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OMB No 1545-0052

2016

# **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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 instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public Inspection

| A Employer detection number Occasion (Control of the Control of th | For          | caler    | ndar year 2016, or tax year beginning 01-01-20        | 16 , ar               | nd er | nding 12-31-           | 2016                  |                |
|--|--------------|----------|---|-----------------------|-------|------------------------|-----------------------|----------------|
| Section   P.O. Dec. number   final is not convented to served aborated   Section   S   |              |          |   |                       |       | A Employer Id          | entification numbe    | er             |
| 24 Creative HELL RADO  City are sown, usable or processor, country, and ZP or foreer possel costs  City are sown, usable or processor, country, and ZP or foreer possel costs  City are sown, usable or processor, country, and ZP or foreer possel costs  City are sown, usable or processor, and an experiment of the former public chantry    Final Part   Amended return   Section 49-7(a)(1) nonexempt chantrable must   Other tranship provide foundation   City and City   |              | L 301114 | a to the late flowers food of the total               |                       |       | 04-3241999             |                       |                |
| Contributions, data or province, country, and 2010 or browen pastal code  Contribution (2010)  Contribution and control application in persons, check here  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications (2011)  Analysis of Revenue and Expenses (the research) Control applications are advantable transitions (2011)  If the foundation is not rectured to attach Sch B  |              |          |   | Room/suite            |       | <b>B</b> Telephone nu  | mber (see instructio  | ns)            |
| Circle can be provided, country, and 28 or revenue possible code   | 2            | + CHERI  | RT HILL ROAD  |                       |       | (212) 410-7771         |                       |                |
| Scheck all that apply   Initial return   Amended return   |              |          |   |                       |       | C If exemption         | application is pendir | na. check here |
| Check type of organization   Amended return   Section 930 (c)(3) evempt private foundation   General Private (control of 1947(a)(1) nonexempt character   General Private (control of 1947(a)(1) nonexempt (control of 1947(a   | 310          | CKBKID   | GE, MA 01202  |                       |       | G II exemption         | application is perion | ▶ L            |
| Address change   Name change   Name change   New Cheek or year of organization   Section 501(c)(3) exempt private foundation   Cheek change   New Year (Am Park St. Value of all sasets at end of year (from Park If, col (c), inc 16) Ps. 2,995,043   Accounting method   Cheek change   Cheek Cheek   Cheek Cheek Cheek   Cheek Cheek Cheek Cheek   Cheek Ch   | G Ch         | neck al  | I that apply Initial return Initial return of a       | former public charity |       | <b>D 1.</b> Foreign or | ganızatıons, check h  | ere 🕨 🗌        |
| Check type of organization   Section 501(x)(3) exempt private foundation   |              |          |   |                       |       |                        |                       |                |
| Concision   Section 937((c)(3) exempt private foundation   Section 937((c)(1)) exempt   Concision   Section 937((c)(1)) exempt   Concision   Concisi   |              |          |   |                       |       | _                      |                       | · -            |
| Far market value of all assets at end of all sesses at each of view (from Part II, cod (c), line 16)   | _            |          |   |                       |       |                        |                       |                |
| Analysis of Revenue and Expenses (The Island Services   Part   Contributions, gifts, grants, etc., received (attach schedule)  |              |          |   |                       |       | -                      |                       |                |
| Part   Analysis of Revenue and Expenses (The total of another in column (b), (c), and (d) my and accessarily another income (b), (c), and (d) my and accessarily applications in column (c), (c), and (d) my and accessarily applications in column (c), (c), and (d) my and accessarily applications in column (c), (c), and (d) my and accessarily applications (c), and (d) my and (d) accessarily applications (c), and (d) my and (d) accessarily applications (c), and (d) my and (d) accessarily applications (c), and (d) accessarily accessar   |              |          | rom Part II col (c)                                   | <b>⊻</b> l Cash       | ıal   |                        |                       |                |
| of amounts in columns (p), (c), and (g) may not necessarily equal five amounts in columns (p), (c), and (g) may not necessarily equal five amounts in columns (g), (c), and (g) the process of the columns (g) fits, grants, etc., received (attach schedule)  1   | line         | 16)      |   | be on cash basis )    |       |                        |                       |                |
| of amounts in columns (p), (c), and (g) may not necessarily equal five amounts in columns (p), (c), and (g) may not necessarily equal five amounts in columns (g), (c), and (g) the process of the columns (g) fits, grants, etc., received (attach schedule)  1   | -            |          |   | ,                     |       |                        |                       | lan a .        |
| 1  | Pa           | T I      | •   |                       | (b)   |                        |                       | for charitable |
| 2   Check  |              |          | equal the amounts in column (a) (see instructions) )  |                       |       | income                 | income                |                |
| 2 Check  |              | 1        |   | 31,750                |       |                        |                       |                |
| Sch   8   3   Interest on savings and temporary cash investments   43   43   43   43   43   43   43   4  |              | _        | ,   |                       |       |                        |                       |                |
| 1990      |              | 2        | ·   |                       |       |                        |                       |                |
| 1000   11,415   12,500   12,   |              | 3        |   | 43                    |       | 43                     |                       |                |
| b Net rental income or (loss)  b Net gain or (loss) from sale of assets not on line 10  c Gross sales price for all assets on line 6  c Gross sales price for all assets on line 6  d Het gain or (loss) from sale of assets not on line 10  d Gross sales price for all assets on line 6  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  100 Gross sales less returns and allowances  b Less Cost of goods sold  c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  3 Compensation of officers, directors, trustees, etc  13 Compensation of officers, directors, trustees, etc  14 Other employee salanes and wages  15 Pension plans, employee benefits  16 Legal fees (attach schedule)  17 Interest  18 Taxes (attach schedule)  19 Depreciation (attach schedule) and depletion  10 Occupancy  11 Taxes (attach schedule) and depletion  10 Occupancy  11 Travit, conferences, and meetings  22 Printing and publications  23 Other expenses (attach schedule)  24 Total operating and administrative expenses.  Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25 Contributions, gifts, grants paid  27 Subtract line 26 from line 12  28 Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  20 Adjusted net income (if negative, enter -0-)  |              | 4        | Dividends and interest from securities                | 90,858                |       | 90,858                 |                       |                |
| 100   1,1415   1,14   |              | 5a       | Gross rents   |                       |       |                        |                       |                |
| b Gross sales price for all assets on line 6a  1,364,975  7 Capital gain net income (from Part IV, line 2)  8 Net short-term capital gain  9 Income modifications  10a Gross sales less returns and allowances  b Less Cost of goods sold  c Gross profit or (loss) (attach schedule)  11 Other income (attach schedule)  12 Total. Add lines 1 through 11  249,275  228,940  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16 Legal fees (attach schedule)  b Accounting fees (attach schedule)  c Other professional fees (attach schedule)  17 Interest  20 Occupancy  18 Taxes (attach schedule) (see instructions)  19 Depreciation (attach schedule) and depletion  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses (attach schedule)  24 Total operating and administrative expenses.  Add lines 13 through 23  25 Contributions, gifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  c Adjusted net income(if negative, enter -0-)  |              | ь        | Net rental income or (loss)                           |                       |       |                        |                       |                |
| Net short-term capital gain  | El e         | 6a       | Net gain or (loss) from sale of assets not on line 10 | -11,415               |       |                        |                       |                |
| Net short-term capital gain  | ven          | b        |   |                       |       |                        |                       |                |
| 9 Income modifications   | Re           | 7        | <del></del>   |                       |       | 0                      |                       |                |
| 10a   Gross sales less returns and allowances  |              | 8        | Net short-term capital gain                           |                       |       |                        |                       |                |
| b   Less   Cost of goods sold  |              | 9        | Income modifications                                  |                       |       |                        |                       |                |
| C   Gross profit or (loss) (attach schedule)   |              | 10a      | Gross sales less returns and allowances               |                       |       |                        |                       |                |
| 11 Other income (attach schedule)   2   138,039   138,   |              | ь        |   |                       |       |                        |                       |                |
| 12 Total. Add lines 1 through 11   |              | С        | Gross profit or (loss) (attach schedule)              |                       |       |                        |                       |                |
| 13   Compensation of officers, directors, trustees, etc   0   0   0   0  |              | 11       | , ,   | 138,039               |       | 138,039                |                       |                |
| 14 Other employee salaries and wages   |              | 12       | Total. Add lines 1 through 11                         | 249,275               |       | 228,940                |                       |                |
| 15   Pension plans, employee benefits  |              |          | ,               | 0                     |       | 0                      |                       | (              |
| 16a Legal fees (attach schedule)   |              |          |   |                       |       |                        |                       |                |
| Printing and publications  | ses          |          |   |                       |       |                        |                       |                |
| Printing and publications  | ē            |          | · ·   |                       |       |                        |                       |                |
| Printing and publications  | Εχ           |          |   |                       |       |                        |                       |                |
| Printing and publications  | ۸e           |          | ·   | 490                   |       | 490                    |                       | ,              |
| Printing and publications  | ratı         |          |   |                       |       |                        |                       |                |
| Printing and publications  | <u> </u>     |          | ,               | 310                   |       | 310                    |                       | `              |
| Printing and publications  | Ē            |          |   |                       |       |                        |                       |                |
| Printing and publications  | Ā            |          | · · ·   |                       |       |                        |                       |                |
| Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  | Ē            |          |   |                       |       |                        |                       |                |
| Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  | 3 <u>b</u> í |          |   | 19,764                |       | 19,337                 |                       | 427            |
| Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  | at           | 24       | Total operating and administrative expenses.          |                       |       |                        |                       |                |
| Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  Adjusted net income(if negative, enter -0-)  | ber          |          | Add lines 13 through 23                               | 21,154                |       | 20,727                 |                       | 427            |
| 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)  | Ō            | 25       | Contributions, gifts, grants paid                     | 561,161               |       |                        |                       | 561,161        |
| 27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)   |              | 26       |   |                       |       |                        |                       |                |
| a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)   |              | 27       |   | 582,315               |       | 20,727                 |                       | 561,588        |
| disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)   |              |          |   | -333 N4N              |       |                        |                       |                |
| c Adjusted net income(if negative, enter -0-)  |              | a        | disbursements   | -555,040              |       |                        |                       |                |
|  |              |          | ·   |                       |       | 208,213                |                       |                |
|  |              |          |   |                       |       |                        |                       |                |

2,193,322

851,395

3,138,207

32,136

32,136

3,106,071

3,106,071

3,138,207

1,959,758

642,162

2,773,031

2,773,031

2,773,031 2,773,031

2

3

4

5

6

3,106,071

-333,040

2,773,031

2,773,031 Form 990-PF (2016)

2,184,770

642,162

2,998,043

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow SFAS 117, check here 🕨 🗹

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule) ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . .

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . . . .

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Temporarily restricted

|        | 5   |
|--------|-----|
|        | 6   |
|        | 7   |
| 2      | 8   |
| Assets | 9   |
| Ā      | 10a |
|        | ь   |
|        |     |

11

12

13

14

15

16

17

18

19

20 21

22 23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

Page **3** 

| Paicty                       | Capital Gallis a                              | ilu Losses for Tax off Tilvest   | illelit Tilcolle                |  |  |  |
|------------------------------|---|--|---------------------------------|--|--|--|
|                              |   | (a)<br>ne kınd(s) of property sold (e g , re<br>nouse, or common stock, 200 shs  |                                 | (b) How acquired P—Purchase D—Donation       | (c) Date acquired (mo , day, yr )                  | (d) Date sold (mo , day, yr )                            |
| 1 a MOR                      | GAN STANLEY 127039                            | 9 - SHORT TERM   |                                 | B Bollacion                                  |  |  |
|                              | GAN STANLEY 127039                            |  |                                 |  |  |  |
| c Capi                       | tal Gains Dividends                           |  |                                 | Р  |  |  |
| d                            |   |  |                                 |  |  |  |
| e                            |   |  |                                 |  |  |  |
|                              | (e)<br>Gross sales price                      | <b>(f)</b><br>Depreciation allowed<br>(or allowable)   | Cost or                         | (g)<br>other basis<br>ense of sale           | Gain d   | h)<br>ir (loss)<br>) minus (g)                           |
| а                            | 877   | ,304   |                                 | 903,756                                      |  | -26,452  |
| b                            | 470   | ,854   |                                 | 472,634                                      |  | -1,780   |
| С                            | 16  | ,817   |                                 |  |  | 16,817   |
| d                            |   |  |                                 |  |  |  |
| e                            |   |  |                                 |  |  |  |
| Com                          | plete only for assets s                       | showing gain in column (h) and ow  | ned by the foundation           | on 12/31/69                                  | (  | 1)   |
| F                            | (i)<br>M V as of 12/31/69                     | (j)<br>Adjusted basis<br>as of 12/31/69  | Excess                          | ( <b>k)</b><br>: of col (ı)<br>l (j), ıf any | Gains (Col (<br>col (k), but not                   | h) gain minus<br>less than -0-) <b>or</b><br>om col (h)) |
| a                            |   |  |                                 |  |  | -26,452  |
| b                            |   |  |                                 |  |  | -1,780   |
| С                            |   |  |                                 |  |  | 16,817   |
| d                            |   |  |                                 |  |  |  |
| e                            |   |  |                                 |  |  |  |
| <b>3</b> Net                 |   | or (net capital loss)  ain or (loss) as defined in sections in the section in the se | ` , ` , ;                       | Part I, line 7                               | 3  | -11,415  |
| Part V                       | Qualification III                             | nder Section 4940(e) for Re  | aduced Tay on Net               | Investment Inc                               | rome   |  |
|                              | _   |  |                                 |  |  |  |
| (For option                  | al use by domestic pri                        | vate foundations subject to the sec  | ction 4940(a) tax on ne         | et investment incom                          | e )  |  |
| Was the fou<br>If "Yes," the | e foundation does not                         | section 4942 tax on the distributa qualify under section 4940(e) Do  | not complete this part          |  |  | es 🗸 No  |
| 1 Ente                       | <del></del>                                   | ount in each column for each year,   | see instructions before         | making any entries                           |  |  |
|                              | (a) riod years Calendar ax year beginning in) | (b)<br>Adjusted qualifying distributions   | (c)<br>Net value of noncharitab |  | ( <b>d)</b> Distribution rat (col (b) divided by c | ol (c))  |
|                              | 2015  | 785,096  |                                 | 3,605,954                                    |  | 0 217722   |
|                              | 2014  | 292,944  |                                 | 3,984,605                                    |  | 0 073519   |
|                              | 2013  | 264,180  |                                 | 3,593,336                                    |  | 0 073519   |
|                              | 2012  | 80,156   |                                 | 3,263,768                                    |  | 0 024559   |
|                              | 2011  | 161,767  |                                 | 3,062,797                                    |  | 0 052817   |
|                              | of line 1, column (d)                         |  |                                 | 2  |  | 0 442136   |
|                              |   | for the 5-year base period—divide lation has been in existence if less   |                                 | , or by the                                  |  | 0 088427   |
|                              |   | charitable-use assets for 2016 fron  |                                 | 4  |  | 2,966,113  |
|                              |   |  |                                 | 5  |  | 262,284  |
|                              | • • •   | nt income (1% of Part I, line 27b)   |                                 | 6  |  | 2,082  |
|                              |   |  |                                 | 7  |  | 264,366  |
|                              |   | ns from Part XII, line 4 ,   |                                 | 8  |  | 561,588  |
|                              |   | iter than line 7, check the box in Pa  |                                 | nplete that part using                       | g a 1% tax rate Se                                 |  |
| ınstr                        | uctions                                       |  | ·<br>                           | ·<br>  |  |  |

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|--|---------------------------|
| Part VIII  Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)   | Employees,                |
| 3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N  | ONE".                     |
| (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 | Expenses                  |
| 1  |                           |
|  |                           |
|  |                           |
| 2  |                           |
|  |                           |
|  |                           |
| 3  |                           |
|  |                           |
|  |                           |
| 4  |                           |
|  |                           |
| Part IX-B Summary of Program-Related Investments (see instructions)  |                           |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2   | Amount                    |
| 1  |                           |
|  |                           |
|  |                           |
| 2  |                           |
|  |                           |
| All other program-related investments See instructions   |                           |
| 3  |                           |
| Total. Add lines 1 through 3   | <b>D</b>                  |
| Iotal. Add lines 1 through 3   | Form <b>990-PF</b> (2016) |

3a 3h

4

5

561.588

2.082

559.506

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Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

146,224

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0

(d)

Page 9

| Form | 990-PF  | (201 |
|------|---------|------|
| Pa   | rt XIII |      |

| 90-PF ( | (20: | 16)  |
|---------|------|------|
| VIII    |      | - 11 |

| 0-PF | (2016) |  |
|------|--------|--|
|      |        |  |

- Par Undistributed Income (see instructions)

  - 1 Distributable amount for 2016 from Part XI, line 7
  - 2 Undistributed income, if any, as of the end of 2016 a Enter amount for 2015 only. . . . . .
  - **b** Total for prior years Excess distributions carryover, if any, to 2016

  - a From 2011. . . . . **b** From 2012. . . . c From 2013. . .
  - d From 2014. . . . .

  - e From 2015. . . . .

  - 98.130 608,804 f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2016 from Part
    - XII, line 4 🕨 \$

same amount must be shown in column (a) )

**d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2016

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . . .

d Excess from 2015. . .

e Excess from 2016. . .

**b** Excess from 2013. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

- a Applied to 2015, but not more than line 2a
- **b** Applied to undistributed income of prior years
  - (Election required—see instructions). . . . .
- c Treated as distributions out of corpus (Election

11,386

90 360

(a)

Corpus

808.680

415,364

1,224,044

11.386

1,212,658

90,360

98.130

608.804

415.364

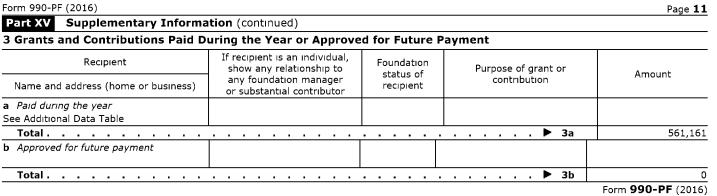
0

(b)

Years prior to 2015

(c)

2015



| Form 990-PF (2016)  |                      |                      |                       |                      | Page <b>12</b>                         |
|---|----------------------|----------------------|-----------------------|----------------------|--|
| Part XVI-A Analysis of Income-Producing   | Activities           |                      |                       |                      |  |
| Enter gross amounts unless otherwise indicated  | Unrelated bu         | usiness income       | Excluded by section   | 512, 513, or 514     | (e)<br>Related or exempt               |
| 1 Program service revenue   | (a)<br>Business code | <b>(b)</b><br>Amount | (c)<br>Exclusion code | <b>(d)</b><br>Amount | function income<br>(See instructions ) |
| a   | business code        | Amount               | Exclusion code        | Amount               | ,                                      |
| b   |                      |                      |                       |                      |  |
| c   |                      |                      |                       |                      |  |
| d   |                      |                      |                       |                      |  |
| e   |                      |                      |                       |                      |  |
| f   |                      |                      |                       |                      |  |
| g Fees and contracts from government agencies   |                      |                      |                       |                      |  |
| 2 Membership dues and assessments   |                      |                      |                       |                      |  |
| 3 Interest on savings and temporary cash investments  |                      |                      | 14                    | 43                   |  |
| 4 Dividends and interest from securities  |                      |                      | 14                    | 90,858               |  |
| 5 Net rental income or (loss) from real estate  |                      |                      |                       | •                    |  |
| a Debt-financed property  |                      |                      |                       |                      |  |
| <b>b</b> Not debt-financed property   |                      |                      |                       |                      |  |
| <b>6</b> Net rental income or (loss) from personal property   |                      |                      |                       |                      |  |
| <b>7</b> Other investment income  |                      |                      | 14                    | 138,039              |  |
| <b>8</b> Gain or (loss) from sales of assets other than   |                      |                      |                       |                      |  |
| <ul><li>inventory</li><li>9 Net income or (loss) from special events</li></ul>  |                      |                      | 18                    | -11,415              |  |
| 10 Gross profit or (loss) from sales of inventory   |                      |                      |                       |                      |  |
| 11 Other revenue a  |                      |                      |                       |                      |  |
| b   |                      |                      |                       |                      |  |
| c   |                      |                      |                       |                      |  |
| d   |                      |                      |                       |                      |  |
| e   |                      |                      |                       |                      |  |
| 12 Subtotal Add columns (b), (d), and (e).  |                      | 0                    |                       | 217,525              |  |
| <b>13 Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations   |                      |                      | 13                    | 3                    | 217,525                                |
| Part XVI-B Relationship of Activities to the  |                      | ment of Exem         | nt Purnoses           |                      |  |
| Line No. Explain below how each activity for which the accomplishment of the foundation's expression of the foundation. | income is report     | ed ın column (e) o   | f Part XVI-A contribu |                      |  |
| instructions )  |                      |                      |                       |                      |  |
|   |                      |                      |                       |                      |  |
|   |                      |                      |                       |                      |  |
| -   |                      |                      |                       |                      |  |
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|   |                      |                      |                       |                      |  |
|   |                      |                      |                       |                      |  |
|   |                      |                      |                       |                      |  |
|   | _                    |                      |                       |                      |  |

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| Ŀ          | art XVI        | t <b>t</b> Ex   | empt Organi          | zations          |              |        |                            |       |                    |                          |            |                |            |          |
|------------|----------------|-----------------|----------------------|------------------|--------------|--------|----------------------------|-------|--------------------|--------------------------|------------|----------------|------------|----------|
| 1          |                | organizat       | ion directly or in   | dırectly enga    |              |        |                            |       | other organization | n described in sections? | on 501     |                | Yes        | No       |
| а          | Transfer       | s from th       | e reporting foun     | dation to a n    | oncharitab   | le ex  | empt organizatio           | on o  | of                 |                          |            |                |            |          |
|            | <b>(1)</b> Cas | sh              |                      |                  |              |        |                            |       |                    |                          |            | 1a(1)          |            | No       |
|            | (2) Oth        | er assets       | S                    |                  |              |        |                            |       |                    |                          | •          | 1a(2)          |            | No       |
| b          | Other tra      | ansaction       | s                    |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 | ets to a nonchar     | •                | -            |        |                            |       |                    |                          |            | 1b(1)          |            | No       |
|            |                |                 | f assets from a r    |                  |              |        |                            |       |                    |                          |            | 1b(2)          |            | No       |
|            |                |                 | :ılıtıes, equipmer   | •                |              |        |                            |       |                    |                          |            | 1b(3)          |            | No       |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          | •          | 1b(4)          |            | No       |
|            |                |                 | -                    |                  |              |        |                            |       |                    |                          | •          | 1b(5)<br>1b(6) |            | No<br>No |
| c          | ` '            |                 |                      |                  |              | -      |                            |       |                    |                          |            | 10(0)          |            | No       |
|            | _              |                 |                      | -                |              | -      |                            |       |                    | ways show the fair r     |            |                |            | 140      |
| u          | of the go      | ods, oth        | er assets, or ser    | vices given b    | y the repo   | rtıng  | foundation If th           | ne f  | oundation receive  | d less than fair mar     | ket valu   |                |            |          |
|            | in any tr      | ansactioi       | n or sharing arra    | ngement, sh      | ow in colur  | mn (c  | <b>d)</b> the value of t   | he    | goods, other asse  | ts, or services recei    | ved        |                |            |          |
| (a)        | Line No        | <b>(b)</b> Ar   | nount involved       | (c) Name of      | noncharitab  | le exe | mpt organization           | I     | (d) Description of | transfers, transactions, | , and shar | ıng arra       | ngemen     | its      |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| _          |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| _          |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| _          |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| <b>2</b> a | Is the fo      | undation        | directly or indire   | ectly affiliated | d with, or r | relate | d to, one or mo            | re t  | ax-exempt organ    | zations                  |            |                |            |          |
|            | describe       | d ın secti      | on 501(c) of the     | Code (other      | than section | on 50  | )1(c)(3)) or in s          | ecti  | on 527?            |                          | 🗆          | Yes            | <b>✓</b> N | lo       |
| b          | If "Yes,"      | complet         | e the following s    | chedule          |              |        |                            |       |                    |                          |            |                |            |          |
|            |                | (a) i           | Name of organization | on               |              | (l     | <b>b)</b> Type of organiza | atıoı | n                  | (c) Description          | of relatio | nship          |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
|            |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| _          |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| _          |                |                 |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |
| _          | Un             | ider pena       | lties of periury.    | I declare tha    | t I have ex  | kamın  | ed this return. i          | nclı  | udına accompanvı   | ng schedules and st      | atement    | s. and         | to the     | best     |
|            | of             | my knov         | ledge and belief     | , it is true, co |              |        |                            |       |                    | than taxpayer) is ba     |            |                |            |          |
|            | 9"             |                 | arer has any kno     | wledge           |              |        | 1                          |       |                    | 6                        | May the IF | )C             |            |          |
| Н          | ere 👠          | *****           |                      |                  |              |        | 2017-10-25                 |       | *****              |                          | with the p |                |            |          |
|            |                | Signati         | ire of officer or t  | rustee           |              |        | Date                       |       | Title              | (                        | see instr  | )? 🗹 ነ         | es 🗆 N     | lo       |
|            |                | Print           | /Type preparer's     | name             | Preparer's   | s Sıgr | nature                     |       | Date               |                          | PTIN       |                |            |          |
|            |                |                 |                      |                  | •            | _      |                            |       |                    | Check if self-           |            | P01346         | 138        |          |
|            |                | l <sub>Mi</sub> | chele Rosenberg      |                  |              |        |                            |       | 2017-10-26         | employed ▶ 📙             |            | 101540         | ,150       |          |
|            | aid            |                 |                      |                  |              |        |                            |       | 2017-10-20         |                          |            |                |            |          |
|            | epare          | 1               | s name 🕨 COR         | NICK GARBE       | R & SANDL    | ER LI  | LP                         |       | •                  |                          | Fırm's El  | [N ▶1੨         | -26205     | 61       |
| U          | se Onl         |                 |                      | E TURBE :::      | -            |        |                            |       |                    |                          | L          | 13             | 20203      |          |
|            |                | Firm'           | s address 🕨 82       | 5 THIRD AVE      | INUE         |        |                            |       |                    |                          |            | ,              |            |          |
|            |                |                 | NE                   | W YORK, NY       | 10022        |        |                            |       |                    |                          | Phone no   | 212            | ) 557-3    | 3900     |
|            |                | 1               |                      |                  |              |        |                            |       |                    |                          |            |                |            |          |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation KATHERINE M MORRIS PRESIDENT 1 00 24 CHERRY HILL ROAD STOCKBRIDGE, MA 01262 JOHN C MORRIS TREASURER 1 00 24 CHERRY HILL ROAD JOHN M MORRIS DIRECTOR 1 00 24 CHERRY HILL ROAD

| STOCKBRIDGE, MA 01262                        |          |   |   |   |
|--|----------|---|---|---|
| WENDY LINSCOTT                               | DIRECTOR | 0 | 0 | ( |
| 24 CHERRY HILL ROAD<br>STOCKBRIDGE, MA 01262 | 1 00     |   |   |   |
|  |          |   |   | 1 |

DIRECTOR 1 00

STOCKBRIDGE, MA 01262

24 CHERRY HILL ROAD STOCKBRIDGE, MA 01262

PHIL DEFLY

If recipient is an individual, Foundation Recipient Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year

BERKSHIRE INTERNATIONAL FILM NONE PUBLIC. SUPPORT OF THE ARTS 7.500 **FESTIVAL** CHARITY PO BOX 237 GREAT BARRINGTON, MA 01230

NONE BERKSHIRE THEATRE FESTIVAL PUBLIC SUPPORT OF THE ARTS 2,400 6 EAST STREET CHARITY STOCKBRIDGE, MA 01262 DARTMOUTH COLLEGE FUND NONE PUBLIC SUPPORT FOR HIGHER 100,000

CHARITY **EDUCATION** 

6066 DEVELOPMENT OFFICE HANOVER, NH 03755 SAN FRANCISCO RECREATION & PARKS NONE PUBLIC To provide enriching recreational 25,000 DEPARTMENT CHARITY activities, maintain beautiful PO BOX 475035 parks and preserve the SAN FRANCISCO, CA 94147 environment

FRESH AIR FUND 633 THIRD AVENUE NONE PUBLIC SUPPORT OF PROGRAMS FOR 10,450

NEW YORK, NY 10017 CHARITY UNDERPRIVILEGED CHILDREN

561,161 Total . . . . 3a

|  | İ   | <u> </u>             |                                  | -       |
|--|---|----------------------|----------------------------------|---------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient            |                                  |         |
| a Paid during the year   |   |                      |                                  |         |
| HOPKINS CENTER FOR THE ARTS<br>4 EAST WHEELOCK STREET<br>HANOVER, NH 03755                 | NONE  | PUBLIC<br>CHARITY    | SUPPORT OF THE ARTS              | 10,000  |
| KQED 2601 MARIPOSA STREET<br>SAN FRANCISCO, CA 94110                                       | NONE  | PUBLIC<br>CHARITY    | SUPPORT OF PUBLIC RADIO          | 1,000   |
| MASS MOCA 1040 MASS MOCA WAY<br>NORTH ADAMS, MA 01247                                      | NONE  | PUBLIC<br>CHARITY    | SUPPORT OF THE ARTS              | 240,000 |
| MEMORIAL SLOAN KETTERING - CYCLE<br>FOR SURVIVAL<br>633 THIRD AVENUE<br>NEW YORK, NY 10017 | NONE  | PUBLIC<br>CHARITY    | SUPPORT OF MEDICAL<br>RESEARCH   | 5,000   |
|  | 1   |                      |                                  |         |

NONE PUBLIC SUPPORT OF COMMUNITY 25,000

STOCKBRIDGE LIBRARY PO BOX 119 STOCKBRIDGE, MA 01262 CHARITY LIBRARY AND MUSEUM

Total . .

561,161

За

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                         |  |        |  |  |  |
|--|---|-------------------------|--|--------|--|--|--|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution                       | Amount |  |  |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |  |        |  |  |  |
| a Paid during the year   |   |                         |  |        |  |  |  |
| SUMMER SEARCH<br>500 SANSOME STREET<br>SAN FRANCISCO, CA 94111   | NONE  | PUBLIC<br>CHARITY       | SUPPORT TEACHING LIFE SKILLS<br>TO LOW INCOME STUDENTS | 5,000  |  |  |  |
| TAFT SCHOOL 110 WOODBURY ROAD<br>WARERTOWN, CT 06795   | NONE  | PUBLIC<br>CHARITY       | EDUCATION SUPPORT                                      | 35,561 |  |  |  |
| THE MOUNT HOLYOKE FUND<br>50 COLLEGE ST<br>SOUTH HADLEY, MA 01075  | NONE  | PUBLIC<br>CHARITY       | SUPPORT HIGHER EDUCATION                               | 50,500 |  |  |  |
| THE PUBLIC THEATER 425 LAFAYETTE STREET NEW YORK, NY 10003   | NONE  | PUBLIC<br>CHARITY       | SUPPORT OF THE ARTS                                    | 30,000 |  |  |  |
| UPPER HOSSATONIC VALLEY NATIONAL<br>HERITAGE AREA<br>24 MAIN STREET<br>SALISBURY, CT 06068               | NONE  | PUBLIC<br>CHARITY       | SUPPORT OF THE HISTORICAL SOCIETY                      | 2,500  |  |  |  |

За

561,161

| Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment |   |                         |  |        |  |  |
|--|---|-------------------------|--|--------|--|--|
| Recipient  | If recipient is an individual, show any relationship to | Foundation<br>status of | Purpose of grant or contribution                           | Amount |  |  |
| Name and address (home or business)  | any foundation manager<br>or substantial contributor    | recipient               |  |        |  |  |
| a Paid during the year   |   |                         |  |        |  |  |
| WAMC 318 CENTRAL AVENUE<br>ALBANY, NY 12206  | NONE  | PUBLIC<br>CHARITY       | SUPPORT OF THE PUBLIC RADIO                                | 250    |  |  |
| OMI INTERNATIONAL ARTS CENTER<br>1405 COUNTY ROUTE 22<br>GHENT, NY 12075                                 | NONE  | PUBLIC<br>CHARITY       | SUPPORT OF THE ARTS  | 3,500  |  |  |
| TEACH FOR AMERICA BAY AREA<br>940 HOWARD STREET<br>SAN FRANCISCO, CA 94103                               | NONE  | PUBLIC<br>CHARITY       | EDUCATION SUPPORT  | 1,000  |  |  |
| NORTH ADAM PARTNERSHIP<br>121 MASS MOCA WAY<br>NORTH ADAMS, MA 01247                                     | NONE  | PUBLIC<br>CHARITY       | SUPPORT OF COMMUNITY<br>COMMERCE, CULTURE AND<br>EDUCATION | 500    |  |  |
| •  | 1   | 1                       |  |        |  |  |

| · ·   |      | 1                 |  |       |
|---|------|-------------------|--|-------|
| TEACH FOR AMERICA BAY AREA<br>940 HOWARD STREET<br>SAN FRANCISCO, CA 94103              | NONE | PUBLIC<br>CHARITY | EDUCATION SUPPORT  | 1,000 |
| NORTH ADAM PARTNERSHIP<br>121 MASS MOCA WAY<br>NORTH ADAMS, MA 01247                    | NONE | PUBLIC<br>CHARITY | SUPPORT OF COMMUNITY<br>COMMERCE, CULTURE AND<br>EDUCATION | 500   |
| WORLDWIDE FISTULA FUND<br>1100 EASTWOOD FIELD ROAD SUITE<br>350<br>SCHAUMBURG, IL 60173 | NONE | PUBLIC<br>CHARITY | SUPPORT CHILDBIRTH<br>HEALTHCARE                           | 1,000 |

За

561,161

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year   |      |                   |                     |       |  |
|--|------|-------------------|---------------------|-------|--|
| LOWER MANHATTAN CULTURAL<br>COUNCIL<br>125 MAIDEN LN 2ND FLOOR<br>NEW YORK, NY 10038 | NONE | PUBLIC<br>CHARITY | SUPPORT OF THE ARTS | 5,000 |  |

| 125 MAIDEN LN 2ND FLOOR<br>NEW YORK, NY 10038 | CHARITY |             |
|---|---------|-------------|
| Total   | <br>    | <br>561,161 |

3a

|--|

Name: THE JOHN & KATHERINE MORRIS FOUNDATION

DLN: 93491313000067

1,763,606

1,689,532

ETN: 04 2241000

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

MORGAN STANLEY - ACCOUNT 127039 - EQUITIES

| EIN: 04-3241999                            |                           |                                  |
|--|---------------------------|----------------------------------|
| Name of Stock                              | End of Year Book<br>Value | End of Year Fair<br>Market Value |
| MORGAN STANLEY - ACCOUNT 109768 - EQUITIES | 270,226                   | 421,164                          |

DLN: 93491313000067

Name: THE JOHN & KATHERINE MORRIS FOUNDATION

**EIN:** 04-3241999

| Other Assets Schedule                    |                                   |                             |                                    |  |  |
|--|-----------------------------------|-----------------------------|------------------------------------|--|--|
| Description                              | Beginning of Year -<br>Book Value | End of Year - Book<br>Value | End of Year - Fair<br>Market Value |  |  |
| GAP COINVESTMENTS V LLC                  | 623,487                           | 506,710                     | 506,710                            |  |  |
| STEAMBOAT PARK INVESTMENTS LLC (FKA MMM) | 227,908                           | 135,452                     | 135,452                            |  |  |

| efile GRAPHIC print - DO NOT PROCESS                         | As Filed Data -                      |                          | DLN:                   | 93491313000067                              |  |  |
|--|--------------------------------------|--------------------------|------------------------|---|--|--|
| TY 2016 Other Expenses Schedule                              |                                      |                          |                        |   |  |  |
| Name: THE JOHN & KATHERINE MORRIS FOUNDATION EIN: 04-3241999 |                                      |                          |                        |   |  |  |
| Other Expenses Schedule                                      |                                      |                          |                        |   |  |  |
| Description  | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |  |  |
| INVESTMENT ADVISORY FEES                                     | 14,202                               | 14,202                   |                        | 0   |  |  |
| GAP COINVESTMENTS V LLC - PORTFOLIO DEDUCTIONS               | 1,684                                | 1,684                    |                        | 0   |  |  |
| STEAMBOAT PARK INVESTMENTS LLC (FKA MMM)                     | 3,451                                | 3,451                    |                        | 0   |  |  |

427

427

- PORTFOLIO DEDUCTIONS

FILING FEES

| effie GRAPHIC pri | nt - DO NOI | PROCESS | As Filed Data - | DLN: 93491313000067 |
|-------------------|-------------|---------|-----------------|---------------------|
|                   |             |         |                 |                     |
|                   |             |         |                 |                     |

## TY 2016 Other Income Schedule

Name: THE JOHN & KATHERINE MORRIS FOUNDATION

**EIN:** 04-3241999

| Other Income Schedule                    |                                   |                          |                     |  |  |  |  |
|--|-----------------------------------|--------------------------|---------------------|--|--|--|--|
| Description                              | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |  |  |  |  |
| GAP COINVESTMENTS V LLC                  | 136,604                           | 136,604                  | 136,604             |  |  |  |  |
| STEAMBOAT PARK INVESTMENTS LLC (FKA MMM) | 581                               | 581                      | 581                 |  |  |  |  |
| MORGAN STANLEY - ACCT 109768             | 1                                 | 1                        | 1                   |  |  |  |  |
| mORGAN STANLEY - ACCT 127039             | 853                               | 853                      | 853                 |  |  |  |  |

| efile GRAPHIC print - DO NOT PROCES | NOT PROCESS As Filed Data - DLN: 93491313000067 |                          |                        |   |  |  |  |  |
|-------------------------------------|---|--------------------------|------------------------|---|--|--|--|--|
| TY 2016 Taxes Schedule              | TY 2016 Taxes Schedule                          |                          |                        |   |  |  |  |  |
|                                     |   |                          |                        |   |  |  |  |  |
|                                     | e: THE JOHN &<br>N: 04-3241999                  | KATHERINE MOR            | RIS FOUNDATION         |   |  |  |  |  |
| Category                            | Amount  | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |  |  |  |  |
| FOREIGN TAX WITHHELD                | 910   | 910                      |                        | 0   |  |  |  |  |

| efile GRAPHIC print -  | OO NOT PROCESS As Filed Data -   |  |  | DLN: 93491313000067   |  |
|--|--|--|--|---|--|
| Schedule B<br>(Form 990, 990-EZ,   | Schedu   | le of Contributors   |  | OMB No 1545-0047  |  |
| or 990-PF) Department of the Treasury Internal Revenue Service                   | ► Information about Schedule B (F  | Form 990, 990-EZ, or 990-PF<br>orm 990, 990-EZ, or 990-PF) an<br><u>ww.irs.gov/form990</u>         | nd its instructions is at  | 2016  |  |
| Name of the organizat  | ion<br>MORRIS FOUNDATION   |  | Employer id  | dentification number  |  |
|  |  |  | 04-3241999   |   |  |
| Organization type (ch  | eck one)   |  |  |   |  |
| Filers of:   | Section:   |  |  |   |  |
| Form 990 or 990-EZ   |  |  |  |   |  |
| 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |  |  |  |   |  |
|  | ☐ 527 political organization   |  |  |   |  |
| Form 990-PF  | 501(c)(3) exempt private for   | undation   |  |   |  |
|  | 4947(a)(1) nonexempt char  | itable trust treated as a privat   | te foundation  |   |  |
|  | 501(c)(3) taxable private for  | undation   |  |   |  |
|  | ation filing Form 990, 990-EZ, or 990-F<br>r property) from any one contributor Co   |  |  |   |  |
| Special Rules  |  |  |  |   |  |
| under sections received from a   | tion described in section 501(c)(3) filing<br>509(a)(1) and 170(b)(1)(A)(vi), that cher<br>ny one contributor, during the year, tota<br>ne 1h, or (ii) Form 990-EZ, line 1 Comp  | cked Schedule A (Form 990 oll contributions of the greater   | or 990-EZ), Part II, line 13,  | 16a, or 16b, and that   |  |
| during the year,   | tion described in section 501(c)(7), (8), total contributions of more than \$1,000 the prevention of cruelty to children or  | exclusively for religious, cha   | ırıtable, scientific, literary, d  |   |  |
| during the year,<br>If this box is che<br>purpose Do no                          | tion described in section 501(c)(7), (8), contributions <i>exclusively</i> for religious, decked, enter here the total contributions is complete any of the parts unless the Gable, etc., contributions totaling \$5,000 | charitable, etc., purposes, but<br>that were received during the<br>General Rule applies to this o | t no such contributions tota<br>e year for an <i>exclusively</i> re<br>organization because it rec | aled more than \$1,000<br>eligious, charitable, etc,<br>eived <i>nonexclusively</i> |  |
| 990-EZ, or 990-PF), bu   | on that is not covered by the General R<br>t it <b>must</b> answer "No" on Part IV, line 2,<br>Form 990PF, Part I, line 2, to certify tha  | of its Form 990, or check the  | e box on line H of its   |   |  |
| For Paperwork Reduction for Form 990, 990-EZ, or 9                               | Act Notice, see the Instructions<br>00-PF  | Cat No 30613X  | Schedule B (Form 990   | o, 990-EZ, or 990-PF) (2016)  |  |

| Schedule B (For  | m 990, 990-EZ, or 990-PF) (2016)                                    |  | Page <b>2</b>  |  |
|--|---|--|--|--|
| Name of organization<br>THE JOHN & KATHERINE MORRIS FOUNDATION |   | Employer identification number<br>04-3241999 |  |  |
| Part I   | Contributors (see instructions) Use duplicate copies of Part I if a | dditional space is needed                    |  |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions                   | (d)<br>Type of contribution  |  |
| 1  | JOHN MORRIS<br>24 CHERRY HILL ROAD                                  | \$ 31,750                                    | Person  Payroll  |  |
|  | STOCKBRIDGE, MA01262  |  | (Complete Part II for noncash contributions )                          |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions                   | (d)<br>Type of contribution  |  |
|  |   | \$   | Person Payroll Noncash (Complete Part II for noncash contributions)    |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions                   | (d)<br>Type of contribution  |  |
| -  |   | \$   | Person  Payroll  Noncash  (Complete Part II for noncash contributions) |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions                   | (d)<br>Type of contribution  |  |
|  |   | \$   | Person Payroll Noncash (Complete Part II for noncash contributions)    |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions                   | (d)<br>Type of contribution  |  |
|  |   | \$   | Person Payroll Noncash (Complete Part II for noncash contributions)    |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                   | (c)<br>Total contributions                   | (d)<br>Type of contribution  |  |
| -  |   | \$   | Person Payroll Noncash (Complete Part II for noncash contributions)    |  |

| Schedule B (Form 99   | 0, 990-EZ, or 990-PF) (2016)  |  | Page <b>3</b>                  |
|---|---|--|--------------------------------|
| Name of organization THE JOHN & KATHERINE MORRIS FOUNDATION |   | Employer identification number           |                                |
| THE JOHN & RATHERIT   | VE MORRIST COMPATION  | 04-32                                    | 241999                         |
| Part II   | Noncash Property  |  |                                |
| (a)<br>No.from Part I                                       | (see instructions) Use duplicate copies of Part II if additional space is needed (b)  Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |   |  |                                |
| (a)<br>No.from Part I                                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |   |  |                                |
| (a)<br>No.from Part I                                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
| =   |   |  |                                |
| (a)<br>No.from Part I                                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |   |  |                                |
| (a)<br>No.from Part I                                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |   |  |                                |
| (a)<br>No.from Part I                                       | (b)<br>Description of noncash property given  | (c) FMV (or estimate) (see instructions) | (d)<br>Date received           |
|   |   |  |                                |
| <u>_</u> _  |   | Schedule B (Form 9                       | 990, 990-EZ, or 990-PF) (2016) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)