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Form **990-PF**

EXTENDED TO AUGUST 15, 20: Return of Private Foundation 2016

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.

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	calen	dar year 2015 or tax year beginning		, and ending		
Nar	ne of	foundation	-		A Employer identification	n number
M	ΆO	R FOUNDATION			42-164590	6
Nun	nber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
7	70	1 FORSYTH BLVD		600	314-727-5	550
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	pending, check here
		YTON, MO 63105				, , , , , , , , , , , , , , , , , , , ,
		all that apply: Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns, check here
		Final return	Amended return			.,
		Address change	Name change		2 Foreign organizations in check here and attach of	neeting the 85% test,
H C	heck	type of organization: X Section 501(c)(3) ex		· · · · · · · · · · · · · · · · · · ·	1	
	_		Other taxable private founda	ation	E If private foundation st under section 507(b)(
1 F2			ng method: X Cash	Accrual	1 ' ' '	
			ther (specify)	L Accidal	F If the foundation is in a under section 507(b)(
<u> </u>		8,736,395. (Part I, colu	mn (d) must be on cash t	basis)	ander section 307(0)(I/(D), CHECK Here
	ırt l	Analysis of Revenue and Expenses			(a) Adverted not	(d) Disbursements
9		(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)
₹ 1	4		400,000.		N/A	(casii basis only)
	1	Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B	400,000.		N/A	
ສ∩ຮ	2	Interest on savings and temporary	601	601.		STATEMENT 1
	3	Cash investments	601.	50,863.		STATEMENT 1 STATEMENT 2
の の の の の の の の の の の の の の	4	Dividends and interest from securities	50,863.	50,003.	_	PINIEMENI 4
븱	١.	Gross rents				
氢	ا ا	Net rental income or (loss)	CF 407			
Za.	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	65,497.		 	
$\Im \mathbf{\bar{s}}$	_ D	assets on line 6a 05, 497.		CF 40F		
જી	7	Capital gain net income (from Part IV, line 2)		<u>65,497.</u>		
_	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns	- 			
	10a	and allowances				
		Less Cost of goods sold				-
	ł	Gross profit or (loss)				
	11	Other income	F16 061	116 061		
	12	Total Add lines 1 through 11	516,961.	116,961.		0.
	13	Compensation of officers, directors, trustees, etc	0.	0.		
	14	Other employee salaries and wages				
ės		Pension plans, employee benefits	-			
nse	l	Legal fees	ļ <u>.</u>		<u> </u>	<u></u>
ĝ	l	Accounting fees				-
e Ü	l	Other professional fees			 	
ξ	17	Interest	- F	RECEIVED	 	
stra	18	Taxes				
Ë	19	Depreciation and depletion	 <u>∞</u> 	1000	RI	
E	20	Occupancy	A018	AUG 2 4 2016	8	
Þ	21	Travel, conferences, and meetings	* -		<u>E</u>	
a	22	Printing and publications		GOEN HY	 	
gua	23	Other expenses			-3	
Operating and Administrative Expens	24	Total operating and administrative	,	^		^
ğ		expenses Add lines 13 through 23	0.	0.		525,000.
_		Contributions, gifts, grants paid	525,000.			323,000.
	26		F05 000	^	1	E 2 E 000
	<u> </u>	Add lines 24 and 25	525,000.	0.	 	525,000.
		Subtract line 26 from line 12:	0.000			
	l	Excess of revenue over expenses and disbursements	-8,039.	116 061	 	
	1	Net investment income (if negative, enter -0-)		116,961.		
	C	Adjusted net income (if negative, enter -0-)			N/A	<u> </u>

Fo	m 99	90-PF (2015) MAOR FOUNDATION		42-1	1645906 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
<u>.</u>	1.		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	5 004 074	- (155 000	- <u> </u>
	1	Savings and temporary cash investments	6,291,374.	6,177,209.	6,177,209.
	3	Accounts receivable -			
	١.	Less, allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts ▶	-	-	
	5	Grants receivable			
	٥	Receivables due from officers, directors, trustees, and other			
	,	disqualified persons Other notes and loans receivable			
	′	Less: allowance for doubtful accounts		1	
(A	۰	Inventories for sale or use		-	
Assets	1	Prepaid expenses and deferred charges			
As		Investments - U.S and state government obligations	-		
	ł	Investments - corporate stock STMT 3	2,626,375.	2,732,501.	2,559,186.
	1	Investments - corporate bonds	2,020,3731	2,732,301.	2,333,1001
	l	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		ĺ	
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item 1)	8,917,749.	8,909,710.	8,736,395.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	, ,			
_	22	Other liabilities (describe)			
				0	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
S	0.4	and complete lines 24 through 26 and lines 30 and 31			
ü	24 25	Unrestricted Temporarily restricted		- 	
or Fund Balances	1	Permanently restricted			
βE	20	Foundations that do not follow SFAS 117, check here		· · · · · · · · · · · · · · · · · · ·	
Ē		and complete lines 27 through 31.		İ	
ō	27	Capital stock, trust principal, or current funds	1,003,534.	1,003,534.	
sets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	7,914,215.	7,906,176.	
det	30	Total net assets or fund balances	8,917,749.	8,909,710.	
_		ļ			
	31	Total liabilities and net assets/fund balances	8,917,749.	8,909,710.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	8,917,749.
2	•	r amount from Part I, line 27a		2	-8,039.
		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	8,909,710.
5	Deci	reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	8,909,710.
					Form QQ0-DF (2015)

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8 Enter qualifying distributions from Part XII, line 4
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.

Enter 1% of net investment income (1% of Part I, line 27b)

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6

7

8

See the Part VI instructions.

7 Add lines 5 and 6

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1,170.

407,125.

<u>5</u>25,000.

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see ins	tructi	ons)
	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)				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1%	1		<u> </u>	<u>170.</u>
	of Part I, line 27b	1			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		ļ		_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
	Add lines 1 and 2	3		<u>l,</u>	<u>170.</u>
	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		1,	170.
	Credits/Payments:				
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 4,695.	-			
	Exempt foreign organizations - tax withheld at source Toward with analysis for withheld at source (65 marks) (15 marks)	1			
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d	-			
		7	ļ	1	695.
	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			023.
	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		3	525.
	Enter the amount of line 10 to be: Credited to 2016 estimated tax 3,525. Refunded	11			0.
	t VII-A Statements Regarding Activities	<u> </u>	!		
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervent	9 10		Ye	s No
	any political campaign?		ļ	la	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		(b)	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish				
	distributed by the foundation in connection with the activities.				
	Did the foundation file Form 1120-POL for this year?		-	lc	X
	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.				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	=		}	
	managers. ▶ \$ 0.			İ	ļ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
	If "Yes," attach a detailed description of the activities.		1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or	ĺ	İ	ļ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		├	la l	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b	+
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		-	5	X
	If "Yes," attach the statement required by General Instruction T.		-	1	
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1		
	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 	e iaw	ł		,
	remain in the governing instrument?	,		6 X 7 X	
′	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	,	 	<u>/ _ ^ ^ _ </u>	+
۵.	Enter the states to which the foundation reports or with which it is registered (see instructions)				
oa	MO	-			
h	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			вь Х	:
	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	F		1
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	x
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	X
			Form	990-P	F (2015)

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orm 990-PF (2015) MAOR FOUNDATION			42-16459	06 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indir	ectly,		1 1
any voter registration drive?		Ye	es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	37		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? (see instructions)	an doddinoud in doddion		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnaces, or t		3 (22) 110	
	, or educational purposes, or		es X No	
the prevention of cruelty to children or animals?	day tha ayeast as a day		S LAJ NO	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	37/3	
section 53.4945 or in a current notice regarding disaster assistance (see instru	= -		N/A 5	ib
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?	N	1/A	es L No	
If "Yes," attach the statement required by Regulations section 53 494	5-5 <i>(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		E	b X
If "Yes" to 6b, file Form 8870				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu				'b
Part VIII Information About Officers, Directors, Trust		nagers, Highly		
Paid Employees, and Contractors			•	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	nours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
TIEDVI ANN BOY	to position	enter -0-)	compensation	allowances
CHERYL ANN FOX	TRUSTEE			
7701 FORSYTH BLVD	1 00			0
CLAYTON , MO 63105	1.00	0.	0.	<u> </u>
AVIGAIL GOLDGRABER	TRUSTEE			
7701 FORSYTH BLVD				_
CLAYTON, MO 63105	0.25	0.	0.	<u> </u>
	<u> </u>			
]			
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 hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
	1			
	1	1		
			 	
	†			
	 	 	 	
	-			
	 	 		
	-			
		<u> </u>	1	
otal number of other employees paid over \$50,000			<u> </u>	0
			Form 9	990-PF (2015)

Total, Add lines 1 through 3

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Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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4940(e) reduction of tax in those years.

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,	Corpus	Todio prior to 2014	2017	2010
line 7				427,586.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years.				
		0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010 65,607.				
b From 2011				
c From 2012				
d From 2013				
e From 2014 65,907.	424 544			
f Total of lines 3a through e	131,514.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ► \$ 525,000.			•	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			427 506
d Applied to 2015 distributable amount	07 414			427,586.
e Remaining amount distributed out of corpus	97,414.			0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	228,928.	<u></u> .		
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		<u></u>		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2010	65 607			
not applied on line 5 or line 7	65,607.		· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	163,321.			
10 Analysis of line 9.	100,0410		<u> </u>	
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014 65, 907.				İ
e Excess from 2015 97, 414.				
				5 000 DE (0045)

	<u>UNDATION</u>			42-1	645906 Page 10
Part XIV Private Operating F	oundations (see in	nstructions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter tha	at it is a private operating			
foundation, and the ruling is effective fo	r 2015, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the found		ing foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			<u> </u>		-
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the	-		 		
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets		<u> </u>	 	-	-
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest,		,			
dividends, rents, payments on		1			
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public		-			
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)	i				
(3) Largest amount of support from		-			
an exempt organization					
(4) Gross investment income			 	 	
Part XV Supplementary Info	rmation (Compl	ete this part only	if the foundatio	n had \$5,000 or n	nore in assets
at any time during t					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			itributions received by th	ne foundation before the c	lose of any tax
year (but only if they have contributed n	iore than \$5,000). (See	section 507(d)(2).)			
CHERYL ANN FOX					_
b List any managers of the foundation wh other entity) of which the foundation has			ı (or an equally large por	tion of the ownership of a	partnership or
• •	sa 1076 or greater intere	551.			
NONE		0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	<u> </u>		
2 Information Regarding Contribute			_	and accept upoplicated ro	quanto for fundo. If
Check here if the foundation o the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
CHERYL FOX, 314-889-				6556u.	
7701 FORSYTH BLVD SU	•				
b The form in which applications should be					
SEE ATTACHED GRANT A			mode modes.		
c Any submission deadlines.					
NONE					
d Any restrictions or limitations on awards	s, such as by geographic	cal areas, charitable fields	s, kinds of institutions, o	r other factors:	
NONE	, <u>, , , , , , , , , , , , , , , , , , </u>		•		
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Tart XV Supplementary information				
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	1	
a Paid during the year				
DANA FARBER CANCER INSTITUTE	NONE	PUBLIC CHARITY	SCIENTIFIC RESEARCH	
450 BROOKLINE AVE				
BOSTON, MA 02215				500,000,
PEF ISRAEL ENDOWMENT FUNDS INC	NONE	PUBLIC CHARITY	EDUCATION	
630 3RD AVE 15TH FLOOR NEW YORK, NY 10017				_25,000,
NEW TORK, NY 10017				
			1	
		<u> </u>		
		1		
· ·· ·		<u> </u>		
Total		T	▶ 3a	525,000
b Approved for future payment				
NONE				
			1	
		<u> </u>	<u> </u>	
Total			>	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
-	Code	<u> </u>	1000	- 	
a			 		
· — — — — — — — — — — — — — — — — — —		<u> </u>	+		
	F		f = f		
	ļ — —		 		
e			 		
g Fees and contracts from government agencies					
g Fees and contracts from government agencies2 Membership dues and assessments	<u></u>		1		
3 Interest on savings and temporary cash	 		 	- 	
			1 1 1	601	
Investments 4 Dividends and interest from securities	_	 _	14	50,863.	
5 Net rental income or (loss) from real estate:			 ' ' '	30,863.	
					
a Debt-financed property b Not debt-financed property			 		
,			 -		
6 Net rental income or (loss) from personal			1		
property			 		
7 Other investment income			 -		
8 Gain or (loss) from sales of assets other			1 4	CE 407	
than inventory			14	65,497.	
9 Net income or (loss) from special events		· · · · · · · · · · · · · · · · · · ·	 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue.					
a			 		
b					
<u> </u>					
d			╁		
e		0.	 -	116,961.	0.
13 Total Add line 12, columns (b), (d), and (e)	<u></u>		<u> </u>	13	
(See worksheet in line 13 instructions to verify calculations.)				13	110,701.
Part XVI-B Relationship of Activities to	the Acco	omplishment of Ex	cempt	Purposes	
Line No Explain below how each activity for which incor	ne is reported i	n column (e) of Part XVI-A	contribu	ted importantly to the accomp	lishment of
the foundation's exempt purposes (other than to					
	<u> </u>				
				- ··	
 				·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	
			-		
		· · · · · · · · · · · · · · · · · · ·			
					
		· · · · · · · · · · · · · · · · · · ·			
					
					

Date

Preparer's signature

523622

Sign Here

Paid

Preparer

Use Only

TRUSTEE

Title

Date

Form **990-PF** (2015)

return with the preparer shown below (see instr)?

X Yes

P00389158

PTIN

Firm's EIN ► 20-0343229

Phone no. 314-336-0560

Check X if self-employed

Signature of officer or toustee

Print/Type preparer's name

JOHNHILLHOUSE

Firm's name ▶ JOHN M HILLHØUSE CPA LLC

Firm's address ▶ 424 S. WOODSMILL RD SUITE 325

CHESTERFIELD, MO 63017

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

Department of the Treasury 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.irs.gov/form990.

OMB No 1545-0047

2015

-

Employer identification number

M	AOR_FOUNDATION	42-1645906
Organization type (check	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	tion
	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	
Note. Only a section 501(d	on solutions is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a solution can check boxes for both the General Rule and a solution (10), (8), or (10) organization can check boxes for both the General Rule and a solution (10), (1	
property) from an	ny one contributor Complete Parts I and II See instructions for determining a c	contributor's total contributions
Special Rules		
sections 509(a)(1 any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/39) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, lin tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of Z, line 1 Complete Parts I and II	ne 13, 16a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that receputions of more than \$1,000 exclusively for religious, charitable, scientific, literary for cruelty to children or animals. Complete Parts I, II, and III.	
year, contribution is checked, enter purpose Do not o	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that recens exclusively for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organization ole, etc., contributions totaling \$5,000 or more during the year	s totaled more than \$1,000 If this box ely 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 Son Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ et 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

Employer identification number

111 AB	FOUNDATION	
MAINE	ורו דיוי בערוואו ורויש	۸ı

42-1645906

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	CHERYL FOX 7701 FORSYTH BLVD ST LOUIS, MO 63105	\$\$	Person X Payroll
(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 Occash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnocash 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.)

Name of organization

Employer identification number

MAOR FOUNDATION

42-1645906

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

Name of orga	nization		· - · · · · · · · · · · · · · · · · · ·	Employer identification number			
MAÒR F	OUNDATION			42-1645906			
Part III	Exclusively religious, charitable, etc., contribute the year from any one contributor. Complete colucompleting Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	imns (a) through (e) and the follo haritable, etc., contributions of \$1,000 o	wing line entry. For organization	(10) that total more than \$1,000 for			
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
-		(e) Transfer of gif	it				
	Transferee's name, address, and	ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of tra	nsferor to transferee			
_							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of git	*				
	Transferee's name, address, and		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Helationship of tra	nsferor to transferee			
				D (5 000 000 57 000 DE) (0045			

FORM 990-PF INTERE	ST ON SAVING	GS AND TEMPOR	ARY CASH IN	VESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOK		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME	3
JPMORGANCHASE	6	01.	601.			
TOTAL TO PART I, LI	6	01.	601.			
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
JP MORGANCHASE TIFF MULTI ASSET FUND	10,234.	0.	10,234. 40,629.			
TO PART I, LINE 4	116,360.	65,497.	50,863.	 _		
FORM 990-PF		CORPORATE S	TOCK		STATEMENT	3
DESCRIPTION			вос	K VALUE	FAIR MARKET	r
TIFF MULTI ASSET FU VANGUARD FTSE EMERG		2	396,504.	2,245,170. 314,016.		
TOTAL TO FORM 990-P	LINE 10B	2	2,732,501. 2,		36.	

Maor Foundation

7701 Forsyth Boulevard, Suite 600 • St. Louis, Missouri 63105 Phone: 314/889-0890 • Fax: 314/727-7314 • e-mail: maor@foxfamilyoffice.com

GRANT APPLICATION

Date:	
Name of Organization: (The legal name according to t	he IRS)
Address:	
Mailing Address:	
(if different) E-mail Address:	
Phone Number:	Fax Number:
Executive Director:	
Board Chairperson:	
Amount Requested:	Total Budget for Project:
Project Name:	
In no more than seven (7) page	es, answer the following questions (not including your budget or

In no more than seven (7) pages, answer the following questions (not including your budget or the financial information from your accountant):

- 1. Describe why the organization was founded and what is does.
- 2. Provide a summary of the project for which you are seeking funding, including its goals and objectives, content, methods and timetable. Make sure you define the problem and explain what you are trying to accomplish with the program. If you are applying for operating funds, describe the need for operating funds.
- 3. Detail how the Foundation funds will be utilized.
- 4. Describe what your evaluation will assess and how you will evaluate the project. If you are applying for funding for the same project as last year, attach a copy of your evaluation from last year.
- 5. Attach a full project budget and a full organizational budget.

- 6. If your grant application includes a request for computer hardware and/or software, please attach a.) a letter from a computer consultant (including the individual's credentials) explaining how he/she has analyzed your needs and describing in detail the specific hardware and/or software to be purchased, and b.) written estimates from at least three vendors showing the cost of each component to be purchased.
- 7. Explain how you plan to raise additional monies.
- 8. If the project is expected to continue beyond the period of this grant proposal, please explain your plans for the ongoing funding/sustainability of the project.
- 9. Attach a copy of your most recent audit or financial statement, prepared by your accountant, preferably in English.
- 10. List here by name all sources of funding for this project. Include only funds which have been/are being raised for the grant year in question. Include all applications which have been submitted to government agencies, corporations, foundations, etc., the date applied, the amount requested and the status of the grant. If the funds are from a specific event, list the event, its date and amount raised after expenses. If the funds are from general fund raising, indicate how much your Board has agreed to commit to the project and the date of the Board decision. If necessary, please attach an additional page.

SOURCE (Agency/Foundation/Event)	<u>DATE</u>	<u>AMOUNT</u>	STATUS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
•			
TOTAL AMOUNT RAISED TO DATE: \$)	_as of	

I have read the completed application and it is being submitted to the MAOR Foundation with my approval.

Signatures

(Applicant)

(Director of Organization)