stock, 200 sh			` P	low acquired - Purchase - Donation		acquired day, yr.)	(d) Date s (mo., day,	
1:	753.787 SHS RO	YCE PREMIER FUND)			P	07/1	7/15	12/15/	/15
b 1,996.219 SHS ABSOLUTE STRATEGIES FUND P 0						04/2	0/10	07/17/	/15	
_					08/2	7/09	12/15/	/15		
1	d 676.488 SHS RS GLOBAL NATURAL FUND P 0				07/2	6/12	06/19/	/15		
_	TOTAL CAPITAL	GAIN DISTRIBUTIO	NS			P	VARI	OUS	12/31/	/15
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cos plus 6	st or other basis expense of sale				Sain or (loss s (f) minus		
	13,401.			15,00	0.				-1,5	599.
_!	21,694.			21,42						<u> 265.</u>
_				23,85						<u> 249.</u>
_9	d 17,368.	· · · · · · · · · · · · · · · · · · ·		24,10	0.				-6,7	
_			<u> </u>						20,5	551.
	Complete only for assets showin	g gain in column (h) and owned by						Col. (h) gain not less thai		
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			Losses	(from col. (h))	
	<u>a</u>								-1,5	
_1	<u> </u>									<u> 265.</u>
										249.
(d								-6,7	
_5	e		L		_	т			20,5	<u>,51.</u>
2	Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter -0			}	2			16,7	734.
3	Net short-term capital gain or (los	s) as defined in sections 1222(5) an	nd (6):							
	If gain, also enter in Part I, line 8,] [
_	If (loss), enter -0- in Part I, line 8				$\perp \perp$	3		N/A		
_		nder Section 4940(e) for					ome			
(F	or optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment ind	come.	.)				
lf :	section 4940(d)(2) applies, leave th	us part blank.								
	,	•								.
		ion 4942 tax on the distributable am		•	od?				Yes X	↓ No
		fy under section 4940(e). Do not co							 	
<u>_</u>	Enter the appropriate amount in e	each column for each year; see the ir	istructions be	tore making any er		<u> </u>	_		(d)	
	Base period years	Adjusted qualifying dis	tributions	Net value of nor	(C) nchari	ıtable-use assets		Distrib	ultion ratio	
_	Calendar year (or tax year beginning	19 111/		Net value of flor				(coi. (b) aiv	ided by col. (c)	
_	2014		3,931.			001,945			.083	
_	2013		$\frac{9,717}{9,042}$,025,81 <u>4</u> ,005,61 <u>4</u>			.089	
_	2012		9,942.			,005,61 <u>4</u> ,083,969				
_	2011		4,402. 5,668.			,083, 563 ,087,592			.068	
_	2010	/	3,000.			,001,594	•	Γ	.003	15/4
•	Tatal of line 1, column (d)								.398	2270
	Total of line 1, column (d)	E year base period duude the total o	on line O by E	or by the number	of vor	are.	2_	 	• 330	1013
J	·	5-year base period - divide the total o	on line 2 by 5,	or by the number	UI yea	115	3		.079	2776
	the foundation has been in exister	ice ii less tilali 5 years					1	- 		170
4	Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5				4		1,164,1	.03.
5	Multiply line 4 by line 3						5		_92,8	<u> 167.</u>
6	Enter 1% of net investment incom	ie (1% of Part I, line 27b)					6		3	89.
		,								
7	Add lines 5 and 6						7		93,2	<u> 56.</u>
8	Enter qualifying distributions from	ı Part XII, line 4					8		79,4	00.
	If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	elete that part using) a 1%	6 tax rate.				

	MORRIS FAMILY FOUNDATION				
		<u>5-379</u>	7390	ctio	Page 4
		0 - 5ee	msut	CLIO	13)
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)	.		7	78.
D		1			70.
_	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			0.
		3		7	78.
	······································	4			0.
		5		7	78.
	Credits/Payments:				
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 600.				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d 6	i			
	Total credits and payments. Add lines 6a through 6d	7		6	00.
		8			
		9		1	78.
	The state of the s	0			
		1			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	-
	any political campaign?		1a		<u>X</u> _
	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 published of	r			
	distributed by the foundation in connection with the activities				х
	c Did the foundation file Form 1120-POL for this year?				
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1		
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0.				••
	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.				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		١.		v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3 4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a 4b		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	М/Т	5		X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		"		
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
0	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 	ı			
	remain in the governing instrument?	,	6	Х	
	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	Х	
•	Did the foundation have at least posses in accord at any time daming the year.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				ĺ
	VA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	ır			
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV					X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		F	orm 99 0)-PF	(2015)

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Pε	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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		<u>X</u>
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		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A		C70	
14	The books are in care of SIGNATURE FINANCIAL MANAGEMENT Telephone no. > 757-6:			
4-	Located at ► 101 WEST MAIN ST. SUITE 700, NORFOLK, VA ZIP+4 ►2:) <u>)) T (</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1	-	
	foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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? Yes X No Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(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 any 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		
	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	4.		х
	before the first day of the tax year beginning in 2015?	1c		
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 $4942(j)(5)$):			
9	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	Public () () () () () () () () () (
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	during the year? Yes X No If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
0	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 2015) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	لِيا	<u>X</u>
	Fr	orm 99 0	ノーピト・	(2015)

Form 990-PF (2015)

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

Form **990-PF** (2015)

All other program-related investments. See instructions.

Total. Add lines 1 through 3

MORRIS FAMILY FOUNDATION
C/O B. WISTAR MORRIS

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		-
а	Average monthly fair market value of securities	1a	1,033,139. 148,691.
b	Average of monthly cash balances	1b	148,691.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	1,181,830.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	1,181,830.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u> 17,727.</u>
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,164,103.
6	Minimum investment return Enter 5% of line 5	6	58,205.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	nd certain	
	foreign organizations check here and do not complete this part.)		58,205.
1	Minimum investment return from Part X, line 6	1	36,203.
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.)		770
C	Add lines 2a and 2b	2c	778.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	57,427.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	57,427.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	57,427.
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	79,400.
b	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:		
а	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	79,400.
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	79,400.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for	the section

Form **990-PF** (2015)

4940(e) reduction of tax in those years.

MORRIS FAMILY FOUNDATION
C/O B. WISTAR MORRIS Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	53,743			
line 7				57,427.
2 Undistributed income, if any, as of the end of 2015			•	
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
- Types distributions corrupter if any to 2015:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 22,952. b From 2011 22,400.				
c From 2012 40,277. d From 2013 38,992.				
e From 2014 34,972.				
f Total of lines 3a through e	159,593.			
4 Qualifying distributions for 2015 from	133,333.			
Part XII, line 4: ►\$ 79, 400.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				57,427.
e Remaining amount distributed out of corpus	21,973.			3,722,4
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	181,566.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		_
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		0.	······································	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2016				0.
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)	0.			
8 Excess distributions carryover from 2010	00 050			
not applied on line 5 or line 7	22,952.		-	
9 Excess distributions carryover to 2016	150 614			
Subtract lines 7 and 8 from line 6a	158,614.			
10 Analysis of line 9:				
a Excess from 2011 22,400. b Excess from 2012 40,277.				
c Excess from 2013 38,992. d Excess from 2014 34,972.				
e Excess from 2015 21,973.				

NONE

Check here \(\sum \textbf{X} \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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Form 990-PF (2015) C/O B. WISTAR MORRIS
Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year 501(C)(3) GENERAL OPERATING 350.ORG 20 JAY STREET, SUITE 732 PURPOSES 4,000. BROOKLYN, NY 11201 501(C)(3) BLUE RIDGE LAND CONSERVANCY GENERAL OPERATING 722 1ST SW PURPOSES ROANOKE, VA 24016 5,000, 501(C)(3) GENERAL OPERATING BOYS & GIRLS CLUB OF CENTRAL VIRGINIA P.O. BOX 707, 108 5TH STREET SE, PURPOSES SUITE 201-205 CHARLOTTESVILLE, VA 3,500. CHESAPEAKE BAY FOUNDATION 501(C)(3) GENERAL OPERATING 1108 EAST MAIN STREET, #1600 PURPOSES RICHMOND VA 23219 5,000. DOCTORS WITHOUT BORDERS 501(C)(3) GENERAL OPERATING P.O. BOX 5030 PURPOSES 1,000. HAGERSTOWN MD 21741-5030 SEE CONTINUATION SHEET(S) ▶ 3a Total 79.400. b Approved for future payment NONE Total

26-3797390 Page 12 C/O B: WISTAR MORRIS Form 990-PF (2015) **Analysis of Income-Producing Activities** Part XVI-A Unrelated business income Excluded by section 512, 513, or 514 (e) Enter gross amounts unless otherwise indicated. (C) Exclu-sion code (a) Business code (b) (d) Related or exempt Amount Amount function income 1 Program service revenue: g Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 14 28,970. 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 property 26 753. 7 Other investment income 8 Gain or (loss) from sales of assets other 16,734. 18 than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: 01 180. a EXCISE TAX REFUND 46,637 12 Subtotal. Add columns (b), (d), and (e) 13 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 Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No the foundation's exempt purposes (other than by providing funds for such purposes). NOT APPLICABLE

Page 13

		Exempt Organ	iizations							
1	Did the o	rganization directly or indi	rectly engage in any	y of the following	ng with any other organizati	ion described in sec	tion 501(c) of		Yes	No
	the Code	(other than section 501(c	(3) organizations)	or in section 52	27, relating to political orga	nizations?				l
a	Transfers	from the reporting found	ation to a noncharit	able exempt or	ganization of:					l
	(1) Cash	1						1a(1)		<u>X</u>
	(2) Othe	r assets						1a(2)		X
þ	Other tran	nsactions:								
	(1) Sales	s of assets to a noncharita	ible exempt organiza	ation				1b(1)		X
	(2) Purc	hases of assets from a no	incharitable exempt	organization				1b(2)		X
	(3) Rent	at of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	bursement arrangements	i					1b(4)		X
		s or loan guarantees						1b(5)		<u>X</u>
		ormance of services or me						1b(6)		X
	•	of facilities, equipment, ma	•		• •			1c		X
d							market value of the goods, o		ets,	
						ue in any transaction	n or sharing arrangement, sl	now in		
/al.	ine no	t) the value of the goods, (b) Amount involved	,			(d) D				
a)L	.ine no	(b) Amount involved	(c) Name o		e exempt organization	(u) Description	n of transfers, transactions, and s	naring an	angeme	nis
				N/A	-					
	•			 						
					····					
							· · · · · · · · · · · · · · · · · · ·			
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		· · · · · · · · · · · · · · · · · · ·								
							<u> </u>		·	
2a	Is the fou	ndation directly or indirect	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described				
		501(c) of the Code (other						Yes	X	No
b		omplete the following sch								
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	ıp		
		N/A	. <u> </u>							
	· · · · · · · · · · · · · · · · · · ·				L	<u> </u>				
٥:					ng accompanying schedules and n taxpayer) is based on all inforr		May	the IRS on with the	liscuss t	his
OI:	gn and b	1 11 N			15/2/1/2	Treasu	show	vn below	(see inst	tr)?
116		13- am	Z /		שון נון די	_ _ `		Yes		J No I
		nature of officer or trustee	-	T Duamanada a	Date	Title	Chack T of DTIN			
		Print/Type preparer's na	une	Preparer's s	ignature	Date	Check if PTIN self- employed			
p.	aid	DEMIL D	3 DDDDD:	DEMI:		DE /00 /10	· • !	622	1 0 0	
	eparer	BETH P. BR			BRADBERRY	05/02/16		622		
	eparer se Only	Firm's name ► ROS	FLINE LAY	Y ADATS	OKS, PLLC		Firm's EIN ► 20 – 35	003	30	
J.	Jiny	Firm's address > 1 4	O VIDOIN	TA CIMID TO	יב מחדום חקו	10				
		Firm's address ▶ 14				, 0	Dhone no POA EA	5.7	<i>1 1</i> 0	
		I RI	CHMOND, V	VM 4341			Phone no. 804-54	rm 990		(2015)
							FU	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・		

Schedule B 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 www.irs.gov/form990

OMB No 1545-0047

					Т
Na	ame	of	the	organization	

MORRIS FAMILY FOUNDATION

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

C/O B. WISTAR MORRIS

Employer identification number

26-3797390 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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** X 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

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 MORRIS FAMILY FOUNDATION Employer identification number

C/O E	. WISTAR MORRIS	2	6-3797390
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET J. MORRIS (DEC'D 07-05-15) P.O. BOX 3890 NORFOLK, VA 23514	\$ 500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll 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 Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

523452 10-26-15

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Name of organization

Employer identification number

MORRIS FAMILY FOUNDATION C/O B. WISTAR MORRIS

26-3797390

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t 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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

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

Schedule B	(Form 990, 990-EZ, or 990-PF) (2015)		Page 4					
Name of orga			Employer identification number					
•	FAMILY FOUNDATION							
			26-3797390_					
C/O B. Part III	Exclusively religious, charitable, etc., contribute year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	Olumns (a) through (e) and the follow , charitable, etc , contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
	Transferee's name, address, an		Relationship of transferor to transferee					
-	Transferee 3 Hame, address, and	52H + +	Tretationismp of diamoter to diamoter to					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
-								

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor EVERYTOWN FOR GUN SAFETY SUPPORT FUND 501(C)(3) GENERAL OPERATING PURPOSES P.O. BOX 3886 5,000. NEW YORK, NY 10017 FAMILY HEALTH MINISTRIES 501(C)(3) GENERAL OPERATING 1921 NORTH POINTE DRIVE, SUITE 200 PURPOSES DURHAM, NC 27705 8,000. GOOD SAMARITAN HOSPICE 501(C)(3) GENERAL OPERATING 2408 ELECTRIC ROAD PURPOSES ROANOKE, VA 24018 10,000, HABITAT FOR HUMANITY OF GREATER 501(C)(3) GENERAL OPERATING GREENSBORO PURPOSES 617-B NORTH ELM STREET 8,000. GREENSBORO, NC 27401 LOCAL FOOD HUB GENERAL OPERATING 501(C)(3) PURPOSES P.O. BOX 4647 CHARLOTTESVILLE, VA 22905 2,200, PLANNED PARENTHOOD SOUTH ATLANTIC 501(C)(3) GENERAL OPERATING PURPOSES 2964 HYDRAULIC DRIVE 2,700. CHARLOTTESVILLE, VA 22901 ST. ANNE'S BELFIELD SCHOOL 501(C)(3) GENERAL OPERATING PURPOSES 2132 IVY ROAD CHARLOTTESVILLE, VA 22903 10,000. 501(C)(3) GENERAL OPERATING USA FOR UNHCR 1775 K ST NW, #580 PURPOSES 5,000. WASHINGTON, DC 20006 WESTMINSTER PRESBYTERIAN CHURCH 501(C)(3) GENERAL OPERATING PURPOSES 400 RUGBY ROAD CHARLOTTESVILLE VA 22903 10,000. Total from continuation sheets 60,900.

FORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECU	RITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST MENT INCOM		
CHARLES SCHWAB DIVIDENDS CHARLES SCHWAB TAX-EXEMPT	28,957.		0.	28,957	. 28,957	•	
DIVIDENDS	13.		0.	13	. 0	•	
TO PART I, LINE 4	28,970.		0.	28,970	. 28,957	•	
FORM 990-PF		OTHER I	NCO	ME	\$	STATEMENT	2
DESCRIPTION			RE		(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM	
NONDIVIDEND DISTRIBUTE EXCISE TAX REFUND	JTIONS			753. 180.	0.		
TOTAL TO FORM 990-PR	F, PART I,	LINE 11 =		933.	0.		
FORM 990-PF		ACCOUNTI	NG I	FEES		STATEMENT	3
FORM 990-PF DESCRIPTION		ACCOUNTI (A) EXPENSES PER BOOKS	NE'	(B)	(C) ADJUSTED NET INCOME	(D)	LE
		(A) EXPENSES	NE'	(B) I INVEST-	(C) ADJUSTED	(D) CHARITAB PURPOSE	LE

FORM 990-PF	XAT	ES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
FOREIGN TAXES PAID EXCISE TAXES	656. 1,100.	656.			0.
TO FORM 990-PF, PG 1, LN 18	1,756.	656.			0.
FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
MANAGEMENT FEES	4,049.	4,049.			0.
TO FORM 990-PF, PG 1, LN 23	4,049.	4,049.			0.
FORM 990-PF	OTHER F	UNDS		STATEMENT	6
DESCRIPTION		BEG	(A) INNING OF YEAR	(B) END OF YEAR	
RETAINED EARNINGS		-151,603.		06.	
TOTAL TO FORM 990-PF, PART I		-151,603.	306,8	06.	