Γ	Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.
ı	When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog
ı	Whom doing / Grobat, coloct the / total cize in the / total cize i
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	PUBLIC DISCLOSURE COPY
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
ı	
١	
1	

** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

01112 1101 10 10 00 11
2019
Open to Public Inspection

<u>A</u>	For the	e 2019 calendar year, or tax year beginning J	JL 1, 2019 and	ending J	UN 30, 2020	
В	Check if applicable	C Name of organization			D Employer ident	ification number
	Addre					
L	Name chang	Doing business as			84-6032307	
	Initial return	Number and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone numb	per
	☐Final return	720 S. COLORADO BLVD.		174-A	303-790-234	1 5
	termir ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	15,293,616.
	Amen return	DENVER, CO 80246			H(a) Is this a group	return
	Application	F Name and address of principal officer: 11ff	ANY GRUNERT		for subordinat	es? Yes X No
	pendi	same as C above			H(b) Are all subordinates	s included? Yes No
T	Tax-ex	empt status: X 501(c)(3) 501(c) (or 527	If "No," attach	a list. (see instructions)
J	Websi	e: WWW.MORRISANIMALFOUNDATION.ORG			H(c) Group exempt	ion number 🕨
K	Form of	organization: X Corporation Trust A	sociation Other	L Year	of formation: 1951	M State of legal domicile: CO
P	art I	Summary				
0	1	Briefly describe the organization's mission or mos	significant activities: TO BRI	DGE SCIEN	ICE AND RESOURCE	S
Governance		TO ADVANCE THE HEALTH OF ANIMALS.				
rne	2	Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net	assets.
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)		3	17
<u>م</u> 2		Number of independent voting members of the go				17
es &		Total number of individuals employed in calendar				57
ξĖ		Total number of volunteers (estimate if necessary)				39
Activities		Total unrelated business revenue from Part VIII, co		a 673,471.		
4		Net unrelated business taxable income from Form				b 0.
					Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)			11,926,167	11,163,173.
ž	9				(0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4			1,558,921	4,123,341.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			4,671	7,102.
		Total revenue - add lines 8 through 11 (must equa			13,489,759	15,293,616.
	13	Grants and similar amounts paid (Part IX, column	A), lines 1-3)		2,671,380	3,530,949.
		Benefits paid to or for members (Part IX, column ((0.
S		Salaries, other compensation, employee benefits (4,183,496	5,405,286.
Expenses	16a	Professional fundraising fees (Part IX, column (A),			(0.
g	b	Total fundraising expenses (Part IX, column (D), lin				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11c			3,493,141	3,524,534.
		Total expenses. Add lines 13-17 (must equal Part			10,348,017	12,460,769.
	19	Revenue less expenses. Subtract line 18 from line	12		3,141,742	2,832,847.
OF Sec	3			Ве	ginning of Current Yea	r End of Year
sets	20	Total assets (Part X, line 16)			96,366,547	90,834,795.
t As	21	Total liabilities (Part X, line 26)			6,353,911	7,199,129.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		90,012,636	83,635,666.
	art II	Signature Block				
	-	Ities of perjury, I declare that I have examined this return				my knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge.	
Sig	jn	Signature of officer			Date	
He	re	TIFFANY GRUNERT, CHIEF EXECUTIVE	OFFICER			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check if	PTIN
Pai	d	Laurie Anderson	Laurie Anderson	0	2/01/21 self-emp	loyed P01416697
	parer	Firm's name Kundinger, Corder & Engl	e P.C.		Firm's EIN	•
Use	Only	Firm's address > 475 Lincoln Street, Suit	e 200			
		Denver, CO 80203			Phone no. (3	303) 534-5953
Ма	y the II	RS discuss this return with the preparer shown abo	ove? (see instructions)			Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	MORRIS ANIMAL FOUNDATION'S MISSION IS TO BRIDGE SCIENCE AND RESOURCES	
	TO ADVANCE THE HEALTH OF ANIMALS. SINCE OUR FOUNDING IN 1948, MORE	
	THAN 20,000 SPECIES HAVE BEEN HELPED THROUGH SCIENTIFIC STUDIES AND	
	THE DEVELOPMENT OF NEW TREATMENTS, DIAGNOSTIC TOOLS AND VACCINES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 🗓 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 7,029,237. including grants of \$ 3,504,449.) (Revenue \$)
	ANIMAL HEALTH STUDIES: THE FOUNDATION FUNDS RESEARCHERS AROUND THE	•
	WORLD WHO ARE SOLVING CRITICAL HEALTH PROBLEMS IN ANIMALS, INCLUDING	
	DOGS, CATS, HORSES, LLAMAS, ALPACAS AND WILDLIFE. OUR WORK IS HELPING	
	RESEARCHERS IN THE FIELD FIND NEW DIAGNOSTICS, TREATMENTS AND CURES FOR	
	DISEASES AND OTHER HEALTH CONCERNS FOR ANIMALS AROUND THE WORLD,	
	INCLUDING MANY ENDANGERED SPECIES.	
4b	(Code:) (Expenses \$ 1,490,393. including grants of \$ 26,500.) (Revenue \$	1
40	(Code:) (Expenses \$1,490,393. including grants of \$26,500.) (Revenue \$ PROGRAM AWARENESS: MORRIS ANIMAL FOUNDATION'S MISSION IS TO BRIDGE	,
	SCIENCE AND RESOURCES TO ADVANCE THE HEALTH OF ANIMALS, RAISING	
	AWARENESS ABOUT THE FOUNDATION'S PROGRAMS AND IMPACT IS A CRITICAL	
	COMPONENT TO FULFILLING OUR MISSION. THE FOUNDATION'S WEBSITE PROVIDES	
	A VALUABLE RESOURCE FOR SUPPORTERS, INCLUDING A BLOG THAT HIGHLIGHTS	
	ORGANIZATIONAL AND STUDY SUCCESSES, CAMPAIGNS AND DONOR/PARTNER	
	STORIES. THE WEBSITE ALSO IS USED TO PROMOTE RETENTION FOR THE	
	ORGANIZATION'S GOLDEN RETRIEVER LIFETIME STUDY, THE LARGEST AND LONGEST	
	STUDY EVER UNDERTAKEN IN THE UNITED STATES TO UNDERSTAND CANCER IN	
	DOGS. THE FOUNDATION'S "UNITE TO FIGHT PET CANCER" CAMPAIGN INCLUDES	
	WEBINARS, DOWNLOADABLE INFORMATION AND ARTICLES TO HELP PET OWNERS	
	LEARN MORE ABOUT HOW PETS DEVELOP CANCER AND TO RAISE AWARENESS ABOUT	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 8,519,630.	

Form 990 (2019) MORRIS ANIMAL FOUN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Form 990 (2019) MORRIS ANIMAL FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OEh		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		_ A
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,,
00	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		_ A
34		34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		-
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.	Х	
	TURITIDINIU WININIUS TO DITZE WINIES!	l 1c	44	1

Form 990 (2019) MORRIS ANIMAL FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 57			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	7d	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of qualified intellectual property, and the organization in received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, and the organization received a contribution of cars, airplanes, air		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Ditt		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	,			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		1-75		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
•	If "Yes," complete Form 4720, Schedule O.				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	STACY VAN BUREN - 303-708-3423			
	720 S. COLORADO BLVD., No. 174-A, DENVER, CO 80246			

Form 990 (2019) MORRIS ANIMAL FOUNDATION 84-6032307 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

oxdet Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY EAGLE THOMPSON	3.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(2) ROBERT C. GAIN, JR.	2.00									
TREASURER		Х		Х				0.	0.	0.
(3) BILL SUTHERLAND	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) PATRICK LONG, DVM	1.00									
TRUSTEE, PARTIAL YEAR		Х						0.	0.	0.
(5) DEBORAH DAVENPORT, DVM, MS, DAC	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) WALTER N. GEORGE, III	2.00									
TRUSTEE		Х						0.	0.	0.
(7) DAVID MORRIS	2.00									
TRUSTEE		Х						0.	0.	0.
(8) JOHN C. KUENZI	1.00									
TRUSTEE		Х						0.	0.	0.
(9) KYLE OFFERMANN	1.00									
TRUSTEE		Х						0.	0.	0.
(10) COLIN J. GILES, BVETMED, PHD, M	2.00									
TRUSTEE		Х						0.	0.	0.
(11) AMY HUNKELER, DVM, DACVO	1.00									
TRUSTEE		Х						0.	0.	0.
(12) JONNA MAZET, DVM, MPVM, PHD	2.00									
TRUSTEE, PARTIAL YEAR		Х						0.	0.	0.
(13) BETTE MORRIS, PHD	2.00	-						_	_	_
TRUSTEE		Х						0.	0.	0.
(14) CYNTHIA MORRIS	2.00	1_								
TRUSTEE		Х	_	_		<u> </u>	_	0.	0.	0.
(15) DAVID PETRIE	0.00	ļ								_
TRUSTEE, PARTIAL YEAR	4 0 0	Х		_			_	0.	0.	0.
(16) CHUCK STEPHENS	1.00	ļ								_
TRUSTEE	1 22	Х						0.	0.	0.
(17) STAN TEETER	1.00	ļ.,								_
TRUSTEE		Х						0.	0.	0. Earm 990 (2010)

932007 01-20-20 Form **990** (2019)

1 61111 666 (2616)	MAL FOUNDATIO								84-6032307	Page o
Part VII Section A. Officers, Directors, 1	rustees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			one	Reportable	Reportable	Estimated
	hours per	box	unles	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		er an	uau	recio	or/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		99	mpen		(***-2/1099-141130)		and related
	below	dualt	utiona	_	nploy	st co	 			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			Ü
(18) VERN NORVIEL	2.00									
TRUSTEE		Х						0.	0.	0.
(19) JAY MESINGER	2.00									
TRUSTEE		Х						0.	0.	0.
(20) ANN B. MOORE	1.00									
TRUSTEE		Х						0.	0.	0.
(21) TIFFANY GRUNERT	40.00									
PRESIDENT & CEO				Х				231,116.	0.	25,250.
(22) STACY VANBUREN	40.00									
VP OF FINANCE & OPERATIONS				Х				148,117.	0.	18,119.
(23) MICHAEL CINKOSKY	40.00									
CHIEF TECHNOLOGY OFFICER				Х				173,624.	0.	24,849.
(24) JANET PATTERSON-KANE	40.00									
CHIEF SCIENTIFIC OFFICER				Х				176,111.	0.	18,471.
(25) RYAN WELCH	40.00									
CHIEF DEVELOPMENT OFFICER				Х				160,639.	0.	15,452.
(26) CAROL BORCHERT	40.00									
CHIEF MARKETING OFFICER				Х				138,125.	0.	17,443.
1b Subtotal								1,027,732.	0.	119,584.
c Total from continuation sheets to Par	rt VII, Section A						>	478,720.	0.	68,192.
d Total (add lines 1b and 1c)								1,506,452.	0.	187,776.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

10

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Gabriel Group		
3190 Rider Trail S., Earth City, MO 63045	Marketing	258,026.
Fluxx Labs, Inc., 2261 Market Street,		
#4060, San Francisco, CA 94114	Grants management software	102,130.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Port VIII a A CATE TO THE CONTROL OF THE CONTRO									84-603230	1
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			(F)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١		Pos				Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				loyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for	ord	ee			sated		(W-2/1099-MISC)		organization
	related organizations	Individual trustee or director	Institutional trustee		ee	Highest compensated employee				and related
	below	ual tr	ional		Key employee	tcon	١.			organizations
	line)	divid	stitut	Officer	ey en	ighes	Former			
(07)		드	드	ō	3	主	2			
(27) KELLY MACKEAN	40.00							110 522	0	17 202
SR SCIENTIFIC DIR OF SCIENCE & COMMU	40.00					Х		119,522.	0.	17,282
(28) ELIZABETH NAHON	40.00					l		100 503	0	15 060
SR DIR OF SCIENTIFIC GRANTS						Х		122,583.	0.	15,862
(29) SARA YERANSIAN	40.00									
DEVELOPMENT DEPUTY DIRECTOR						Х		112,471.	0.	15,260
(30) GREGORY KNADDISON	40.00	1								
SR DATABASE & SOFTWARE DEVELOPER						Х		124,144.	0.	19,788
	1									
		1								
			_			_	_			
		1								
					<u> </u>					
		<u> </u>								
		L								
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	478,720.		68,192

MORRIS ANIMAL FOUNDATION 84-6032307

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
				·		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				I I					
آ آ آ			ership dues 1b 1c						
ifts ar A		Related organizations							
ii,		Government grants (conti							
Sir		All other contributions, gifts,		· —					
e ți	٠,	similar amounts not included			11,163,173.				
	_			· 	894,286.				
90		Noncash contributions included in				11 162 172			
9 C	h	Total. Add lines 1a-1f				11,163,173.			
					Business Code				
ice	2 a								_
e S	b								
n S	С								
Ze.	d								
Program Service Revenue	е								
<u>م</u>	f	All other program service	revenue)					
	g	Total. Add lines 2a-2f							
	3	Investment income (include	ding divi	dends, intere	est, and				
		other similar amounts)			▶	82,581.		193,582.	-111,001.
	4	Income from investment of							
	5	Royalties			▶ [
		•		(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	С	Rental income or (loss)	6c						
		Net rental income or (loss							
		Gross amount from sales of) Securities	(ii) Other				
	, a	assets other than inventory	<u> </u>	4,040,760.	(.,,				
	h	Less: cost or other basis	/ a	-,010,700,					
<u>o</u>	b		76	0.					
eur	_	and sales expenses		4,040,760.					
ther Revenue		Gain or (loss)			·	4,040,760.		479,889.	3,560,871.
표		Net gain or (loss)			>	4,040,700.		479,009.	3,300,871.
Ĕ	8 а	Gross income from fundraisi	ng events	•					
١		including \$	II 4 1	of					
		contributions reported on							
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from			P				
	9 a	Gross income from gamin							
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from							
	10 a	Gross sales of inventory,							
		and allowances							
	b	Less: cost of goods sold		10b					
	С	Net income or (loss) from	sales of	inventory					
က္					Business Code				
Miscellaneous Revenue	11 a	OTHER			900099	7,102.			7,102.
ane	b								
e el	С								
Ĭĕ	d	All other revenue							
_		Total. Add lines 11a-11d				7,102.			
	12	Total revenue. See instruction	ons			15,293,616.	0.	673,471.	3,456,972.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	•			
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,699,026.	2,699,026.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	81,500.	81,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	750,423.	750,423.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 005 405	500.054	222 276	0.55
	trustees, and key employees	1,297,495.	682,364.	339,876.	275,255.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	3,290,122.	1,830,750.	492 170	076 202
7	Other salaries and wages	3,290,122.	1,830,730.	483,170.	976,202.
8	Pension plan accruals and contributions (include	161,940.	88 851	23 404	19 685
9	section 401(k) and 403(b) employer contributions) Other employee benefits	327,418.	88,851. 173,127.	23,404. 54,533.	49,685.
10		328,311.	177,288.	59,096.	91,927.
11	Payroll taxes Fees for services (nonemployees):	320,311.	177,200.	33,030.	31,327.
'' a	Management				
b	Legal	3,068.		3,068.	
c	Accounting	29,080.		29,080.	
d	Lobbying	, -		, ,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	198,542.		198,542.	
g		·			
Ū	column (A) amount, list line 11g expenses on Sch O.)	1,300,660.	1,141,180.	41,216.	118,264.
12	Advertising and promotion	465,926.	144,843.	110.	320,973.
13	Office expenses	413,982.	272,735.	51,106.	90,141.
14	Information technology				
15	Royalties				
16	Occupancy	264,815.	152,336.	43,044.	69,435.
17	Travel	117,424.	42,316.	7,213.	67,895.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	139,221.	63,976.	66,858.	8,387.
20	Interest				
21	Payments to affiliates	22.222	252	20.040	
22	Depreciation, depletion, and amortization	83,208.	359.	82,849.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	275,803.	173,087.	17,471.	85,245.
b	PROFESSIONAL DEV.	115,039.	28,864.	55,495.	30,680.
c	POSTAGE AND MAILING	107,626.	10,784.	1,722.	95,120.
d	EQUIPMENT RENTAL	10,140.	5,821.	1,611.	2,708.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,460,769.	8,519,630.	1,559,464.	2,381,675.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Га	LA	Check if Schedule O contains a response or	note to a	ay line in this Part Y			
		Check if Schedule O contains a response or	note to a	IY III E III UIIS PAILA	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,094,870.	1	7,021,296.
	2	Savings and temporary cash investments		To the second se	2,601,740.	2	2,190,287.
	3	Pledges and grants receivable, net			674,231.	3	346,694.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so					
		controlled entity or family member of any of	these per	sons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
ठ	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			16,245.	9	102,670.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		611,478.			
	b	Less: accumulated depreciation		338,565.	280,364.	10c	272,913.
	11	Investments - publicly traded securities			25,526,087.	11	20,852,719.
	12	Investments - other securities. See Part IV, li			63,173,010.	12	60,048,216.
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e			96,366,547.	16	90,834,795.
	17	Accounts payable and accrued expenses	_		448,802.	17	654,733.
	18	Grants payable	5,079,846.	18	4,979,122.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
abi		controlled entity or family member of any of				22	
Ï	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax		· · · · · · · · · · · · · · · · · · ·			
		parties, and other liabilities not included on I					
		of Schedule D			825,263.	25	1,565,274.
	26	Total liabilities. Add lines 17 through 25			6,353,911.	26	7,199,129.
		Organizations that follow FASB ASC 958,	check he	re 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			29,177,535.	27	28,349,603.
Ва	28	Net assets with donor restrictions			60,835,101.	28	55,286,063.
pur		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulate				31	
Net	32	Total net assets or fund balances			90,012,636.	32	83,635,666.
_	33	Total liabilities and net assets/fund balances			96,366,547.	33	90,834,795.

Form **990** (2019)

387,636.

83,635,666.

Form	1990 (2019) MORRIS ANIMAL FOUNDATION	84-	6032307	Page	1
Pa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,293,6	16
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,460,7	6 9
3	Revenue less expenses. Subtract line 2 from line 1	3		2,832,8	47
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		90,012,6	36
5	Net unrealized gains (losses) on investments	5		-9,597,4	53
6	Donated services and use of facilities	6			
7	Investment expenses	7			

Prior period adjustments

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,

Other changes in net assets or fund balances (explain on Schedule O)

Part XII Financial Statements and Reporting х Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits Form **990** (2019)

8

10

column (B))

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

MORRIS ANIMAL FOUNDATION 84-6032307 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
•							
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						-
	tion B. Total Support						•
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(4) 2010	(2) 2010	(0) 2011	(4) 2010	(6) 2010	(i) rotal
	Gross income from interest,						
Ü	dividends, payments received on						
	· · ·						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stop						<u></u> ▶□
	tion C. Computation of Publ		<u> </u>				
	Public support percentage for 2019 (I					14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	•		•		•	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	١			▶□
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on	line 13 or 16a, and	I line 15 is 33 1/3%	or more, check th	nis box
	and $\ensuremath{\text{stop}}$ here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	nis box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		>
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the	ŭ				•	
	organization meets the "facts-and-circ		•		•		▶□
18	Private foundation. If the organization		-	•			s •
		_					

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, pieddo comp	1010 1 411 11.)				
Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8,315,397.	9,654,059.	10,306,287.	11,926,167.	11,163,173.	51,365,083.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,315,397.	9,654,059.	10,306,287.	11,926,167.	11,163,173.	51,365,083.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1,379,000.	1,800,000.	1,000,000.	1,205,000.		5,384,000.
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		807,873.	2,009,092.	1,927,274.		4,744,239.
(Add lines 7a and 7b	1,379,000.	2,607,873.	3,009,092.	3,132,274.		10,128,239.
	Public support. (Subtract line 7c from line 6.)						41,236,844.
<u>Se</u>	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	8,315,397.	9,654,059.	10,306,287.	11,926,167.	11,163,173.	51,365,083.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	35,547.	340,110.	1,025,499.	572,774.	-111,001.	1,862,929.
	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	35,547.	340,110.	1,025,499.	572,774.	-111,001.	1,862,929.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	109,409.	-259,615.	-760,506.	-407,096.	193,582.	-1,124,226.
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	6,980.	77,749.	1,253.	4,671.	7,102.	97,755.
13	Total support. (Add lines 9, 10c, 11, and 12.)	8,467,333.	9,812,303.	10,572,533.	12,096,516.	11,252,856.	52,201,541.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
<u></u>	check this box and stop here	- O D					<u></u> ▶∟⊥
	ction C. Computation of Publi						F0.00
	Public support percentage for 2019 (li		•	column (f))		15	79.00 %
	Public support percentage from 2018 ction D. Computation of Inves					16	78.79 %
	•			- 10 l (f)		47	3 57 0/
	Investment income percentage for 20					17	3.57 % 4.33 %
	Investment income percentage from 2 a 33 1/3% support tests - 2019. If the	•		on line 14, and line		18 3 1/3% and line 1	
197							/ is not
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
~~	line 18 is not more than 33 1/3%, che			•			
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	ı. or 19b. check th	is box and see ins	structions	▶∟

Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	- Gu		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 0	90 or 90	00-E7	2010

Do	delication of the control of the con			ige c
Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions			
a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins.	truction:	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Lu		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	•	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L-	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations in tres, describe in rait vi the role played by the organization in this regard.	่งม		

Sche	edule A (Form 990 or 990-EZ) 2019 MORRIS ANIMAL FOUNDATION			84-6032307	Page 6
Pa		g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n in Part VI). See ins	tructions. All
	other Type III non-functionally integrated supporting organizations must co	-		,	
Sect	ion A - Adjusted Net Income	•	(A) Prior Year	(B) Currei (optio	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Currei (optio	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting	organization (see	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)			
Sect	on D - Distributions		,	Current Year		
1	Amounts paid to supported organizations to accomplish exe	mpt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required- explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е	From 2018					
f	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
ī	Carryover from 2014 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D,					
	line 7:					
	Applied to underdistributions of prior years					
	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2020. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
_	LAGGGG HOITI LOTG					

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

MOR	RRIS ANIMAL FOUNDATION	84-6032307			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
, ,	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.			
General Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fe the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization	Employer identification number
MORRIS ANIMAL FOUNDATION	84-6032307

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 1,449,186. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and Zir + +	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 500,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
MORRIS ANIMAL FOUNDATION	84-6032307

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	Trainis, address, and Zii T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

Employer identification number

MORRIS ANIMAL FOUNDATION

84-6032307

ı artı	(See instructions). Ose duplicate copies of fait in	ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	2700 shares of Microsoft		
		\$\$	06/03/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		- _{\$}	

Name of o	rganization				Employer identification number
MORRIS A	ANIMAL FOUNDATION				84-6032307
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following I charitable, etc., contributions of \$1,0	ine entry For o	rganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
•	Transferee's name, address, a	nd ZIP + 4	Ro	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	cription of how gift is held
		(e) Transfer	of aift		
•	Transferee's name, address, a			elationship of tra	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number

84-6032307

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds o	or Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advise	d funds	(b) Fund	ls and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets he	eld in donor advised	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	ant funds can be us	sed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose co	onferring	
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of	a conserva	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	a historic structure	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re			rganization	during the tax
	year ▶				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, ar	nd enforcing conse	rvation ease	ements during the year
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation	n easement	ts during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h))(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its reve	nue and expense s	tatement an	d
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statemen	its that desc	cribes the
_	organization's accounting for conservation easements.			<u> </u>	
Pai	t III Organizations Maintaining Collections o	•	easures, or Oth	ier Simila	ır Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 98	,			
	of art, historical treasures, or other similar assets held for pu	,	,	•	oublic
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 98				
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furthe	rance of pub	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				
2	If the organization received or held works of art, historical tre			jain, provide)
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X			> \$	

Sche	edule D (Form 990) 2019 MORRIS ANIM	AL FOUNDATION				84-6	032307	Р	age 2
Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, c	r Other	Similar A	ssets(con	tinued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	t make sigr	ificant use o	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	on's exemp	t purpose in	Part XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical treas	sures, or othe	er similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Complet	e if the organization	n answered "	Yes" on Fo	rm 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other as	sets not inc	cluded			
	on Form 990, Part X?						. Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amou	ınt	
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	istodial acco	unt liability	?	· L Yes	L	⊒ No
_	If "Yes," explain the arrangement in Part XIII.							L	
Par	rt V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year		Three years b	oack (e) Fo	ur years	back
	Beginning of year balance	75,714,710.	68,079,265.	61,424		58,629,6	35. 6	9,979	,685.
b	Contributions	8,703,020.	5,624,525.	7,028	,782.	120,6			,500.
С	Net investment earnings, gains, and losses	-5,317,144.	7,928,189.	6,005	,661.	5,178,4		7,641	
d	Grants or scholarships	3,530,949.	100,000.	168	,490.	207,2	204.	4,020	,434.
е	Other expenditures for facilities								
	and programs	3,500,442.	124,377.		,260.	419,4			
f	Administrative expenses	1,860,246.	5,692,892.	5,780		1,878,0			
g	End of year balance	70,208,949.	75,714,710.	68,079	,265.	61,424,0	93. 5	8,629	,635.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
	Board designated or quasi-endowment	32.00	_%						
	Permanent endowment 66.00	%							
С	Term endowment ▶								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administe	red for the	organization	ı		
	by:							Yes	No
	(i) Unrelated organizations						3a(i		X
	(ii) Related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization						3b		
<u>4</u>	Describe in Part XIII the intended uses of the		vment funds.						
Pai	rt VI Land, Buildings, and Equipm		D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F 000	D 1 1 1 1	40			
	Complete if the organization answered		T T	1					
	Description of property	(a) Cost or oth	' '			ımulated	(d) Bo	ok valu	е
		basis (investm	ent) basis (otner)	aepre	ciation	-		
	Land						-		
	Buildings			44 000		22 455	1		724
	Leasehold improvements			44,889.		23,155.	1		734.
	Equipment Other			566,589.		315,410.		∠51	,179.
_	LITTION	1	ı	1			1		

Schedule D (Form 990) 2019

272,913.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2019 MORRIS ANIMAL FO	UNDATION		84-6032307	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year marke	et value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) PRIVATE INVESTMENTS	28,278,086.	End-of-Year Market Value		
(B) LESS-CORRELATED STRATEGIES	8,413,882.	End-of-Year Market Value		
(C) EMERGING MARKETS	6,180,384.	End-of-Year Market Value		
(D) FIXED INCOME FUNDS	3,564,553.	End-of-Year Market Value		
(E) US EQUITY FUNDS	10,564,749.	End-of-Year Market Value		
(F) NON-US DEVELOPED EQUITY	3,046,562.	End-of-Year Market Value		
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	60,048,216.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year marke	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Col. (b) must squal Form 000, Part V. col. (P) line 12 \				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15		
	Description	11d. Occ 1 0111 030, 1 art X, iiiic 13.	(b) Book	value
(1)			(-,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) ANNUITIES PAYABLE				776,774.
(3) REFUNDABLE ADVANCE				788,500.
(4)				
(5)				
(6)				
(7)				
(8)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

1,565,274.

(9)

Sche	edule D (Form 990) 2019 MORRIS ANIMAL FOUNDATION			84-6032307	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,678,821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-9,597,453.		
b	Donated services and use of facilities		1,258,371.		
С	Recoveries of prior year grants				
d	, , , , , , , , , , , , , , , , , , , ,	2d	-77,170.		
е	Add lines 2a through 2d			2e	-8,416,252.
3	Subtract line 2e from line 1			3	15,095,073.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		198,543.		
b	,	4b			
С	Add lines 4a and 4b			4c	198,543.
5				5	15,293,616.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stat		Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	13,055,791.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	4 050 054		
а	Donated services and use of facilities		1,258,371.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,258,371.
3	Subtract line 2e from line 1			3	11,797,420.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	198,543.		
b	Other (Describe in Part XIII.)	4b	464,806.		
С	Add lines 4a and 4b			4c	663,349.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,460,769.
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	•		4; Part X, line 2	; Part XI,
Part	: V, line 4:				
Earı	nings from the Endowment funds are subject to the Foundation	's spending			
pol:	cy and are to be used to support animal health studies and	the general			
opei	rations of the Foundation.				
Part	XI, Line 2d - Other Adjustments:				
Char	nge in value of charitable gift annuities				
Part	XII, Line 4b - Other Adjustments:				
Cred	lits in financial statements for grants				
refu	unded/discontinued.				

Schedule D	(Form 990) 2019	MORRIS ANIMAL FOUNDATION	84-6032307	Page 5
Part XIII	(Form 990) 2019 Supplemental Info	rmation (continued)		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number

84-6032307

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes ____ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Europe -Netherlands, United GRANTS TO ADVANCE ANIMAL Kingdom 0 GRANTMAKING HEALTH STUDIES. 495,415. GRANTS TO ADVANCE ANIMAL North America -Canada 0 GRANTMAKING HEALTH STUDIES. 116,353. GRANTS TO ADVANCE ANIMAL 10,800. HEALTH STUDIES. South Africa 0 GRANTMAKING Europe (Including Iceland & Greenland) - Albania, Andorra, INVESTMENTS Austria, Belgium Λ 10,813,134. North America Canada and Mexico, but not the United States 0 INVESTMENTS 105,813. Central America and the Caribbean -Antigua & Barbuda, Aruba, Bahamas, 0 INVESTMENTS 12,306,816. Central America and the Caribbean GRANTS TO ADVANCE ANIMAL Antigua & Barbuda, Aruba, Bahamas, 0 GRANTMAKING HEALTH STUDIES. 10,800. East Asia and the GRANTS TO ADVANCE ANIMAL Pacific - Malavsia HEALTH STUDIES. 0 GRANTMAKING 117,055. 3 a Subtotal 0 0 23,976,186. **b** Total from continuation 0 sheets to Part I 0 0. c Totals (add lines 3a

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

0

Schedule F (Form 990) 2019

23,976,186.

and 3b)

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	Europe -						
	Netherlands,						
	United Kingdom	ANIMAL HEALTH STUDIES	495,415.	WIRE TRANSFER	0.		
	North America -						
	Canada	ANIMAL HEALTH STUDIES	116,353.	WIRE TRANSFER	0.		
	South Africa	ANIMAL HEALTH STUDIES	10 800	WIRE TRANSFER	0.		
	Central America		10,000.	WIRE TRINSFER	•		
ŀ	and the Caribbean						
•	- Antigua &						
	Barbuda, Aruba,	ANIMAL HEALTH STUDIES	10,800.	WIRE TRANSFER	0.		
	East Asia and the						
	Pacific -						
		ANIMAL HEALTH STUDIES	117,055.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

14

Schedule F (Form 990) 2019 MORRIS ANIMAL FOUNDATION 84-6032307 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV	Foreign	Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019 MORRIS ANIMAL FOUNDATION Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
DISTRIBUTIONS OF GRANT PAYMENTS ARE TYPICALLY MADE IN QUARTERLY
INSTALLMENTS, SUBJECT TO PERFORMANCE OF THE PROJECT TO THE SATISFACTION
OF THE FOUNDATION. GRANT PERFORMANCE IS ASSESSED BASED ON INDEPENDENT
SCIENTIFIC REVIEW OF PROGRESS REPORTS THAT ARE REQUESTED TWICE ANNUALLY.
ONE-HALF OF THE FINAL QUARTERLY PAYMENT WILL BE WITHHELD BY THE
FOUNDATION UNTIL RECEIPT OF A COMPLETE AND SATISFACTORY FINAL REPORT AND
ACCOUNTING.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization							ntification number
	MAL FOUNDATION					84-6032307	
Part I Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" o	n Form 990, Part IV,	line 17.	Form 990-EZ	I filers are not
1 Indicate whether the organization rais	sed funds through any of the followi	ng acti	vities.	Check all that apply			
a X Mail solicitations	e Solicita	tion of	non-g	overnment grants			
b Internet and email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individua	l (inclu	ding o	fficers, directors, trus	stees, d		
	Part VII) or entity in connection with p			~		X Yes	
b If "Yes," list the 10 highest paid indi	, , , , , ,	uant to	agree	ements under which	the fun	draiser is to b	e
compensated at least \$5,000 by the	organization.						
		(iii)	Did		(v) A	mount paid	(cd) Amazumt majal
(i) Name and address of individual	(ii) Activity	(iii) fundi have c	ustodv	(iv) Gross receipts	to (or	retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		or cor contrib	ntrol of utions?	from activity		ndraiser d in col. (i)	organization
GABRIEL GROUP - 3190 RIDER	+	Yes	No				
TRAIL S., EARTH CITY, MO	DIRECT MAIL	1.00	х	589,046.		405,227.	183,818.
				,		,	
	<u> </u>	-					
	+						
	<u> </u>		<u> </u>				
Total				589,046.		405,227.	183,818.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is e	xempt from re	egistration
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, H	I.ID.IL.IN.IA.KS.KY.LA.ME.M	D.MA.	MI,M	N,MS,MO			
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, O							

	11 (1	of fundraising event contributions and gro	_			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	33(3)
Revenue		Cross respirts				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Ses	_					
Expe	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	, ,				
D		Net income summary. Subtract line 10 from li				
Pč	ırt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Fori	n 990, Part IV, line 19, or	reported more than	
_		ψ13,000 011 0111 330 L2, iiic 0a.	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Reve						
_	1	Gross revenue				
ses	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming a	ctivities in each of these	e states?		
i.	111	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or	erminated during the tax	year?	
) []					
) II	Tos, explain.				

Schedule G (Form 990 or 990-EZ) 2019 MORRIS ANIMAL FOUNDATION 84-	-6032307	'	Page 3
11 Does the organization conduct gaming activities with nonmembers?	\Box	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in:			
	13a	.1	0/
a The organization's facility		_	%
b An outside facility	13b	<u> </u>	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
retain the state gaming license?		Yes	└── No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ıe		
organization's own exempt activities during the tax year ▶ \$			
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, I	lines 9	, 9b, 10b,
Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:			
(i) Name of Fundraiser: GABRIEL GROUP			
(i) Address of Fundraiser: 3190 RIDER TRAIL S., EARTH CITY, MO 63045			
FORM 990, SCHEDULE G, PART IV			
DIRECT FUNDRAISING EXPENSES ARE PAID BY THE FUNDRAISING ORGANIZATION.			
AN UNIDENTIFIED PORTION OF THE \$405,227 RAISED BY THE GABRIEL GROUP WAS			
RELATED TO POSTAGE, PRINTING, MAILING AND AGENCY FEES.			

Schedule C	G (Form 990 or 990-EZ) Supplemental Info	MORRIS ANIMAL FOUNDATION	84-6032307	Page 4
Part IV	Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Name of the organization MORRIS ANIMAL	EOINDARION						Employer identification number 84-6032307
Part I General Information on Grants a							04-0032307
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr	to substantiate th				y for the grants or ass		tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is need	led.	(8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		<u>, </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COLORADO STATE UNIVERSITY 6015 Campus Deliver							
Fort Collins, CO 80523	84-6000545	GOVT	566,717.	0.			ANIMAL HEALTH STUDIES
CORNELL UNIVERSITY PO Box 22 Ithaca, NY 14851-0022	15-0532082	GOVT	215,720.	0.			ANIMAL HEALTH STUDIES
INDIANA UNIVERSITY SCHOOL OF MEDICINE - 635 Barnhill Dr Indianapolis, IN 46202	35-6001673	GOVT	216,555.	0.			ANIMAL HEALTH STUDIES
KANSAS STATE UNIVERSITY 10 Anderson Hall Manhattan, KS 66506	48-0771751	GOVT	53,393.	0.			ANIMAL HEALTH STUDIES
LOGGERHEAD MARINELIFE CENTER 14200 U.S. Highway One Juno Beach, FL 33408	59-2445926	501(C)(3)	32,131.	0.			ANIMAL HEALTH STUDIES
LOUISIANA STATE UNIVERSITY 156 Thomas Boyd Hall Baton Rouge, LA 70803	72-6000848	GOVT	107,204.	0.			ANIMAL HEALTH STUDIES
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in th	,	-		1	
3 Enter total number of other organization		1 table					0

Schedule I (Form 990) MORRIS ANIMAL FOUNDATION 84-6032307 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) MICHIGAN STATE UNIVERSITY 220 Trowbridge Rd East Lansing, MI 48824 56-6000756 GOVT 100,000 0 ANIMAL HEALTH STUDIES NEW ENGLAND AQUARIUM Central Wharf Boston , MA 02110 04-2297514 501(C)(3) 68,376 0 ANIMAL HEALTH STUDIES NORTH CAROLINA STATE UNIVERSITY PO BOX 7214 RALEIGH, NC 27695 56-6000756 GOVT 111,756 0 ANIMAL HEALTH STUDIES SMITHSONIAN INSTITUTION 24411 NETWORK PLACE 41,290 CHICAGO, IL 60673 05-3020627 501(C)(3) 0 ANIMAL HEALTH STUDIES THE UNIVERSITY OF GEORGIA 310 E. CAMPUS ROAD ATHENS, GA 30602 58-1353149 0 ANIMAL HEALTH STUDIES GOVT 87,121 TRUMAN STATE UNIVERSITY 100 E. Normal Kirksville, MO 63501 43-6005833 GOVT ANIMAL HEALTH STUDIES 10,800 0 UNIVERSITY OF CALIFORNIA One Shields Avenue 94-6036494 Davis, CA 95616 GOVT 250,695. 0 ANIMAL HEALTH STUDIES UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611-3001 59-6002052 GOVT 101,772 0 ANIMAL HEALTH STUDIES UNIVERSITY OF KENTUCKY M. H. Gluck Equine Res. Center Lexington, KY 616033693 61-6033693 GOVT 39,335. ANIMAL HEALTH STUDIES 0

Schedule I (Form 990) MORRIS ANIMAL FOUNDATION 84-6032307 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (f) Method of (h) Purpose of grant (b) EIN (d) Amount of (e) Amount of (g) Description of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) UNIVERSITY OF MAINE 5703 Alumni Hall Ste 101 Orono, ME 04469 01-6000769 GOVT 148,492 0 ANIMAL HEALTH STUDIES UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS, MN 55485-5957 41-6007513 GOVT 242,129 0 ANIMAL HEALTH STUDIES UNIVERSITY OF PITTSBURGH 123 University Place B21 Pittsburgh, PA 15260 25-0965591 GOVT 126,546 0 ANIMAL HEALTH STUDIES UNIVERSITY OF VERMONT 85 S Prospect St Burlington Burlington, VT 05405 03-0179440 GOVT 10,797 0 ANIMAL HEALTH STUDIES UNIVERSITY OF WISCONSIN-MADISON 2015 LINDEN DRIVE MADISON, WI 53706 39-6006492 GOVT 0 ANIMAL HEALTH STUDIES 10,800 UNIVERSITY OF ILLINOIS 28392 Network Pl. Chicago, IL 60673-1283 37-6000511 GOVT 157,397 0 ANIMAL HEALTH STUDIES Schedule I (Form 990) (2019) Page 2

MORRIS ANIMAL FOUNDATION 84-6032307 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-(f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of cash assistance recipients cash grant FELLOWSHIPS 0. 11 55,000 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part I, Line 2: DISTRIBUTIONS OF GRANT PAYMENTS ARE TYPICALLY MADE IN QUARTERLY DISTRIBUTIONS. SUBJECT TO PERFORMANCE OF THE PROJECT TO THE SATISFACTION OF THE FOUNDATION. GRANT PERFORMANCE IS ASSESSED BASED ON INDEPENDENT SCIENTIFIC REVIEW OF PROGRESS REPORTS THAT ARE REQUESTED TWICE ANNUALLY. ONE-HALF OF THE FINAL QUARTERLY PAYMENTS WILL BE WITHHELD BY THE FOUNDATION UNTIL RECEIPT OF A COMPLETE AND SATISFACTORY FINAL REPORT AND ACCOUNTING.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

MORRIS ANIMAL FOUNDATION

Employer identification number 84-6032307

Pa	art I Questions Regarding Compensation					
			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee X Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		х		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:					
а	The organization?	5a		Х		
	Any related organization?	5b		Х		
	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net earnings of:					
а	The organization?	6a		Х		
b	Any related organization?	6b		Х		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in					
	Populations section 52 4059 6(a)2	ا م ا		i		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 MORRIS ANIMAL FOUNDATION 84-6032307 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	C) Retirement and other deferred benefits		(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990	
(1) TIFFANY GRUNERT	(i)	191,116.	40,000.	0.	14,760.	10,490.	256,366.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) STACY VANBUREN	(i)	120,617.	27,500.	0.	9,052.	9,067.	166,236.	0.	
VP OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MICHAEL CINKOSKY	(i)	143,624.	30,000.	0.	11,165.	13,684.	198,473.	0.	
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) JANET PATTERSON-KANE	(i)	160,276.	15,835.	0.	8,550.	9,921.	194,582.	0.	
CHIEF SCIENTIFIC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) RYAN WELCH	(i)	146,469.	14,170.	0.	7,650.	7,802.	176,091.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) CAROL BORCHERT	(i)	115,125.	23,000.	0.	8,521.	8,922.	155,568.	0.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2019	MORRIS ANIMAL FOUNDATION	84-6032307	Page 3
Part III Supplemental Inform	ation		
Provide the information, explana	tion, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and	d 8, and for Part II. Also complete this part for any additional info	rmation.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Types of Property

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization MORRIS ANIMAL FOUNDATION Employer identification number 84-6032307

		(a)	(b)	(c)	(d)	4 !		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			c
		арріісавіс		Form 990, Part VIII, line 1g	Tioricasii contribu	ition ai	nount	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	20	894,286.	Subsequent sellir	ng pr	ice	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions				
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribu	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				_
	contributions?					32a		Х
b	If "Yes," describe in Part II.				•			
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MORRIS ANIMAL FOUNDATION

Employer identification number $84\!-\!6032307$

Form 990, Part III, Line 4b, Program Service Accomplishments:
John Joo, Tale III, Zine IS, Ilogiam Belvice Recompilismones.
CANCER IN PETS. THE ORGANIZATION ALSO PROVIDES ANIMAL HEALTH
INFORMATION THROUGH AN EXTENSIVE DIRECT RESPONSE PROGRAM TO DONORS,
WHICH INCLUDES DIRECT MAIL, A QUARTERLY PRINT NEWSLETTER, AN EMAIL
NEWSLETTER PROGRAM AND EDUCATIONAL WEBINARS.
Form 990, Part VI, Section A, line 2:
TRUSTEE BETTE MORRIS IS THE MOTHER OF TRUSTEES DAVID MORRIS AND CYNTHIA
MORRIS.
Form 990, Part VI, Section B, line 11b:
A DRAFT OF THE IRS FORM 990 AND ALL SCHEDULES IS REVIEWED BY THE BOARD OF
TRUSTEES, CEO AND COO AND OTHER OFFICERS BEFORE IT IS FILED WITH THE IRS.
Form 990, Part VI, Section B, Line 12c:
ALL MEMBERS OF THE BOARD OF TRUSTEES AND BOARD COMMITTEES ARE REQUIRED TO
COMPLETE AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE. THE BOARD REVIEWS
ALL FORMS AND FOR ANY THAT DECLARE A CONFLICT, THOSE MATTERS ARE BROUGHT
BEFORE THE FULL BOARD. THE BOARD ALSO ENFORCES COMPLIANCE BY PROMOTING
AWARENESS OF THE POLICY AT BOARD MEETINGS.
Form 990, Part VI, Section B, Line 15:
THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR REVIEWING THE PERFORMANCE OF
THE PRESIDENT/CEO AND MAKING RECOMMENDATIONS AT LEAST ANNUALLY TO THE
EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES FOR HIS/HER COMPENSATION.
THE CURIT DE DONE IN ACCODANCE WITH THE DOLLOW AND OTHER DECT DEACTIONS

Name of the organization MORRIS ANIMAL FOUNDATION		Employer identification number 84-6032307
IN THE JUDGMENT OF THE MEMBERS OF THE COMPENSATION COMMITTEE. I	N ADDITION,	
THE COMPENSATION COMMITTEE SHALL ANNUALLY REVIEW ANY CHANGES IN	I THE	
COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES ACCORDING TO	POLICY. FOR	
THE PURPOSES OF THESE POLICIES, "COMPENSATION" REFERS TO THE CO	MBINATION OF	
SALARY AND BENEFITS AS DEFINED IN THE IRS FORM 990 PROCESS INST	TRUCTIONS.	
THE CEO SETS THE OTHER OFFICERS' SALARIES WITH INPUT FROM THE E	BOARD AND	
USING COMPARATIVE DATA AND SET PAYGRADES.		
Form 990, Part VI, Section C, Line 19:		
GOVERNING AND FINANCIAL DOCUMENTS ARE AVAILABLE UPON REQUEST AN	ID ARE ALSO	
POSTED ON THE FOUNDATION'S WEBSITE.		
OTHER CONTRACT SERVICES.		
Program service expenses	1 141 100	
Management and general expenses		
Fundraising expenses	118,264.	
Total expenses	1,300,660.	
Total Other Fees on Form 990, Part IX, line 11g, Col A	1,300,660.	
Form 990, Part XI, line 9, Changes in Net Assets:		
Grants refunded/discontinued	464,806.	
Change in value of charitable gift annuities	-77,170.	
Total to Form 990, Part XI, Line 9	387,636.	
FORM 990, PART XI, LINE 9		
GRANTS AWARDED IN PRIOR YEARS THAT ARE REFUNDED OR DISCONTINUED) ARE	
REPORTED AS A REDUCTION OF GRANT EXPENSE IN THE FINANCIAL STATE	EMENTS IN	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MORRIS ANIMAL FOUNDATION	Employer identification number 84-6032307
THE YEAR THE REFUND IS RECEIVED OR THE PROJECT IS DISCONTINUED. THESE	
AMOUNTS ARE NOT REFLECTED IN THE STATEMENT OF FUNCTIONAL EXPENSES FOR	
TAX PURPOSES. AS A RESULT, PROGRAM EXPENSES FOR TAX PURPOSES ARE	
GREATER THAN PROGRAM EXPENSES FOR FINANCIAL STATEMENT PURPOSES.	
Form 990, Part XII, Line 2c:	
THE FOUNDATION'S AUDIT COMMITTEE IS RESPONSIBLE FOR SELECTING THE	
INDEPENDENT AUDITOR AND MONITORING THE RESULTS OF THE ANNUAL AUDIT.	
THE AUDIT COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR AT LEAST	
ANNUALLY TO REVIEW THE AUDIT PROCESS AND RESULTS. THERE HAS BEEN NO	
CHANGE TO THIS PROCESS IN THE CURRENT YEAR.	

Extended to May 17, 2021 Exempt Organization Business Income Tax Return

Form 990-T Exempt Organization B	usin	ess Income 1	Tax Returr	า	OMB No. 1545-0047			
(and proxy tax u					2019			
For calendar year 2019 or other tax year beginning JUL 1,		, and ending JUN		_ ·	2019			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it is					Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if address changed Name of organization (Check box if	ne change	ed and see instructions.)		(Emp	oyer identification number loyees' trust, see uctions.)			
B Exempt under section Print MORRIS ANIMAL FOUNDATION	····							
x 501(c)(3) Number, street, and room or suite no. If a P.O.	Nullipti, Sutti, and roull of Suit no. if a r.o. box, Stt monutons.							
408(e) 220(e) Type 720 s. colorado blvd., No. 174	- A			(000)	eu deueriei,			
408A 530(a) City or town, state or province, country, and Z	IP or fore	ign postal code						
529(a) DENVER, CO 80246				5230	00			
C Book value of all assets at end of year F Group exemption number (See instructions.								
90,834,795. G Check organization type x 501(c)			401(a)		Other trust			
H Enter the number of the organization's unrelated trades or businesses.	1		the only (or first) un					
trade or business here INVESTMENT IN LIMITED PARTNERSHIPS			complete Parts I-V.					
describe the first in the blank space at the end of the previous sentence, complet	e Parts I a	and II, complete a Schedul	e M for each additior	nal trad	e or			
business, then complete Parts III-V.		- : - : - : - : - : - : - : - : - : - :		1,7	- T7 N-			
I During the tax year, was the corporation a subsidiary in an affiliated group or a p If "Yes," enter the name and identifying number of the parent corporation. ▶	arent-suc	osidiary controlled group?		Ye	es X No			
J The books are in care of STACY VAN BUREN		Talanh	one number > 3	03-70	18_3/23			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expense:		(C) Net			
1a Gross receipts or sales		(-)	(= / == + = ==	-	(2)::::			
b Less returns and allowances c Balance	▶ 1c							
2 Cost of goods sold (Schedule A, line 7)								
3 Gross profit. Subtract line 2 from line 1c								
4a Capital gain net income (attach Schedule D)		421,275.			421,275.			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								
c Capital loss deduction for trusts	4c							
5 Income (loss) from a partnership or an S corporation (attach statement)		193,582.	Stmt 1		193,582.			
6 Rent income (Schedule C)	6							
7 Unrelated debt-financed income (Schedule E)	7							
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule	e F) 8							
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule								
10 Exploited exempt activity income (Schedule I)								
11 Advertising income (Schedule J)								
12 Other income (See instructions; attach schedule)								
13 Total. Combine lines 3 through 12					614,857.			
Part II Deductions Not Taken Elsewhere (See instruction (Deductions must be directly connected with the unrelated b								
14 Compensation of officers, directors, and trustees (Schedule K)				14				
15 Salaries and wages				15				
16 Repairs and maintenance				16				
17 Bad debts				17				
18 Interest (attach schedule) (see instructions)				18				
19 Taxes and licenses				19				
20 Depreciation (attach Form 4562)		20						
21 Less depreciation claimed on Schedule A and elsewhere on return				21b				
22 Depletion				22				
Contributions to deferred compensation plans				23				
24 Employee benefit programs				24				
25 Excess exempt expenses (Schedule I)				25				
26 Excess readership costs (Schedule J)27 Other deductions (attach schedule)				26				
 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 				28	0.			
 Unrelated business taxable income before net operating loss deduction. Sub 				29	614,857.			
30 Deduction for net operating loss arising in tax years beginning on or after Ja				23	314,037,			
(see instructions)			t 2	30	0.			
31 Unrelated business taxable income. Subtract line 30 from line 29				31	614,857.			

Part	III 7	Total Unrelated Business Ta	xable Income							
32	Total of	unrelated business taxable income comp	uted from all unrelated trades	or businesses (s	ee instructions)		32	2	614	,857.
33	Amount	s paid for disallowed fringes					33	3		
34	Charitab	le contributions (see instructions for limit	ation rules)				34	4		0.
		related business taxable income before p						5	614,	,857.
	Deduction	36	6	614,	,857.					
37	Total of	unrelated business taxable income before	specific deduction. Subtract	ine 36 from line	35		. 37	7		
		deduction (Generally \$1,000, but see line						8	1,	,000.
		ed business taxable income. Subtract lin								
	enter the	e smaller of zero or line 37					39	9		0.
		Tax Computation								
40	Organiz	ations Taxable as Corporations. Multiply	line 39 by 21% (0.21))	4 (0		0.
		Taxable at Trust Rates. See instructions f								
		x rate schedule or Schedule D (F					▶ 4	1		
42		ax. See instructions						2		
		ive minimum tax (trusts only)						3		
44	Tax on I	Noncompliant Facility Income. See instru	ıctions				4	4		
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, w	hichever applies				. 4			0.
Part	V 1	Tax and Payments								
46a	Foreign	tax credit (corporations attach Form 1118	; trusts attach Form 1116)		46a					
			, , , , , , , , , , , , , , , , , , , ,				\dashv			
		business credit. Attach Form 3800					\dashv			
		or prior year minimum tax (attach Form 88					\dashv			
		edits. Add lines 46a through 46d					46	ie		
		t line 46e from line 45						7		0.
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form 8	697 Form	8866 Oth	er (attach schedul	e) 48	8		
49	Total ta	x. Add lines 47 and 48 (see instructions)					49	9		0.
		et 965 tax liability paid from Form 965-A o						0		0.
		ts: A 2018 overpayment credited to 2019								
		timated tax payments					\dashv			
		osited with Form 8868					\dashv			
		organizations: Tax paid or withheld at sou					\dashv			
		withholding (see instructions)					\dashv			
		or small employer health insurance premit					\dashv			
		edits, adjustments, and payments:					\neg			
·		rm 4136	Other	Total	▶ 51g					
52		ayments. Add lines 51a through 51g					52	2		
		ed tax penalty (see instructions). Check if					50	3		
		e. If line 52 is less than the total of lines 49		ved			<u> </u>	_		
		ment. If line 52 is larger than the total of					▶ 58	5		
		e amount of line 55 you want: Credited to				Refunded	▶ 56	6		
Part	VI S	Statements Regarding Certa	in Activities and Ot	her Informa	ation (see inst	ructions)				
57	At any ti	ime during the 2019 calendar year, did the	organization have an interest	in or a signature	or other author	ty			Yes	No
	over a fi	nancial account (bank, securities, or other	r) in a foreign country? If "Yes	," the organizatio	n may have to fil	e				
	FinCEN	Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," ente	r the name of the	e foreign country					
	here	•	•		,					х
58	Durina t	he tax year, did the organization receive a	distribution from, or was it th	e grantor of, or t	ransferor to, a fo	reian trust?				Х
	_	see instructions for other forms the organ		,	,	•				
		e amount of tax-exempt interest received		\$						
		der penalties of perjury, I declare that I have exam					knowledç	ge and belief, it is	s true,	
Sign	Cor	rrect, and complete. Declaration of preparer (other	r than taxpayer) is based on all info	rmation of which pre	eparer nas any knov	vieage.				
Here				CHIEF EX	ECUTIVE OFF	ICER	-	e IRS discuss thi parer shown belo		with
		Signature of officer	Date	Title					es	No
	-	Print/Type preparer's name	Preparer's signature		Date	Check	if F	PTIN		
Paid						self- employ				
		Laurie Anderson	Laurie Anderson		02/01/21			P01416697	7	
-	oarer	Firm's name Kundinger, Cord				Firm's EIN				
use	Only		Street, Suite 200			5 E				
		Firm's address Denver CO 8	,			Phone no	(303) 534-595	3	

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6			
2 Purchases	2			Cost of goods sold. Su						
3 Cost of labor			1	from line 5. Enter here	and in F	Part I,				
4 a Additional section 263A costs			1	line 2			7			
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Y	es	No
b Other costs (attach schedule)			property produced or acquired for resale) apply							
5 Total. Add lines 1 through 4b			1			, .				
Schedule C - Rent Income		Property and	d Pe							
(see instructions)	•						•			
Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued								
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of of rent for personal property exceeds 50% or if the rent is based on profit or income)					age	3(a) Deductions directly columns 2(a) a		cted with the incor attach schedule)	me in	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•			0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	instru	ctions)						
				•		3. Deductions directly cor				
			2	Gross income from or allocable to debt-	(2)	to debt-finan	ced prop			
 Description of debt-fire 	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach scheduction)	tions ule)	
(1)										
(2)										
(2)										
(4)										
4. Amount of average acquisition	5 Average	adjusted basis	6	. Column 4 divided		7. Gross income		8. Allocable dec	duction	ıs
debt on or allocable to debt-financed property (attach schedule)	debt-fina	allocable to nced property n schedule)		by column 5		reportable (column 2 x column 6)	'	column 6 x total o 3(a) and 3(l	f colur	
	,		-				_			
(1)				%						
(2)			-	%			_			
(3)				%						
(4)				%			\perp			
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on Part I, line 7, colu		
Totals				>		(٠.			0.
Total dividends-received deductions in							•			0.

				Exempt 0	Controlled O	rganizati	ons				
Name of controlled organi	zation	2. Emp identific num	cation		elated income instructions)		al of specified nents made	5. Part of column 4 that included in the controllin organization's gross inco		trolling	Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Orga	ınizations										
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payi made	nents	10. Part of colur in the controlli gross	mn 9 tha ing orgai s income	nization's		eductions directly connected th income in column 10
(1)				+							
(2)											
(3)											
(4)											
	•						Add colun Enter here and line 8, c		e 1, Part I,	l	ndd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						▶			0.		(
Schedule G - Investn	nent Inco structions)	me of a	Sectio	n 501(c)(7), (9), or	(17) Or	ganization	1			
1 . De	escription of inco	ome			2. Amount of	income	Deductiondirectly connected(attach sched)	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				>		0.					(
Schedule I - Exploite	d Exemp t tructions)	t Activity	Incom	ne, Othe	r Than Ac	lvertisi	ng Income	•			
(000 1110		1			4. Net incom	no (logo)			l		1_
1. Description of exploited activity	unrelated incon	Gross d business ne from business	directly with pr of un	connected connected roduction irelated ss income	from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3). If a e cols. 5	5. Gross incofrom activity to is not unrelate business inco	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals	page line 10	ere and on 1, Part I, , col. (A).	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 25.
Schedule J - Adverti	► sing Inco		etructio	-							
Part I Income Fron					solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (cocol. 3). If a ga	ising gain ol. 2 minus ain, comput nrough 7.	5. Circulat income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totale (carry to Dart II line (5))			0								

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0,	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2019)

NEW MOUNTAIN PARTNERS V - Ordinary Business Income (loss) 117,873	Form 990-T	Statement 					
102,588 102,	Descriptio	n					
NEW MOUNTAIN PARTNERS V - Ordinary Business Income (loss) 17,873	MORGAN CRE	EK CAPITAL PARTNERS	S - Ordinary Bus	iness Income			
Blackstone Tactical Opportunities fund III - Ordinary 8,516	(loss)		_		182,588		
Business Income (loss)		-17,873.					
CPREF (AIV 1), LP - Ordinary Business Income (loss)		8,516					
Company Comp							
TENNENBAUM - Ordinary Business Income (loss) 2,821							
Warburg Pincus - Ordinary Business Income (loss))			
Magnetar Capital (MTP Energy Opportunities Fund II LLC) - 32,332 Ordinary Business 30,332 Fotal Included on Form 990-T, Page 1, line 5 193,582 Form 990-T Net Operating Loss Deduction Statement Tax Year Loss Sustained Applied Remaining Available This Year 106/30/19 357,136. 0. 357,136. 357,136. NOL Carryover Available This Year 357,136. 357,136. Form 990-T Net Operating Loss Deduction Statement Form 990-T Net Operating Loss Deduction Available This Year Tax Year Loss Sustained Applied Remaining Available This Year 106/30/17 259,615. 0. 259,615. 259,615. 259,615. 752,137.<		-		ss)			
Tax Year Loss Sustained Loss Previously Loss Available Tax Year Loss Sustained Previously Loss Statement Statement					_,		
Net Operating Loss Deduction Statement Statement					32,332		
Net Operating Loss Deduction Statement Statement	Total Incl	uded on Form 990-T	Page 1 line 5		193 582		
Loss							
Previously Loss Available This Year	Form 990-T	Net	Operating Loss D	eduction	Statement		
NOL Carryover Available This Year 357,136. 357,136. Form 990-T Net Operating Loss Deduction Statement Loss Previously Loss Available Applied Remaining This Year 259,615. 259,615. 259,615. 259,615. 752,137. 0. 752,137. 752,137.	Tax Year	Loss Sustained	Previously				
Form 990-T Net Operating Loss Deduction Statement Loss Previously Loss Available Tax Year Loss Sustained Applied Remaining This Year 259,615. 06/30/18 0. 259,615. 259,615. 0. 752,137. 0. 752,137.			0. 357,136.		IIIIS TEAT		
Loss Previously Applied Loss Remaining This Year 06/30/17 259,615. 0. 259,615. 259,615. 0. 752,137. 0. 752,137.	06/30/19	357,136.	0.	357,136.			
Previously Applied Loss Remaining Available This Year 06/30/17 259,615. 0. 259,615. 259,615. 06/30/18 752,137. 0. 752,137. 752,137.		•			357,136.		
Tax Year Loss Sustained Applied Remaining This Year 06/30/17 259,615. 0. 259,615. 259,615. 06/30/18 752,137. 0. 752,137. 752,137.	NOL Carryo	ver Available This	Year	357,136.	357,136. 357,136.		
06/30/18 752,137. 0. 752,137. 752,137.		ver Available This	Year Operating Loss D	astr,136.	357,136. 357,136. Statement		
	NOL Carryo	ver Available This	Year Operating Loss D Loss Previously	eduction Loss	357,136. 357,136. Statement Available		
NOL Carryover Available This Year 1,011,752. 1,011,752.	NOL Carryo Form 990-T	Net Loss Sustained	Operating Loss Double Loss Previously Applied	ass, 136. Loss Remaining	357,136. 357,136. Statement Available This Year		
	NOL Carryo	Net Loss Sustained 259,615.	Year Operating Loss December Loss Previously Applied 0.	ass, 136. eduction Loss Remaining 259,615.	357,136. 357,136. Statement Available This Year 259,615.		

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

MORRIS ANIMAL FOUNDATION			8	34-60	032307
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax y	vear?		Yes X No
If "Yes," attach Form 8949 and see its instru					,
Part I Short-Term Capital Ga			•		
See instructions for how to figure the amounts to enter on the lines below.	,	,	(a)		(h) o : //) o : /
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(9) Adjustments to gair or loss from Form(s) 8949 Part I, line 2, column (g)	9,	(ħ) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					-182.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computa	ation)	See Stat	ement 4	6	(58,614.)
7 Net short-term capital gain or (loss). Combine				7	-58,796.
Part II Long-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gair	1	(h) Gain or (loss). Subtract
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8949 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					480,071.
				11	
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
				14	
15 Net long-term capital gain or (loss). Combine		ın h		15	480,071.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin				16	
17 Net capital gain. Enter excess of net long-term				17	421,275.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	<u>[</u>	18	421,275.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

84-6032307

MORRIS ANIMAL FOUNDATION Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term | Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. ave more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (h) (d) (e) loss. If you enter an amount **Proceeds** Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) see Column (e) in combine the result Amount of Code(s) with column (g) the instructions adjustment 25. Morgan Creek Partners Tennenbaum 128. Magnetar Capital <335.>

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

<182.>

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

MORRIS ANIMAL FOUNDATION

84-6032307

David II Lang Taym	
broker and may even tell you which box to check.	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by yo	ur
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute	

see page 1. Note: You may aggregate al codes are required. Enter the	Il long-term transac	tions reported on F Schedule D. line 8	Form(s) 1099-B show	wing basis was reported to report	ed to the IR	S and for which no a Form 8949 (see inst	djustments or
You must check Box D, E, or F below. f you have more long-term transactions than wi	Check only one bo Il fit on this page for or	DX. If more than one be ne or more of the boxe	ox applies for your long s, complete as many for	g-term transactions, comporms with the same box c	olete a separa hecked as yo	te Form 8949, page 2, fo u need.	r each applicable box.
(D) Long-term transactions re		•	-	· · ·	e Note abo	ove)	
(E) Long-term transactions rep	· · · · · · · · · · · · · · · · · · ·	•	-	eported to the IRS			
(F) Long-term transactions no	 			1 (-)	Adjustmer	nt, if any, to gain or	(1-)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	of property Osh. XYZ Co.) Date acquired (Mo., day, yr.) Date sold or (sales price) Date sold or (sales price) Cost or other basis. See the Note below and column (f). Solumn (f). Solumn (f).		où enter an amount	(h) Gain or (loss). Subtract column (e) from column (d) &			
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
Morgan Creek Partners						,	479,942.
New Mountain Partners							174.
lennenbaum							448.
Magnetar Capital							<493.
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	ind (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo		· · · · · · · · · · · · · · · · · · ·					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked)

Schedule D	C:	Statement		
	Loss Year	Original Loss Sustained	Loss Previously Applied	Loss Remaining
	2014 2015 2016 2017 2018	106,333	47,719	58,61
Capital Loss		Current Taxable Yean	c	58,61

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

JAN 1

beainnina

Information furnished for the foreign partnership's tax year

. 2019, and ending DEC 31

2019

Attachment Sequence No. 118

OMB No. 1545-1668

Name of person filing this return Filer's identification number 84-6032307 MORRIS ANIMAL FOUNDATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 | X | 2 В 2019 , and ending JUL 1 JUN 30 2020 beainnina C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owne **2(a)** EIN (if any) **G1** Name and address of foreign partnership Axiom Asia V 98-1420337 2(b) Reference ID number Willow House, Cricket Square, PO Box 709 3 Country under whose laws organized Grand Cayman, Cayman Islands KY1-1107 Cavman Islands 7 Principal business activity 4 Date of organization 5 Principal place of business Principal business activity code number Functiona currency Exchange rate (see instructions) 01/04/2018 Cayman Islands 523900 INVESTÍNG USD **H** Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 Form 1042 Form 8804 Service Center where Form 1065 is filed: Name and address of person(s) with custody of the books and records of the foreign Name and address of person(s) with custody of the both partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any MISSION CAPITAL GROUP V STATE STREET FUND SERVICES-HONG KONG FLOOR 2, WILLOW HOUSE, CRICKET SQUARE 68/F, TWO INTERNATIONAL FINANCE CENTR GRAND CAYMAN Cavman Islands KY1-110 CENTRAL Hong Kong During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes X No 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2. LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 8865 (2019)

orm 886	65 (20	19)	MORRIS ANIMAL FOUNDATION						84	-6032307		Page 2
12 a	Is the	filer of t	his Form 8865 claiming a foreign-de	rived inta	ingible income deduction (ur	nder section 25	(50) with resp	ect to				
	any ar	nounts	listed on Schedule N?							Ye:	; [No
b	If "Yes	s," enter	the amount of gross income derived	from sal	es, leases, exchanges, or oth	ner dispositions	s (but not lice	enses)			
	from t	ransact	ions with or by the foreign partnersh	ip that th	e filer included in its comput	ation of foreign	n-derived ded	ductio	n			
	eligible income (FDDEI)											
C	If "Yes	s," enter		-								
	filer in	cluded		•								
d	If "Yes	s," enter		-								
	includ	•										
13	Enter	in										
	the pa	rtnersh	ip or of receiving a distribution from	the partn	ership				>	•		
			uring the tax year were any transfers									
			of Regulations section 1.707-8?						>	Ye:	s [No
			ly transfers of property or money wit									
	that w	ould red	quire disclosure under Regs. 1.703-3	or 1.707	7-6? If "Yes," attach a statem	ent identifying	the transfers	, the				
	amou	nt or va	lue of each transfer, and an explanati	on of the	tax treatment. See instruction	ons for exception	ons		•	Ye:	; <u> </u>	No
b	Did th	e partne	ership assume a liability or receive pr	operty su	bject to a liability where suc	h liability was ii	ncurred by a	partn	er within			
	a 2-ye	ar perio	d of transferring the property to the	partnersh	nip? If "Yes," attach a stateme	ent identifying t	the property t	transf	erred,			
	-	-	r value of each transfer, the debt ass							Ye:	; <u> </u>	No
ign Here	, ,		nalties of perjury, I declare that I have exam						•	•		
You're Fi his Form		correct, a	and complete. Declaration of preparer (other	man gene	rai partner or iimited liability comp	pany member) is t	Jaseu on all ini	orman	on or which p	oreparer nas ai	iy knowled	ge.
Separately Not With Y												
ax Return		Sig	gnature of general partner or limited liability	company	member					— /	Date	
Paid	F	Print/Type	e preparer's name	Prepai	rer's signature		Date		Check	PTIN		
Prepa		aurie	Anderson	Laur	ie Anderson	þ	2/01/21		self-employe	ed P014	16697	
Jse	ויייי	irm's n	ame Kundinger, Corder	& Engl	e P.C.			Firm	's EIN 🕨	I		
ose Only			ddress >475 Lincoln Street							3) 534-5	953	
Jilly	b	enver	, CO 80203	•								
Sched	dule	A	Constructive Ownership	of Part	nership Interest. Che	eck the box	es that ap	ply t	o the file	r. If you c	heck	
			box b , enter the name, add		-		•			•		
			interest you constructively		• •		,	•	•	()		
			a X Owns a direct interest		b [Owns a co	onstructive ir	nteres	t			
											Check if	Check if
			Name		Address		Identif	ication numb	er (if any)	foreign person	direct partner	
Sched	dule	A-1	Certain Partners of Forei	un Parl	tnership (see instruct	ions)	I					ı
				ĺ	• (,						Check if
			Name		Address			ŀ	dentification	number (if any)	foreign person
NIVER	SAL	INVES	TMENT	15 RUE	DE FLAXWELLER							Х
					MACHER, Luxembourg	L						
Sched	tule .	Δ-2	Foreign Partners of Secti			instructions	.)					
Name o				~ <i>1 </i>	Country of	U.S. taxpa	ayer	Check	if related to	Perce	ntage intere	est
	tner	''	Address		organization (if any)	identification (if any)	number		transferor	Capital	P	rofits
					())	(411)	,			•	%	%
											%	
nes the	nartn	archin h	l ave any other foreign person as a dii	ect nartn	l er?			l		Yes	/ 0	No 70
Sched			Affiliation Schedule. List			mestic) in w	which the f	orei	nn nartn		ns L	140
Jonet	auic I		a direct interest or indirect			in w	vinori trie i	o ol	yıı Partiti		1.0	

Address

Form **8865** (2019)

Total ordinary income or loss

EIN (if any)

See Statement 5

SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero	r								Filer's identi	fying nun	nber	
	MORRIS AN	IMAL FOU	NDATION	i					84-603			
Name of foreign pa	artnership Axi	om Asia	V					EIN (if any)		Referen	ce ID num	ber (see instr)
								98-142033		NA	1	
						Regulations section					Yes	∐ No
•	•			•		gain upon the contrat the time of the tra				∟	Yes	No
						at the time of the tra 1.482-7(c)(1)?				Г	Yes	No
	ansfers Reportabl				otion	11.402 7(0)(1):						
	(a)	(b)		(c)		(d)	(e	<i>a</i>)	(f)			(g)
Type of property	Date of transfer	Description of property	Fair ma	of transfer		Cost or other basis	Recover		Section 704 allocation me			ecognized ransfer
Cash	04/30/20		Ę	509,870.								
Stock, notes												
receivable and payable,												
and other												
securities												
Inventory												
-												
Tangible property												
used in trade												
or business												
Intangible												
property described in												
section												
197(f)(9)												
Intangible property, other												
than intangible												
property described in												
section 197(f)(9)												
Otto												
Other property												
proporty												
Totals				509,870.								
	l ansferor's percenta	age interest	in the nartr		ore th	he transfer	.1478	%	(h) After	the transf	er	.1393 %
	ormation Required				010 11	no transfer	.1170	70	(5) / 11101	ano tranor	01	.1333 70
Part II Di	spositions Report	able Under	Section 60	38B								
(a)	(b)		(c)	(d)		(e)	_	(f) reciation	(g)			(h)
Type of property	Date of original transfer		ate of position	Manner of disposition		Gain recognized by partnership	rec	reciation capture ognized artnership	Gain alloc to partn		recaptu	eciation re allocated partner
						-						
Dowt III			-11-1	hina i			20.4(0)(0)		(t) (E) (E) C			1 s.
Part III Is	any transfer report	<u>tea on this s</u>	cneaule su	ibject to gain re	cogn	nition under section s	9U4(T)(3) 0	r section 904((†)(5)(+)?	🕨	Yes	X No

Department of the Treasury

Name of person filing this return

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

JAN 1

beginning

Information furnished for the foreign partnership's tax year

. 2019, and ending DEC 31

2019

Filer's identification number

OMB No. 1545-1668

Attachment Sequence No. 118

84-6032307 MORRIS ANIMAL FOUNDATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 | X | 2 2019 , and ending В JUL 1 JUN 30 2020 beainnina C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owne **2(a)** EIN (if any) **G1** Name and address of foreign partnership Carlyle Partners VII Cayman, LP 98-1406754 2(b) Reference ID number 1001 PENNSYLVANIA AVE NW, STE. 220 S. 3 Country under whose laws organized WASHINGTON, DC, DC 20004 Cavman Islands 7 Principal business activity 4 Date of organization 5 Principal place of business Principal business activity code number Functiona currency Exchange rate (see instructions) 01/18/2018 Cayman Islands 523900 INVESTÍNG USD **H** Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 THE CARLYLE GROUP Form 1042 Form 8804 1001 PENNSYLVANIA AVE NW, STE 220 S Service Center where Form 1065 is filed: WASHINGTON DC DC 20004 Name and address of person(s) with custody of the books and records of the foreign Name and address of personal with coaling and records, if different partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes Nο 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in No Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

orm 886	65 (201	9) :	MORRIS ANIMAL FOUNDAT	ION						84	-60	32307		Page 2
12 a	Is the fi	ler of t	his Form 8865 claiming a foreig	ın-derived ir	ntar	ngible income deduction (u	nder section 2	50) with resp	ect t	0				
	any am	ounts	listed on Schedule N?								• [Yes		No
			the amount of gross income de											
	from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction													
	eligible income (FDDEI)													
C	If "Yes,"	enter	the amount of gross income de	rived from a	lic	ense of property to or by th	ne foreign part	nership that t	he					
	filer included in its computation of FDDEI													
d														
	included in its computation of FDDEI													
	the part	nershi	p or of receiving a distribution f	rom the par	tne	rship					٠ .			
14	At any t	ime dı	uring the tax year were any trans	sfers betwee	en t	he partnership and its parti	ners subject to	the disclosu	re		_		_	_
	require	ments	of Regulations section 1.707-89	?						>	• L	Yes	X	No
15 a	Were th	iere an	y transfers of property or mone	y within a 2	-ye	ar period between the partr	nership and an	y of its partne	ers					
	that wo	uld red	quire disclosure under Regs. 1.7	'03-3 or 1.7	07	-6? If "Yes," attach a statem	ent identifying	the transfers	, the		_		_	_
	amount	or val	ue of each transfer, and an expl	anation of th	he t	ax treatment. See instructi	ons for except	ions		>	• L	Yes	X	No
b	Did the	partne	ership assume a liability or recei	ve property	sul	pject to a liability where suc	h liability was	incurred by a	part	ner within				
	a 2-yea	r perio	d of transferring the property to	the partner	shi	p? If "Yes," attach a statem	ent identifying	the property	trans	sferred,	_	_		_
Sign Here			value of each transfer, the debt								<u> </u>	Yes	X	
f You're Fi This Form Separately Not With Y	and		nd complete. Declaration of preparer							•		-		
ax Return			gnature of general partner or limited lia										Date	
Paid	Pri	nt/Type	e preparer's name	Prep	pare	er's signature		Date		Check] _{if}	PTIN		
Prepa	rer ^{La}	urie	Anderson	Lau	ri	e Anderson		02/01/21		self-employe	ed	P0141	6697	
Jse	Fi	m's n	ame Kundinger, Cord	ler & Eng	g 10	e P.C.			Firr	n's EIN ►				
Only			ddress▶475 Lincoln Str	eet, Sui	it	200			Pho	one no.(303	3)!	534-59	53	
-			, CO 80203											
Sched	lule A		Constructive Owners	-		•		•				•		
			box b , enter the name,			• •	itification n	umber (if a	ny)	of the per	sor	ı(s) who	se	
			interest you constructive	•	S	_	_							
			a X Owns a direct interest	est		b	Owns a o	constructive i	ntere	st			01 1 17	10
			Name			Address			Ident	tification numb	er (if	any)	Check if foreign	Check if direct
													person	partner
<u> </u>		4	0 1 2 5 1 4 5		_		. \							
Sched	lule A	-1	Certain Partners of Fo	preign Pa	irti	nersnip (see instruct	ions)							Charle if
			Name		Address Ider					Identification number (if any)				Check if foreign person
														-
Cabaa	Jula A	2	Fausium Dautmana of C		14/	a) Daytmayahin (aca	inaturation	<u></u>						
Sched		-2	Foreign Partners of S	ection 12	2 1(Country of Country of	instruction: U.S. taxp	,	<u></u>			Percen	age intere	et
	f foreign tner		Address			organization (if any)	identification (if an	number		k if related to 3. transferor		Capital	-	rofits
					\dashv	(ii aliy)	(ii an	y <i>i</i>	\vdash	- 				
										+			%	<u>%</u>
)one the	nartner	chin h	ave any other foreign person as	a direct per	tra	ar?				<u> </u>	Τ,		%	% T No.
		_	ave any other foreign person as				mootic) in	which the	forc	L		Yes		_ No
Sched	uue A	-3	Affiliation Schedule. La direct interest or indirect				inesuc) in	wriich the	iore	igri partne	er Sr	iib own	5	

Address

Form **8865** (2019)

Total ordinary income or loss

EIN (if any)

See Statement 6

SCHEDULE 0 (Form 8865)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

(Rev. December 2018)

OMB No. 1545-1668

► Attach to Form 8865. See the Instructions for Form 8865. Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8865 for instructions and the latest information. Name of transferor Filer's identifying number 84-6032307 MORRIS ANIMAL FOUNDATION EIN (if any) Name of foreign partnership Carlyle Partners VII Cayman, LP Reference ID number (see instr) 98-1406754 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions No Yes **b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? Yes No 2 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Transfers Reportable Under Section 6038B Part I (g) Date of transfer Fair market value Cost or other Section 704(c) allocation method Gain recognized on transfer Type of property Description Recovery period on date of transfer of property basis Cash 05/31/20 375,038. Stock, notes receivable and payable, and other securities Inventory **Tangible** property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals 375,038. Enter the transferor's percentage interest in the partnership: (a) Before the transfer .0088 % (b) After the transfer .0088 % Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (h) Depreciation Type of Date of Date of Manner of Gain Gain allocated recapture recognized by disposition recapture allocated property original disposition to partner partnership transfer to partner

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Yes Schedule 0 (Form 8865) 12-2018

X No

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

JAN 1

beainnina

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

. 2019, and ending DEC 31

2019

Attachment Sequence No. **118**

OMB No. 1545-1668

Filer's identification number Name of person filing this return 84-6032307 MORRIS ANIMAL FOUNDATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 | X | 2 В 2019 , and ending JUL 1 JUN 30 2020 beainnina C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owne 2(a) EIN (if any) **G1** Name and address of foreign partnership BLACKROCK DIRECT LENDING FEEDER FUND IX 2(b) Reference ID number PO BOX 309, UGLAND HOUSE SOUTH CHURCH STREET FOREINGUS 3 Country under whose laws organized GEORGE TOWN, GRAND CAYMAN Cayman Islands KY1-Cavman Islands 7 Principal business activity Principal business activity code number 4 Date of organization 5 Principal place of business Functional currency 8b Exchange rate (see instructions) Cayman Islands 523900 INVESTÍNG USD **H** Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 INTERNATIONAL FUND SERVICES (IRELAND) Form 1042 Form 8804 78 SIR JOHN ROGERSON'S OUAY Service Center where Form 1065 is filed: DUBLIN 2 Treland Name and address of person(s) with custody of the books and records of the foreign Name and address of person(s) with custody of the best partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes Nο 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

orm 886	65 (20	119)	MORRIS ANIMAL FOUNDATION						84	-6032307		Page 2
12 a	Is the	filer of t	his Form 8865 claiming a foreign-de	rived inta	angible income deduction (ur	nder section 25	0) with resp	ect to				
	any a	mounts	listed on Schedule N?							Yes	; [No
b	If "Yes	s," enter	the amount of gross income derived	from sal	es, leases, exchanges, or oth	ner disposition:	s (but not lice	enses)			
	from	transacti	ons with or by the foreign partnersh	ip that th	e filer included in its comput	ation of foreigr	n-derived dec	ductio	1			
	eligibl	·										
C	If "Yes											
	filer ir		·									
d	If "Yes	s," enter										
	includ		·									
13	Enter	in										
	the pa	artnershi	p or of receiving a distribution from	the partn	ership				>	·		
			uring the tax year were any transfers									
	requir	rements	of Regulations section 1.707-8?							Ye:	x	No
			y transfers of property or money wit									
	that w	ould red	quire disclosure under Regs. 1.703-3	or 1.707	7-6 ? If "Yes," attach a stateme	ent identifying	the transfers	, the				_
	amou	nt or val	ue of each transfer, and an explanati	on of the	tax treatment. See instruction	ons for exception	ons			Ye:	x	No
b	Did th	ie partne	rship assume a liability or receive pr	operty su	ubject to a liability where suc	h liability was i	ncurred by a	partn	er within			
	a 2-ye	ear perio	d of transferring the property to the	partnersh	nip? If "Yes," attach a stateme	ent identifying t	the property	transf	erred,			_
			value of each transfer, the debt ass							Yes		
ign Here You're Fi	, ,		nalties of perjury, I declare that I have exan nd complete. Declaration of preparer (other						•	•		
his Form	١	,		g	,,	,					.,	9
eparately Iot With Y		_										
ax Return			gnature of general partner or limited liability								Date	
Paid		Print/Type	e preparer's name	Prepa	rer's signature		Date		Check] if PTIN		
Prepa	rer	aurie	Anderson	Laur	ie Anderson	D	2/01/21		self-employe	P014	16697	
Jse	Ľ	Firm's n	ame Kundinger, Corder	& Engl	e P.C.			Firm	s EIN 🕨			
Only	 	Firm's a	ddress ▶475 Lincoln Street	, Suit	e 200			Phor	ne no.(30	3) 534-5	953	
			, CO 80203									
Sched	dule	Α	Constructive Ownership		•					•		
			box b , enter the name, add		• •	tification nu	ımber (if a	ny) o	f the pe	rson(s) wh	ose	
			interest you constructively	own. S	See instructions.	_						
			a X Owns a direct interest		b L	Owns a c	onstructive in	nteres	t			
			Name		Address	Address Identificatio					Check if foreign	Check if direct
										()	person	partner
Sched	lule .	A-1	Certain Partners of Forei	gn Par	tnership (see instruct	ions)						
			Name		Address			le	dentification	number (if any)	Check if foreign
					71441000						,	person
Sched	dule	A-2	Foreign Partners of Secti	on 721		instructions						
Name o		n	Address		Country of organization	U.S. taxpa identification			if related to	Perce	ntage intere	est
par	tner				(if any)	(if any		U.S.	transferor	Capital	P	rofits
											%	%
											%	%
oes the	partn	ership h	ave any other foreign person as a dii	ect partn	er?				L	Yes		No
Sched	lule	A-3	Affiliation Schedule. List			mestic) in v	vhich the f	orei	gn partne	ership ow	ns	
			a direct interest or indirect	y owns	s a 10% interest.							

Address

Form **8865** (2019)

Total ordinary income or loss

EIN (if any)

Name

SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero	r								Filer's identi	fying num	iber	
	MORRIS AN	IMAL FOU	NDATION						84-603			
Name of foreign p	artnership _{BLA}	CKROCK D	IRECT L	ENDING FE	EDER	FUND IX		EIN (if any)		Referenc FOREING		oer (see instr)
b If "Yes," was2 Was any in	ership a section 72 s the gain deferral tangible property to fter, a platform cor	method app ansferred c	lied to avoi	d the recognition of the contract of the contr	on of g o be, a	ain upon the cont t the time of the tr	ribution of p ansfer or at	oroperty?			Yes Yes	No No No
	ansfers Reportabl					(/ (/						
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) rket value of transfer	((d) Cost or other basis	(e Recover		(f) Section 704 allocation me		Gain re	(g) ecognized ransfer
Cash	06/30/20		1	102,503.								
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals				102,503.								
	ansferor's percenta ormation Require	•		,	fore the	e transfer	.0000	%	(b) After	the transf	er	.1000 %
Part II Di	spositions Report	able Under	Section 60	38B								
(a) Type of property	(b) Date of original transfer		(c) ate of position	(d) Manner of disposition		(e) Gain recognized by partnership	rec	(f) reciation capture ognized artnership	(g) Gain alloc to partn		Depre recaptur	(h) eciation e allocated eartner
					\downarrow							
					+					+		
Part III Is	any transfer report	ted on this s	chedule su	bject to gain re	ecognit	ion under section	904(f)(3) o	r section 904((f)(5)(F)?		Yes	X No

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year beainnina JAN 1

. 2019, and ending DEC 31 2019 OMB No. 1545-1668

Attachment Sequence No. **118**

Name of person filing this return Filer's identification number 84-6032307 MORRIS ANIMAL FOUNDATION Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 | X | 2 В 2019 , and ending JUL 1 JUN 30 2020 beainnina C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owne 2(a) EIN (if any) **G1** Name and address of foreign partnership RCP DIRECT FUND III 2(b) Reference ID number UGLAND HOUSE SOUTH CHURCH STREET 3302418707 3 Country under whose laws organized GRANd Cayman, GRAND CAYMAN Cayman Islands KY1 Cavman Islands 7 Principal business activity Principal business activity code number 8b Exchange rate (see instructions) 4 Date of organization 5 Principal place of business Functiona currency 03/13/2018 Cayman Islands 523900 INVESTÍNG USD **H** Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: X Form 1065 Form 1042 Form 8804 Service Center where Form 1065 is filed: Name and address of person(s) with custody of the books and records of the foreign Name and address of person(s) with custody of the best of partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes Nο 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

Form 88	865 (2)	019)	MORRIS ANIMAL FOUNDATION						84	-6032307		Page 2
12 a	Is the	e filer of t	his Form 8865 claiming a foreign-de	rived inta	ngible income deduction (u	nder section 2	250) with re	spect to				
	any a	amounts	listed on Schedule N?						>	Yes Yes		No
b			the amount of gross income derived									
	from	transact	ions with or by the foreign partnersh	p that the	e filer included in its comput	ation of forei	gn-derived d	eduction				
	-								🕨	·		
C			the amount of gross income derived	from a li	cense of property to or by th	ne foreign par	tnership tha	t the				
									▶	·		
d	inclu	ded in its	the amount of gross income derived computation of FDDEI						>	·		
13			iber of foreign partners subject to se		. , . ,	-						
			p or of receiving a distribution from						🕨	·		
14			uring the tax year were any transfers	between	the partnership and its parti	ners subject to	o the disclos	ure				¬
									🕨	Yes Yes	<u>X</u>	∐ No
15 a			y transfers of property or money wit	-			-					
			quire disclosure under Regs. 1.703-3		*		-	•			Гх	- Na
			ue of each transfer, and an explanati						P	Yes Yes	LX	∐ No
b		•	ership assume a liability or receive pr		•	•		•				
	-	-	d of transferring the property to the property					-	J, 	Yes	x	No
Sign Here			nalties of perjury, I declare that I have exam						my kno			
if You're F This Form		correct, a	nd complete. Declaration of preparer (other	than gene	al partner or limited liability com	pany member) is	s based on all	information of	which p	reparer has an	y knowled	ge.
Separatel	y and											
Not With Tax Retur		Sig	gnature of general partner or limited liability	company i	nember					— ▼	Date	
Paid		Print/Type	e preparer's name	Prepar	er's signature		Date	Chec	k L	ef PTIN		
Prepa	ror	Laurie	Anderson	Laur	le Anderson		02/01/21		employe	ed P014	16697	
Use	ai ei	Firm's n	ame Kundinger, Corder	& Engl	e P.C.		•	Firm's EI	N 🕨	<u> </u>		
Only		Firm's a	ddress▶475 Lincoln Street	, Suit	e 200			Phone no).(303	3) 534-59	53	
		Denver	, CO 80203									
Sche	dule	Α	Constructive Ownership	of Parti	nership Interest. Ch	eck the bo	xes that a	apply to th	ne file	r. If you cl	neck	
			box b , enter the name, add	dress, a	nd U.S. taxpayer iden	itification n	umber (if	any) of th	e per	son(s) wh	ose	
			interest you constructively	own. S	ee instructions.							
			a Owns a direct interest		b L	Owns a	constructive	interest			1	
			Name		Address			Identification	n numb	er (if any)	Check if foreign	Check if direct
										,	person	partner
0-1	-11-	A 4 1	Ocatain Deutage of Fausi									
Sche	auie	A-1	Certain Partners of Foreig	gn Part	nersnip (see instruct	ions)						Check if
			Name		Address			Identi	fication	number (if any)		foreign
												person
												+
Sche	dula	Λ-2	Foreign Partners of Secti	on 721	(c) Partnership (see	instruction						<u> </u>
				011 12 1	Country of	U.S. tax		Check if rela	ated to	Percer	ntage inter	est
	Name of foreign Address Address				organization (if any)	identificatio (if ar		U.S. trans		Capital		Profits
-					(11 (21.7))	(1. 2.1	.,,			•	%	%
								+ -	1		%	/ %
Does the	e partr	nership h	L ave any other foreign person as a dir	ect partn	er?	1		1	<u> </u>	Yes	, vj	□ No
Sche	<u> </u>		Affiliation Schedule. List			mestic) in	which the	foreian r	oartne		<u>_</u> ns	
			a direct interest or indirect			· · · · · · · · · · · · · · · · · ·		· · · · ·			-	
			Name	Address EIN (if any)						Total ord income o		Check if foreign partner- ship

Form **8865** (2019)

SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero	r								Filer's identi	fying nun	nber	
	MORRIS AN	IMAL FOU	NDATION						84-603			
Name of foreign pa	artnership _{RCP}	DIRECT	FUND II	I				EIN (if any)		Referenc 3302418		er (see instr)
b If "Yes," was2 Was any int	ership a section 72 s the gain deferral t tangible property tr fter, a platform cor	method app ansferred c	lied to avoi	d the recognition or anticipated t	on of g o be, a	pain upon the cont at the time of the tr	ribution of p ansfer or at	roperty?	ee instruction	s [Yes Yes Yes	No No No
	ansfers Reportabl					()()						
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) urket value of transfer		(d) Cost or other basis	(e Recovery		(f) Section 704 allocation me		Gain re	(g) cognized ansfer
Cash	03/31/20		1	105,000.								
Stock, notes receivable and payable, and other securities												
Inventory												
Tangible property used in trade or business												
Intangible property described in section 197(f)(9)												
Intangible property, other than intangible property described in section 197(f)(9)												
Other property												
Totals				105,000.								
3 Enter the tra Supplemental Info	ansferor's percenta ormation Required	•		nership: (a) Bef	ore th	e transfer	.1900	%	(b) After	the transf	er	.9200 %
Part II Di	spositions Report	able Under	Section 60	38B								
(a) Type of property	(b) Date of original transfer		(c) ate of position	(d) Manner of disposition		(e) Gain recognized by partnership	rec	(f) reciation capture ognized artnership	(g) Gain alloca to partn		Depre recapture	(h) eciation e allocated artner
		-			\dashv							
Part III Is	any transfer report	ted on this s	chedule su	ıbject to gain re	ecogni	tion under section	904(f)(3) or	r section 904((f)(5)(F)?	<u></u>	Yes	X No

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Attachment Sequence No. 118 beginning JAN 1 , 2019, and ending DEC 31 2019 Internal Revenue Service Name of person filing this return Filer's identification number

					8	4-603230	7		
MORRIS ANIMAL FOUNDATION									
Filer's address (if you aren't filing this form w	ith your tax return)		A Category o	of filer (see Categories	of Filers in th	ne instructions	and check a	oplicable bo	x(es)):
			1	2		Х	4		
			B Filer's tax beginning	10F I	, 20	19 , and end	ing JUN	30 ,	2020
C Filer's share of liabilities: Nonrecourse \$		Qualified non	recourse financii	ng \$		Other	\$		
D If filer is a member of a consolidated grou	p but not the parent, ent	er the following	j information abo	out the parent:					
Name					EIN				
Address									
E Check if any excepted specified foreign fir	ancial assets are reporte	ed on this form.	. See instruction	S					
F Information about certain other partners (see instructions)								
(1) Name	(*	2) Address		(3) Identification	number	(4)	Check applic	able box(es)
(1) Name	(2	z) Address		(3) Identification	number	Category 1	Category 2	Construct	ive owner
G1 Name and address of foreign partnership						2(a) EIN	(if any)		
RCP FUND XIII									
						` ′	rence ID nu	ımber	
UGLAND HOUSE, SOUTH CHURCH STR						332431			
GRAND CAYMAN, GRAND CAYMAN Cay	man Islands KY1					1	under who	ise laws o	rganized
4 Date of 5 Principal place	l . Princin	al business	7 Principal bus	rinocc	. Euro	Cayman : tional		ango rato	
organization or basiness		al business code number	' activity	5111655	oa curre	ncy	8b (see i	ange rate nstruction	s)
03/13/2018 Cayman Islands	5239		INVESTING		USD				
H Provide the following information for the	<u> </u>		10 01 1 16 11			•			
1 Name, address, and identification number	of agent (if any) in the C	Jnited States		ne foreign partners	¬'		T ===== 40	0.5	
				orm 1042	J Form 88		_ Form 10	05	
			Service Ge	enter where Form	iubb is ille	J.			
2 Name and address of foreign partnership	a agent in country of ore	ronization if an	Name and a	ddress of person(s) w and the location of si	ith custody o	of the books ar	nd records of	the foreign	
3 Name and address of foreign partnership	s agent in country or org	janizanon, n an	y 4 partnership,	and the location of si	uch books ar	id records, if d	lifferent		
5 During the tax year, did the foreign part	nershin nav or accrue ar	ny interest or ro		he deduction is no	t				
allowed under section 267A? See instru							Yes	х	No
If "Yes," enter the total amount of the dis							\$ \$		J 140
6 Is the partnership a section 721(c) part							Yes Yes		No
7 Were any special allocations made by th							Yes		No
8 Enter the number of Forms 8858, Inform									
(FDEs) and Foreign Branches (FBs), atta						•		0	
9 How is this partnership classified under						EXEMPTE	D LP		
10 a Does the filer have an interest in the for									
separate unit under Reg. 1.1503(d)-1(b									
	,(· , o · part o · a como	-	_	. , . , . , . ,		•	Yes	х	No
b If "Yes," does the separate unit or comb									
Reg. 1.1503(d)-1(b)(5)(ii)?	•					•	Yes		No
11 Does this partnership meet both of the	following requirements?)					
1. The partnership's total receipts for the									
2. The value of the partnership's total a	-		s than \$1 million			>	Yes		No
If "Yes," don't complete Schedules L, M		•		J					

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 8865 (2019)

orm 886	65 (20	119)	MORRIS ANIMAL FOUNDATION						84	-6032307		Page 2
12 a	Is the	filer of t	his Form 8865 claiming a foreign-de	rived inta	angible income deduction (ur	nder section 25	0) with resp	ect to				
	any a	mounts	listed on Schedule N?							Yes	; [No
b	If "Yes	s," enter	the amount of gross income derived	from sal	es, leases, exchanges, or oth	ner disposition:	s (but not lice	enses)			
	from	transacti	ons with or by the foreign partnersh	ip that th	e filer included in its comput	ation of foreigr	n-derived dec	ductio	1			
	eligibl	le incom	e (FDDEI)							·		
C	If "Yes	s," enter	the amount of gross income derived	from a li	cense of property to or by th	ie foreign partn	ership that t	he				
	filer ir	ncluded i	n its computation of FDDEI							·		
d	If "Yes	s," enter	the amount of gross income derived	from ser	rvices provided to or by the f	oreign partners	ship that the	filer				
	incluc	ded in its	computation of FDDEI							·		
13	Enter	the num	ber of foreign partners subject to se	ction 864	4(c)(8) as a result of transfer	ring all or a poi	rtion of an in	terest	in			
	the pa	artnershi	p or of receiving a distribution from	the partn	ership				>	·		
			uring the tax year were any transfers									
	requir	rements	of Regulations section 1.707-8?							Ye:	x	No
			y transfers of property or money wit									
	that w	ould red	quire disclosure under Regs. 1.703-3	or 1.707	7-6 ? If "Yes," attach a stateme	ent identifying	the transfers	, the				_
	amou	nt or val	ue of each transfer, and an explanati	on of the	tax treatment. See instruction	ons for exception	ons			Ye:	x	No
b	Did th	ie partne	rship assume a liability or receive pr	operty su	ubject to a liability where suc	h liability was i	ncurred by a	partn	er within			
	a 2-ye	ear perio	d of transferring the property to the	partnersh	nip? If "Yes," attach a stateme	ent identifying t	the property	transf	erred,			_
			value of each transfer, the debt ass							Yes		
ign Here You're Fi	, ,		nalties of perjury, I declare that I have exan nd complete. Declaration of preparer (other						•	•		
his Form	١	,		g	,	,					.,	9
eparately Iot With Y		_										
ax Return			gnature of general partner or limited liability								Date	
Paid		Print/Type	e preparer's name	Prepa	rer's signature		Date		Check] if PTIN		
Prepa	rer	aurie	Anderson	Laur	ie Anderson	D	2/01/21		self-employe	P014	16697	
Jse	Ľ	Firm's n	ame Kundinger, Corder	& Engl	e P.C.			Firm	s EIN 🕨			
Only		Firm's a	ddress ▶475 Lincoln Street	, Suit	e 200			Phor	ne no.(30	3) 534-5	953	
			, CO 80203									
Sched	dule	Α	Constructive Ownership		•					•		
			box b , enter the name, add		• •	tification nu	ımber (if a	ny) o	f the pe	rson(s) wh	ose	
			interest you constructively	own. S	See instructions.	_						
			a X Owns a direct interest		b L	Owns a c	onstructive in	nteres	t			
			Name		Address			Identif	ication numb	ner (if any)	Check if foreign	Check if direct
										()	person	partner
Sched	lule .	A-1	Certain Partners of Forei	gn Par	tnership (see instruct	ions)						
			Name		Address			le	dentification	number (if any)	Check if foreign
					71441000						,	person
Sched	dule	A-2	Foreign Partners of Secti	on 721		instructions						
Name o		n	Address		Country of organization	U.S. taxpa identification			if related to	Perce	ntage intere	est
par	partner				(if any)	(if any		U.S.	transferor	Capital	P	rofits
											%	%
											%	%
oes the	partn	ership h	ave any other foreign person as a dii	ect partn	er?				L	Yes		No
Sched	lule	A-3	Affiliation Schedule. List			mestic) in v	vhich the f	orei	gn partne	ership ow	ns	
			a direct interest or indirect	y owns	s a 10% interest.							

Address

Form **8865** (2019)

Total ordinary income or loss

EIN (if any)

Name

SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transfero	r								Filer's identi	fying nun	nber	
	MORRIS AN			Ī					84-6032307			
Name of foreign pa	artnership RCP	FUND XI	ΊΙ					EIN (if any)		Referen	ce ID numl	oer (see instr)
										3324318	_	
	ership a section 72										Yes	└── No
	s the gain deferral i									L	Yes	No
	tangible property tr										□ vee	□ No
	fter, a platform cor ansfers Reportabl				ection	1.482-7(C)(1)?					Yes	No
raiti II										1		
Type of property	(a) Date of transfer	(b) Description of property	Fair ma	(c) arket value of transfer		(d) Cost or other basis	(e Recovery		(f) Section 704 allocation me		Gain re	(g) ecognized ransfer
Cash	06/30/20		:	300,000.								
Stock, notes												
receivable and payable,												
and other												
securities												
Inventory												
v 5.1.151 y												
Tangible										-		
property used in trade										-		
or business												
Intangible												
property												
described in												
section 197(f)(9)												
Intangible												
property, other than intangible												
property												
described in section 197(f)(9)												
(/(-/												
Other												
property												
Totals				300,000.								
	ansferor's percenta				ore th	e transfer	.0000	%	(b) After	the transf	er	2.9400 %
Supplemental Into	ormation Required	то ве кер	ortea (see	instructions):								
Part II Di	spositions Report	able Under	Section 60	38B								
(a)	(b)		(c)	(d)		(e)		(f)	(g)	I		(h)
Type of property	Date of original transfer	Date of Date of original disposition		Manner of Gain disposition recognize		Gain recognized by partnership			Gain alloca to partn		Depr recaptur	eciation re allocated partner
					\dashv		Бу ра	2oromp			-21	
					+		+					
					\dashv		+					
							1					
Part III Is	any transfer report	ted on this s	chedule su	ıbject to gain re	cogni	tion under section	904(f)(3) o	r section 904((f)(5)(F)?	>	Yes	X No

Department of the Treasury

Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information.

JAN 1

beginning

Information furnished for the foreign partnership's tax year

. 2019, and ending DEC 31

OMB No. 1545-1668

2019

Attachment Sequence No. 118

Name of person filing this return Filer's identification number 84-6032307 MORRIS ANIMAL FOUNDATION Filer's address (if you aren't filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 3 | X | 2 В 2019 , and ending JUI. 1 JUN 30 2020 beainnina C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; EIN Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Category 2 Constructive owne 2(a) EIN (if any) **G1** Name and address of foreign partnership CPREF CAYMAN, L.P. 2(b) Reference ID number CAYMAN CORPORATE CENTER 27 HOSPITAL ROAD 981395175 GRAND CAYMAN, GRAND CAYMAN Cayman Islands KY1 3 Country under whose laws organized Cavman Islands 7 Principal business activity Principal business activity code number 4 Date of organization 5 Principal place of business Functiona currency Exchange rate (see instructions) 02/15/2018 Cayman Islands 523900 INVESTÍNG USD **H** Provide the following information for the foreign partnership's tax year: 1 Name, address, and identification number of agent (if any) in the United States 2 Check if the foreign partnership must file: Form 1042 Form 1065 Form 8804 Service Center where Form 1065 is filed: Name and address of person(s) with custody of the books and records of the foreign Name and address of person(s) with custody of the best of partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not X No allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions 6 Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)? Yes Nο 7 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? 10 a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," X No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)? 11 Does this partnership meet **both** of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," don't complete Schedules L, M-1, and M-2.

orm 88	65 (2	019)	MORRIS ANIMAL FOUNDATI	ON				84	1-6032	2307		Page 2
12 a			r of this Form 8865 claiming a foreign-		- '	,		t to		1		¬
			unts listed on Schedule N?						>	Yes		_ No
b			nter the amount of gross income deriv									
			sactions with or by the foreign partner				d dedu	ction				
	eligib	ole ind	icome (FDDEI)						> _			
C			nter the amount of gross income deriv	ed from a li	cense of property to or by th	ne foreign partnership	that the					
									_			
d	inclu	ded i	nter the amount of gross income derivin its computation of FDDEI						-			
13			number of foreign partners subject to ership or of receiving a distribution fro						•			
14			ne during the tax year were any transfe									
		-	ents of Regulations section 1.707-8?			•		•	•	Yes		No
15 a			re any transfers of property or money									
			d require disclosure under Regs. 1.70	-	·							
			or value of each transfer, and an explan		•				-	Yes		No
b	Did t	he pa	artnership assume a liability or receive	property su	bject to a liability where suc	h liability was incurred	by a pa	artner within				
	a 2-y	ear p	period of transferring the property to the	e partnersh	nip? If "Yes," attach a statem	ent identifying the prop	erty tra	nsferred,				
			int or value of each transfer, the debt a	•			-		-	Yes		No
Sign Here			der penalties of perjury, I declare that I have ex		, , , ,			,	9			,
f You're F This Form		corre	ect, and complete. Declaration of preparer (ot	ier than gene	rai partner or limited liability com	pany member) is based on	all intorr	nation of which	preparer	nas any k	nowieag	je.
Separatel												
ax Retur			Signature of general partner or limited liabi	ity company	member					Da	ite	
Doid		Print/	t/Type preparer's name	Prepai	rer's signature	Date		Check	if P	ΓIN		
Paid	ror	Lauı	rie Anderson	Laur	ie Anderson	02/01/	21	self-employ	ed I	01416	697	
Prepa	irer	Firm	n's name Kundinger, Corde	. & Engl	e P.C.	I	F	irm's EIN	I			
Jse Jak		_	n's address ▶475 Lincoln Stre					hone no.(30	3) 53	4-5953	3	
Only			ver, CO 80203	·								
Sche	dule	Α	Constructive Ownershi	of Part	nership Interest. Ch	eck the boxes tha	t app	y to the file	er. If y	ou che	ck	
			box b , enter the name, a		-			•	•			
			interest you constructive				` ,	, .	,	,		
			a X Owns a direct interes	-	b Г	Owns a construc	tive inte	erest				
										C	heck if	Check if
			Name		Address		ld	entification numl	ber (if any		oreign berson	direct partner
										- + '		<u> </u>
Sche	dule	Δ-1	1 Certain Partners of For	eign Parl	nership (see instruct	rions)						
00.10	uuio			1	more the trace							Check if
			Name		Address			Identification	number	(if any)		foreign person
												person
Sche	dula	Λ Ω	2 Foreign Dortners of Co.	 tion 701	(a) Dartnarahin (aaa	instructions)						<u> </u>
			2 Foreign Partners of Sec	tion /2 i	Country of	instructions) U.S. taxpayer	lo.	1.76 1.1.11		Percentac	ne intere	st .
Name o	of foreig rtner	gn	Address		organization	identification number		eck if related to J.S. transferor		pital		rofits
					(if any)	(if any)			Oa		<u>'</u>	
							+			%		<u>%</u>
\ ·'				dina ak	0				L	%		" " " " " " " " " " " " " " " " " " "
Does the partnership have any other foreign person as a direc								L	Ye			_ No
Sche	dule	A-3	Affiliation Schedule. Lis a direct interest or indire			omestic) in which	tne fo	reign partn	ership	owns		
See Statement 7					Address EIN (if any)				Total or income			Check if foreign partner- ship

Form **8865** (2019)

SCHEDULE O (Form 8865)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Name of transferor	r								Filer's identi	fying nun	nber	
	MORRIS AN	IMAL FOU	NDATION						84-603			
Name of foreign pa	artnership CPR	EF CAYMA	N, L.P.					EIN (if any)				er (see instr)
										9813951	_	
	ership a section 72										Yes	No
	s the gain deferral i tangible property tr									∟	Yes	L No
	tangible property tr fter, a platform con									Г	Yes	No
	ansfers Reportabl				otion	1.402 7 (0)(1):						
	(a)	(b)		(c)		(d)	(6	<i>a</i>)	(f)			(g)
Type of property	Date of transfer	Description of property	Fair ma	of transfer		Cost or other basis	Recover		Section 704 allocation me		Gain re	cognized cansfer
Cash	12/31/19		1	152,314.								
Stock, notes												
receivable and payable,												
and other												
securities												
							1					
Inventory												
							1					
Tangible property												
used in trade												
or business												
Intangible												
property												
described in section												
197(f)(9)												
Intangible property, other												
than intangible												
property described in												
section 197(f)(9)												
0.1												
Other property												
property												
Totals				152 214								
	ansferor's percenta	ana intarast	in the nartr	152,314.	ore th	a transfer		%	(h) Δfter	the transf	Δr	.1650 %
Supplemental Info		•		,	010 111	o transioi		70	(b) Mitor	tilo transi	01	.1030 /0
	·		,	,-								
Part II Di	spositions Report	able Under	Section 60	38B								
(a) Type of	(b) Date of		(c) ate of	(d) Manner of		(e) Gain	Dep	(f) reciation	(g) Gain alloc	ated		(h)
property	original		position	disposition		recognized by	rec	capture ognized	to partn		recaptur	eciation e allocated
	transfer				+	partnership	by pa	artnership			to p	artner
					+							
					+							
					+							
Part III Is	any transfer report	ted on this s	chedule su	ı ıbject to gain re	ecogni	tion under section	904(f)(3) o	r section 9040	f)(5)(F)?	•	Yes	X No
							. / \ /					

Form 8865	Affiliation Schedule		Statemen	t 5
Name	Address	Identifying Number	Total Ordinary Income or (Loss)	Ck if For- eign P'sh
X CAPITAL FUND LP	4TH FLOOR, HARBOUR PLACE	00-000000		x
ALTOS WOOWA, LP	GRAND CAYMAN, GRAND CAYMAN 2882 SAND HILL ROAD, STE.	82-3109836		
EASTERN BELL CAPITAL FUND	MENLO PARK, CA 94025 27 HOSPITAL ROAD	98-1536161		X
STRONG SEED FUND III	GEORGE TOWN, GRAND CAYMAN 3435 WILSHIRE BLVD 14 FL. LOS ANGELES, CA 90010	83-1382321		
STRONG VENTURES KIF	3435 WISHIRE BLVD 14 FL	84-2633171		
ACE REDPOINT VENTURES II	LOS ANGELES, CA 90010 4F	98-1478389		X
CERASUS FUND I CAYMAN LP	GRAND CAYMAN, GRAND CAYMAN 27 HOSPITAL ROAD	00-000000		X
GAORONG PARTNERS FUND IV	GEORGE TOWN, GRAND CAYMAN 27 HOSPITAL ROAD	00-000000		X
01VC FUND II LP	GEORGE TOWN, GRAND CAYMAN 27 HOSPITAL ROAD GEORGE TOWN, GRAND CAYMAN	98-1486117		Х
Form 8865	Affiliation Schedule		Statemen	t 6
Name	Address	Identifying Number	Total Ordinary Income or (Loss)	Ck if For- eign P'sh
CP VII MILLICENT HOLDINGS	1001 PENNSYLVANIA AVE NW	98-1420168		х
CP VII HOLDINGS	WASHINGTON, DC 20004 1001 PENNSYLVANIA AVE NW	98-1406821		x
CP VII CAYMAN HOLDINGS II	WASHINGTON, DC 20004 1001 PENNSYLVANIA AVE NW	98-1447646		Х
STARFRUIT SCSP	WASHINGTON, DC 20004 1001 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	98-1457336		Х

Affiliation Schedule 7 Form 8865 Statement Ck Total if Ordinary For-Identifying Income eign Address Number or (Loss) P'sh Name CPREF ACQUISITION 27 HOSPITAL ROAD 98-1395762 HOLDINGS Х GEORGE TOWN, GRAND CAYMAN CPREF MASTER LUX, 25C BOULEVARD ROYAL 98-1430827 S.A.R.L. Х Luxembourg, GRAND CAYMAN L

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pai	rt I U.S. Transferor Information (see instructions)	
Nam	ne of transferor	Identifying number (see instructions)
MO	ORRIS ANIMAL FOUNDATION	
		84-6032307
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2	If the transferor was a corporation, complete questions 2a through 2d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by	
	five or fewer domestic corporations?	Yes No
b	Did the transferor remain in existence after the transfer?	Yes No
	If not, list the controlling shareholder(s) and their identifying number(s).	
	Controlling shareholder	Identifying number
	Controlling on a controlled	
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	?
	If not, list the name and employer identification number (EIN) of the parent corporation.	
	Name of parent corporation EI	N of parent corporation
d	Have basis adjustments under section 367(a)(4) been made?	Yes No
	, , , , , , , , , , , , , , , , , , , ,	
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 367),
	complete questions 3a through 3d.	
а	List the name and EIN of the transferor's partnership.	
	Name of partnership	EIN of partnership
	Nume of particismp	Lift of partitionship
	ACONIC CRE DISLOCATION FUND II LP 83-05770	
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
	Is the partner disposing of its entire interest in the partnership?	Yes No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
_	securities market?	Yes No
Pai	rt II Transferee Foreign Corporation Information (see instructions)	
4	Name of transferee (foreign corporation)	5a Identifying number, if any
m.c.	NDEDE 2 ATU CID CAVMAN LIC	00 1447014
	CREDF 2 AIV SUB CAYMAN LLC	98-1447014
6 UGLA	Address (including country) AND HOUSE. SOUTH CHURCH STREET	5b Reference ID number
	RGE TOWN, GRAND CAYMAN KY1-1104 Cayman Islands	
7	Country code of country of incorporation or organization	
, CJ	, , , , , , , , , , , , , , , , , , , ,	
8	Foreign law characterization (see instructions)	
	MITED LIABILITY COMPANY	
	Is the transferee foreign corporation a controlled foreign corporation?	X Yes No

Part III Information	Regarding Tran	sfer of Property (see	instructi	ons)								
Section A - Cash		4.)										
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer						
Cash	12/31/2019			112,415.								
10 Was cash the only pro If "Yes," skip the rema Section B - Other Pro	ainder of Part III and					X Yes No						
Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer						
Stock and	transiei	property	uai	e or transfer	Dasis	transier						
securities												
Inventory												
Other property (not listed under another category)												
Property with												
built-in loss												
Totals												
recognition agreemen 12 a Were any assets of a foreign corporation? If "Yes," go to line 12b b Was the transferor a complete (including a branch the lif "Yes," continue to limic complete (including a branch the lif "Yes," continue to limic complete (including a branch the lif "Yes," continue to limic complete (including a branch the transferee foreign complete (including a branch the lif "Yes," continue to limic continue to limic lif "Yes," continue to limic lif "Yes," continue to limic lif "Yes," scottinue to lifus life (including a branch the life (includi	If "Yes," go to line 12b. b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. d Enter the transferred loss amount included in gross income as required under section 91 ▶\$											
Section C - Intangible	e Property Subj	ect to Section 367(d)										
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pri on date of trans		(f) Income inclusion for year of transfer						
Property described in sec. 367(d)(4)												
						1						
Totals												

b c	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **Substitute: **Su	Yes	No No No
Sup	pplemental Part III Information Required To Be Reported (see instructions)		
<u> </u>	Francisco : 2.2 m marmanan radanaa ra sa rabartaa (000 maraatana)		
D	at IV Additional Information Deposition Transfer of Discounty (and instruction)		
Pai	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferor foreign corneration before and offer the transfer		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
17	(a) Before4.173 % (b) After4.173 % Type of nonrecognition transaction (see instructions) ► IRC SECTION 351		
17 10	Indicate whether any transfer reported in Part III is subject to any of the following.		
18		Yes	X No
	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
C			X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	LA_ INU
L	If "Yes," complete lines 20b and 20c.	• •	
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	▶ Ф	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the	Vac	□ No
04	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	∟ NO
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes	X No
	covered by section 367(e)(1)? See instructions	L	INU LAL

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Par	t I U.S. Transferor Information (see instructions)					
Name	e of transferor	T I	ldentifyi	ng numb	er (see	instructions)
MOI	RRIS ANIMAL FOUNDATION					
			84-60	32307		
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?		. L	Yes	X	∟ No
2	If the transferor was a corporation, complete questions 2a through 2d.					
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by			1	_	_
	five or fewer domestic corporations?			Yes	느	∐ No
b	Did the transferor remain in existence after the transfer?		. L	Yes		∟ No
	If not, list the controlling shareholder(s) and their identifying number(s).					
	Controlling shareholder	Ident	ifving r	umber		
	<u> </u>					
-						
	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation	 n?		Yes		No
	If not, list the name and employer identification number (EIN) of the parent corporation.					
	Name of parent corporation	EIN of p	oront o	ornorot		
	Name of parent corporation	EIN of pa	ar ent c	orporat	OII	
				1		
d	Have basis adjustments under section 367(a)(4) been made?		. L	Yes	L	⊔ No
•			007/			
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such und	er sectio	n 367),			
_	complete questions 3a through 3d. List the name and EIN of the transferor's partnership.					
a	List the name and Envior the transferor's partnership.					
	Name of partnership	EIN o	of partn	ership		
b	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes		No
	Is the partner disposing of its entire interest in the partnership?			Yes		□No
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established		•			
	securities market?		. \square	Yes		□No
Par	t II Transferee Foreign Corporation Information (see instructions)					
4	Name of transferee (foreign corporation)	5a Ide	entifyin	g numb	er, if	any
AVI	ENUE AVIATION FUND II					
6	Address (including country)	5b Re	eference	ID num	ıber	
	EXUS WAY, 2ND FLOOR	0000	00000			
	NA BAY, GRAND CAYMAN KY1-1205 Cayman Islands	1 0000	00000			
7 CJ	Country code of country of incorporation or organization					
8	Foreign law characterization (see instructions)					
	REIGN CORPORATION					
	Is the transferee foreign corporation a controlled foreign corporation?			Yes	Х	No

	Regarding Tran	sfer of Property (see i	nstruct	ions)		r age <u>z</u>
Section A - Cash Type of	(a)	(b)	1	(c)	(d)	(e)
property	Date of transfer	Description of property		narket value on e of transfer	Cost or other basis	Gain recognized on transfer
Cash	09/30/2019			300,000.		
					г	
Was cash the only pro If "Yes," skip the rema		no to Port IV			L	X Yes No
ii res, skip tile rema	ander of Part III and y	go to Part IV.				
Section B - Other Pro	perty (other tha	an intangible property	subjec	t to section 3	67(d))	
Type of property	(a) Date of transfer	(b) Description of		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and	transiei	property	Gai	e or transfer	Dasis	transiei
securities						
Inventory						
Other property			_			
(not listed under another category)						
another category)						
Property with						
built-in loss						
Totals			-			
Totalo				I		
11 Did the transferor tran	sfer stock or securiti	es subject to section 367(a)	with resp	ect to which a gair	1	
recognition agreemen	t was filed?					Yes No
12 a Were any assets of a	foreign branch (inclu	ding a branch that is a foreig	n disrega	rded entity) transfe	erred to a	
					L	Yes No
If "Yes," go to line 12b		that transferred substantiall	v all of the	a acceta of a forcio	ın branah	
	·	arded entity) to a specified 1	•	•	·	Yes No
, ,	0 0	lines 12c and 12d, and go to		a rereigir corporat		
	· · · · · · · · · · · · · · · · · · ·	mestic corporation a U.S. sha		with respect to the	e _	
transferee foreign corp	ooration?				L	Yes No
		line 12d, and go to line 13.				
		I in gross income as required bed in section 367(d)(4)?				Yes No
Did the transferor					L	res NO
	ana queenene i ia					
Section C - Intangible	e Property Subj	ect to Section 367(d)				-
Type of	(a)	(b)	(c)	(d)	(e)	(f)
property	Date of	Description of	Useful	Arm's length price	e Cost or other	Income inclusion for
	transfer	property	life	on date of transfe	er basis	year of transfer
Property described						
in sec. 367(d)(4)						
					+	
Totals						

b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **Section** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Pelemental Part III Information Required To Be Reported (see instructions)	Yes Yes Yes	No No No
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
47	(a) Before1.015 % (b) After1.043 %		
17	Type of nonrecognition transaction (see instructions) IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.	Yes	X No
	Gain recognition under section 904(f)(3)		X No
b	Gain recognition under section 904(f)(5)(F)	└── Yes	=
		Yes Yes	X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?	└── Yes	X No
≥∪ a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	L Yes	L≏ NO
	If "Yes," complete lines 20b and 20c.	Φ.	
	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	a	
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
04	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	L Yes	└── No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes	X No
	covered by section 367(e)(1)? See instructions	res	LALINU

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pa	rt I U.S. Transferor Information (see instructions)			
Nam	e of transferor		Identifying numb	er (see instructions)
MO	RRIS ANIMAL FOUNDATION			
			84-6032307	
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation	ation?	Yes	X No
2	If the transferor was a corporation, complete questions 2a through 2d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by		
	five or fewer domestic corporations?			∟ No
b	Did the transferor remain in existence after the transfer?		Yes	└── No
	If not, list the controlling shareholder(s) and their identifying number(s).			
	Controlling shareholder	Ide	ntifying number	
-				
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent of	orporation?	Yes	└── No
	If not, list the name and employer identification number (EIN) of the parent corporation.			
	Name of parent corporation	EIN of	parent corporati	on
d	Have basis adjustments under section 367(a)(4) been made?		Yes	└── No
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as s	such under sect	tion 367)	
	complete questions 3a through 3d.	,4011 411401 5501	,	
а	List the name and EIN of the transferor's partnership.			
	Name of partnership	EIN	N of partnership	
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			☐ No
С	Is the partner disposing of its entire interest in the partnership?		Yes	└── No
d	Is the partner disposing of an interest in a limited partnership that is regularly traded on an establis	hed		
	securities market?		Yes	No
Pa	rt II Transferee Foreign Corporation Information (see instructions)			
4	Name of transferee (foreign corporation)	5a I	Identifying numb	er , if any
TI	GER PACIFIC OFFSHORE FUND			
6	Address (including country)	5b F	Reference ID num	ber
	RGE TOWN, GRAND CAYMAN KY1-9008 Cayman Islands	000	000000	
7	Country code of country of incorporation or organization			
CJ	·			
8	Foreign law characterization (see instructions)			
FO	REIGN CORPORATION			
9	Is the transferee foreign corporation a controlled foreign corporation?		Yes	X No

Part III Information	Regarding Tran	sfer of Property (see	instruct	ions)		
Section A - Cash						
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2019			1,000,000.		
10 Was cash the only pro	ainder of Part III and					X Yes No
Section B - Other Pro	pperty (other that (a)		/ subjec	(c)	(d)	(e)
Type of property	Date of transfer	(b) Description of property		narket value on te of transfer	Cost or other basis	Gain recognized on transfer
Stock and						
securities						
Inventory						
Other property (not listed under another category)						
Property with						
built-in loss						
Totals						
recognition agreement 12 a Were any assets of a reforeign corporation? If "Yes," go to line 12b b Was the transferor a complete (including a branch that If "Yes," continue to limit to limit to limit the stransferee foreign corporation of the stransferee foreign corporation of the stransferree of the st	t was filed? foreign branch (inclu- co. domestic corporation at is a foreign disregume 12c. If "No," skip transfer, was the dor poration? ne 12d. If "No," skip oss amount included sfer property descrit	that transferred substantial arded entity) to a specified 1 lines 12c and 12d, and go to mestic corporation a U.S. shulline 12d, and go to line 13. d in gross income as required ped in section 367(d)(4)?	ly all of the O%-owned areholder	rded entity) transf e assets of a foreign d foreign corpora with respect to th	gn branch tion?	Yes No Yes No Yes No Yes No Yes No
Section C - Intangible	e Property Subj	ect to Section 367(d)				
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pri on date of trans		(f) Income inclusion for year of transfer
Duamanto da accilea d						_
Property described in sec. 367(d)(4)				 	+	+
111 350. 307 (U)(4)				 	+	+
				1	1	1
						1
Totals						

b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **Section** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? **Septemental Part III Information Required To Be Reported (see instructions)**	Yes Yes Yes	No No No
-			
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
ı u	/ Carlottal Information regarding frameior of respond (500 mondoctorio)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before 0.500 % (b) After 0.720 %		
17	Type of nonrecognition transaction (see instructions) IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С		Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
2 0 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	LX No

Return by a U.S. Transferor of Property to a Foreign Corporation

to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Pai	rt I U.S. Transferor Information (see instructions)	
Name	ne of transferor	Identifying number (see instructions)
MO	ORRIS ANIMAL FOUNDATION	
		84-6032307
1	Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?	Yes X No
2	If the transferor was a corporation, complete questions 2a through 2d.	
а		
	five or fewer domestic corporations?	
b		Yes No
	If not, list the controlling shareholder(s) and their identifying number(s).	
	Controlling shareholder	Identifying number
С	If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?	Yes No
	If not, list the name and employer identification number (EIN) of the parent corporation.	
	Name of parent corporation EIN	of parent corporation
d	Have basis adjustments under section 367(a)(4) been made?	Yes No
	,	
3	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 367),
	complete questions 3a through 3d.	
а	List the name and EIN of the transferor's partnership.	
	Name of partnership	EIN of partnership
	Trains of partitioning	Zirt or partition of the
	Did the contraction with any order shows of soir and the transfer of contraction of the contraction.	Waa Na
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	
	Is the partner disposing of its entire interest in the partnership? Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	Yes No
u	securities market?	Yes No
Pai	rt II Transferee Foreign Corporation Information (see instructions)	
4		5a Identifying number, if any
•	Tamo of the location (consign conpensation)	,
OA	KTREE EMERGING MARKETS EQUITY FUND (CAYMAN), LP	98-1049544
6	Address (including country)	Reference ID number
CAYM	MAN CORPORATE CENTRE 27 HOSPITAL ROAD	
GEOR	RGE TOWN, GRAND CAYMAN KY1-9008 Cayman Islands	
7	Country code of country of incorporation or organization	
CJ		
8	Foreign law characterization (see instructions)	
	REIGN CORPORATION	
9	Is the transferee foreign corporation a controlled foreign corporation?	Yes X No

		Regarding Tran	sfer of Property (see	instruct	ions)		r ago z	
Sec	tion A - Cash	(a)	(b)	1	(c)	(d)	(e)	
	Type of property	Date of transfer	Description of property		narket value on e of transfer	Cost or other basis	Gain recognized on transfer	
Cash	<u> </u>	09/30/2019			700,000.			
10	If "Yes," skip the rema	ainder of Part III and (X Yes No	
<u>Sec</u>		, , , , , , , , , , , , , , , , , , , 	n intangible property	subjec			(a)	
	Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer	
Stock secu								
Inver	ntory							
(not I	r property isted under ner category)							
Dron	ovtv. vvitlo							
•	erty with in loss							
Total	5							
b c d 13	recognition agreement was filed? Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? If "Yes," go to line 12b. Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13. Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13. If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.							
Sec	tion C - Intangible	e Property Subje ⊤	ect to Section 367(d)	1	1			
	Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pric on date of transfe		(f) Income inclusion for year of transfer	
							_	
Prope	erty described							
	c. 367(d)(4)							
	. , . ,							
Total	e							

b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?
Sup	plemental Part III Information Required To Be Reported (see instructions)
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
	(a) Before 0.516 % (b) After 0.516 %
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
18	Indicate whether any transfer reported in Part III is subject to any of the following.
а	Gain recognition under section 904(f)(3)
b	Gain recognition under section 904(f)(5)(F)
С	
d	Exchange gain under section 987 Yes X No
19	Did this transfer result from a change in entity classification?
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)
	If "Yes," complete lines 20b and 20c.
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$
С	
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation
	covered by section 367(e)(1)? See instructions Yes X No

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iling or tri	is form, visit www.irs.gov/e-me-providers/e-me-ror-cham	ues-anu-n	ion-pronts.				
Automa	tic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpora	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partne	erships, REMIC	s, and trusts		
must use	Form 7004 to request an extension of time to file incom-	e tax retu	rns.				
Гуре or	Name of exempt organization or other filer, see instruc	ctions		Taxpayer	identification numb	er (TIN)	
orint					racinimodilon mamb	O. (1.1.1)	
	MORRIS ANIMAL FOUNDATION				84-6032307		
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruc	tions.	•			
iling your eturn. See	720 S. COLORADO BLVD., No. 174-A						
nstructions.							
	DENVER, CO 80246						
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1	
Application	on	Return	Application			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990-		02	Form 1041-A			08	
	O (individual)	03	Form 4720 (other than individ	ual)		09	
orm 990		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069				11			
-orm 990-	T (trust other than above) STACY VAN BUREN	06	Form 8870			12	
The be	oks are in the care of > 720 S. COLORADO BLVD.,	No. 17	4-A - DENVER CO 80246				
	one No. ► 303-708-3423	, 110. 17	Fax No. ▶				
	rganization does not have an office or place of business	s in the Ur	· —				
	s for a Group Return, enter the organization's four digit (heck this	
oox 🕨 🛚		1	ach a list with the names and Tl				
1 I red	quest an automatic 6-month extension of time until	May 1	.7, 2021	to file the exem	pt organization retu	rn for	
the	organization named above. The extension is for the orga	anization's	s return for:				
▶	calendar year or						
►L	X tax year beginning JUL 1, 2019	, an	nd ending JUN 30, 2020				
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final returr	า		
	☐ Change in accounting period						
	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less	_	Φ.	0.	
	nonrefundable credits. See instructions.	ontor on	v refundable eredite and	3a	\$	<u> </u>	
	is application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overp			3b	\$	0.	
	mated tax payments made. Include any prior year overpance due. Subtract line 3b from line 3a. Include your pa			30	Ψ		
	g EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
	f you are going to make an electronic funds withdrawal				· ·		
nstruction		, ======	,		212 23 10	. ,	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

g or tr	is form, visit www.ns.gov/e me providers/e me ref char						
Automa	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).				
-	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom			hips, REMIC	s, and trusts		
Гуре or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification num	ber (TIN)	
orint	l						
ile by the	MORRIS ANIMAL FOUNDATION		84-6032307				
lue date for iling your	Number, street, and room or suite no. If a P.O. box, so 720 S. COLORADO BLVD., No. 174-A	ee instruc	tions.				
eturn. See nstructions.	·	aroian odo	lyana ana inaty lationa				
isi actions.	City, town or post office, state, and ZIP code. For a for DENVER, CO 80246	oreign add	iress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 7	
Applicati	· · · · · · · · · · · · · · · · · · ·	Return	T			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990		02	Form 1041-A			08	
orm 472	0 (individual)	03	Form 4720 (other than individua	ıl)		09	
orm 990	-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069			11				
orm 990	form 990-T (trust other than above) 06 Form 8870				12		
	STACY VAN BUREN						
	poks are in the care of \triangleright 720 S. COLORADO BLVD.,	No. 17					
	one No. ► 303-708-3423		Fax No.				
	organization does not have an office or place of business						
	s for a Group Return, enter the organization's four digit			-			
oox 🕨 L	. If it is for part of the group, check this box	and atta	ach a list with the names and TINs	of all memb	ers the extension is	s for.	
1 red	quest an automatic 6-month extension of time until	May 1	.7, 2021 , to	file the ever	pt organization ret	urn for	
	organization named above. The extension is for the organization		<u> </u>	ille title exem	ipt organization reti	uiii ioi	
▶ [calendar year or	amzation	s retain for.				
•	X tax year beginning JUL 1, 2019	. an	d ending JUN 30, 2020				
					<u> </u>		
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa	•				_	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: nstructio	If you are going to make an electronic funds withdrawalns.	(direct de	bit) with this Form 8868, see Forn	n 8453-EO ar	nd Form 8879-EO fo	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)