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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state

2008

OMB No 1545-0052

Department of the Treasury (77)

			2000 - A			requirement		21 200		
				ax year beginning Initial return		2008, and er				
			II that apply.	Initial return	Trinai return	nded return		ess change  Employer identific	Name change	
	Use the IRS label. DOROTHY M. MORRISON FOUNDATION Otherwise, print GREAT BEND, KS 67530					(1	48-1140332			
					h	B Telephone number (see the instructions)				
							}		,	
	See Sp	type. GREAT BEND, NO 07530 Specific				lī	If exemption applic	cation is pending, check l	here ►	
	Instruc	tions.					) i	1 Foreign organization	· •	▶
	H (	Check	type of organiza	tion. X Section	n 501(c)(3) exempt priv	ate foundati	on	2 Foreign organization	ons meeting the 85% tes	t, check
				nonexempt charita			le private foundation here and attach computation			. ►⊔
	1 [	Fair ma	rket value of all asset	ts at end of year J	Accounting method:	X Cash	Accrual   '		on status was terminated (b)(1)(A), check here	<b>►</b> □
			art II, column (c), line		Other (specify)		1	F If the foundation is	s in a 60-month terminati	iou _
		\$ • • •	5,753,		art I, column (d) must b	e on cash b	pasis)	under section 507(	(b)(1)(B), check here	-
	Part		nalysis of Re	total of amounts in	(a) Revenue an		et investment			
		C	olumns (b), (c), a	and (d) may not ne mounts in column (	ces- expenses per boo	oks	ıncome	income	for char purpo	
		Si	arily equal the an see the instructio	nounts ın column (	a)			1	(cash bas	
		1		grants, etc, received (att	sch) 5,389,71	7		<del></del>		
		2	Ck ► if the fo	oundn is <b>not</b> req to att Sc	hB .	3:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		· -
		3		ings and temporary	4,60	10	4 600		MI/A	
		4	cash investmer Dividends and inter		78,54		<b>4,608</b> 78,549		N/A	
			a Gross rents	2010-1	23,40		$\frac{1}{23,403}$		-	
			Net rental income or (loss).	21,9				1	* * * * * * * * * * * * * * * * * * *	N. S
	ь		a Net gain/(loss) from	sale of assets not on line	-11,64	8.			70 (8) (4) (8)	. 12. 1
	R E V	'	Gross sales price for assets on line 6a	fall604,1			<del>*</del>			
	V N U E	7		ome (from Part IV, line 2)		E.	0	A 1/4	3 192 4 1	<u>**</u> ** : 1
		8	Net short-term Income modific	, •		3 1 To 1		<u>√8</u>		
		1 -	a Gross sales less					J 87 - 1870 - 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7. 4. A
			returns and allowances							\$ 341
		ļ ,	Less. Cost of		(大概) 1/4 (大概)(2)	TE MESS				
			goods sold	L						- 1 Table 1
		11	Gross profit/(loss)	(att sch) attach schedule)		2, 1877				
8		''	Other income (a	attach schedule)	1	1				
$\geq$		12	Total. Add lines	s 1 through 11	5,484,62	9.	106,560	.†	V-37	PAR ( 18/4 / 1 )
SCANNED		13		icers, directors, trustees,		0.				
m		14	Other employee sala	-			· · · · · · · · · · · · · · · · · · ·			
O		15		employee benefits		<del>-  </del>		<del> </del>		
≲	A D	168	Legal rees (attach s	chedoler SEE ST	17,80	1.		<del> </del>		
Æ	M I	;	Other prof fees (atta	ach cent				<del></del>		
P	Ŏ Ĭ	17	Bereau AR A	1031				<del> </del>		
అ	PS	18	Gres (attach sched	\$5,2010 O						
2010	R R A A T T	19	Depreciation (a	ttach	20		200			-:
3	i	20	sch) and deplet Occupants		29	<u> </u>	290	·		
	ĞĚ	21		nces, and meetings	;	<del></del>		<del> </del>		
	A E N X D P	22	Printing and put							
	N X	23		(attach schedule)	10.05	_	1 176	}		
	Ņ	24		EE STATEMENT		<del>3. </del> _	1,176	<del></del>	<del></del>	
	Ě	24	expenses. Add	and administrativ lines 13 through 23	28,94	6.	1,466		į.	
		25		grants paid PART >					102	2,017.
		26		and disbursemen	ts.	,	1 400			
		27	Add lines 24 an Subtract line 26		130,96	٥.	1,466	·	102	2,017.
		,	Excess of rever	nue over expenses						1
		l .	and disburseme	ents	5,353,66	6.				
		ŀ		me (if negative, enter -0-)	·		105,094	•		
•	RAA F			(if negative, enter -0-)	n Act Notice. see the in	structions		FA0504I 09/17/08	Form 990-I	DE (2009)

Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1 183. 2 5,353,666. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 4 Add lines 1, 2, and 3 4 5,353,849. ► SEE STATEMENT 6 5 Decreases not included in line 2 (itemize) . 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 5,353,847.

TEEA0302L 09/17/08

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)  (b) How a P - Pul D - Do				nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
,1a SEE STATEMENT 7						
b						
С						
d						
<u>e</u>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (e) plus (f) m	
a						
<u>b</u>						
<u> </u>						
d						
<u>e</u>	42					
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over colu	1)		(I) Gains (Colu ain minus column (k an -0-) or Losses (fr	), but not less
a		<del></del>				
ь		<del> </del>			<del></del>	
c		·		_		
d						
е						
Capital gain net income or (ne     Net short-term capital gain or	it capital loss)  If gain, also if (loss) en (loss) as defined in sections 1222(5	enter in Part I, line 7 ter -0- in Part I line 7	-	2		-11 K10
	e 8, column (c) (see the instruction	s) If (loss), enter -0-	tlncor	3	<del></del>	-11,648.
Was the foundation liable for the sec If 'Yes,' the foundation does not qua	lify under section 4940(e). Do not o	complete this part.			Yes	X No
	in each column for each year; see t		any en	tries		
(a)  Base period years  Calendar year (or tax year beginning in)	Adjusted qualifying distributions	(c) Net value of noncharitable-use asset	ts	(colu	<b>(d)</b> Distribution imn (b) divided t	ratio by column (c))
2007			349.			
2006			428.			
2005			454.			
2004			391.			
2003			295.			
2 Total of line 1, column (d) .				2		
3 Average distribution ratio for th number of years the foundation	ne 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years	.	3		·
4 Enter the net value of nonchar	table-use assets for 2008 from Par	t X, line 5	.	4	3	,369,820.
5 Multiply line 4 by line 3 .				5		
6 Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6		1,051.
7 Add lines 5 and 6			_	7		1,051.
8 Enter qualifying distributions fro	·			8		102,017.
If line 8 is equal to or greater the Part VI instructions	nan line 7, check the box in Part VI	, line 1b, and complete that p	art using	g a 1	% tax rate See	the

Form 990-PF (2008) DOROTHY M. MORRISON FOUNDATION 48-114				Page
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the	instruct	ions	)	
1 a Exempt operating foundations described in section 4940(d)(2), check here				
Date of ruling letter (attach copy of ruling letter if necessary – see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V,			1,	051
check here ► X and enter 1% of Part I, line 27b .				
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)	1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				-
foundations only Others enter -0-)				0
3 Add lines 1 and 2			1,	051
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			1,	051
6 Credits/Payments.				
a 2008 estimated tax pmts and 2007 overpayment credited to 2008				
b Exempt foreign organizations — tax withheld at source	1			
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld . 6d				
7 Total credits and payments Add lines 6a through 6d . 7				0.
8 Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached.				23.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			1,0	074
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .				
11 Enter the amount of line 10 to be: Credited to 2009 estimated tax Refunded				
Part VII-A Statements Regarding Activities				
1 a During the tax year did the foundation attempt to influence any national, state, or local legislation or did it	-		Yes	No
percolation distributed for the little portion of a company is	-	1 a		7.
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 b		х
If the answer is 'Yes' to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities.	ed			man or
c Did the foundation file Form 1120-POL for this year?		1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation ►\$ 0. (2) On foundation managers ►\$				
(1) On the foundation \( \brace \\$ \) 0. (2) On foundation managers \( \brace \\$ \) e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.	1		
foundation managers $\blacktriangleright$ \$ 0.	1	l		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	.	2		X
If 'Yes,' attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	_			
of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	⊢	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	L	4a		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	<u> </u>	4b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		X
If 'Yes,' attach the statement required by General Instruction T	ŀ			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		}		
By language in the governing instrument, or				
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?</li> </ul>	t	6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV.	L	7	Х	<u></u>
8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  KS	-			
<b>b</b> If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation.		8b	$\overline{\mathbf{x}}$	- •
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942 for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If 'Yes,' complete Part	(0)(0) 1 XIV	9		X

10

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses.

Form 990-PF (2008) DOROTHY M. MORRISON FOUNDATION	48-114033	2	F	age !
Part VII-A Statements Regarding Activities Continued				
At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		Х
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?		12		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption a Website address ► N/A	application?	13	Х	Ĭ
14 The books are in care of ► GLENN E. OPIE Telephone in	no ► 316-7	93-54	455	
Located at ► OPIE LAW OFFICE, PO DRAWER E GREAT BEND ZIP + 4 ►	67530			
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	► 15	N/A	•	LJ N/A
Part VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	113			11/12
File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		ГТ	Yes	No
1a During the year did the foundation (either directly or indirectly):				
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No			
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes X No			
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No			
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No			
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No			
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination	]Yes []No			
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instruction	s)?	1b	N	/A
Organizations relying on a current notice regarding disaster assistance check here .	▶ 📗	1		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2008?		1 c		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		,	3	
a At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?	Yes X No			
If 'Yes,' list the years ► 20, 20, 20			1	
b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)		   -		
all years listed, answer 'No' and attach statement – see the instructions )		2b	_ N	/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years her  ▶ 20 , 20 , 20 , 20	re			,
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes X No			
b If 'Yes,' did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to				
determine if the foundation had excess business holdings in 2008.)		3 b	N	<u>'A</u>

**b** Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008? BAA

Form 990-PF (2008)

4a

4b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 990-PF (2008) DOROTHY M. MORRISO			48-11	40332 Page 6
Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)	
5a Quring the year did the foundation pay or incu	or any amount to			
(1) Carry on propaganda, or otherwise attempt	pt to influence legislation	on (section 4945(e))?	Yes X	No
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ilic election (see section ation drive?	n 4955), or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc. o 1 4940(d)(2)? (see instr	rganization described uctions)	Yes X	] No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientifion of cruelty to children	c, literary, or or animals?	Yes X	] No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in	the transactions fail to a current notice regar	qualify under the excep ding disaster assistance	itions	The N/A
(see instructions)?  Organizations relying on a current notice rega	Irding disaster assistan	ce check here		5b N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon If 'Yes,' attach the statement required by Reg	sibility for the grant?	•	N/A Yes	] No
6a Did the foundation, during the year, receive a on a personal benefit contract?			s ∏Yes X	No
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene		6b X
If you answered 'Yes' to 6b, also file Form 88	70			
7a At any time during the tax year, was the found	dation a party to a proh	nbited tax shelter transa	action? Yes X	No
<b>b</b> If yes, did the foundation receive any proceed				7Ь N/A
Part VIII Information About Officers. D and Contractors	nectors, illustras	i in ndation il anag	scis, Highly Paid E	imployees.
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GLENN E. OPIE	DIRECTOR	0.	0.	0.
P.O. DRAWER E	0			
GREAT BEND, KS 67530				
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1— see in	structions). If none, e	nter 'NONE.'
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				-
Total number of other employees paid over \$50,000			<b>&gt;</b>	
BAA	TEEA0306L 0	9/18/08		Form <b>990-PF</b> (2008)

Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	48-11 ndation Managers, Highly Paid I	40332 Page 7 Employees,
3 Five highest-paid independent contractors for professional services — (see enter 'NONE.'	ee instructions). If none,	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.	<b>-</b>	0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
organizations and other beneficiaries served, conferences convened, research papers produced, etc  1 N/A  2		Expenses
Part IX-B Summary of Program-Related Investments (see Instru	ictions)	
Pescribe the two largest program-related investments made by the foundation do  1 N/A  2  All other program-related investments See instructions  3	iring the tax year on lines 1 and 2.	Amount
Total. Add lines 1 through 3		0.
BAA		Form <b>990-PF</b> (2008)

<u>Part X.</u> Minimum Investment Return (All domestic foundations must complete this part, F see instructions.)	oreign	foundations,
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes a Average monthly fair market value of securities	1 a	2,365,419.
b Average of monthly cash balances	1 b	967,508.
c Fair market value of all other assets (see instructions)	1 c	88,210.
d Total (add lines 1a, b, and c)	1 d	3,421,137.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		· · · · · · · · · · · · · · · · · · ·
(attach detailed explanation) 1e 0	.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	3,421,137.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	51,317.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	3,369,820.
6 Minimum investment return. Enter 5% of line 5	6	168,491.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope and certain foreign organizations check here ► ☐ and do not complete this p		
1 Minimum investment return from Part X, line 6	11	168,491.
2a Tax on investment income for 2008 from Part VI, line 5	.	<del> </del>
b Income tax for 2008 (This does not include the tax from Part VI)	7	
c Add lines 2a and 2b	2c	1,051.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	167,440.
4 Recoveries of amounts treated as qualifying distributions	4	
5 1 1 3 3 4 4 1	5	167,440
6 Deduction from distributable amount (see instructions).	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	167,440.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26.	1 a	102,017.
<b>b</b> Program-related investments — total from Part IX-B	1Ь	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the.		
a Suitability test (prior IRS approval required)	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3ь	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	102,017.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	1,051.
6 Adjusted qualifying distributions. Subtract line 5 from line 4 .	6	100,966.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe qualifies for the section 4940(e) reduction of tax in those years	ther the	foundation

BAA Form 990-PF (2008)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2007	<b>(c)</b> 2007	(d) 2008
1	Distributable amount for 2008 from Part XI,				167.440
2	Undistributed income, if any, as of the end of 2007:				167,440.
	Enter amount for 2007 only			17.	
	Total for prior years 20 , 20 , 20		0.		
	Excess distributions carryover, if any, to 2008			-	
а	From 2003				
Ŀ	From 2004				
c	From 2005				
d	From 2006				
e	From 2007 .				i
	<b>Total</b> of lines 3a through e .	0.		·	
4	Qualifying distributions for 2008 from Part				
	XII, line 4 \( \)				
a	Applied to 2007, but not more than line 2a			17.	
b	Applied to undistributed income of prior years (Election required – see instructions)		0.		
c	Treated as distributions out of corpus (Election required – see instructions)	0.	-		
d	App				102,000
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2008	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))				
	came amount must be one in m column (4)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income Subtract line 4b from line 2b	. 1	0.	· .	,
c	Enter the amount of prior years' undistributed income for which a notice of deficiency		ı		
	has been issued, or on which the section				
	4942(a) tax has been previously assessed	,	0.		, , , , , , , , , , , , , , , , , , , ,
d	Subtract line 6c from line 6b Taxable amount — see instructions		0.		
_			0.		
е	Undistributed income for 2007. Subtract line 4a from line 2a Taxable amount — see instructions.	ı	•	0.	
f	Undistributed income for 2008 Subtract lines 4d and 5 from line 1. This amount must be		•		
	distributed in 2009	,			65,440.
7	Amounts treated as distributions out of				;
	corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)		Ì		
	(see instructions)	0.			
8	Excess distributions carryover from 2003 not				,
	applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a.	0.			1
10	Analysis of line 9:				
а	Excess from 2004	ļ			!
Ь	Excess from 2005				1
С	Excess from 2006				
	Excess from 2007				
<u>e</u>	Excess from 2008	<u></u>			<del></del>

Form 990-PF (2008) DOROTHY M. MORRI			\ // A	48-1140332	
Part XIV Private Operating Foundati					N/A
1a If the foundation has received a ruling or is effective for 2008, enter the date of the	determination lette ruling	er that it is a private	operating foundation	n, and the ruling	
<b>b</b> Check box to indicate whether the foundation		perating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum investment return from Part X for each year listed	(a) 2008	<b>(b)</b> 2007	(c) 2006	(d) 2005	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test - enter:					
(1) Value of all assets			ļ		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					·
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
(1) Total support other than gross investment income (interest dividends, rents, payments			-		
on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					·
(3) Largest amount of support from an exempt organization					
(4) Gross investment income		_l	<u> </u>		
artXV Supplementary Information assets at any time during the	(Complete this	s part only if the	organization ha	d \$5,000 or mor	e in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav NONE	gers: have contributed n	nore than 2% of the	total contributions re section 507(d)(2))	eceived by the found	ation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more foundation has a	of the stock of a cor 10% or greater inter	poration (or an equa est	ally large portion of t	he ownership of
2 Information Regarding Contribution, Gra	nt. Gift. Loan. Scho	olarship, etc. Progra	ms:		
Check here I I If the foundation only requests for funds If the foundation make	nakes contribution	s to preselected cha	ritable organizations	and does not accep inizations under othe	ot unsolicited er conditions,
a The name, address, and telephone number	er of the person to	whom applications s	should be addressed	1:	
CDD OMARDAMA O					
SEE STATEMENT 8  b The form in which applications should be	cubmitted and info	rmation and materia	le thou should includ		
	Submitted and timo	imation and materia	ns they should includ	ic.	
SEE STATEMENT FOR LINE 2A c Any submission deadlines:	<del></del> — — —				
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charital	ble fields, kinds of in	nstitutions, or other f	actors.
SEE STATEMENT FOR LINE 2A					
ΑΑ		EEA0310L 09/19/08	<del></del>		rm <b>990-PF</b> (2008)

Part XV   Supplementary Information (				<del></del>
3 Grants and Contributions Paid During the Yo	ear or Approved for Fut	ure Paymen		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)  a Paid during the year  GREAT BEND HUMANE SOCIETY	NONE	PUBLIC	UNRESTRICTED SUPPORT	2,000.
ROUTE 2 GREAT BEND, KS 67530,	į		FOR GENERAL OPERATIONS.	
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PUBLIC	UNRESTRICTED SUPPORT FOR GENERAL OPERATIONS.	17.
GREAT BEND FOUNDATION P. O. BOX 67 GREAT BEND, KS 67530	NONE	PUBLIC	JACK KILBY MEMORIAL	100,000.
·				
				100 017
<b>Total b</b> Approved for future payment		<del> </del>	► 3a	102,017.
Bypproved for lattice payment				
Total	J	L	► 3b	

nter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by :	section 512, 513, or 514	
1. Визаки записа положения	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion	<b>(d)</b> Amount	(e) Related or exemple function income
1 Program service revenue:			code		(see the instruction
ab	<del>                                     </del>	<del></del>	+	<del></del>	
<del></del>	<del>                                     </del>		+		
	1		<del>                                     </del>		
			<del> </del>		
e	<del> </del>				
g Fees and contracts from government agencies			+		
2 Membership dues and assessments			<del>                                     </del>		
3 Interest on savings and temporary cash investments			14	4,608.	
4 Dividends and interest from securities .			14	78,549.	
5 Net rental income or (loss) from real estate:	<del> </del>		<del>                                     </del>		
a Debt-financed property	ļ		<del> </del>	<del></del>	<del></del> -
<b>b</b> Not debt-financed property		<del></del>	16	21,937.	
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	-11,648.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
С					
d					· · · · · · · · · · · · · · · · · · ·
e				····	
2 Subtotal. Add columns (b), (d), and (e)	LL			93,446.	
<b>Total.</b> Add line 12, columns (b), (d), and (e)				. 13	93,446
ee worksheet in the instructions for line 13 to verify	calculations)			·	
art XVI-B Relationship of Activities to the	Accomplish	ment of Exempt	t Purposes		
Line No. Explain below how each activity for which accomplishment of the foundation's exemp	income is repor ot purposes (oth	ted in column (e) of er than by providing	f Part XVI-A og funds for so	contributed importa ich purposes) (See	ntly to the the instructions.)
N/A		<del></del> -			

DOROTHY M. MORRISON FOUNDATION Form 990-PF (2008) 48-1140332 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII Exempt Organizations Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a (1) X (2) Other assets 1a (2) **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 1 b (2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1 b (5) Х X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. 1 c d If the answer to any of the above is 'Yes,' complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no. N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If 'Yes,' complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I descomplete Declaration of preser his return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and duciary) is based on all information of which preparer has any knowledge TREASURER Title Signature of Date Preparer's Identifying number (See Signature in the instrs) Preparer's HERE **Paid** signature 12-28-09 N/A employed Pre-

yours if self-employed), address, and ZIP code WICHITA, KS (316) 267-2000 Form 990-PF (2008)

N/A

EIN

LAW FIRM

STREET

HINKLE ELKOURI

8621

E 21ST

parer's Use

Only

BAA

Firm's name (or

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ and 990-PF
 See separate instructions.

OMB No 1545-0047

2008

Name of the organization		Employer identification number				
DOROTHY M. MORRISON FOUNDATIO	N	48~1140332				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated 527 political organization	d as a private foundation				
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as	a private foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the <b>General</b> boxes for both the General Rule and a Special	Rule or a Special Rule (Note: Only a section 501(c)(7), (8), or Rule See instructions)	r (10) organization can check				
General Rule –  X For organizations filing Form 990, 990-EZ, contributor (Complete Parts I and II)	or 990-PF that received, during the year, \$5,000 or mo	ore (in money or property) from any one				
Special Rules —	•					
509(a)(1)/170(b)(1)(A)(vi) and received from any	orm 990 or Form 990-EZ, that met the 33-1/3% supportions one contribution, during the year, a contribution of the greate one that amount on Form 990-EZ, line 1 Complete Pa	er of (1) \$5,000 or (2) 2% of the				
aggregate contributions or bequests of mor	ation filing Form 990, or Form 990-EZ, that received fre than \$1,000 for use <i>exclusively</i> for religious, charitat Ildren or animals Complete Parts I, II, and III	om any one contributor, during the year, ole, scientific, literary, or educational				
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use <i>exclusively</i> for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc, purpose Do not complete any of the Parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively						
religious, charitable, etc, contributions of \$5	5,000 or more during the year.)	<b>►</b> \$				
990-PF) but they <b>must</b> answer 'No' on Part IV.	the General Rule and/or the Special Rules do not file line 2 of their Form 990, or check the box in the head line the filing requirements of Schedule B (Form 990, 9	ng of their Form 990-EZ, or on line 2 of				
BAA For Privacy Act and Paperwork Reductions for Form 990. These instructions will be issued	on Act Notice, see the Instructions Sci d separately.	hedule B (Form 990, 990-EZ, or 990-PF) (2008)				

Schedule	B (Form 990, 990-EZ, or 990-PF) (2008)	F	age 1	of 1	of Part I	
-	HY M. MORRISON FOUNDATION		1	140332		
Part I	Contributors (see instructions )					
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions		(d) Type of contribution		
1	DOROTHY M. MORRISON CRAT 2015 FOREST AVENUE, SUITE 102	\$390	<u>,009</u> .	Person Payroll Noncash	X Bort II of those	
(a) Number	GREAT BEND, KS 67530  (b)  Name, address, and ZIP + 4	(b) (c)		(Complete Part II if there is a noncash contribution  (d)  Type of contribution		
2	DOROTHY M. MORRISON CRAT  2015 FOREST AVENUE  GREAT BEND, KS 67530	-	<u>, 365 .</u>	(Complete F	X Part II if there	
<b>(a)</b> Number	. <b>(b)</b> Name address and ZIP + 4	(c) Aggregati contributio		-, . , (	d) 	
3	DOROTHY M. MORRISON CRUT  2015 FOREST AVENUE, SUITE 102  GREAT BEND, KS 67530	\$4 <u>,278</u>	<u>, 210 .</u>		X Part II if there contribution.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio		•	d) ontribution	
4	DOROTHY M. MORRISON CRUT #2  2015 FOREST AVENUE, SUITE 102  GREAT BEND, KS 67530	\$ <u>41</u> ,	728.	Payroll Noncash (Complete P	X Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributio	ns	(c Type of co	d) ontribution	
5	GREAT BEND, KS 67530		<u>405.</u>	(Complete P	X Part II if there contribution)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	ns	(d Type of co		
		\$			art II if there contribution)	

Employer identification number

of Part II

DOROTHY M. MORRISON FOUNDATION

48-1140332

Part II	Noncash Property (see instructions )		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PUBLICLY TRADED SECURITIES		
2		}	
		\$ 450,365.	12/11/08
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	RENTAL REAL ESTATE		
<u> </u>		\$229,405.	6/11/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		۶	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		ć	
		\$	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

2008	FEDERAL ST	TATEMENTS	PAGE 1			
CLIENT MORRISON	DOROTHY M. MORR	ISON FOUNDATION	48-1140332			
12/10/09				03 56PM		
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES						
	(A) EXPENS <u>PER BOO</u> \$ 17		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
· ,		<u>\$01.</u> \$ 0.		\$ 0.		
STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES						
,	EXPENS PER BO	OKS INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
RENTAL EXPENSES	1,	679 176 \$ 1,176. 855. \$ 1,176.		\$ 0.		
STATEMENT 3 FORM 990-PF, PART II, LINE 10E INVESTMENTS - CORPORATE S	тоскѕ					
CORPORATE STOCKS		VALUATION	BOOK VALUE	FAIR MARKET VALUE		
SPDR GOLD TRUST		COST TOTAL \$	79,825. 79,825.	\$ 89,201. \$ 89,201.		
STATEMENT 4 FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER						
		VALUATIONMETHOD	BOOK VALUE	FAIR MARKETVALUE_		
OTHER PUBLICLY TRADED SECU	RITIES					
U S WEST COMMUNICATION DEE FNMA SER 2002-87 CL LI 5.5 AMCAP FUND AMERICAN BALANCED FUND AMERICAN FUNDS SH TERM BD BOND FUND OF AMERICA CAPITAL INCOME BUILDER FUN EUROPACIFIC GROWTH FUND FUNDAMENTAL INVESTORS FUND INCOME FUND OF AMERICA INTER BOND FD OF AMERICA	% 12/25/2032 FD	COST \$ COST COST COST COST COST COST COST COST	73,723. 5 19,800. 135,000. 175,866. 302,147. 1,038,390. 273,689. 67,500. 268,041. 257,699. 304,537.	84,592. 20,906. 157,673. 196,199. 306,399. 1,145,513. 307,332. 81,238. 313,366. 297,410. 314,705.		

2008	FEDERAL ST	ATEME	 Ents	<del></del>	PAGE 2
CLIENT MORRISON	DOROTHY M. MORRI				48-1140332
12/10/09			110/1.101.		03:56PM
STATEMENT 4 (CONTINUED) FORM 990-PF, PART II, LINE 13 INVESTMENTS - OTHER					
			ATION THOD	BOOK VALUE	FAIR MARKET VALUE
OTHER PUBLICLY TRADED SECU DODGE & COX INC FD PIMCOS FDS TOTAL RETURN FD VANGUARD FIXED INC SEC FUN		COST COST COST	\$	151,897. 202,050. 101,047.	\$ 154,967. 208,980. 102,552.
			TOTAL \$	3,925,805.	\$ 4,316,376.
STATEMENT 5 FORM 990-PF, PART II, LINE 14 LAND, BUILDINGS, AND EQUIPM  CATEGORY  IMPROVEMENTS LAND  TO	BASIS  \$ 30,070. 199,335. TAL \$ 229,405.			500K VALUE 29,780. 199,335. 229,115.	ΓΑΙΚ ΜΑΚΕΤ VALUE \$ 29,780. 199,335. \$ 229,115.
STATEMENT 6 FORM 990-PF, PART III, LINE 5 OTHER DECREASES					
ROUNDING		٠		TOTAL	\$ 2. \$ 2.
STATEMENT 7 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FO	OR TAX ON INVESTMI	ENT INCO	ME		
ITEM (A) DES	CRIPTION		(B) HOW		

				(B)	HOW (0	C) DATE	(D) D?	ATE
ITEM	(A) DE:	CRIPTION		ACOU		COUIRED	SOLI	
1	5250.332 PUTNAM NEW '	VALUE FUND		DONA	TED 12	/11/2008	12/17/	/2008
2	6531.24 PUTNAM EQUIT	INCOME FUN	D	DONA	TED 12	/11/2008	12/17/	/2008
3	10763.615 PUTNAM DIV	ERSIFIED INC	OME FUND	DONA	TED 12	/11/2008	12/17/	/2008
4	1700 PROSHARES TRUST	PROSHARES	SHORT	PURCE	IASED 6	/25/2009	8/03/	/2009
5	1500 PROSHARES TRUST	PROSHARES	SHORT	PURCH	IASED 6	/25/2009	8/06/	/2009
6	4000 POWERSHARES GLO	BAL EXCH TRA	DED FD TR	WKL				1
				PURCH	IASED 6	/25/2009	8/18/	/2009
7	9828.739 PIMCO FDS PA	AC INVT MGMT	SER REAL	RET FD				ľ
				PURCH	IASED 8	/18/2009	10/28/	/2009
8	9875.347 VANGUARD HIG	SH YIELD COR	P FUND	PURCH	IASED 8	/18/2009	10/28/	/2009
	(E) (F)	(G)	(H)	(I)	(J)	(K)	(L	) <b>1</b>
	GROSS DEPRÉC.	COST	GAÍN	FMV	ADJ. BAS.	EXCESS	GAI	
ITEM	SALES ALLOWED	BASIS		12/31/69	12/31/69	(I) - (J)	(LOS	
1	41,583.	41,110.	473.				Ś	473.
_	,	, - <b></b> ·	- · • ·				т	

.

2008

### FEDERAL STATEMENTS

PAGE 3

**CLIENT MORRISON** 

DOROTHY M. MORRISON FOUNDATION

48-1140332

12/10/09

03 56PM

**STATEMENT 7 (CONTINUED)** FORM 990-PF, PART IV, LINÉ 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	(E)	(F)	(G)	(H)	<b>(I)</b>	(J)	(K)	(L)
	GROSS	DEPREC.	COST	GAIN	FMV	ADJ. BAS.	EXCESS	GÀÍN
<u>ITEM</u>	SALES	ALLOWED	<u>BASIS</u>	(LOSS)	12/31/69	12/31/69	(I) - (J)	(LOSS)
2	68,709.		67,794.	915.				\$ 915.
3	57,908.		58,339.	-431.				-431.
4	87,107.		96,801.	-9,694.				-9,694.
5	89,670.		100,087.	-10,417.				-10,417.
6	99,948.		100,013.	-65.				-65.
7	106,632.		101,168.	5,464.				5,464.
8	52,593.		50,486.	2,107.				2,107.
							TOTAL	\$ -11,648.

#### **STATEMENT 8**

FORM 990-PF. PART XV. LINE 2A-D

APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

FORM AND CONTENT:

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

DOROTHY M. MORRISON FOUNDATION DOROTHY M. MORRISON FOUNDATION

GLENN OPIE

P.O. DRAWER E, 2015 FOREST AVE. GREAT BEND, KS 67530

(620) 793-5455

NO FORM REQUIRED.

NONE

AWARDS ARE GRANTED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY, EDUCATIONAL AND THE PREVENTION OF CRUELTY TO ANIMALS PURPOSES. UNIVERSITIES APPLYING FOR SCHOLARSHIP FUNDS WILL BE RESPONSIBLE FOR DETERMINING WHICH DESERVING STUDENTS WILL BE AWARDED THE SCHOLARSHIPS

AND THEY WILL DETERMINE THEIR OWN DEADLINES FOR

APPLICATIONS.