Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

2016 Open to Public Inspection

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning and ending Check if applicable D Employer identification number C Name of organization THE MORNINGSIDE MINISTRIES FOUNDATION, INC. Name change 74-2927605 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number X Final return/ 210-734-1000 700 BABCOCK ROAD term: 66,512,235. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ X Amende SAN ANTONIO, TX 78201 H(a) Is this a group return Applica-F Name and address of principal officer PATRICK L. Yes X No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes ! I Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [If "No," attach a list. (see instructions) J Website: WWW.MMLIVING.ORG H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1999 M State of legal domicile: TX Association Other Part I Summary Briefly describe the organization's mission or most significant activities THE MORNINGSIDE MINISTRIES Governance FOUNDATION, INC. (FOUNDATION) WAS CREATED IN 1999 AND OPERATES Check this box X if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 6 4 0 5 Total number of individuals employed in calendar year 2016 (Part Valine 2a) MAR 0 6 2018 8 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a Ō. b Net unrelated business taxable income from Form 990-T, line 34 ... 7b **Prior Year Current Year** 6,330,486 41,402,565. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 1,696,398. 3,110,968. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,867. 12,438. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,036,751. 44,525,971. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,879,042. 1,269,725. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. \overline{n} Benefits paid to or for members (Part IX, column (A), line 4) 0. Ō. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Ō. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,772. b Total fundraising expenses (Part IX, column (D), line 25) 3,714,031. 4,870,577. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,593,073. 6,140,302. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,443,678. 38,385,669. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year **End of Year** O. 90,072,266. 20 Total assets (Part X, line 16) 14,660. 0. 21 Total liabilities (Part X, line 26) 90,057,606. Ō. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign JOKDAN LOVELADY, CHIEF OPERATING OFFICER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Z/Z 7/18 Paid MICHAEL SIEGEL ₾01587323 CLIFTONLARSONALLEN LLP 41-0746749 Preparer Firm's EIN Use Only Firm's address 5001 SPRING VALLEY ROAD, SUITE 600W

11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

DALLAS, TX 75244

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2016)

Phone no. 972-383-5700

X Yes

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) INC.	74-292/605	Page 2
Par	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	WAG ODDAND	
	THE MORNINGSIDE MINISTRIES FOUNDATION, INC. (FOUNDATION)		
	IN 1999 AND OPERATES EXCLUSIVELY TO SUPPORT THE MISSION	AND PURPOSE	OF_
	MORNINGSIDE MINISTRIES (MORNINGSIDE).		
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	X 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		CDI3 110
4	Describe the organization's program service accomplishments for each of its three largest program services, as	manaurad by avaanaar	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		s, the total expenses,	anu
4-	revenue, if any, for each program service reported (Code) (Expenses \$ 4,907,253. including grants of \$ 1,269,725.) (Revenue)		
4a	(Code) (Expenses \$ 4,907,253. including grants of \$ 1,269,725.) (Revenue PROGRAM SERVICES PROVIDED BY THE FOUNDATION ARE AS FOLLO		,
	PROGRAM SERVICES PROVIDED BY THE FOUNDATION ARE AS FOLLO	ws:	
			
	OWN, HOLD AND MAINTAIN LAND, BUILDINGS AND OTHER IMPROVE		
	OPERATED BY MORNINGSIDE TO PROVIDE LONG-TERM HEALTH CARE		0
	THE GENERAL PUBLIC. RESIDENTS WHO CANNOT AFFORD MARKET R		
	SERVICES RENDERED ARE ELIGIBLE TO RECEIVE FINANCIAL ASSI	STANCE (AS	
	DESCRIBED BELOW, CHARITABLE SERVICES PROVIDED).		
	OWN, HOLD AND MANAGE THE INVESTMENTS AND OTHER FINANCIAL	ASSETS OF	THE
	CORPORATION. A PORTION OF THE EARNINGS GENERATED FROM PE	RMANENTLY	
	ENDOWED INVESTMENTS ARE FORWARDED TO MORNINGSIDE TO PROV		AT.
	ASSISTANCE TO THE GENERAL PUBLIC.		
4b		в\$	
40	(Code) (Expenses \$) (Revenue	,,,	<u> </u>
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue		
70	/ Constant	,,,	
			
		 	
		 _	
			
44	Other program services (Decembe in Schedule O.)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 4,907,253.		
	SEE SCHEDULE O FOR CONTINUATION(S	Form 9	90 (2016)
632002	2 11-11-16 SEE SCHEDULE O FOR CONTINUATION (S	1)	

THE MORNINGSIDE MINISTRIES FOUNDATION, Form 990 (2016) INC. 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	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
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	_	x
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			,
	as applicable.			۱ ۱
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_
þ	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	<u> </u>	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		$\frac{\lambda}{X}$
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		 -
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	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?			
	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		X
b	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		X
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		X
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		X
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	000	X (2016)
		Farm	uun	12010

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
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 c	urrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	Х	ĺ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comple	į,		1
	Schedule K If "No", go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to def		 	
·	any tax-exempt bonds?	24c	1	}
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	(X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year		 	 -
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comp	1		
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current of			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20	<u> </u>	
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family mem	hor		i
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20		<u> </u>		
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)	200	1	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, I		 -	 ^
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was a	,		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservat] ;	x
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		- T	ĺ
	If "Yes," complete Schedule N, Part I	31	X	 -
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i '] [v
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		·	v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, a	1	,	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled of			1
	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 org)	
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		}	1

Note. All Form 990 filers are required to complete Schedule O

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number reported in Box 3 of Form 1086. Enter -04 not applicable Christ the number of Forms W2 Gnacked m line is a Enter of -1 not applicable Christ the number of Forms W2 Gnacked m line is a Enter of -1 not applicable Christ the number of Forms W2 Gnacked m line is a Enter of -1 not applicable Christ 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 Index of the Celendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to enfile (see instructions) 3a Unit the organization have unrelated business gross income of \$1.000 or more dumple year? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to enfile (see instructions) 3b Unit the organization have unrelated business gross income of \$1.000 or more dumple year? 5a W is the sum of lines 1a and 2a is greater than 250, you may be required to enfile (see instructions) 4a X any time dumple celendary ear, did the organization have an interest in, or all spatiator or other authority over, a financial account is oregin country. See the complex of the complex of the country seed of the country see				Yes	No
be first the number of Forms W2G excluded in line 1a. Enter of ind applicable 10 10 10 10 10 10 10 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Gambling) winnings to prize winners? Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, led of the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2 as greater than 250, you may be required to e-fife (see instructions) 3a Did the organization have unrielated business gross income of \$1,000 or more during the year? 3b If If Yes, 1 has if field a form 990 Thir five year If 1/%, 7 for line 3b, 7 provide an explanation in Schedule O 3b If Yes, 2 and 1 field a form 990 Thir five year If 1/%, 7 for line 3b, 7 provide an explanation in Schedule O 3c If Yes, 2 and 1 field a field year, 3c a bank account, a securities account, or other financial accounts (PBAR). 5c If Yes, 2 field the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, 2 field the organization that if was or as a party to a prohibited tax shelter transaction? 5c If Yes, 2 field the organization field from 88667? 5d Does the organization and year of the form 88667 or 3c years that a state of the party of the prohibited tax shelter transaction at your did the organization shelt may receive deductible contributions? 5d If Yes, 3d did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5d Did the organization shell may receive deductible contributions under section 170(c). 6d Did the organization shell may receive deductible contributions under section 170(c). 6d If Yes, 3d did the organization notify the donor of the value of the goods or services provided? 6d If Yes, 3d did the organization notify the donor of the value of the goods or services provided? 7d If Yes, 3d did the organization received a contribution of carris, boats, anylones, or other vehicles, did the organization field to the pass of the pass o	ь	· · · · · · · · · · · · · · · · · · ·			ĺ
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Med for the calendar year ending with or within the year covered by this return b II at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business greaters or the file of the common	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ł
Meter Section Meter Me		(gambling) winnings to prize winners?	1c_		L
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? No id the organization have unrelated business gives increase of \$1,000 or more during the year? 3a IX 3b If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," this is the did a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b If "Yes," the during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X Ara yrum error the name of the foreign country. 5b If "Yes," to line 5a or 5b, did the organization half it was or is a party to a prichibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 5b, did the organization half it was or is a party to a prichibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization half it was or is a party to a prichibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization half it was or is a party to a prichibitions? 5c If "Yes," to life the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization or every a premium, directly or indirectly, on a personal benefi	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_	
Note. If the sum of heas 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_		L
b if "Yes," has if filed a Form 990-T for this year? If "No." in 1 land 30, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 5b If "Yes," enter the name of the foreign country See instructions for filing requirements for Find Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Did the organizations that may receive deductible contributions under section 170(c). 5d Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7a Did the organization receive a payment in excess of \$75 made party as a contribution of customers of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization organization was a contribution of customers, boots any payments on a personal benefit contract? 7d X 7d Did the organization receive any funds, directly or indirectly, o		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 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 Accounts (FBAR). 5 Was the organization aparty to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 If "Yes," to the 5a or 5b, did the organization file Form 8886-17 6 Dos the organization nature annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," indicate the register of the goods of the supplies of the goods of the supplies of the goods of the goods of services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 The section of the form 8282? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 If the organization received a contribution of cars, bosts, airplanes, or other vehicles, did the organization file a Form 1098-07 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoming organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoming organization make any taxable distr	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13b 13b 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b			- <u>-</u> -	-	ı
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
					_ <u>x</u> _
		11 165, Has it lifed a Form 720 to report these payments 711 190, "provide an explanation in Schedule O		000	(0040)

74-2927605 Form 990 (2016) 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 in Schedule O. See instructions XCheck if Schedule O contains a response or note to any line in this Part Vi Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 in Schedule O. б b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website W Upon request ___ Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JORDAN LOVELADY - 210-734-1000 700 BABCOCK ROAD, SAN ANTONIO, 78201Form **990** (2016) 632006 11-11-16

Form 990 (2016) INC.

74-2927605

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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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	-		_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	⊢	1			1	,	from the	from related organizations	other compensation
	hours for	Individual trustee or director	1		1			organization	(W-2/1099-MISC)	from the
	related	8 0	stee]	Ì	Highest compensated employee		(W-2/1099-MISC)	(organization
	organizations	trust	Institutional trustee	ł	Key employee	ed wo		(and related
	below	vidua	tc fig	l ē	d Ha	lest c	nec	<u> </u>	•	organizations
	line)	Ē	last.	Officer	Key	em E	Forr		. <u> </u>	
(1) MR. PETER MADDOX	3.00]	l		1	}		1	_	
CHAIRMAN	0.00	X	<u> </u>	X	<u> </u>	L_	_	0.	0.	0.
(2) MS. MARY SCHOFF	1.00		1		1	1		_		1
FORMER VICE CHAIR/SECRETARY	0.00	X	L	X	<u> </u>	<u> </u>		0.	0.	0.
(3) MR. ALVIN LOEWENBERG	12.00	ļ	ł		1	ł		1		
PRESIDENT/CEO/BOARD MEMBER	28.00	X	L	X	L	<u> </u>	_	0.	255,756.	58,874.
(4) DR. MELINDA MCFARLAND	1.00	l	Į		l				_	_
BOARD MEMBER	0.00	X	L_		L.	_		0.	0.	0.
(5) CAROLINE MOWEN	1.00	.	1		1	1		1		
BOARD MEMBER	0.00	X	<u> </u>	_	_	<u> </u>		0.	0.	0.
(6) DENNIS TOTTENHAM	1.00	۱	l		l			1		
BOARD MEMBER	0.00	X	L		_	L.		0.	0.	0.
(7) ED TRAVIS	1.00	 								
BOARD MEMBER		X	_	_	L.	L.		0.	0.	0.
(8) MR. MIKE VENSON	1.00	ļ	1							
BOARD MEMBER	0.00	X	_	_	_	<u> </u>		0.	0.	0.
(9) LEO CUTCLIFF	2.00	1	}		1	Ì		1	450 066	2 24 5
EVP OPERATIONS	38.00	<u> </u>		X	<u> </u>	_		0.	153,366.	3,917.
(10) JOAN DIXON	16.00	ł	}	\ .		ł			120 505	0.400
VP FINANCE	24.00	├-	}	X	<u> </u>	<u> </u>	<u></u>	0.	139,505.	8,403.
(11) CAROLYN WORTHEN	0.00	-	1			,,			140 505	2 122
EXECUTIVE DIRECTOR	40.00		├-		<u> </u>	X		0.	148,505.	2,132.
(12) SUZANNE HUBER	40.00	∤	Ì		Ì				140 010	0 170
EXECUTIVE DIRECTOR (13) MARIA WELLISCH		-	<u> </u>		<u> </u>	X	-	0.	142,812.	2,170.
	0.00	1	}		l	٠,	ı	1	120 066	2 070
VP QUALITY ASSURANCE	40.00	├-	├	-	<u> </u>	X		0.	138,866.	3,279.
(14) GRACIELA KANALAS PHARMACIST	40.00	{		1				,	100 046	2 725
(15) LUCILLE CRAWFORD		├-	├	<u> </u>	<u> </u>	X		0.	129,846.	3,735.
	40.00	ł	1			\ \ _		1	100 000	2 200
PHARMACIST IN CHARGE	40.00	₩	├	 	<u> </u>	X	<u> </u>	0.	126,836.	2,300.
		1	1		1	[1	
		├-			 	⊢	-	 	 	
	l	ı	1	l i	ı	1	i	J	l	

632007 11-11-16

the organiz	zation. Report compensation for the calendar	year ending with or with	in the organization's tax year.	
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
	per of independent contractors (including but of compensation from the organization	t not limited to those liste 0	d above) who received more than	
				= 000

Form **990** (2016)

Form,990 (2016)

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

2 a

4

THE MORNINGSIDE MINISTRIES FOUNDATION, INC. Part VIII Statement of Revenue 74-2927605 Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Total revenue Related or Unrelated exempt function business 1 a Federated campaigns revenue revenue 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 40,815,155. e Government grants (contributions) 1e f All other contributions, gifts, grants, and sımılar amounts not ıncluded above 1f 587,410. g Noncash contributions included in lines 1a-1f \$ 13,704. h Total. Add lines 1a-1f 41,402,565 Business Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 945,175. Income from investment of tax-exempt bond proceeds 945,175. Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 24,149,447. 2,610. b Less cost or other basis and sales expenses 21,981,631 4,633 c Gain or (loss) 2,167,816. -2,023 2,165,793 2,165,793.

d Net gain or (loss) 8 a Gross income from fundraising events (not contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19

b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances

b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE

d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions.

b

632009 11-11-16

3,123,406.

12,438.

12,438

12,438.

0

44,525,971.

Business Code

623000

Form 990 (2016)

Form,990 (2016) INC.

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, Bb, 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	1,269,725.	1,269,725.		
2	Grants and other assistance to domestic]	1	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			į	
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			\	
	trustees, and key employees				
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and		1	İ	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees)	100 000		102 000	
а	Management	102,000.		102,000	
b	Legal	11,000.		11,000.	
C	Accounting	11,000.		11,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	289,915.		289,915.	
f	Investment management fees	200,010.		200,010.	
g	Other (If line 11g amount exceeds 10% of line 25,	ļ			
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	 			
15 16	Royalties Occupancy	161.		161.	
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	·	}		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,447,930.	3,637,528.	807,630.	2,772.
23	Insurance	5,376.		5,376.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	IN KIND DONATIONS EXPEN	13,834.		13,834.	
b	BANK FEES	361.		361.	
С					
ď					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,140,302.	4,907,253.	1,230,277.	2,772.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.		1	•	
	Check here If following SOP 98-2 (ASC 958-720)		<u> </u>		
	0 11-11-16				Form 990 (2016

		Dalance Sneet				2 2 2 7 0 0 3 Page
		Check if Schedule O contains a response or no	te to any line in this Part X			
			_	(A)		(B)
	1	Cash - non-interest-bearing		Beginning of year		End of year
	2	Savings and temporary cash investments		660,43	_	
- 1	3	Pledges and grants receivable, net		51,69	1 . 2	
- 1	4	Accounts receivable, net		2,50		
	5	Loans and other receivables from current and f		28,59	4	
		trustees, key employees, and highest expression	ormer officers, directors,			
		trustees, key employees, and highest compens Part II of Schedule L	ated employees Complete			
	6				5	
1		Loans and other receivables from other disqual section 4958(f)(1)), persons deposits of the section 4958(f)(1)).	fied persons (as defined under		7	
		section 4958(f)(1)), persons described in section	i 4958(c)(3)(B), and contributing		- [
		employers and sponsoring organizations of sec	ion 501(c)(9) voluntary			1
	7	employees' beneficiary organizations (see instr) Notes and loans receivable, net	Complete Part II of Sch L		6	1
	8	Inventories for sale or use			7	
- 1					8	1
- 1	Ωa	Prepaid expenses and deferred charges		3,537	. 9	1
Ι.	Ja	Land, buildings, and equipment cost or other			†Ť	
	h	basis Complete Part VI of Schedule D	10a 0			
1		Less accumulated depreciation	10b 0		100	
1:	3	Investments - publicly traded securities		32,615,851	• 11	+ <u> </u>
13	2	Investments - other securities. See Part IV, line 1	1	2,322,354	• 12	0
12	3 4	Investments - program-related See Part IV, line 1	1		13	
		Intangible assets			14	0
15		Other assets See Part IV, line 11			15	0
16	, —	Total assets. Add lines 1 through 15 (must equa	line 34)	90,072,266	16	1 10
17	, ,	Accounts payable and accrued expenses		14,660	17	1 10
18		Grants payable			18	
19		Deferred revenue			19	
20		Tax-exempt bond liabilities			20	
21		scrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
22		-oans and other payables to current and former of	fficers directors trustoos		121	
l		ley employees, nighest compensated employees	, and disqualified persons			
Í	_	complete Part II of Schedule L			-	** *
23	S	Secured mortgages and notes payable to unrelate	ed third parties		22	
24	U	insecured notes and loans payable to unrelated	hird parties		23	
25	U	mer liabilities (including federal income tax, pava	bles to related third		24	
1	р	arties, and other liabilities not included on lines 1	7-24) Complete Part X of			
00	3	criedule D				
26		otal liabilities. Add lines 17 through 25		14,660.	25 26	
	0	rganizations that follow SFAS 117 (ASC 958),	check here		40	0.
	C	omplete lines 27 through 29, and lines 33 and	34.			
27		nrestricted net assets	İ	72,716,704.		
28	Te	emporanly restricted net assets	<u></u>	5,514,370.	27	0.
29	Pe	ermanently restricted net assets	}	11,826,532.	28	0.
	Oı	rganizations that do not follow SFAS 117 (ASC	958), check here	,020,332.	29	0.
•-	aı	id complete lines 30 through 34.		i	- 1	
30	Ca	apital stock or trust principal, or current funds	İ		_	
31	Pa	ad-in or capital surplus, or land, building, or equir	ment fund		30	
32	He	stained earnings, endowment, accumulated incor	ne, or other funds		31	
	_	tal not assets a firm of	, outor funds		32	
33 34	10	tal net assets or fund balances tal liabilities and net assets/fund balances	Г	90,057,606.	33	0.

Form **990** (2016)

Form	990 (2016)	/4	<u> </u>	003	<u>Pa</u>	ge 12
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_	44	, 52	5,9	71.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	,14	0,3	02.
3	Revenue less expenses. Subtract line 2 from line 1	3_		,38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90	,05		
5	Net unrealized gains (losses) on investments	5		8	5,7	16.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-128	,52	8,9	91.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10				0.
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				- 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	, v :\$
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		1	, T	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			10	ļ
	separate basis, consolidated basis, or both				-	ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			} .	* .	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e bası	s,	- 1	a*,	
	consolidated basis, or both			,		. '
	Separate basis X Consolidated basis Doth consolidated and separate basis			*	,	ļ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audı	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch]
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	igle A	udit	ة ي		
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired at	ıdıt			}
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INC

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE MORNINGSIDE MINISTRIES FOUNDATION, Employee

Employer identification number 74-2927605

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 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) 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) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document (iii) Type of organization (i) Name of supported (ii) ÉIN (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) MORNINGSIDE 74-1388420 MINISTRIES 10 1,269,725 X

1,269,725.

Schedule A (Form 990 or 990-EZ) 2016 INC.

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				Ì	!	•
	include any "unusual grants.")				<u> </u>		
2	Tax revenues levied for the organ-				ļ		
	zation's benefit and either paid to		'		†	·	
	or expended on its behalf						
3	The value of services or facilities				1	·	
	fumished by a governmental unit to	ļ			l	/ /	
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3		 		<u> </u>	/	
5	The portion of total contributions			!	}		
	by each person (other than a						
	governmental unit or publicly		-			/ /	
	supported organization) included		,	,		V -	
	on line 1 that exceeds 2% of the	1	1	-	- /		
	amount shown on line 11,						
	column (f)				 		
	Public support. Subtract line 5 from line 4	L	L	L		L	
	ction B. Total Support	,	,		/		
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	 	ļ		+		
8	Gross income from interest,	ļ		ļ			
	dividends, payments received on	1		ر ا	d'		
	securities loans, rents, royalties			· /		}	
	and income from similar sources				 		
9	Net income from unrelated business	ļ		/			
	activities, whether or not the						li .
	business is regularly carried on			 /	 		
10	Other income. Do not include gain	1				1	
	or loss from the sale of capital]		/			
	assets (Explain in Part VI.)		 -	//	 	ļ	
11	Total support. Add lines 7 through 10	L	<u> </u>	L	<u> </u>	12	
12	Gross receipts from related activities,		//				
13	First five years. If the Form 990 is for	=	s tirst, second; thii	ra, tourth, or titth t	ax year as a section	n sur(c)(s)	
Se	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (column (fl)		14	%
15			// -	column (1)/		15	<u> </u>
	33 1/3% support test - 2016. If the		//	n line 13 and line	14 is 33 1/3% or i		
100	stop here. The organization qualifies		//		141200 17070 0. 1		▶ □
	33 1/3% support test - 2015. If the		, -		d line 15 is 33 1/39	6 or more, check th	nis box
•	and stop here. The organization qua		//				▶ □
17:	10% -facts-and-circumstances tes				e 13 16a. or 16b.	and line 14 is 10%	or more.
	and if the organization meets the "fac	,					
	meets the "facts-and-circumstances"	,		-			▶□
	10% -facts-and-circumstances tes	•	•		<u> </u>	17a, and line 15 is	10% or
•	more, and if the organization meets t	_					
	organization meets the "facts-and-cir						▶ □
18	Private foundation. If the organization		-				ıs 🚡
		<u></u>		<u> </u>		edule A (Form 990	
		ſ			2-11	•	, · -

74-2927605 Page 3

Pa	irt III Support Schedule for 0	-		•			
	(Complete only if you checked			organization failed	d to qualify under	Part II If the organ	ization fails to
~-	qualify under the tests listed b	elow, please comp	olete Part II.)				/
	ction A. Public Support		<u> </u>			T	1 / 17 - 1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and					/	7
	membership fees received. (Do not	1			1		1
_	include any "unusual grants ")	ļ	 		 	 /	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						ļ
	are not an unrelated trade or bus-	1					
	iness under section 513					<u> </u>	
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		ļ		1	 	
·	fumished by a governmental unit to	1	[Į		
	the organization without charge	1					ł
6	Total. Add lines 1 through 5					1	1
	Amounts included on lines 1, 2, and			/	1		1
	3 received from disqualified persons	,	{				1
t	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			/			
,	Add lines 7a and 7b	 	/	 	 	+	
	Public support. (Subtract line 7c from line 6.)	5 to 1	N. 1/2 13		<u> </u>	*	
	ction B. Total Support		, , , , , , , , , , , , , , , , , , , 				
	ndar year (or fiscal year beginning in)	(a) 2012	/(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6		/			1	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income				}		
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)				1	1	1
	First five years. If the Form 990 is fo	r the organization's	s first, second. thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	gz	,, ,		,	(-/(-/ 5.82///	▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2015					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						ightharpoons
t	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						▶ □
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	
6320	23 09-21-16				Sci	hedule A (Form 99	0 or 990-E71 2016

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?
- 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 (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)
- 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	X	
2		X
3a		X
3b_	-	
3c	1	1
4a		X
4b	`	
4c	-	<u> </u>
5a		X
5b		
5c		
	-	
6		X
7		X
8		<u>x</u>
		;
9a		X
9b		X
9с		X
10a		x
10b		

	dule A (Form 990 or 990-EZ) 2016 LINC	- 43 2 1 0 0) P	age 5
Pa	rt IV Supporting Organizations (continued)		T	<u> </u>
4.4	Handle annually and a second of the second of the file of the second of	F	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?)	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		x
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		X
	·	11c	-	X
	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. tion B. Type I Supporting Organizations	110	L	
	don by Type Couppointing Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	111
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	İ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	j	1	
	controlled the organization's activities. If the organization had more than one supported organization,	Ì	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Ì	l	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
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	ļ		}
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			_
	supervised, or controlled the supporting organization	2		X
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			-
<u> </u>	the supported organization(s)	1	l	
Sec	tion D. All Type III Supporting Organizations			-
_	Dollars accomplished and the control of the control		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1] .	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	į		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	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	- <u>-</u> -		
_	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	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 instruction	ns).		
а	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 (se	nstructions :)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	!
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}	1 1	!
	how the organization was responsive to those supported organizations, and how the organization determined		((l I
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		}	I
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	Ì		
	reasons for the organization's position that its supported organization(s) would have engaged in these	ļ		
_	activities but for the organization's involvement	2b	igsquare	
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	1		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	\vdash	
þ	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	Ll	

Sche	dule A (Form 990 or 990-EZ) 2016 INC.		7	4-2927605 Page 6
Par		g Orga		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u> </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		<u></u>
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or	T 1		1
	collection of gross income or for management, conservation, or	1 1		ı
	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) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	-	* * * * * * * * * * * * * * * * * * *	
	instructions for short tax year or assets held for part of year)	1		1
а	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b		<u> </u>
c	Fair market value of other non-exempt-use assets	1c		<u> </u>
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		·	Ϋ
2	Acquisition indebtedness applicable to non-exempt-use assets	2	L	<u> </u>
_3	Subtract line 2 from line 1d	3		<u> </u>
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		1
	see instructions)	4		<u> </u>
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u></u>
6	Multiply line 5 by .035	6	 	<u> </u>
7	Recoveries of prior-year distributions	7		<u> </u>
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			
	and the second s	اما	1	

Schedule A (Form 990 or 990-EZ) 20 16

instructions)

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

	dule A (Form 990 or 990-EZ) 2016 INC.			4-2927605 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	,
Secti	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 exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	<u> </u>
4	Amounts paid to acquire exempt-use assets			<u> </u>
5	Qualified set-aside amounts (pnor 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	he organization is responsive)	
	(provide details in Part VI). See instructions			<u> </u>
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6		,	
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
b			·	
C	From 2013			
<u>d</u>	From 2014		 	!
_ е	From 2015		·	
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			<u></u>
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,	-		
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			L
С	Remainder. Subtract lines 4a and 4b from 4			;
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			į
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			Ì
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c Breakdown of line 7			
	DIGANOVIII OF III IE /			 ,
a_	Evenes from 2012			
	Excess from 2013			
	Excess from 2014		 	
	Excess from 2015	 	 	
e	Excess from 2016	[Ī	1

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 INC.	74-2927605 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	e 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 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	, lines 1 and 2, Part IV, Section C,
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 A, PART I, LINE 12A:	
MORNINGSIDE MINISTRIES, INC., THE PARENT ENTITY OF THE C	ORGANIZATION,
CONTROLS THE BOARD OF THE ORGANIZATION THROUGH BOTH THE	APPROVAL AND
REMOVAL OF BOARD MEMBERS PER THE PROVISIONS IN THE BY-LA	AWS OF THE
ORGANIZATION.	
	
	
	
•	

SCHEDULE D

(Form 990)

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.
Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.
THE MORNINGSIDE MINISTRIES FOUNDATION, Employed

OMB No 1545-0047 2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TNC

Employer identification number 74-2927605

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		·
		(a) Donor advised funds	(b) Funds 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 held in donor advised	I funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" 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 (e.g., recreation or	education) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation 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
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	,
	listed in the National Register		2d)
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	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, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatio	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

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	dule D (Form 990) 2016 INC.					74-29			<u>ige 2</u>
Par	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significan	t use of its	collection	ı item	s
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co					oose in Par	t XIII		
5	Dunng the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or other simila	ar assets	_	٦		1
	to be sold to raise funds rather than to be m						J Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	is or other assets no	t included				
•	on Form 990, Part X?		,				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
_							Amount		
С	Beginning balance				1c	1			
	Additions during the year				1d				
е	Distributions during the year				1e	1			
f	Ending balance				11				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or co	ustodial account liab	olity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	H				<u>] </u>
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	13,294,349.	13,566,653.	13,944,264.	12,	287,434.	11	695,	831.
b	Contributions	152,427.	309,672.	143,184.		97,449.	1,	218,	984.
C	Net investment earnings, gains, and losses	638,303.	-53,291.	615,142.	1,	647,130.	-	569,	484.
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs	14,085,079.	528,685.	1,135,937.	L	87,749.		57,	897.
f	Administrative expenses								
g	End of year balance		13,294,349.	13,566,653.	13,	944,264.	12,	287,	434.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the organ	ization	_		
	by							Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organiza						3b	1	
4	Describe in Part XIII the intended uses of the		wment funds						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or of basis (investing	1	1	Accumula epreciation		(d) Book	value)
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
e	Other								
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c)		▶			0.
					_				

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 INC.			74	-2927605 Page 3
Part VII Investments - Other Securities.	F		David V. Ivan 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
(1) Financial derivatives	(b) book value	(c) Wediod of V	albation Cost of City	a or your market value
(2) Closely-held equity interests				
				
(3) Other(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		and a pro- poly	まっとを表記したれる 野犬 かん	ا بازر دوره المحادث
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		``		
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	9 15)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	5
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes]	
(2)			}	
(3)				
(4)				
(5)				
(6)			}	
(7)				
(8)				
(9)			}	
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 footn	ote to the organization's	inancial statements	that reports the
organization's liability for uncertain tax positions under				

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Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 INC .				2927605	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per R	leturi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	1				
1	Total revenue, gains, and other support per audited financial statements			1	43,052	047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses) on investments	2a	85,716.	1		
b	Donated services and use of facilities	2b		Į į		
C	Recoveries of prior year grants	2c]	i	
d	Other (Describe in Part XIII)	2d				
е	Add lines 2a through 2d			2e	85	716.
3	Subtract line 2e from line 1			3	42,966	<u>, 331 . </u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			}		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIII.)	4b	1,559,640.			
C	Add lines 4a and 4b			4c	1,559	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			_5_	44,525	<u>,971.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Stater	nents W	/ith Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	1		,		
1	Total expenses and losses per audited financial statements			1	4,580	661.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1		
а	Donated services and use of facilities	2a		{_		
b	Prior year adjustments	2b				
С	Other losses	2c		1.		
d	Other (Describe in Part XIII.)	2d				_
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	4,580	661.
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		1		
p	Other (Describe in Part XIII.)	4b	1,559,641.		4	
С	Add lines 4a and 4b			4c	1,559	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		 	5_	6,140	, 302.
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai			4. Part	t X, line 2, Part 2	XI,
ines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional in	formation			
						
PΔI	T V, LINE 4:					
	.i v, bind 4:		,			
ENT	OWMENT FUNDS ARE INTENDED TO BE USED TO	SETER	r WITH THE M	(ARO	TNGSTDE	
	TOWNSHIP TO THE THE THE THE TOWN TO THE TOWN TO THE	IDD ID		0141	11100101	
MIN	ISTRIES COVENANT ASSISTANCE PROGRAM, WHIC	H AS	SISTS INDIGE	ти	RESIDENT	rs
<u>LII</u>	ING ON MORNINGSIDE COMMUNITIES. ADDITIONA	LLY,	THE FUNDS A	RE	TO BE US	SED
то	PROVIDE FOR THE CONTINUED UPKEEP OF THE M	IORNII	NGSIDE MEADO	ws	INDEPENI	ENT
\overline{ril}	ING BUILDING.					
						
PAF	T X, LINE 2:					
===						
THE	ACCOUNTING STANDARD ON ACCOUNTING FOR U	CERT	AINTY IN INC	OME	TAXES	
א דרו	DECCEC MUE DEMEDATIVAMION OF LINEMUED MAY	ים מוצמי	TMG CLATMED	ΔD	EVERGREI	
WDI	RESSES THE DETERMINATION OF WHETHER TAX I	BUEF.	LTS CLAIMED	OK_	BAPECTEL	TO
BE	CLAIMED ON A TAX RETURN SHOULD BE RECORDS	D IN	THE FINANCI	AL	STATEMEN	VTS.
11217	ADD MUNM CUITANICE MUE POINTAMION WAY 2000	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- min min		7. F. C.	
	DER THAT GUIDANCE, THE FOUNDATION MAY RECO)GNTZ]	B THE TAX BE			
0 32054	08-29-16 3.2			Sche	dule D (Form 9	yuj 2016

Schedule D (Form 990) 2016 INC. 74-2927605 Page 5
Part XIII Supplemental Information (continued)
UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX
POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON
THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE
THE TAX-EXEMPT STATUS OF THE ORGANIZATION AND VARIOUS POSITIONS RELATED TO
THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME ("UBIT"). THE
TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION
ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50%
LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO
UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE
YEARS ENDED DECEMBER 31, 2016 AND 2015.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
INVESTMENT MANAGEMENT FEES 289,915.
GRANT TO MORNINGSIDE MINISTRIES, INC. 1,269,725.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,559,640.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
GRANT TO MORNINGSIDE MINISTRIES, INC. 1,269,726.
INVESTMENT MANAGEMENT FEES 289,915.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,559,641.
<u> </u>

Employer identification number 74-2927605 THE MORNINGSIDE MINISTRIES FOUNDATION, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Attach to Form 990. Part I General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

criteria used to award the grants or assistance?

Open to Public Inspection OMB No 1545-0047

2 |

X Yes

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organ \$5,000. Part II car	izations and Domesti n be duplicated if addit	c Governments, C ional space is need	omplete if the orga led.	inization answered "Y	'es" on Form 990, Part	IV, line 21, for any
1 (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
MORNINGSIDE MINISTRIES 700 BABCOCK ROAD SAN ANTONIO, TX 78201	74-1388420	501(C)(3)	1,269,725.	0			GENERAL SUPPORT FOR THE ORGANIZATION AND ITS PROGRAMS.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government o	rganizations listed in the 1 table	ne line 1 table				1.0
۱,	e, see the instruct	tions for Form 990.					Schedule I (Form 990) (2016)

74-2927605

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information 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 MINISTRIES FOUNDATION, INC. IS A SUPPORTING ORGANIZATION OF MORNINGSIDE PRESIDENT / CEO AND SEVERAL JOINT BOARD MEETINGS HELD DURING THE YEAR. MINISTRIES. FUNDS ARE MONITORED THROUGH THE SHARING OF BOARD MEMBER (d) Amount of non-cash assistance FUNDS ARE PROVIDED TO MORNINGSIDE MINISTRIES. THE MORNINGSIDE (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2016)
Part III | Grants and Othe PART I, LINE 632102 11-01-16

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. THE MORNINGSIDE MINISTRIES FOUNDATION, INC.

Open to Public Inspection

Employer identification number 74-2927605

Pa	art I Questions Regarding Compensation			
_			Yes	No
1a	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.	}		1
	First-class or charter travel	1	Í	}, ,
	Travel for companions Payments for business use of personal residence	Ì	1	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	ļ		
		ł	•	}
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	}		1
	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 filing organization used to establish the compensation of the organization's	١.		
	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to	1	ł	<u> </u>
	establish compensation of the CEO/Executive Director, but explain in Part III.	}	'	
	Compensation committee Written employment contract	١.		1
	Independent compensation consultant Compensation survey or study		l	
	Form 990 of other organizations Approval by the board or compensation committee	}	1	,
		}	}	} ;
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		ł	•
	organization or a related organization	1		,
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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			1
	contingent on the revenues of	_		_
а	The organization?	5a		X
b	Any related organization?	5b		X
	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		٠.	
	contingent on the net earnings of			
а	The organization?	6a		X
þ	Any related organization?	6b		X
	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		X
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		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			i ——
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

74-2927605

THE MORNINGSIDE MINISTRIES FOUNDATION, INC.

Schedule J (Form 990) 2016 INC. Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (b) reported as deferred on prior Form 990
(1) MR. ALVIN LOEWENBERG	(3)	0	0	0	0	0	0	0
œ.	E	250,5		5,20	31,800.	27,074.	314,63	0
(2) LEO CUTCLIFF	ε					0		0
EVP OPERATIONS	(ii)	151,0		2,316.	2,24	1,675.	157,283.	0
EN	ε			0.		0.		0
EXECUTIVE DIRECTOR	(ii)	148,5(0	0	1,892.	240.	150,637.	0
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	3						+	
	3							
	15							
	Ξ							
	(ii)							
	(1)							
	(ii)							
	(i)							
	(ii)							
	Θ							
	▣							
	Θ							
	(ii)							
	Ξ							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	<u>(i)</u>							
	Θ		-					
	<u> </u>							
				1			Schedu	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 INC.
Part III | Supplemental Information

Schedule J (Form 990) 2016 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information THE PARENT ENTITY, PROVIDES A HOUSING ALLOWANCE OR OR TOP MANAGEMENT OFFICIAL IS RESIDENCE FOR PERSONAL USE FOR AN OFFICER WHO SERVES ON THE BOARD OF THE PARENT ENTITY. DIRECTORS FOR MORNINGSIDE MINISTRIES FOUNDATION. SET BY THE MORNINGSIDE MINISTRIES BOARD, EXECUTIVE DIRECTOR, MORNINGSIDE MINISTRIES, SALARY FOR THE CEO, PART I, LINE 1A: PART I, LINE 3:

Employer identification number Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional OMB No 1545-0047 74-2927605 Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-Ez, line 36. ► Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. THE MORNINGSIDE MINISTRIES FOUNDATION, ► Attach certified copies of any articles of dissolution, resolutions, or plans. ► Attach to Form 990 or 990-EZ. INC Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service SCHEDULE N Parti

2016

Open to Public Inspection

recipient(s) (if tax-exempt) or type of entity (g) IRC section of 01(C)(3) 501(C)(3) 501(C)(3) 01(C)(3) (0) (C) (3) (f) Name and address of recipient INC. ORNINGSIDE MINISTRIES, INC. ORNINGSIDE MINISTRIES, INC. CORNINGSIDE MINISTRIES, CORNINGSIDE MINISTRIES, CORNINGSIDE MINISTRIES, SAN ANTONIO, TX 78201 AN ANTONIO, TX 78201 AN ANTONIO, TX 78201 AN ANTONIO, TX 78201 AN ANTONIO, TX 78201 00 BABCOCK ROAD 00 BABCOCK ROAD 00 BABCOCK ROAD 00 BABCOCK ROAD 00 BABCOCK ROAD (e) EIN of recipient 74-1388420 74-1388420 74-1388420 74-1388420 74-1388420 (d) Method of determining FMV for asset(s) distributed or transaction expenses BOOK VALUE BOOK VALUE BOOK VALUE BOOK BALUE BOOK VALUE NET (c) Fair market value of asset(s) distributed or amount of transaction 878 800. 3,680. 36,773,634. 90,758,999 965, 37 (b) Date of distribution 12/31/16 12/31/16 12/31/16 12/31/16 12/31/16 생 INVESTMENTS - PUBLICLY TRADED BUILDINGS, AND BUILDING BENEFICIAL INTEREST IN TRUSTS & PLEDGES RECEIVABLE (a) Description of asset(s) distributed or transaction CASH EQUIVALENTS expenses paid space is needed PREPAID EXPENSES IMPROVEMENTS CASH AND ACCOUNTS LAND

Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

SEE PART III A If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

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

Schedule N (Form 990 or 990-EZ) (2016)

Yes

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Schedule N (Form 990 or 990-EZ) (2016) INC.
Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all of its liabilities in accordance with state laws?

b. Use the organization discharge or pay all or its liabilities in accordance with sta 6a Did the organization have any tax-exempt bonds outstanding during the year? b If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?

c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No" on line 6b, explain in Part III.

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ. line 36 Part II can be duplicated if additional space is needed.

2 Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? σ

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

Schedule N (Form 990 or 990-EZ) (2016)

2 2 2

Schedule N (Form 990 or 990-EZ) (2016) LNC
Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information
PART I, LINE 2E:
PETER MADDOX, DR. MELINDA MCFARLAND, CAROLINE MOWEN, DENNIS TOTTENHAM, AND
ED TRAVIS.
PART I, LINE 2E:
PETER MADDOX, DR. MELINDA MCFARLAND, CAROLINE MOWEN, DENNIS TOTTENHAM, AND
ED TRAVIS WILL SERVE AS DIRECTORS ON THE BOARD OF DIRECTORS FOR MORNINGSIDE
MINISTRIES, THE TRANSFEREE ORGANIZATION.
PART I, LINE 1, COLUMN A:
EFFECTIVE 12/31/16, THE MORNINGSIDE MINISTRIES FOUNDATION, INC.
(FOUNDATION) AND MORNINGSIDE MINISTRIES (MORNINGSIDE), THE PARENT
COMPANY, HAVE DETERMINED IT IS IN THEIR MUTUAL BEST INTERESTS TO
CONSOLIDATE AND MERGE THE TWO ENTITIES INTO A SINGLE ENTITY IN ORDER TO
REALIZE FINANCIAL, LEGAL AND OPERATIONAL EFFICIENCIES BETWEEN THE TWO
NONPROFIT CORPORATIONS. AS A RESULT, THE FOUNDATION TRANSFERRED ALL OF
ITS ASSETS TO MORNINGSIDE BASED ON THE BOOK VALUE OF THE ASSETS AT
12/31/16.

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.

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

THE MORNINGSIDE MINISTRIES FOUNDATION, Emplo

OMB No 1545-0047 2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 74-2927605

INC.	14-492/605
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
EXCLUSIVELY TO SUPPORT THE MISSION AND PURPOSE OF MORNINGSI	DE
MINISTRIES (MORNINGSIDE).	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENT	S:
SOLICIT CHARITABLE DONATIONS FROM THE PUBLIC AND HOLD AND I	NVEST
DONATIONS TO BE USED BY MORNINGSIDE TO PROVIDE CAPITAL, SUP	PORT
SERVICES AND FINANCIAL ASSISTANCE TO THE GENERAL PUBLIC.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY PR	IOR TO
SUBMISSION	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR, ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST ST	ATEMENT. THE
PRESIDENT AND CEO'S OFFICE MONITORS THIS PROCESS. IF THERE	IS A CONFLICT
OF INTEREST, THE BOARD IS MADE AWARE OF THE CONFLICT AND TH	E BOARD MEMBER
INVOLVED DOES NOT SPEAK OR VOTE ON THOSE RELATED ISSUES.	
FORM 990, PART VI, SECTION B, LINE 15:	
MORNINGISDE MINISTRIES FOUNDATION DID NOT ISSUE ANY W-2S. T	HE PRESIDENT AND
CEO'S COMPENSATION IS SET BY THE PARENT ENTITY, MORNINGSIDE	MINISTRIES, AND
IS REVIEWED AND APPROVED ON AN ANNUAL BASIS BY THE EXECUTIV	E COMMITTEE OF
MORNINGSIDE MINISTRIES. DURING THIS REVIEW THE EXECUTIVE CO	MMITTEE UTILIZES
COMPARABILITY DATA OF OTHER ORGANIZATIONS OF THIS NATURE AN	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule	O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization THE MORNINGSIDE MINISTRIES FOUNDATION, INC.	Employer identification number 74–2927605
THEIR REVIEW AND DECISIONS ARE FORWARDED TO MORNINGSIDE M	INISTRIES HUMAN
RESOURCES.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UP	ON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PULIC U	PON REQUEST. THE
CONSOLIDATED AUDIT REPORT IS POSTED ON WWW.MMLIVING.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF ASSETS TO MORNINGSIDE MINISTRIES FOR MERGER	
EFFECTIVE 12/31/16	-128,528,991.
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR TO THE AUDIT	OVERSIGHT
PROCESS OR INDEPENDENT AUDITOR SELECTION PROCESS.	
FORM 990, PAGE 1, PART B, AMENDED RETURN:	
THE ORIGINAL RETURN WAS NOT FILED AS A FINAL RETURN BECAU	SE THE
ORGANIZATION DID NOT TRANSFER ALL OF THEIR ASSETS OFF THE	BOOKS UNTIL
1/1/17. HOWEVER, THE CERTIFICATE OF MERGER THAT WAS FILE	D IN THE STATE
WAS EFFECTIVE 12/31/16 AT 11:59 PM. IN ORDER TO BE CONSI	STENT WITH THE
CERTIFICATE OF MERGER, THE ORGANIZATION IS FILING AN AMEN	DED FINAL
RETURN FOR THE YEAR-ENDED 2016.	
	•

Name of the organization THE MORNINGSIDE MINISTRIES FOUNDATION, INC.	Employer identification number 74-2927605
AS A RESULT OF THE AMENDED FINAL RETURN, SCHEDULE N, PART	I HAS BEEN
PREPARED. THE BALANCE SHEET NOW SHOWS \$0 BALANCES IN ALI	THE ACCOUNTS.
SCHEDULE D PART III AND PART VI HAVE BEEN DELETED SINCE T	HERE IS NO
BALANCES RELATED TO THESE PARTS FOR THE YEAR-ENDED 2016.	
FORM 990, PART V, LINE 7H:	
THE ORGANIZATION RECEIVED A DONATED VEHICLE AND THEY PROV	VIDED A DONOR
ACKNOWLEDGEMENT RECEIPT TO THE DONOR. THE ORGANIZATION I	OID NOT SELL
THE DONATED VEHICLE AND THEY ARE USING IT AS PART OF OPER	RATIONS.
	`

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Ŷ. Open to Public Inspection Employer identification number 74-2927605 × OMB No 1545-0047 controlled 2016 entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entrty End-of-year assets N/A status (if section e Public charity 501(c)(3)) LINE 10 Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. THE MORNINGSIDE MINISTRIES FOUNDATION, Total income Exempt Code section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. FEXAS SEE SUPPLEMENTAL SECTION Primary activity Primary activity 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) MORNINGSIDE MINISTRIES - 74-1388420 Name, address, and EIN of related organization of disregarded entity 78201 Name of the organization ΤX 700 BABCOCK ROAD Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) SAN ANTONIO Part II Part

Schedule R (Form 990) 2016

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

Page 2

74-2927605

organications treated as a parmership during the tax year	rnersnip dunng the ta	x year			-					1	
(a)	<u>e</u>	<u></u>		<u> </u>		E	(6)	€	€		` €
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomina (related, u excluded fro sections :	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	amount in box 20 of Schedule	General or managing ox managing Ule partner?	General or Percentage managing ownership partner?
part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	anizations Taxable a poration or trust durin	is a Corp	oration or Trust. Co	omplete if the	e organization	answered "Yes	" on Form 990,	Part IV, line	34 because it ha	d one or n	ore related
(a) Name, address, and EIN of related organization	Z _	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Ing Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
						 					
632162 09-06-16				46					Schee	dule R (For	Schedule R (Form 990) 2016

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

ž				Yes No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a A
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				¥.
g Sale of assets to related organization(s)				19 X
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				Υ
j Lease of facilities, equipment, or other assets to related organization(s)				1j X
k Lease of facilities, equipment, or other assets from related organization(s)				1k
	anization(s)			x
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			t _m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1n X
 Sharing of paid employees with related organization(s) 				To X
 Beimbursement paid to related organization(s) for expenses 				X
				19 X
r Other transfer of cash or property to related organization(s)				× ×
If the answer to any of the above is "Yes." see the instructions for	who must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds	4
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ınvolved
1)				
ı				
7				
2163 09-06-16	47		Sched	Schedule R (Form 990) 2016

Page 4

74-2927605

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) (b) (c) (d)	(q)	(c)		[9]	9)	(8)	3	(9)	5	(5)
		1	Orrect transmotory	Are all	= 7			(A)	€ (<u> </u>
Name, address, and Ein of entity	Frimary activity	(state or foreign	(related, unrelated, 5	501(c)(3)	share of total	Snare of end-of-year	tonate	amount in box 20 managing ownership	managin	ownership
		country)	sections 512-514)	Yes No	Income	assets	Yes No	(Form 1065)	Yes	Ta
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								Schedule	R (For	Schedule R (Form 990) 2016
										•

Schedule R (Form 990) 2016 INC. 74-2927605 Page 5
Part VII Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.
SHCEDULE R, PART II, LINE 1, COLUMN B:
THE PRIMARY ACTIVITY OF MORNINGSIDE MINISTRIES IS TO PROVIDE ELDERLY
PERSONS IN SAN ANTONIO AND SURROUNDING COMMUNITIES WITH PERSONAL AND
NURSING CARE IN A RESIDENTIAL SETTING, AS WELL AS LIMITED RECREATIONAL
AND CAREGIVER SERVICES TO NON-RESIDENTS. MORNINGSIDE MINISTRIES MAJOR
PROGRAM SERVICES INCLUDE RETIREMENT HOUSING, ASSISTED LIVING SERVICES,
NURSING CARE, REHABILITATION SERVICES AND MEMORY CARE. MORNINGSIDE
MINISTRIES OPERATES THREE COMMUNITIES IN BEXAR AND KENDALL COUNTIES
WHCH ARE HOME TO OVER 900 OLDER ADULTS.
