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2016

OMB No 1545-0052

## **Return of Private Foundation**

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

		ndar year 2016, or tax year beginning 01-01-20	016 , aı	nd er	nding 12-31-			
НΑ		ındatıon 4 & ADELINE S MORRISON FAMILY TON			36-7090069	entification numbe	r	
		street (or P O box number if mail is not delivered to street address:	) Room/suite					
		SHINGTON STREET No 430	, Noon, salee		B Telephone number (see instructions)			
City	or town	n, state or province, country, and ZIP or foreign postal code			(312) 494-4513			
CHIC	CAGO, I	L 60602			C If exemption	application is pendin	g, check here	
G Ch	neck al		former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere 🕨 🔲	
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co		
u		Address change ☐ Name change  Type of organization ☑ Section 501(c)(3) exempt private	farradation			ındatıon status was i		
		rpe of organization     ✓ Section 501(c)(3) exempt private n 4947(a)(1) nonexempt charitable trust    ☐ Other taxable			under section	n 507(b)(1)(A), ched	ck here	
		ket value of all assets at end  J Accounting method	☑ Cash ☐ Accru	al	F If the founda	ition is in a 60-mont	h termination	
		from Part II, col (c),   \$ 14,227,511	h h \		under section	n 507(b)(1)(B), ched	k here	
		(Part I, column (d) must	t be on cash basis )	1			1	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b)	Net investment	(c) Adjusted net	(d) Disbursements for charitable	
		equal the amounts in column (a) (see instructions) )	books		income	ıncome	purposes (cash basıs only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)	6,522	2				
	2	Check ► ✓ If the foundation is <b>not</b> required to attach						
		Sch B						
Reverue	3 4	Interest on savings and temporary cash investments  Dividends and interest from securities	74,149 548,617	<b>-</b>	74,149 548,617			
	5a	Gross rents	340,017		340,017			
	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10	1,875,724	ŀ				
	b	Gross sales price for all assets on line 6a 3,101,531						
Re	7	Capital gain net income (from Part IV, line 2)			1,875,724			
	8	Net short-term capital gain						
	9	Income modifications						
	10a b	Gross sales less returns and allowances Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	<u> </u>					
	11	Other income (attach schedule)	139,127	,	139,127			
	12	Total. Add lines 1 through 11	2,644,139	,	2,637,617			
	13	Compensation of officers, directors, trustees, etc	60,000	)	0		60,000	
	14	Other employee salaries and wages	20,500	1	0		20,500	
ses	15 16a	Pension plans, employee benefits	1,800 <b>9</b> 5,850	1	0		1,800 5,850	
Expenses		Accounting fees (attach schedule)	4,578	1	0		3,030	
Ĕ	С	Other professional fees (attach schedule)	64,161	-	39,161			
Administrative	17	Interest			·			
stra	18	Taxes (attach schedule) (see instructions)	31,316	5	158		(	
	19	Depreciation (attach schedule) and depletion						
AG.	20	Occupancy	6,000		0		6,000	
Du Du	21	Travel, conferences, and meetings	20,320	)	0		20,320	
ਰ ਹ	22 23	Other expenses (attach schedule)	30,171		5,669		24,502	
Operating and	24	Total operating and administrative expenses.		1	-,		,	
ber		Add lines 13 through 23	244,696	<u>s</u>	44,988		138,972	
0	25	Contributions, gifts, grants paid	659,832	2			659,832	
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	904,528	]	44,988		798,804	
	27	Subtract line 26 from line 12	507,520		++,500		, , , , , , ,	
	а	Excess of revenue over expenses and disbursements	1,739,611					
	b	Net investment income (if negative, enter -0-)			2,592,629			
	С	Adjusted net income(If negative, enter -0-)						
or	Paper	work Reduction Act Notice, see instructions.	<del></del>		Cat No 11289X	For	m <b>990-PF</b> (2016	

4,037,397

5,628,123

2,095

ાજી

706,976

9,372,862

10,079,838

10,079,838

10,079,838

ارچە

5,544,582

4,110,066

11,826,609

2,646

76

7,084

7,160

2,446,587

9,372,862

11.819,449 11,826,609

2

3 4

5

6

10,079,838

1,739,611

11,819,449

11,819,449 Form **990-PF** (2016)

7,568,840

4,486,710

2,646

14,227,511

	5
	6
	7
ts	8
Assets	9
As	10a
	b
	С
	11

12

13 14

15

16

17

18

19

20

21

22

23

24

25

28 29

31 Part III

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

2

Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -\_

Unrestricted

Temporarily restricted

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) -

Prepaid expenses and deferred charges . . . . .

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) ▶

Investments—other (attach schedule) . . . . .

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.

Foundations that do not follow SFAS 117, check here ▶

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

Capital stock, trust principal, or current funds . . . . . . . . . .

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) .

Analysis of Changes in Net Assets or Fund Balances

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

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

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

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

	(a) Ind(s) of property sold (e g , real esta se, or common stock, 200 shs MLC C	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
1aSee Additional Data Table					
b					
С					
d					
е					
<b>(e)</b> Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss) ) mınus (g)
a See Additional Data Table				` ' ' ` `	
b					
c					
d					
e					
Complete only for assets show	wing gain in column (h) and owned by	y the foundation	on 12/31/69	(	I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a See Additional Data Table					
b					
с					
d					
e					
2 Camital main mat manna an (		n, also enter in P			

Page 3

Yes 🗸 No

0 061819

0 047813

0 059956

0 064101

0 059983

0 293672

0 058734

756,140

25,926

782,066

798,804

Form 990-PF (2016)

12,873,982

(d) Distribution ratio

(col (b) divided by col (c))

Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-3 in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

Enter the appropriate amount in each column for each year, see instructions before making any entries

765,010

543,019

565,353

519,880

477,371

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

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

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

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

1,875,724 (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

Net value of noncharitable-use assets

12,375,002

11,357,113

9,429,462

8,110,303

7,958,469

2

3

4

5

6 7

8

If section 4940(d)(2) applies, leave this part blank

(a)

Base period years Calendar

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

**5** Multiply line 4 by line 3

instructions

Form 990-PF (2016)	Page <b>7</b>
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)

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. . . . . . . . . .

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

2

3a 3h

4

5

798.804

25,926

772.878

Form 990-PF (2016)

_	_	•	•	١,	 _
1	4	1		ī	
	ν.		ч		

**b** Total for prior years

Form 990-PF (20	016)
Part XIII	Und

T .
_

11 (2	,10,				raye
1111	Undistributed Income (see instruc	ctions)			
		(a) Corpus	(b) Years prior to 2015	(c) 2015	( <b>d)</b> 2016

316.182

181,031

497,213

497,213

122,039

23.725

170.418

181.031

617,773

617,773

Form **990-PF** (2016)

Excess distributions carryover, if any, to 2016 a From 2011. . . . .

**b** From 2012. . . . c From 2013. .

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. . . . . .

122 039 d From 2014. . . . e From 2015. . . . .

5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the

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 instructions . . . . . .

6 Enter the net total of each column as

indicated below:

23.725 170,418 4 Qualifying distributions for 2016 from Part

XII, line 4 🕨 \$

f Total of lines 3a through e. . . . . . . . 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 required—see instructions). . . . . . . . .

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

same amount must be shown in column (a) )

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

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . .

c Excess from 2014. . .

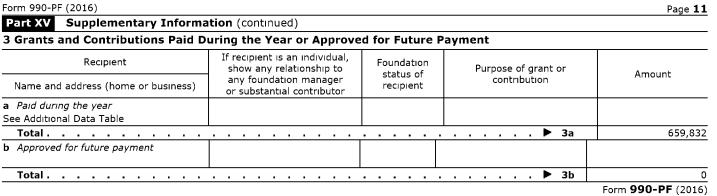
e Excess from 2016. . .

d Excess from 2015. .

**b** Excess from 2013. .

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

be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .



ter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
. Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
. Membe	and contracts from government agencies rship dues and assessments					
Intere:	st on savings and temporary cash ments			14	74,149	
	ds and interest from securities			14	548,617	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
				14	120 127	
	nvestment income			14	139,127	
	ory			18	1,875,724	
Net inco	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
	evenue <b>a</b>					
С						
d						
<b>d</b> <b>e</b> Subtota	Add columns (b), (d), and (e).		0		2,637,617	
d e Subtota Total. /		ns )		13	2,637,617	
d e Subtota Total. / ee worksh art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio	ns ) e Accomplish	ment of Exemp	13 pt Purposes F Part XVI-A contribut	ed importantly to	
d Subtota Total. / ee worksh art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  neet in line 13 instructions to verify calculatio  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	ns ) e Accomplish	ment of Exemp	13 pt Purposes F Part XVI-A contribut	ed importantly to	
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П	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Pari	XVII	Information Re Exempt Organi		ransi	fers To a	and Transact	ior	ns and Relatio	nships With No	ncharitable	2	
		rganization directly or in Code (other than sectio	directly enga							on 501	Yes	No
		from the reporting foun							•			
(1	) Cash									. 1a(	1)	No
(2	) Othe	er assets								. 1a(	2)	No
<b>b</b> Oth	ner trar	nsactions										
	-	s of assets to a nonchar	•	_						1b(	L)	No
(2	) Purcl	hases of assets from a r		1b(	2)	No						
(3)	) Rent	al of facilities, equipmer	nt, or other a	ssets.						1b(	3)	No
(4	) Reim	bursement arrangemen	ts							. 1b(	-	No
	•	s or loan guarantees.								. 1b(	-	No
•	•	rmance of services or m	•		_					. 1b(	-	No
	_	f facilities, equipment, n wer to any of the above			-							No
of t	the goo any tra	ods, other assets, or ser nsaction or sharing arra (b) Amount involved	vices given b ngement, sh	y the ow in	reporting column (d	foundation If th	ne f	oundation receive goods, other asse	ed less than fair mar	ket value ved	rangeme	nts
des	scribed	ndation directly or indire in section 501(c) of the complete the following si (a) Name of organization	Code (other chedule		section 50	)1(c)(3)) or in se	ecti	on 527?		Ye		No
		(a) Name of Organization	л		,	<b>b)</b> Type of organiza	auOf	<del>'  </del>	(c) Description	i or relationship		
Sign	of n	ler penalties of perjury, ny knowledge and belief ch preparer has any kno	, it is true, co	t I hav	ve examır , and com	ed this return, ii plete Declaratio	nclu n o	 uding accompany if preparer (other	ing schedules and st than taxpayer) is b	tatements, ar ased on all in	id to the formatio	best on of
Here		*****				2017-11-13		*****		May the IRS dis		
	<b>│</b> ₽	Signature of officer or to	rustee			Date		Title		(see instr )?	_	
		Print/Type preparer's	s name	Prepa	arer's Sıgı	nature		Date	Check if self- employed ▶ □	PTIN P006	60920	
Paid		Micah L Wheat						2017-11-13				
•	oarer Only	THE THAT I LOW	NTE & MORAN	I PLLC	:					Fırm's EIN ▶	38-1357	951
	-	Firm's address ► 10	S Riverside	Plaza	9th Floor							
		Ch	nicago, IL 60	606						Phone no (3	12) 207-	1040

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co ) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation CAPITAL GAINS THROUGH K-1'S Р RBC CAPITAL MARKETS (CEDAR HILL) DETAILS UPON REQUEST Р RBC CAPITAL MARKETS (CEDAR HILL) DETAILS UPON REQUEST Р 6552 SHS - MB FINANCIAL INC NEW Р 18,133 SHS - FIRST HORIZON NTNL CORP Р 22664 SHS - JPMORGAN CHASE & CO D ESCROW PROCEEDS FROM SALE OF INVESTMENT Ρ Р 675 SHS - USAMERIBANCORP Capital Gains Dividends Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 22,908 50,688 -27,780 30,362 -5,773 36,135 239,234 253,911 -14,677 230,008 177,896 52,112 271,167 14,497 256,670 17,680 1,617,736 1,600,056 12,606 12,606 675,000 675,000 2,510 2,510 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -27,780 -5,773 -14,677 52,112 256,670 1,600,056 12,606 2,510

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 Expense account, (d) Contributions to hours per week not paid, enter (e) other allowances (b) devoted to position employee benefit plans -0-) and deferred compensation ADELINE S MORRISON TRUSTEE 1 00 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 AMY HEINRICH DIRECTOR 0 50 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 BRUCE BOYD DIRECTOR 0.50 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 CHARLES BRINLEY DIRECTOR 0 0 0 50 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 HAROLD M MORRISON TRUSTEE O O 1 00 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 HELEN MORRISON DIRECTOR 0 0 0.50 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 JUSTIN DAAB DIRECTOR 0 0 50 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 LOIS MORRISON 60,000 1,800 EXEC DIRECTOR 25 00 **50 E WASHINGTON ST SUITE 430** CHICAGO, IL 60602 MARGOT BRINLEY DIRECTOR 0 0.50 50 E WASHINGTON ST SUITE 430 CHICAGO, IL 60602 DIRECTOR ROB HEINRICH ٥ ٥

0.50

50 E WASHINGTON ST SUITE 430

CHICAGO, IL 60602

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				

A .l	NONE	DC.	CENERAL CURRORT	
a Paid during the year				
	or substantial contributor			

a Paid during the year				
Advance Illinois	NONE	PC	GENERAL SUPPORT	1

Advance Illinois 303 E Wacker Drive Suite 500 CHICAGO, IL 60601	NONE	PC	GENERAL SUPPORT	1,000
J ,				

CHICAGO, IL 60601				
Alexander Youth Network 6220 Thermal Road CHARLOTTE, NC 28211	NONE	PC	GENERAL SUPPORT	500

Anne K Taylor Fund 2724 Arvın Road BILLINGS, MT 59102	NONE	PC	GENERAL SUPPORT	4,000
Alexander Youth Network 6220 Thermal Road CHARLOTTE, NC 28211	NONE	PC	GENERAL SUPPORT	500

6220 Thermal Road CHARLOTTE, NC 28211				
Anne K Taylor Fund 2724 Arvın Road BILLINGS, MT 59102	NONE	PC	GENERAL SUPPORT	4,000
Audubon Great Lakes	NONE	PC	GENERAL SUPPORT	4,000

CHARLOTTE, NC 28211				
Anne K Taylor Fund 2724 Arvın Road BILLINGS, MT 59102	NONE	PC	GENERAL SUPPORT	4,000
Audubon Great Lakes 17 N State Street Suite 1650	NONE	PC	GENERAL SUPPORT	4,000

BILLINGS, MT 59102	NONE		GENERAL SOLI ORT	4,000
Audubon Great Lakes 17 N State Street Suite 1650 CHICAGO, IL 60602	NONE	PC	GENERAL SUPPORT	4,000

DIELINGS, MI SSICE				
Audubon Great Lakes 17 N State Street Suite 1650 CHICAGO, IL 60602	NONE	PC	GENERAL SUPPORT	4,000

Audubon Great Lakes 17 N State Street Suite 1650 CHICAGO, IL 60602	NONE	PC	GENERAL SUPPORT	4,000
Bernie's Book Bank	NONE	PC	GENERAL SUPPORT	1,000

659,832

28101 Ballard Drive Unit A LAKE FOREST, IL 60045

Total .

3a

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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Catawba Lands Conservancy 4530 Park Road Suite 420 CHARLOTTE, NC 28209	NONE	PC	GENERAL SUPPORT	1,500
Center for Humans and Nature ATTN BROOKE HECHT 20 N Wacker Drive Suite 2807 CHICAGO, IL 60606	NONE	PC	GENERAL SUPPORT	2,000
Chicago Botanic Garden 1000 Lake Cook Road GLENCOE, IL 60022	NONE	PC	GENERAL SUPPORT	160,000
Chicago Public Media DEVELOPMENT DEPARTMENT 848 E Grand Ave CHICAGO, IL 60611	NONE	PC	GENERAL SUPPORT	1,000
Chicago Run 3611 N Kedzie CHICAGO, IL 60618	NONE	PC	GENERAL SUPPORT	1,000

Total . 3a 659,832

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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Chicago Wilderness Trust 8 S Michigan Avenue Suite 2101 CHICAGO, IL 60603	NONE	PC	GENERAL SUPPORT	2,000
Conserve Lake County 32492 Almond Road GRAYSLAKE, IL 60030	NONE	PC	GENERAL SUPPORT	3,000
DePaul University - Irwin Steans Center 2233 N Kenmore CHICAGO, IL 60614	NONE	PC	GENERAL SUPPORT	7,000
Discovery Place Inc 1658 Sterling Road CHARLOTTE, NC 28209	NONE	PC	GENERAL SUPPORT	2,000
Elawa Farm Foundation PO Box 181	NONE	PC	GENERAL SUPPORT	1,000

LAKE FOREST, IL 60045

659,832 Total . . . 3a

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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Environmental Grantmakers Association 475 Riverside Drive Suite 960 NEW YORK, NY 10115	NONE	PC	GENERAL SUPPORT	11,000
Environmental Law & Policy Center 35 E Wacker Drive Suite 1600 CHICAGO, IL 60601	NONE	PC	GENERAL SUPPORT	1,000
Erie Family Health Center ERIE HEALTH REACH WAUKEGAN DEVELOPMENT DEPARTMENT 2323 Grand A WAUKEGAN, IL 60085	NONE	PC	GENERAL SUPPORT	1,500
Evanston Arts Center 2603 Sheridan Road EVANSTON, IL 60201	NONE	PC	GENERAL SUPPORT	500
Faith in Place	NONE	PC	GENERAL SUPPORT	2,000

70 E Lake Street Suite 920 CHICAGO, IL 60601

659,832 Total . .

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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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Faraja Fund Foundation 8919 Park Road Unit 249 CHARLOTTE, NC 28210	NONE	PF	GENERAL SUPPORT	1,000
First Baptist Church 401 N Genesee PO Box 44 WAUKEGAN, IL 60079	NONE	PC	GENERAL SUPPORT	15,000
Forefront 208 S LaSalle Street Suite 1540 CHICAGO, IL 60604	NONE	PC	GENERAL SUPPORT	1,500
Foundation Fighting Blindness 7168 Columbia Gateway Drive Suite 100 COLUMBIA, MD 21046	NONE	PC	GENERAL SUPPORT	2,000
Friends of Camp Anokijig W5639 Anokijig Lane PLYMOUTH, WI 53073	NONE	PC	GENERAL SUPPORT	1,000

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659,832

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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Friends of Nachusa Grasslands 8772 S Lowden Road FRANKLIN GROVE, IL 61031	NONE	PC	GENERAL SUPPORT	500
Highland Park Community Foundation PO Box 398 HIGHLAND PARK, IL 60035	NONE	PC	GENERAL SUPPORT	1,000
Independence Center Inc 2025 Washington Street WAUKEGAN, IL 60085	NONE	PC	GENERAL SUPPORT	2,000
Johns Hopkins Tutorial Project 3400 N Charles Street BALTIMORE, MD 21218	NONE	PC	GENERAL SUPPORT	1,000
Lake County Community Foundation 114 S Genesee Street Suite 505	NONE	SO I	GENERAL SUPPORT	5,000

659,832

WAUKEGAN, IL 60085

Total . . 3a

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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Lake Forest College 555 N Sheridan Road LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	1,000
Lake Forest Open Lands 350 N Waukegan Road LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	31,332
Lake ForestLake Bluff Historical Society 509 E Deerpath Road LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	1,500
Lakewood Preschool Cooperative 3115 Kalynne Street CHARLOTTE, NC 28208	NONE	PC	GENERAL SUPPORT	500

POF

**GENERAL SUPPORT** 

12,500

659,832

Lake Forest Open Lands 350 N Waukegan Road LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	31,3
Lake ForestLake Bluff Historical Society 509 E Deerpath Road LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	1,5

NONE

Liberty Prairie Foundation 32400 N Harris Road

GRAYSLAKE, IL 60030

Total . 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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Lincoln Park Zoo 2001 N Clark Street CHICAGO, IL 60614	NONE	PC	GENERAL SUPPORT	500
Mote Marine Laboratory 1600 Ken Thompson Parkway SARASOTA, FL 34236	NONE	PC	GENERAL SUPPORT	2,000
National Geographic 1145 17th Street NW WASHINGTON, DC 20036	NONE	PC	GENERAL SUPPORT	10,000
North Chicago Community Partners 855 Skokie Highway Suite D LAKE BLUFF, IL 60044	NONE	POF	GENERAL SUPPORT	1,000
Northern Illinois Food Bank DEVELOPMENT DEPARTMENT 273 Dearborn Court GENEVA, IL 60134	NONE	PC	GENERAL SUPPORT	1,000
Total				659,832

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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 or substantial contributor	recipient		
a Paid during the year				
Northwestern Lake Forest Hospital 660 N Westmoreland Rd LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	2,000
Openlands 25 E Washington St Suite 1650 CHICAGO, IL 60602	NONE	PC	GENERAL SUPPORT	15,000
Opportunity International 2122 York Road Suite 150 OAK BROOK, IL 60523	NONE	PC	GENERAL SUPPORT	500
Phoenix Pact Fund Christopher Kelly President PO Box 811280 Chicago, IL 60681	NONE	PC	GENERAL SUPPORT	200,000
Potomac Conservancy 8403 Colesville Road Suite 805 SILVER SPRING, MD 20910	NONE	PC	GENERAL SUPPORT	12,500

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### 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 contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year 2,000

Ì	Ragdale Foundation 1260 N Green Bay Road LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	
	Rare 1310 N Courthouse Road Suite 110	NONE	PC	GENERAL SUPPORT	

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Rare 1310 N Courthouse Road Suite 110 ARLINGTON, VA 22201	NONE	PC	GENERAL SUPPORT	70,500
Ravinia Festival 418 Sheridan Road HIGHLAND PARK, IL 60035	NONE	PC	GENERAL SUPPORT	30,500

avınıa Festival 418 Sheridan Road IGHLAND PARK, IL 60035	NONE	PC	GENERAL SUPPORT	
eading Power Inc 36 N Western Ave Suite 226	NONE	PC	GENERAL SUPPORT	

HIGHLAND PARK, IL 60035				
Reading Power Inc 736 N Western Ave Suite 226 LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	1,

Reading Power Inc 736 N Western Ave Suite 226 LAKE FOREST, IL 60045	NONE	PC	GENERAL SUPPORT	1,000
Room to Read 465 California Street Suite 1000	NONE	PC	GENERAL SUPPORT	2,500

LAKE FOREST, IL 60045				
Room to Read 465 California Street Suite 1000 SAN FRANCISCO CA 94104	NONE	PC	GENERAL SUPPORT	2,50

LAKE FOREST, IL 60045				
Room to Read 465 California Street Suite 1000	NONE	PC	GENERAL SUPPORT	

LAKE TOKEST, TE 00045				
Room to Read	NONE	PC	GENERAL SUPPORT	2
465 California Street Suite 1000				
SAN FRANCISCO, CA 94104				

465 California Street Suite 1000 SAN FRANCISCO, CA 94104	INONE	SENERAL SOTTORY	-
Total		 	659,832

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 status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
The Field Museum 1400 S Lake Shore Drive CHICAGO, IL 60605	NONE	PC	GENERAL SUPPORT	1,000
The Hermitage Artist Retreat 6660 Manasota Key Road ENGLEWOOD, FL 34223	NONE	PC	GENERAL SUPPORT	1,000
The Lunch Project 3126 Selwyn Avenue CHARLOTTE, NC 28209	NONE	PC	GENERAL SUPPORT	2,500
The Nature Conservancy in Illinois 8 South Michigan Ave Suite 900 CHICAGO, IL 60603	NONE	PC	GENERAL SUPPORT	1,500
Trails for Illinois 1639 Burr Oak Road HOMEWOOD, IL 604301808	NONE	PC	GENERAL SUPPORT	1,000

659,832

### 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 Trinity College NONE PC GENERAL SUPPORT 1,000 OFFICE OF DEVELOPMENT 300 SUMMIT STREET

HARTFORD, CT 06106				
US Chess Trust PO Box 838 WALLKILL, NY 12589	NONE	PC	GENERAL SUPPORT	1,000
US Friends of the D Sheldrick Wildlife Tr 25283 Cabot Road Suite 101	NONE	PC	GENERAL SUPPORT	1,000

US Friends of the D Sheldrick Wildlife Tr 25283 Cabot Road Suite 101 LAGUNA HILLS, CA 92653	NONE	PC	GENERAL SUPPORT	1,000
Waukegan Public Library Foundation 128 N County Street WAUKEGAN, IL 60085	NONE	SO I	GENERAL SUPPORT	9,000

Waukegan Public Library Foundation 128 N County Street WAUKEGAN, IL 60085	NONE	SO I	GENERAL SUPPORT	9,000
Waukegan to College 410 Grand Avenue	NONE	PC	GENERAL SUPPORT	1,000

128 N County Street WAUKEGAN, IL 60085	NONE	30 1	GENERAL SUPPORT	9,0
Waukegan to College 410 Grand Avenue WAUKEGAN, IL 60085	NONE	PC	GENERAL SUPPORT	1,0

128 N County Street WAUKEGAN, IL 60085				
Waukegan to College 410 Grand Avenue	NONE	PC	GENERAL SUPPORT	

Total .

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,				j.
Vaukegan to College 410 Grand Avenue VAUKEGAN, IL 60085	NONE	PC	GENERAL SUPPORT	1,00

659,832

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				
WFAE 907 FM 8801 JM Keynes Drive Suite 91	NONE	PC	GENERAL SUPPORT	1,000

8801 JM Keynes Drive Suite 91 CHARLOTTE, NC 28262				
Wild Earth Allies 2 Wisconsin Circle Suite 900	NONE	PC	GENERAL SUPPORT	1,000

2,000

1,000

659,832

Wisconsin Circle Suite 900 HEVY CHASE, MD 20815	NONE	,	GENERAL SOFFORT	
orld Wildlife Fund	NONE	PC	GENERAL SUPPORT	

CHEVY CHASE, MD 20815				
World Wildlife Fund 406 G Street Suite 301 ANCHORAGE, AK 99501	NONE	PC	GENERAL SUPPORT	:

World Wildlife Fund 406 G Street Suite 301 ANCHORAGE, AK 99501	NONE	PC	GENERAL SUPPORT	
			l	

406 G Street Suite 301 ANCHORAGE, AK 99501				
Yellowstone Park Foundation	NONE	PC	GENERAL SUPPORT	

INCHURAGE, AK 99501				
ellowstone Park Foundation 22 East Main Street Suite 301	NONE	PC	GENERAL SUPPORT	

llowstone Park Foundation	NONE	PC	GENERAL SUPPORT	
2 East Main Street Suite 301				
DZEMAN, MT 59715				

Yellowstone Park Foundation	NONE	PC	GENERAL SUPPORT	
222 East Main Street Suite 301				
BOZEMAN, MT 59715				

222 East Main Street Suite 301 BOZEMAN, MT 59715		
Total		•

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efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319030287							
TY 2016 Accounting Fees Schedule							
	Name:	HAROLD M 8	& ADELINE S MO	DRRISON FAMILY			
		FOUNDATIO	N				
	EIN:	36-7090069					
Category	Ame	ount N	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

4,578

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491319030287

# **TY 2016 Investments Corporate Stock Schedule**

Name: HAROLD M & ADELINE S MORRISON FAMILY

FOUNDATION

FOUNDATION <b>EIN:</b> 36-7090069					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
HILLMAN GROUP - PREFERRED	197,038	226,648			
JP MORGAN CHASE	6,804	2,043,692			
AT&T INC	202,296	242,421			
CENTURYLINK, INC.	892,590	570,720			
MB FINANCIAL FKA TAYLOR CAPITAL	0	0			
FORD MOTOR COMPANY	250,955	181,950			
EATON VANCE SEN FLT	302,447	279,870			
INTEL CORP	250,501	373,581			
INTL BUSINESS MACHINES	252,247	247,325			
FIRST HORIZON NATL	0	0			
VANGUARD HEALTH CARE	201,013	202,832			
MB FINANCIAL, INC (PREFERRED)	739,999	726,516			
GLAXO SMITH KLINE	100,196	96,275			
MAIN STREET CAPITAL CORPORATION	102,443	121,341			
Other Investments - CEDAR HILL	936,109	1,055,031			
BERKSHIRE HATHAWAY INC	361,282	407,450			
APPLE INC.	194,683	231,640			
ISHARES NASDAQ BIOTECH	201,417	191,074			
ALPHABET INC.	352,562	370,474			

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## **TY 2016 Investments - Other Schedule**

Name: HAROLD M & ADELINE S MORRISON FAMILY

FOUNDATION

EIN: 36-7090069				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
BRAUVIN NET LEASE, INC.	AT COST	0	0	
ATLANTIC CREEK REAL ESTATE II	AT COST	447,854	477,021	
ASCENDANCE CAPITAL PARTNERS II	AT COST	422,123	427,457	
CHICAGO URBAN MEZZANINE	AT COST	0	0	
LA METRO MEZZANINE	AT COST	0	0	
BRAUVIN NET INV (FUND II)	AT COST	473,723	473,723	
FIC INCOME PARTNERSHIP	AT COST	0	4,926	
COMMUNITY BANCAPITAL	AT COST	281,493	306,768	
USAB - PREFERRED SERIES A	AT COST	0	0	
USAB - SUBDEBT	AT COST	700,000	700,000	
CIC BANSHARES PREFERRED	AT COST	0	0	
USAB - PREFERRED SERIES C	AT COST	500,000	500,000	
USAMERIBANCORP, INC.	AT COST	191,005	502,947	
ATLANTIC CREEK RE FUND III	AT COST	93,868	93,868	
ENERGY DISTRIBUTION PARTNERS	AT COST	1,000,000	1,000,000	

efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491319030287
TY 2016 Legal Fees Schedu	le			_
Nam	ne: HAROLD M 8	& ADELINE S MOR	RISON FAMILY	
	FOUNDATIO	N		
ET	IN. 26 7000060			
	<b>IN:</b> 36-7090069			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	5,850	0		5,850

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TY 2016 Other Assets Schedule	1	

Name: HAROLD M & ADELINE S MORRISON FAMILY

**FOUNDATION** 

**EIN:** 36-7090069

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
DIVIDENDS RECEIVABLE	2,095	2,646	2,646		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491319030287	
TY 2016 Other Expenses Sche	dule				
ı					
Name: HAROLD M & ADELINE S MORRISON FAMILY					
	FOUNDATION				
EIN:	36-7090069				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
OTHER DEDUCTIONS - K-1'S	5,458	5,458		0	
SUPPLIES	295	0		295	
SHIPPING EXPENSE	145	0		145	
MEMBERSHIP FEES	19,010	0		19,010	

4,449

4,449

PAYROLL PROCESSING

BANK FEES

**PENALTIES** 

CONFERENCES & TRAINING

eille GKAPHIC PI	IIIL - DO NOT PROCESS	AS FIIEU Data -	DEN: 934913190302	57

### **TY 2016 Other Income Schedule**

Name: HAROLD M & ADELINE S MORRISON FAMILY

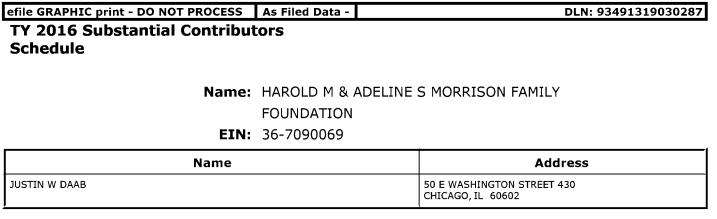
FOUNDATION

**EIN:** 36-7090069

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FIC INC PARTNERSHIP - DIV	53	53	53
FIC INC PARTNERSHIP - OTHER INCOME	2	2	2
COMMUNITY BANCAPITAL - INTERST AND DIV	22,868	22,868	22,868
CHICAGO SENIOR INVESTORS LLC - INTEREST	31,418	31,418	31,418
LA SENIOR INVESTORS LLC - INTEREST	84,268	84,268	84,268
LA SENIOR INVESTORS LLC - OTHER INCOME	518	518	518

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491319030287
TY 2016 Other Liabilities Sche	dule			
Name:	HAROLD M & A	DELINE S MO	ORRISON FAMILY	
	FOUNDATION		• · · · · · · · · · · · · · · · · · · ·	
	LOGINDATION			
EIN:	36-7090069			
Description	n		Beginning of Year - Book Value	End of Year - Book Value
K-1 BASIS - CHICAGO URBAN MEZZANIN	NE		0	83
K-1 BASIS - FIC INCOME PARTNERSHIP			0	7,001

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491319030287		
TY 2016 Other Professional Fees Schedule						
Name: HAROLD M & ADELINE S MORRISON FAMILY						
Na			NISON FAMILI			
	FOUNDATIO	N				
I	<b>EIN:</b> 36-7090069					
	İ	Í		1		
Category	Amount	Net Investment	Adjusted Net	Disbursements		
		Income	Income	for Charitable		
				Purposes		
FIC OFFICE ADMINISTRATIVE FEES	50,000	25,000		0		
MANAGEMENT FEES	14,161	14,161		0		



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TY 2016 Taxes Schedule						
	Name: HAROLD M FOUNDATIO		RISON FAMILY			
	<b>EIN:</b> 36-7090069	€				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
			Income	Purposes		
EXCISE TAX	25,000		Income			
EXCISE TAX TAX WITHHELD	25,000 158	0	Income	Purposes		

efile GRAPHIC print -	OO NOT PROCESS As Filed Data -		[	DLN: 93491319030287		
Schedule B (Form 990, 990-EZ,	Schedule	of Contributors		OMB No 1545-0047		
or 990-PF) Department of the Treasury Internal Revenue Service	partment of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at					
Name of the organizat HAROLD M & ADELINE S			Employer ide	entification number		
FOUNDATION	ada away		36-7090069			
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) orga	nization				
	4947(a)(1) nonexempt charitat	ole trust <b>not</b> treated as a private founda	ition			
	☐ 527 political organization					
Form 990-PF	✓ 501(c)(3) exempt private found	lation				
	4947(a)(1) nonexempt charital	ole trust treated as a private foundation				
	501(c)(3) taxable private found	ation				
	ation filing Form 990, 990-EZ, or 990-PF t r property) from any one contributor Com					
Special Rules						
under sections received from a	tion described in section 501(c)(3) filing Fo 509(a)(1) and 170(b)(1)(A)(vi), that checke by one contributor, during the year, total co ne 1h, or (ii) Form 990-EZ, line 1 Complet	d Schedule A (Form 990 or 990-EZ), Pontributions of the greater of <b>(1)</b> \$5,000	Part II, line 13, 1	16a, or 16b, and that		
during the year,	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
990-EZ, or 990-PF), bu	on that is not covered by the General Rule tit <b>must</b> answer "No" on Part IV, line 2, of form 990PF, Part I, line 2, to certify that it	its Form 990, or check the box on line	H of its			
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 0-PF	Cat No 30613X Schedu	ıle B (Form 990,	990-EZ, or 990-PF) (2016)		

ADELINE S MORRISION	Name of organization HAROLD M & ADELINE S MORRISON FAMILY FOUNDATION		Employer identification 36-7090069	Employer identification number 36-7090069		
No.   ADELINE'S MORRISION   Person   Payroll   Payroll	Part I	Contributors (see instructions) Use duplicate copies of Part I if ad	ditional space is needed			
Payroll		1		(d) Type of contribution		
S   E WASHINGTON ST STE 430   S   1,594   Noncash   (Complete Part II for noncash contributions   Type of contributions   Complete Part II for noncash   (Complete Part II for noncash   Complete Part II for noncash	1	ADELINE S MORRISION				
(a) No. Name, address, and ZIP + 4    Total contributions   Type of contribution			\$ 1,594			
No.   Name, address, and ZIP + 4   Total contributions   Type of contribution				·		
2		Name, address, and ZIP + 4	(c) Total contributions	Type of contribution		
CHICAGO, IL60602   Complete Part II for noncase contributions	2					
(a) No. Name, address, and ZIP + 4  AMY M HEINRICH  AMY M HEINRICH  CHICAGO, IL60602  (a) No. Name, address, and ZIP + 4  AMROFT M BRINLEY  AMROFT M BRINLEY  BO E WASHINGTON ST STE 430  (b) No. Name, address, and ZIP + 4  (c) Total contributions  (c) (d) Noncash  (c) (c) (d) Total contributions  (c) (d) Type of contributions  (c) (d) Type of contributions  (c) Total contributions  (c) Total contributions  (c) (d) Type of contributions  (c) (d) Type of contributions  (c) (c) (d) No. Name, address, and ZIP + 4  (c) (d) Type of contributions  (c) (d) Noncash  (c) (d) Noncash  (c) (d) Noncash  (c) (d) (d) Type of contributions  (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		50 E WASHINGTON ST STE 430	\$ 206	'		
No.         Name, address, and ZIP + 4         Total contributions         Type of contribution           2         AMY M HEINRICH         Person           50 E WASHINGTON ST STE 430         \$403         Noncash           (a) No.         Name, address, and ZIP + 4         Total contributions         (Complete Part II for noncas contributions on this buttons)           4         MARGOT M BRINLEY         Person         Payroll           50 E WASHINGTON ST STE 430         \$2,129         Noncash           (Complete Part II for noncas contributions)         (Complete Part II for noncas contributions)           4         (Complete Part II for noncas contributions)         Type of contributions           5         E WASHINGTON ST STE 430         Person           5         Payroll         Noncash           5         E WASHINGTON ST STE 430         \$190         Noncash           (Complete Part II for noncas contributions)         (Complete Part II for noncas contributions)           6         Noncash         (Complete Part II for noncas contributions)           7         Person         Payroll           8         \$190         Noncash           (Complete Part II for noncas contributions)         (Complete Part II for noncas contributions)           9         Payroll         Noncash		CHICAGO, IL60602		(Complete Part II for noncash contributions )		
Solic Washington St StE 430   Salogo	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
So E WASHINGTON ST STE 430   \$403   Noncash	<u>3</u>	AMY M HEINRICH		· · · · · ·		
Complete Part II for noncas contributions (a) No. Name, address, and ZIP + 4  MARGOT M BRINLEY  Derson Payroll Noncash  (Complete Part II for noncas contributions (Complete Part II for noncas contributions)  (A) No.  No.  Name, address, and ZIP + 4  CHICAGO, IL60602  (Complete Part II for noncas contributions)  Person Payroll Noncash  (Complete Part II for noncas contributions)		50 E WASHINGTON ST STE 430	\$ 403			
No. Name, address, and ZIP + 4  MARGOT M BRINLEY  Description  Ferson Payroll Noncash  (Complete Part II for noncas contributions)		CHICAGO, IL60602		(Complete Part II for noncash		
Payroll   Payroll   Noncash		Name, address, and ZIP + 4		(d) Type of contribution		
So E WASHINGTON ST STE 430   \$2,129   Noncash	4	MARGOT M BRINLEY		Person		
CHICAGO, IL60602  (Complete Part II for noncas contributions)  (a) No. Name, address, and ZIP + 4  LOIS L MORRISON  50 E WASHINGTON ST STE 430  CHICAGO, IL60602  (Complete Part II for noncas contributions)	-	50 E WASHINGTON ST STE 430	\$ 2,129	Namaaah		
No. Name, address, and ZIP + 4  LOIS L MORRISON  50 E WASHINGTON ST STE 430  (Complete Part II for noncas contributions)  (A) No. Name, address, and ZIP + 4  HARRISON I STEANS  HARRISON I STEANS  50 E WASHINGTON ST STE 430  (Complete Part II for noncas contributions)		CHICAGO, IL60602		(Complete Part II for noncash contributions )		
Payroll   Payroll   Noncash   CHICAGO, IL60602   Complete Part II for noncast contributions   Person   Payroll   Payroll   Noncash   CHICAGO, IL60602   Complete Part II for noncast   Complete Part II for nonca			(c) Total contributions	(d) Type of contribution		
Solution   State   S	<u>5</u>	LOIS L MORRISON				
CHICAGO, IL60602  (a) (b) (c) (d) No. Name, address, and ZIP + 4  HARRISON I STEANS  Person Payroll  50 E WASHINGTON ST STE 430  CHICAGO, IL60602  (Complete Part II for noncas contributions)  (C) (d) Total contributions  Person Payroll Noncash  (Complete Part II for noncas contributions)  (Complete Part II for noncas contributions)		50 E WASHINGTON ST STE 430	\$ 190			
No. Name, address, and ZIP + 4  HARRISON I STEANS  50 E WASHINGTON ST STE 430  CHICAGO, IL60602  Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncas)		CHICAGO, IL60602		(Complete Part II for noncash		
6 Payroll 50 E WASHINGTON ST STE 430 CHICAGO, IL60602  \$ 2,000  (Complete Part II for noncas)			(c) Total contributions	(d) Type of contribution		
50 E WASHINGTON ST STE 430  CHICAGO, IL60602  \$ 2,000  Noncash  (Complete Part II for noncas)	6	HARRISON I STEANS		Person 🗸		
CHICAGO, IL60602  Section 2,000  Noncash  (Complete Part II for noncas)	¥	50 E WASHINGTON ST STE 430		Payroll		
(Complete Part II for noncas			\$ 2,000	Noncash		
Schedule R (Form 990, 990, E7, or 990, EF)		CHICAGO, IL60602		· · · · · · · · · · · · · · · · · · ·		

Schedule B (For	m 990, 990-EZ, or 990-PF) (2016)		Page 3
Name of organization HAROLD M & ADELINE S MORRISON FAMILY		Employer identification number	
OUNDATION		36-70°	90069
Part II	Noncash Property		
(a) 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) Date received
1	2,666 SH - JP MORGAN CHASE	\$ 310 088	2016-12-19
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1,746 SH - JP MORGAN CHASE	\$ 125 431	2016-12-27
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	1,504 SH - JP MORGAN CHASE	\$ 99 813	2016-06-06
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	2,129 SH - JP MORGAN CHASE	\$ 50 482	2016-12-09
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	661 SH - FIRST HORIZON NATIONAL CORP	\$ 50 055	2016-11-10
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
!			

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

Schedule B (Form	990, 990-EZ, or 990-PF) (2016)		Page <b>4</b>	
Name of organization HAROLD M & ADELINE S MORRISON FAMILY FOUNDATION			Employer identification number 36-7090069	
than \$1 organiz the year	,000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh <b>(e) and</b> the following line entry. For table, etc., contributions of <b>\$1,000 or less</b> for	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	t Relationship of transferor to transferee	
(a)				
No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee	
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee	
	<u> </u>		Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	