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

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

rord	aler	loar year 2015 of tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	number
J	ОН	N AND FRANCES MORISEY T	RUST ACCOUNT		56-6419428	
Nun	ber a	and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		1 WILLIAMSBOROUGH COURT			919-781-78	09
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		EIGH, NC 27609	Industratives of a fa	erner public obortu	D 1. Foreign organizations	abask bara
G C	heck	call that apply: Initial return	Amended return	ormer public charity	i. Foreign organizations	s, check here
		Final return Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
	hack		xempt private foundation		E If private foundation sta	
ï	T Se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	under section 507(b)(1)	
I Fa		arket value of all assets at end of year J Account		Accrual	F If the foundation is in a	
		Part II. col. (c). line 16)	ther (specify)		under section 507(b)(1)	- 1
Ì		633,089 (Part I, colu	ımn (d) must be on cash b	basis)		
Pa	rt I	 (The total of amounts in columns (b), (c), and (d) may not 	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	-	necessarily equal the amounts in column (a).)	194,601.	high and the state of the state	N/A	(Cash Dasis Only)
	1 2	Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. 8	154,001.			
	2	Interest on savings and temporary cash investments	22.	22.	, , , , , ,	STATEMENT: 1
Revenue	4	Dividends and interest from securities	15,462.	15,462.		STATEMENT 2
	5a	Gross rents				1 1
	ł	Net rental income or (loss)	ar , "Argue, and a	3.413. Jr. 1/44. 1 1.4	1. 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	· · · · · · · · · · · · · · · · · · ·
	6a	Net gain or (loss) from sale of assets not on line 10	62,618.		1、北京	the the state of the state of
	ь	Gross sales once for all	P. D. Start Town			To the time
	7	Capital gain net income (from Part IV, line 2)	FOR STANKE TO SEE	62,618.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	8	Net short-term capital gain	James Committee of the committee			
	9	Income modifications .		The state of the s	7	1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x
	10a	Gross sales less returns and allowances	The state of the s	- 1×2	The second secon	
	l	Less Cost of goods sold	The state of the s			The second of th
	١	Gross profit or (loss)		1 1 77 1 1 7 1		Ending of the Control
	11	Other income	272,703.	78,102.		
	12	Total. Add lines 1 through 11 Compensation of officers, directorer frustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits		-		
Ses		Legal fees ()				
penses			2,800.	1,400.		1,400.
	\	Accounting tees Other professional fees Cinterest MAX		• •		
Ę.	17	cinterest NA				ļ
trat	18	Viaxes				
inis	19	Depreciation and depletion .				1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ę	20	Occupancy			 	
٧þ	21	Travel, conferences, and meetings				
) an	22	Printing and publications Other expenses STMT 4	226.	26.	 	0.
ting	23	Other expenses STMT 4. Total operating and administrative	220.	20.		<u> </u>
Operating and Administrative E	24	expenses. Add lines 13 through 23	3,026.	1,426.		1,400.
o	25		137,100.			1,400. 137,100.
	26	Total expenses and disbursements.	, = - 3 -			
	_	Add lines 24 and 25	140,126.	1,426.		138,500.
_	27	Subtract line 26 from line 12:			- <u>-</u>	Francis Town
	a	Excess of revenue over expenses and disbursements	132,577.			
	ь	Net investment income (if negative, enter -0-)		76,676.		
	c	Adjusted net income (if negative, enter -0-)		Fig. 1	N/A	. , 2,

Page 2

Part II Balance Sheets Attached schedules and an	nounts in the description	Beginning of year		of year
column should be for end	-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing .				
2 Savings and temporary cash investments		26,152.		
3 Accounts receivable ►	· 		realization of the second	
Less: allowance for doubtful accounts				
4 Pledges receivable ►		Late to the second		- 1, v ,
Less: allowance for doubtful accounts	 _			
5 Grants receivable				
6 Receivables due from officers, directors, trustee	s, and other			
disqualified persons				
7 Other notes and loans receivable			Part Care	
Less: allowance for doubtful accounts				
8 Inventories for sale or use	-			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges	•			<u> </u>
Toa mivestments - 0.5. and state government obliga				
b Investments - corporate stock	STMT 6	442,147.	371,620.	300,476.
c Investments - corporate bonds				
11 Investments - land, buildings, and equipment basis				Y
Less accumulated depreciation				
12 Investments - mortgage loans		0.10		
13 Investments - other	STMT 7	242,172.		
14 Land, buildings, and equipment basis			Carrier to the contract of	THE STATE OF ME.
Less accumulated depreciation	 			
15 Other assets (describe ►)	<u> </u>		
16 Total assets (to be completed by all filers - see t	he	740 474		
instructions Also, see page 1, item I)	· · · · · · · · · · · · · · · · · · ·	710,471.	791,119.	633,089.
17 Accounts payable and accrued expenses				
18 Grants payable			7,2,000	
9 19 Deferred revenue				
Deferred revenue 20 Loans from officers, directors, trustees, and other disqual 21 Mortgages and other notes payable	lified persons			
21 Mortgages and other notes payable				
22 Other liabilities (describe >)		· · · · · · · · · · · · · · · · · · ·	
			•	
23 Total liabilities (add lines 17 through 22)		0.	0.	The state of the s
Foundations that follow SFAS 117, check here				P. 格尔曼斯 (1)
and complete lines 24 through 26 and lines 30	and 31.			
24 Unrestricted			 _	
25 Temporarily restricted				
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equal surplus, bldg.,	६ छि			
Foundations that do not follow SFAS 117, chec	k here 🕨 🗓			
and complete lines 27 through 31.		461 002	461 000	
27 Capital stock, trust principal, or current funds		461,983.	461,983.	
28 Paid-in or capital surplus, or land, bldg., and equ		248,488.	220 126	CONTRACTOR E
29 Retained earnings, accumulated income, endowi	ment, or other tunas	710,471.	329,136.	STATEMENT 5
30 Total net assets or fund balances		/10,4/1.	791,119.	
21 Total liabilities and not senate #und helaness		710,471.	791,119.	1. 经通过人间接
31 Total liabilities and net assets/fund balances			771,117.	
Part III Analysis of Changes in Net A	Assets or Fund E	Balances		
1 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			1	710,471.
2 Enter amount from Part I, line 27a	, , , , , , , , , , , , , , , , , , , ,	•	2	132,577.
3 Other increases not included in line 2 (itemize)		•	3	0.
4 Add lines 1, 2, and 3			4	843,048.
5 Decreases not included in line 2 (itemize) ► BK/'	TAX DIFFERE	NCE	5	51,929.
6 Total net assets or fund balances at end of year (line 4			6	791,119.
	,		<u> </u>	Form 990-PF (2015)

2

Part IV Capital Gains	and Losses for Tax on In	vestment	Income	•		
					(c) Date acqu (mo., day, y	
1a GLAXOSMITHKLINE PLC					VARIOU	
b GLAXOSMITHKLINE PLC					VARIOU	S 05/18/15
GENUINE PARTS	CO.				VARIOU	
d GLAXOSMITHKLIN	E PLC				VARIOU	S 05/18/15
e CAPITAL GAINS	DIVIDENDS					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain o (e) plus (f) r	
a 1,346.			1,630			-284.
b 18,485.			19,34			-855.
c 192,771.			142,578			50,193.
d 56,609.			48,958	3.		7,651.
e 5,913.						5,913.
Complete only for assets shown	ng gain in column (h) and owned by	the foundation	on 12/31/69		(I) Gains (Col. (h	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any	C	ol. (k), but not le Losses (fron	
a						-284.
b						-855.
С						50,193.
d						7,651.
e						5,913.
2 Capital gain net income or (net ca	If gain, also enter apital loss) { If (loss), enter -0	In Part I, line	7 7	} 2		62,618.
. •	`			7 		
3 Net short-term capital gain or (los	,	10 (6):		١ ١		
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).) 3	1	N/A
	Inder Section 4940(e) for	Reduced	Tax on Net	Investment In		
(For optional use by domestic private	<u>``_`</u> `					
(1 of optional use by doffiestic private	to the section -	1540(u) wx 011	not invosancine inc	01110.7		
If section 4940(d)(2) applies, leave t	his part blank.					
Was the foundation liable for the sec	tion 4042 tay on the distributable am	ount of any ve	ar in the base neri	nd2		Yes X No
If "Yes," the foundation does not qua						
1 Enter the appropriate amount in	each column for each year see the in	inplete tills par	ore making any en	tries.		·
(a)		100 0000010 001	oro maxing any on		· · · · · ·	(d)
Base periód years	ng un) Adjusted qualifying dis	tributions	Net value of non	(c) charitable-use asset	s (col	(d) Distribution ratio (b) divided by col. (c))
Calendar year (or tax year beginni 2014	ing iii)	6,265.		887,78		• 592784
2013		3,202.		1,042,13		.204582
2012		7,637.		958,70		.174859
2012		1,401.		1,147,35	<u> </u>	.184252
		5,910.		1,186,55		.131397
2010		3,5101		1,100,55	/ •	• 131377
O Table from declare (d)					2	1.287874
2 Total of line 1, column (d)	C b		h +h mh	4	-	1.20/0/4
3 Average distribution ratio for the		on line 2 by 5,	or by the number c	n years		. 257575
the foundation has been in existe	nce it less than 5 years				3	• 431313
A = 1 11 14 11 11 11 11 11 11 11 11 11 11 1	ole and the control of the control o	l.a. F			.	622,504.
4 Enter the net value of noncharital	ple-use assets for 2015 from Part X,	line 5		-	4	022,504.
					1 _ 1	1.00 2.41
5 Multiply line 4 by line 3				• •	. 5	160,341.
						7.0
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)				6	767.
					_	164 400
7 Add lines 5 and 6					7	161,108.
8 Enter qualifying distributions from	n Part XII, line 4				8	138,500.
	n line 7, check the box in Part VI, line	th and comp	· lete that nart using	a 1% tax rate	L	
See the Part VI instructions.	i mie 7, eneen die Dox III Fait VI, IIIIe	io, and comp	ioto aiut part usilly	u 170 maiate.		

Form 990-PI	(2015) JOHN AND FRANCES MORISEY TRUST	COUNT	940(a) 054		0419			age 4
Part VI	Excise Tax Based on Investment Income (Section 494)		940(e), or 4	940 -	see n	isii u	CHOI	15)
	t operating foundations described in section 4940(d)(2), check here 🕨 🔛 and e		.]	15 12	white in	-1, .	10	· \$ •
	ruling or determination letter: (attach copy of letter if nec			0 -			1 E	
b Domes	tic foundations that meet the section 4940(e) requirements in Part V, check here	▶ L and enter 1%	' P	1			1,5	34.
	I, line 27b .			· , "		•		- 1
c All oth	er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col	l. (b). ノ	£		5 . 	<u>.</u> `	Λ.
2 Tax un	der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	-	2			1 5	34
	es 1 and 2			3			1,5	34.
	e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. O	others enter -0-)	•	4			1 -	24
5 Tax ba	sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•		5	4		1,5	34.
	/Payments:	1 1	405		, ` <u>, </u>	i Bayer e	"- , <u>*-</u> ;	€ ₁ , 4 - 4
	stimated tax payments and 2014 overpayment credited to 2015	6a	485.		14			
	t foreign organizations - tax withheld at source	6b			· ·	ا جۇر ئىرى		W.
c Tax pa	id with application for extension of time to file (Form 8868)	6c		- [2]				_ ;
d Backu	o withholding erroneously withheld .	6d		_	162	' ·	المائلية	O E
	redits and payments. Add lines 6a through 6d			7			4	85.
	iny penalty for underpayment of estimated tax. Check here if Form 2220 is atta	iched		8			1 ^	70
	e. If the total of lines 5 and 8 is more than line 7, enter amount owed			9			1,0	49.
	ayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1	10				
11 Enter t	he amount of line 10 to be: Credited to 2016 estimated tax		Refunded	11				
	-A Statements Regarding Activities						Yes	No
	the tax year, did the foundation attempt to influence any national, state, or local legis	station or did it partici	pate or intervene	ın		4.0	162	X
	litical campaign?					1a		X
	pend more than \$100 during the year (either directly or indirectly) for political purpo				- !	1b		-A-
	answer is "Yes" to 1a or 1b, attach a detailed description of the activities an	na copies of any ma	ateriais publisne	ea or		2 S		ð: -}
	outed by the foundation in connection with the activities					1 1	1.	X
	e foundation file Form 1120-POL for this year?		•			1c	, .	
	the amount (if any) of tax on political expenditures (section 4955) imposed during the		0.			7)	er	- 5-6
	n the foundation. > \$ (2) On foundation managers					, ^	\$2 m	, , ,
	he reimbursement (if any) paid by the foundation during the year for political expend	iture tax imposed on	Toungation			, , l	17 6	** / -
	ers. ► \$	nea				2		х
	e foundation engaged in any activities that have not previously been reported to the l	но ⁷ .				<u> </u>	, ', -	, T
If "Ye	s," attach a detailed description of the activities	instrument ertisles o	f incorporation o			, p,	., 3	, ,
	e foundation made any changes, not previously reported to the IRS, in its governing		i incorporation, c	,,		3	, . ' : '	x
	s, or other similar instruments? If "Yes," attach a conformed copy of the chang					4a		X
	e foundation have unrelated business gross income of \$1,000 or more during the year	21 •	•	N	/A	4b		
	," has it filed a tax return on Form 990-T for this year?	2			,	5		х
	nere a liquidation, termination, dissolution, or substantial contraction during the year	•		•		٦		
	s," attach the statement required by General Instruction T. e requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e	uther				- ' , - (1.5	``
	anguage in the governing instrument, or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1 , 1 1 1 k T	1	
	anguage in the governing distributed, or tate legislation that effectively amends the governing instrument so that no mandator	ry directions that con	flict with the state	law		, '		,
		ry directions that con	mot with the black	,		6	-	X,
	n in the governing instrument? e foundation have at least \$5,000 in assets at any time during the year? If "Yes," coi	molete Part II. col	(c) and Part XV	,		7	X	
ווי פוט זי	e foundation have at least \$5,000 in assets at any time during the year. If Tes, Con	implete rait ii, cor	c), and i at M			 		<u> </u>
On Fator	the states to which the foundation reports or with which it is registered (see instruction	nne) 🕨					-", ,	v / 46
8a Enter NC	מוב פושובים נה אוווכוו מוב והתווחשמותו נבלהו ופימו אוונו אוווכוו וו ופ נבאופנבים (פבב ווופת מכמר		~			-, -		4
	answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or d	lesionate)					1 B
	h state as required by General Instruction G? If "No," attach explanation	activity denotation of	,			. ⁼= 8b	$\tilde{\mathbf{x}}^{\tilde{\mathbf{x}}}$	÷
OI eac	n state as required by General instruction G? It invo, attach explanation foundation claiming status as a private operating foundation within the meaning of se	ection 4942(i)/3) or 4	942(i)(5) for cale	Indar			- -	5
	on the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," ((₁₎ (5) 101 0010			9		X
	o is or the taxable year beginning in 2015 (see instructions for Part XIV)? If Yes, to persons become substantial contributors during the tax year? If "Yes," attach a sched		d addrosses			10		X
טוט טוס מו	y persons decome substantial combiduois during the tax year in tres," attach a sched	ure usung ureir names an	u auuresses				, DE	(2015)

Pa	rt 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		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			l
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► N/A) F /	403	
14	The books are in care of ► CINDY STONE Located at ► 1000 ST. ALBANS DR., STE #400, RALEIGH, NC Telephone no. ► 919-78 ZIP+4 ► 2			
45		1003		
19	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 15	N	/A	ـــا
16	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
	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	1.7.	. "	. ,
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):	- 7	F 124	V 1-5
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		,	, 3,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?	1, 2	(**)	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		5 y	1975 A
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	1.	4 1	1 1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	ţ.ă	1,5	1.77
	for the benefit or use of a disqualified person)?	3x 5' 4	14 2 64 5 7	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	74.4	- : ;	, ,
	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.) Yes X No	, -, 4		,
h	termination of government service, if terminating within 90 days.) If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	7 2 41		25.
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	1118-	ar ,
	Organizations relying on a current notice regarding disaster assistance check here	"	7, 7	<u> </u>
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	. ,	111	200
	before the first day of the tax year beginning in 2015?	1c	~ 4 4/4	х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		٠	4 .
	defined in section 4942(j)(3) or 4942(j)(5)):	10% 10%	24.4	
а	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	* *, * \(\)	30	Ĭ.
	before 2015? Yes X No			
	If "Yes," list the years \blacktriangleright		,	-
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	18.45	12.52	, ,
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		2	1-2
	statement - see instructions.) N/A	2b	\vdash	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			1
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ja	during the year?	15 77	÷ ,::):
h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	3. 1 t	- I	
-	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	12. 13. 13. 12. 13. 13.	ا ا	
	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,	- 4,4	ر د	É
	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		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	25		<u>gI sk</u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		X
	Fo	rm 99 0)-PF	(2015)

Form 990-PF (2015) JOHN AND FRANCES MORISEY Part VII-B: Statements Regarding Activities for Which			56-64194	128 Page 6		
	Form 4/20 May Be	Required (contin	nued)			
5a During the year did the foundation pay or incur any amount to:			[]			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes X No						
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?	•		es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes	• •	. L Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			3 . 5 .		
4945(d)(4)(A)? (see instructions)			es 🗶 No 🏻			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		_	*-ī, `		
the prevention of cruelty to children or animals?			es 🗶 No 🗔			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	der the exceptions described	in Regulations	}	요하다		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	ere .		▶ □ [*	o in the second		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	om the tax because it mainta	uned	l`.			
expenditure responsibility for the grant?	. 1	I/A □ Y	es 🔲 No 🥻			
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		[]			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		l .			
a personal benefit contract?	•	Y	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X		
If "Yes" to 6b, file Form 8870		•	i i			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es 🗶 No 🗒			
b If "Yes," did the foundation receive any proceeds or have any net income attribu		٠٠ ـــــا	/_ 	7b		
Part VIII. Information About Officers, Directors, Trust		nagers Highl		70		
Paid Employees, and Contractors	ccs, i canadation me	magers, mgm	y			
1 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	hours per week devoted to position	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other		
JOHN C. MORISEY, JR.	TRUSTEE	enter -0-)	compensation	allowances		
1000 ST. ALBANS DRIVE	IKOSIEE		ł			
RALEIGH, NC 27609	0.00	_				
	TRUSTEE	0.	0.	0.		
1000 ST. ALBANS DRIVE	TRUSTEE					
	0 00					
	0.00	0.	0.	0.		
	TRUSTEE					
1000 ST. ALBANS DRIVE	0 00					
RALEIGH, NC 27609	0.00	0.	0.	0.		
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(4)			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other		
	devoted to position	(0)	and deterred compensation	allowances		
NONE		1				
		i				
]				
			ŀ			
						
Total number of other employees paid over \$50,000		·		0		
		· · · · · · · · · · · · · · · · · · ·	Form	990-PF (2015)		
				\· - /		

Form 990-PF (2015) JOHN AND FRANCES MORISEY TRUST ACCOUNT 56	5-64194	128 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	. >	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	1	Expenses
1N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A	\exists	
2	\exists —	
All other program-related investments. See instructions.		
	7	
Total. Add lines 1 through 3	<u> </u>	0.

Form **990-PF** (2015)

Part X ∈ Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 513,370. a Average monthly fair market value of securities 118,614. b Average of monthly cash balances 1b 1c c Fair market value of all other assets 631,984 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 2 Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d 9,480 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 622,504 5 31,125 6 Minimum investment return. Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 31,125. Minimum investment return from Part X, line 6 1,534 Tax on investment income for 2015 from Part VI, line 5 Income tax for 2015. (This does not include the tax from Part VI.) 2b 534 c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 3 3 Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 591 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 138,500. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 **b** Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: a Surtability test (prior IRS approval required) За 3b Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 138,500. 4 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 Adjusted qualifying distributions. Subtract line 5 from line 4 6 138,500. 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 4940(e) reduction of tax in those years.

Form **990-PF** (2015)

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,		* * * * * * * * * * * * * * * * * * *	g da ve	
line 7				29,591.
2 Undistributed income, if any, as of the end of 2015	X X		The fact of the state of the st	
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:	<u>s All ytu i brazikili y s</u> Luk izi i kili			A
1 05 420				
454 (11				
bFrom 2011 154,611. cFrom 2012 120,328.				
dFrom 2013 162,491.		A Set Mar The Tage of		
eFrom 2014 482, 346.				
f Total of lines 3a through e	1,017,206.			
4 Qualifying distributions for 2015 from	- 1 1 1 1 1			134 100 6 5 66 5
Part XII, line 4: ►\$ 138,500.	The second second			
a Applied to 2014, but not more than line 2a			Ö.	
b Applied to undistributed income of prior			A CONTRACTOR	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*	
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	A	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	English of Mary as	29,591.
e Remaining amount distributed out of corpus	108,909.	The state of the		70 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L 1 L
5 Excess distributions carryover applied to 2015	0.	- L 124	The first super with a	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:	406 445			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,126,115.	and the second	A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Prior years' undistributed income. Subtract				
line 4b from line 2b	187 - 187 -	0.	egical and marketing a service	1
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which			The state of the state of	
the section 4942(a) tax has been previously		0.		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
assessed		0.	5 Sec. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d Subtract line 6c from line 6b. Taxable	**************************************	0.		
amount - see instructions	* * * * * * * * * * * * * * * * * * *	20.		22. 71. 2.14. 2
e Undistributed income for 2014. Subtract line		31.42	0.	
4a from line 2a. Taxable amount - see instr.		- 7/4 / 107 / 107	37, 0 2 2 2 2 2	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2016 7 Amounts treated as distributions out of			1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- N - N - N - N - N - N - N - N - N - N
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		384	
8 Excess distributions carryover from 2010		2 2 2 2 2	No. 1	a
not applied on line 5 or line 7	97,430.			12 42 42 1
9 Excess distributions carryover to 2016.			de production of	
Subtract lines 7 and 8 from line 6a	1,028,685.		7	<u> </u>
10 Analysis of line 9:		*		
a Excess from 2011 154,611.		30 F 2 F 3 F 5 F 5		
b Excess from 2012 120, 328.	1			
c Excess from 2013 162, 491.	, v 2	関われた。 「		
d Excess from 2014 482,346				
e Excess from 2015 108,909	,]: <u> </u>			
523581 11-24-15				Form 990-PF (2015)

Part XIV Private Operating F	OUDdations (see in			N/A	19428 Page 10
1 a If the foundation has received a ruling of			n-A, question 9)	N/A	
foundation, and the ruling is effective fo	•	•		4040(1)(0) 40	40()(5)
b Check box to indicate whether the found		ig ioungation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(a) Tatal
income from Part I or the minimum	(a) 2015	(0)2014	(6) 2013	(0)2012	(e) Total
investment return from Part X for	İ				
each year listed			ļ		···_
b 85% of line 2a		··			
c Qualifying distributions from Part XII,			İ		
line 4 for each year listed		-			
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					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(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	ļ				
listed					
c "Support" alternative test - enter:		*			
(1) Total support other than gross					
investment income (interest,				İ	
dividends, rents, payments on 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)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income		· ·	*****		
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t				, , , , , , , , , , , , , , , , , , ,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	o have contributed more	than 2% of the total cont	ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed n	nore than \$5,000). (See s	ection 507(d)(2).)	•		,
SEE STATEMENT 8					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation	(or an equally large portio	n of the ownership of a pai	rtnership or
other entity) of which the foundation has	s a 10% or greater interes	t.			•
NONE					
2 Information Regarding Contributi					
Check here ▶ 🛣 if the foundation o	nly makes contributions t	o preselected charitable	organizations and does no	ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, co	mplete items 2a, b, c, and	d.
a The name, address, and telephone num	per or e-mail address of ti	ne person to whom appli	cations should be address	sed:	
b The form in which applications should b	e submitted and informat	ion and materials they st	nould include;		
c Any submission deadlines:					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields,	kinds of institutions, or o	ther factors:	

Part XV Supplementary Information (continued) 3 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 status of recipient contribution any foundation manager Name and address (home or business) or substantial contributor a Paid during the year ALLIANCE MEDICAL MINISTRY NONE NON-PROFIT CHARITABLE 101 DONALD ROSS DRIVE RALEIGH, NC 27610 1,000. ANGEL MINISTRIES NONE NON-PROFIT CHARITABLE 5115 HOLLYRIDGE DRIVE RALEIGH, NC 27612-3111 1,000. BOYS/GIRLS CLUB-WAKE COUNTY NONE NON-PROFIT CHARITABLE 701 N. RALEIGH BLVD. RALEIGH, NC 27610 1,000. CAMP SEAGULL & SAEFARER NONE NON-PROFIT CHARITABLE 218 SEA GULL LANDING ARAPAHOE, NC 28510 1,000. CAMPUS CRUSADE FOR CHRIST NONE NON-PROFIT CHARITABLE PO BOX 628222 ORLANDO, FL 32862 1,200. SEE CONTINUATION SHEET(S) **▶** 3a 137,100. Total b Approved for future payment NONE Total **▶** 3b 0.

Form 990-PF (2015)

Part XVI-A	Analysis of In	come-Producing	a Activities
rail AVI-A	Milaly 515 Ut 11	iconie-Froducing	4 MCHVILLES

Enter gross amounts unless otherwise indicated.	(a) Business	ed business income (b) Amount	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			\bot		
b				·	
c					
d	— ——				
e					
T					
g Fees and contracts from government agencies		ļ			
2 Membership dues and assessments	-				
3 Interest on savings and temporary cash			1 1 1	22	
investments			14	22.	
4 Dividends and interest from securities		- 4	14	15,462.	
5 Net rental income or (loss) from real estate:			- 2		- x z ,
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	1		10	62 610	
than inventory			18	62,618.	
9 Net income or (loss) from special events	-				
10 Gross profit or (loss) from sales of inventory	ļ	<u> </u>	- 		
11 Other revenue:					
a			++-		
b			+ +		
					· · · · · · · · · · · · · · · · · · ·
d					···
e		0	+	70 100	0
12 Subtotal. Add columns (b), (d), and (e)	, î		<u> </u>	78,102.	0.
13 Total. Add line 12, columns (b), (d), and (e)		•	•	. 13	78,102.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	the Acc	omplishment of E	xempt P	Purposes	
Line No. Explain below how each activity for which inco	me is reported	in column (e) of Part XVI-	A contribute	d importantly to the accomn	lishment of
▼ the foundation's exempt purposes (other than	by providing fu	nds for such purposes).		p =	
					
-		· - ·- ·- ·-		, _ , _ , _ , _ , _ , _ , _ , _ , _ , _	
		7.4.			<u> </u>
				 -	
					
				·	
					· · · · · · · · · · · · · · · · · · ·
-					
					
		-			

Form 990-PF (2				ISEY TRUST				<u>6419428</u>		ge 13
Part XVII	Information Re Exempt Organ		sfers To a	and Transaction	ns an	nd Relations	nips With No	ncharitabl	е	
1 Did the or	ganization directly or indi	rectly engage in any	of the followin	g with any other orgai	nızatıon	described in section	on 501(c) of	· '.*	Yes	No
	(other than section 501(c) from the reporting foundation				organiza	ations?				
		ation to a noncharita	inie exempt or (janization of,				1.03	4.20	x
(1) Cash	- ·					·		1a(1)		X
(2) Other	•	•			-			1a(2)	4 ;	
b Other tran								(2)	4, 3 . A.	- 3
. ,	of assets to a noncharita					-		1b(1)	<u> </u>	X
	hases of assets from a no		organization	•				1b(2)	<u> </u>	X
(3) Renta	al of facilities, equipment,	or other assets						1b(3)		Х
(4) Reim	bursement arrangements					•	•	1b(4)		X
(5) Loan	s or loan guarantees							1b(5)		X
(6) Perfo	rmance of services or me	mbership or fundrai	ısıng solicitatio	ns				1b(6)	<u> </u>	X
c Sharing o	f facilities, equipment, ma	iling lists, other asse	ets, or paid em	ployees .				1c_	<u> </u>	X
d If the ans	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) shot	uld alwa	ays show the fair m	arket value of the g	goods, other as	sets,	
or service	s given by the reporting fo	oundation. If the fou	ndation receive	ed less than fair marke	et value	in any transaction	or sharing arrange	ment, show in		
column (e	d) the value of the goods,	other assets, or serv	rices received.							
(a)Line no	(b) Amount involved			exempt organization		(d) Description	of transfers, transaction	ons, and sharing ai	тапдете	ints
	<u></u>		N/A							
			-							
				····						
								<u> </u>		
							-			
						<u> </u>				
·····								-		
								-		
								-		
										
										
							<u> </u>			
0. 1.45.6	ndation directly or indirec	the offiliated with or	rolated to one	or more tay exempt o	27020172	tions described				
	501(c) of the Code (other				n yanıza			Yes	X	No
b If "Yes," c	omplete the following sch									
	(a) Name of org	janization		(b) Type of organiza	tion	(c) Description of re	lationship		
	N/A						. <u>.</u> .			
						······································		,		
		 _								
	r penalties of perjury, I declare elief, it is true, correct, and cor				l informat		has any knowledge	May the IRS return with the shown below	e prepar (see ins	er
Šig	nature of officer or trustee		tv	Date		Title				
	Print/Type preparer's na	ame	Preparer's s	gnature	[Check ıf	PTIN		
Paid	JANET WHIT	מים חשי	1	with	h	05/02/16	self- employed	P00747	505	
Preparer	Firm's name THO		& TUC	- w		, ,	Firm's EIN ► 5			
Use Only		-	J							
•	Firm's address ► 47			SE ROAD SU	JITE	400	- 01	0 571 7	055	
	RA RA	LEIGH, NO	2/609				Phone no. 91	3-2/1-1	025	

Phone no. 919-571-7055 Form **990-PF** (2015)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	OHN AND FRANCES MORISEY TRUST ACCOUNT	56-6419428
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	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	X 501(c)(3) taxable private foundation	
, .	is covered by the General Rule or a Special Rule.	
Note. Only a section 501(c	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor Complete Parts I and II. See instructions for determining a contributor	
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 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour Z, line 1. Complete Parts I and II	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 received from sutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	_
year, contribution is checked, enter purpose. Do not c	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc.,
but it must answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule En Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fort the filling 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

JOHN	AND FRANCES MORISEY TRUST ACCOUNT		56-6419428
Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1	FRANCES D. MORISEY 3601 WILLIAMSBOROUGH CT. RALEIGH, NC 27609	\$97,3	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
2	JOHN C. MORISEY, JR. 3601 WILLIAMSBOROUGH CT. RALEIGH, NC 27609	\$97,3	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

JOHN AND FRANCES MORISEY TRUST ACCOUNT

56-6419428

•	AND FRANCES MORISE! TRUST ACCOUNT		-6419428
art II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	OF 97,300.50.		
		\$97,301.	07/09/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,100 SHS OF GENUINE PARTS (GPC) - FMV OF 97,300.50.		
		\$\$7,300.	07/09/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom	(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
_		\$	90, 990-EZ, or 990-PF) (2

Part XV Supplementary Information				
3 Grants and Contributions Paid During the		.,		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
		-		
CHRISTAR	NONE	NON-PROFIT	CHARITABLE	
1500 INTERNATIONAL PKWY., STE. 300				
RICHARDSON, TX 75081-2339				250.
EDENTON STREET CHURCH	NONE	NON-PROFIT	CHARITABLE	
228 W. EDENTON STREET				
RALEIGH, NC 27603				47,600.
ENDEAVOR LEADERSHIP	NONE	NON-PROFIT	CHARITABLE	
PO BOX 6556				
RALEIGH, NC 27628		-		10,000.
FELLOWSHIP OF CHRISTIAN ATHLETES	NONE	NON-PROFIT	CHARITABLE	
8701 LEEDS ROAD				2,000.
KANSAS CITY, MO 64129-1680				2,000.
FIGS OF WAKE COUNTY	NONE	NON-PROFIT	CHARITABLE	
PO BOX 12821 RALEIGH, NC 27605				100.
Maddidit, No 27005				200.
FINDING PURPOSE 3700 COMPUTER DRIVE, #340	NONE	NON-PROFIT	CHARITABLE	
RALEIGH, NC 27609				1,000.
DID CO VINTAGE MODIFICATION A ENOTE	NONE	NON-PROFIT	CHARITABLE	
FIRST UNITED METHODIST-LENOIR 309 CHURCH ST, NW	NONE	NON-PROFIT	CHARITABLE	
LENOIR, NC 28645-5193				1,000.
FOCUS RALEIGH	NONE	NON-PROFIT	CHARITABLE	
PO BOX 1027		}		
NEW CANAAN, CT 06840		 	-	1,000.
GREEN CHAIR	NONE	NON-PROFIT	CHARITABLE	
1853 CAPITAL BLVD				4 000
RALEIGH, NC 27604				1,000.
HEARTS AND HANDS FOR HAITI	NONE	NON-PROFIT	CHARITABLE	
2013 MIDWOOD DRIVE RALEIGH, NC 27604				500.
Total from continuation sheets	_		<u> </u>	131,900.
	···			

Part XV Supplementary Informat				
3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
JOHN 3:16 CENTER	NONE	NON-PROFIT	CHARITABLE	
PO BOX 1541				
LITTLETON, NC 27850				500
JOURNEY RESOURCES	NONE	NON-PROFIT	CHARITABLE	:
PO BOX 9801				
GREENSBORO, NC 27429		<u> </u>	_	1,500.
		1		
LIGHTHOUSE MINISTRIES	NONE	NON-PROFIT	CHARITABLE	
104D FOUNTAIN BROOK CIRCLE CARY, NC 27511				200
o.m., no 1,511				200.
MEALS ON WHEELS-WAKE CO. PO BOX 37639	NONE	NON-PROFIT	CHARITABLE	
RALEIGH, NC 27627				250.
·				250.
MEMILIANT GOT HAVE BOD GUILLDOOM	NONE			1
METHODIST HOME FOR CHILDREN 1041 WASHINGTON STREET	NONE	NON-PROFIT	CHARITABLE	
RALEIGH, NC 27605-1259				500.
NC FAMILY POLICY COUNCIL	NONE	NON-PROFIT	CHARITABLE	
PO BOX 20607	Nonz	NON-INOI II	CHARTIABLE	
RALEIGH, NC 27619				1,000.
NEIGHBOR TO NEIGHBOR	NONE	NON-PROFIT	CHARITABLE	
PO BOX 25628				
RALEIGH, NC 27611	_			5,250.
				1
POE CENTER	NONE	NON-PROFIT	CHARITABLE	
224 SUNNYBROOK ROAD				
RALEIGH, NC 27610				100.
PROJECT ENLIGHTENMENT FOUNDATION	NONE	NON-PROFIT	CHARITABLE	
501 S BOYLAN AVENUE				
RALEIGH, NC 27603				250.
RIVER CROSS, INC.	NONE	NON-PROFIT	CHARITABLE	
300 GREGSON DR. CARY, NC 27511				500.
Total from continuation sheets		L.,		

	D FRANCES MORI	SEY TRUST	ACCOUNT	56-6419428
Part XV Supplementary Information				
3 Grants and Contributions Paid During the Y		T		
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 recipient	Purpose of gran contribution	
	Of Substantial Contributor	10007.0		
SAFE CHILD, INC.	NONE	NON-PROFIT	CHARITABLE	
864 MORGAN STREET				
RALEIGH, NC 27603				250
SAINT SAVIOUR'S CENTER	NONE	NON-PROFIT	CHARITABLE	
616 TUCKER STREET				
RALEIGH, NC 27603				250.
ST. DAVID'S SCHOOL	NONE	NON-PROFIT	CHARITABLE	
3400 WHITE OAK RD	HONE	NON-PROPIT	Charitable	
RALEIGH, NC 27609				2,500.
STEP UP MINISTRY	NONE	NON-PROFIT	CHARITABLE	
1701 OBERLIN ROAD RALEIGH, NC 27608				1,500
				1,300.
THE ENCOURAGING PLACE	NONE	NON-PROFIT	CHARITABLE	
1116 N BLOUNT ST				
RALEIGH, NC 27604		<u> </u>		500.
		:		
THE SALVATION ARMY	NONE	NON-PROFIT	CHARITABLE	
215 S PERSON ST RALEIGH, NC 27601				1,000.
Manager, No 2002				1,000.
TRIANGLE COMMUNITY FOUNDATION	NONE	NON-PROFIT	CHARITABLE	
324 BLACKWELL STREET, SUITE 1220				
DURHAM, NC 27701				250.
UNC - PHARMACY FOUNDATION OF NC, INC. PO BOX #309	NONE	NON-PROFIT	CHARITABLE	
CHAPEL HILL, NC 27514-0309				2,000.
UNC- LINEBERGER	NONE	NON-PROFIT	CHARITABLE	
PO BOX #309				
CHAPEL HILL, NC 27514-0309				250.
URBAN MINISTRIES OF WAKE CO	NONE	NON-PROFIT	CHARITABLE	
1390 CAPITAL BLVD.				
RALEIGH, NC 27611		<u> </u>		1,000.
Total from continuation sheets				

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				· · · · · · · · · · · · · · · · · · ·
Recipient	If recipient is an individual,	<u>T</u>	T	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
The same and a same of the same of	or substantial contributor	recipient		
YOUNG LIFE - RALEIGH PO BOX 6643	NONE	NON-PROFIT	CHARITABLE	
RALEIGH, NC 27628-6643				42,500
				<u> </u>
YOUTH CAMP FOR CHRIST	NONE	NON-PROFIT	CHARITABLE	
190 MANGUM LANE				
LITTLETON, NC 27850				250
CRU	NONE	NON-PROFIT	CHARITABLE	
100 LAKE HART DRIVE				
ORLANDO, FL 32832		 		1,600
DAVID'S EDUCATIONAL OPPORTUNITY FUND 5725 BITTERSWEET PLACE	NONE	NON-PROFIT	CHARITABLE	
MADISON, WI 53705				1,000
				1,000
DUKE UNIVERSITY	NONE	NON-PROFIT	CHARITABLE	
2138 CAMPUS DRIVE			CHARTIADDE	
DUEHAM, NC 27708				500
HEALING TRANSITIONS	NONE	NON-PROFIT	CHARITABLE	
1251 GOODE STREET				
RALEIGH, NC 27603				250
NEIGHBOR HEALTH 8900 OXBRIDGE COURT	NONE	NON-PROFIT	CHARITABLE	
RALEIGH, NC 27613				500
THE EDUCATIONAL FOUNDATION	NONE	NON-PROFIT	CHARITABLE	
450 SKIPPER BOWLES DR.				
CHAPEL HILL, NC 27599				800
THE SUMMIT CHURCH	NONE	NON-PROFIT	CHARITABLE	
2335-114 PRESIDENTIAL DR.		İ		
DURHAM, NC 27703				500.
	<u> </u>			
Total from continuation sheets				

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE		REVE	(A) REVENUE NET INT PER BOOKS INC		(C) ADJUSTED NET INCOME	
MERRILL LYNCH			22.	22.		
TOTAL TO PART I, LI	NE 3		22.	22.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECU	JRITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST MENT INCOM		
MERRILL LYNCH	21,375	. 5,91	3. 15,462	2. 15,462		
TO PART I, LINE 4	21,375	5,91	3. 15,462	15,462		
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAX PREPARATION	_	2,800.	1,400		1,400.	
TO FORM 990-PF, PG	1, LN 16B	2,800.	1,400		1,400.	
FORM 990-PF		OTHER E	XPENSES		STATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INVESTMENT SERVICE OTHER EXPENSES	CHARGES	26. 200.	26.		0.	
TO FORM 990-PF, PG	1, LN 23	226.	26.		0.	
	=					

FORM 990-PF	ОТНЕ	R FUNDS		STATEMENT	5
DESCRIPTION			(A) BEGINNING OF YEAR	(B) END OF YEAR	
			248,488.	329,1	36.
TOTAL TO FORM	990-PF, PART II, LINE 2	9	248,488.	329,136.	
FORM 990-PF	CORPO	RATE STOCK		STATEMENT	6
DESCRIPTION			BOOK VALUE	FAIR MARKE' VALUE	Т
MERRILL LYNCH	PORTFOLIO-SEE STATEMENT	10	371,620.	300,476	
TOTAL TO FORM	TAL TO FORM 990-PF, PART II, LINE 10B		371,620.	300,476	
FORM 990-PF	OTHER	INVESTMENTS		STATEMENT	7
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKE' VALUE	r
MERRILL LYNCH STATEMENT 10	PORTFOLIO-SEE	COST	243,820.	156,9	34.
TOTAL TO FORM	990-PF, PART II, LINE 1	3	243,820.	156,93	34.
FORM 990-PF	PART XV LIST OF FOUND	- LINE 1A ATION MANAGE	ERS	STATEMENT	8

NAME OF MANAGER

JOHN C. MORISEY, JR. FRANCES D. MORISEY

JOHN & FRANCES MORISEY TRUST ACCOUNT 12/31/2015

STATEMENT 10 PART II, BALANCE SHEET LINE 10 b and Line 13b

STOCKS AND OTHER INVESTMENTS COST BASIS

LINE TO D and Line 13D		310CK3 MND	OTHER MACS	INICIAIO		
SECURITIES HELD			COST BASIS		FMV	
		AS OF 12/31/15		AS OF 12/31/15		
2000 SHS	BANK OF AMERICA CORP		92,664 17		33,660 00	•
1500 SHS	BP PLC		76,770 21		46,890 00	
1300 SHS	GM		45,266 27		44,213 00	
1450 SHS	Golar LNG Partners, LP		44,904 19		19,401 00	
975 SHS	JPMORGAN CHASE & CO		40,823 25		64,379 25	
410 SHS	WELLS FARGO & CO NEW DEL		21,803 41		22,287 60	
329 SHS	WELLS FARGO & CO NEW DEL		17,505 85		17,884 44	
15 SHS	WELLS FARGO & CO NEW DEL		718 06		815 40	
28 SHS	WELLS FARGO & CO NEW DEL		721 87		1,522 08	
1309 SH	WELLS FARGO & CO NEW DEL		3 66		7 12	
800 SHS	St Jude Medical		30,439 40		49,416 00	
TOTAL SECU	RITES/CORPORATE STOCK HELD	Line 10b		\$371,620.34		\$300,475.89
MUTUAL FUN	DS/OTHER CLOSED END FUNDS					
3858 SHS	BLACKROCK GLOBAL EQUITY	_	133,869 08		49,228 08	
4320 SHS	IVY ASSET STRATEGY		96,924 99		96,466 04	
0140 SH	IVY ASSET STRATEGY		0 30		0 29	
404 SHS	TORTOISE ENERGY CAPITAL		13,025 28		11,239 28	
TOTAL MUTU	AL FUNDS/OTHER CLOSED END FUNDS	Line 13b		\$243 ,819.65		\$156,933.69
TOTAL SECU	RITIES/MUTUAL FUNDS/OTHER CLOSED I	END FUNDS		\$615,439.99		\$457,409.58