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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Depa	rtment o	of the Treasury		d as a Private Fo				2009
Interr	nal Reve	nue Service	Note. The foundation may be able			ate reporting	requirements	
			ax year beginning 07/01/09 ,				T F and and an	
G	Check a	III that apply.		turn of a former public			Final return	
		1 11 22	 	ress change	Name	change	lavas idantification num	
	the IR	S Name of found	w & HAZELLE PAXSON M	OPPTGON			loyer identification numl - 2 2 2 0 6 1 2	per
	label.	EOIDE A	TION, INC.	ORRIDON			hone number (see page 1	0 of the instructions)
	nerwise print	' 	treet (or P O box number if mail is not delivered	to street address)	Room/suite		3 - 602 - 2968	o or the mandedona)
	type.		SOX 7518	to street address;	100m/suite		emption application is pend	ing check here
	Specif	, .	tate, and ZIP code			1	preign organizations, check	. —
	ruction	Oity or tollin, o		33807-7518			oreign organizations meetir	_
H C	Check to	ype of organizatio					% test, check here and at	•
				e private foundation		E If priv	rate foundation status was	terminated under
		ket value of all ass		X Cash Acc	rual	section	on 507(b)(1)(A), check here	▶ ∐
of	year (f	rom Part II, col (d	c), Other (specify)			F If the	foundation is in a 60-mont	h termination
lır	ne 16) 🕽	s 3,	517,157 (Part I, column (d) must b	e on cash basis)		unde	r section 507(b)(1)(B), che	ck here
Pa	art I	Analysis of	Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
			lumns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net in	ivestment ome	(c) Adjusted net income	for charitable purposes
		the amounts in colum	n (a) (see page 11 of the instructions))					(cash basis only)
	1		, grants, etc , received (attach schedule)	118,291				
	2	Check ▶ If t	the foundation is not required to attach Sch B		<u> </u>			
	3		gs and temporary cash investments	67		67		
	4		terest from securities	95,568	<u> </u>	95,568		
	5a	Gross rents		·	1			
ne	b	Net rental incom	· ' ' —	113,206				
è	6a b	Gross sales price for al	sale of assets not on line 10 I assets on line 6a 1,115,179	113,200	<u>'</u>			
Revenue	7	Ť	Income (from Part IV, line 2)		1	13,206		
-	8	Net short-term c	· · · · ·			,	0	
	9		tionsRECEIVED					
	10a		tums & allowances					
	b	Less Cost of go	ods sold		<u> </u>			
	С	Gross profit or (oss) (attach schedule) (ļ			
	11	Other income (a	tach schedule)		ļ			
	12		1 through 的EN UT	327,132		08,841	0	<u> </u>
Ñ	13	•	f officers, directors, trustees, etc	5,000)	1,000		4,000
Se	14		salaries and wages					
uedx:	15	•	employee benefits		 			
ZVIIU Expense	16a	Legal fees (attac		10.05		0 765		1 005
zo σ	b	-	`	10,850 31,705		9,765	i	1,085 21,719
⋺≨	C	Interest	fees (attach schedule) STMT 2	31,70	' 	3,300	 	21,719
	17 18		e) (see page 14 of the instructions) STMT 3	4,483		4,483		
Z <u>:</u> <u> </u>	19		h schedule) and depletion	1,10.		1,100		
그튜	20	Occupancy	n concesso, and copiosion					
ΠĄ	21	• •	ces, and meetings	1,087	,	217		870
2 ≥ 2	22	Printing and pub	•					
SCANKED NUV US Operating and Administrative	23	Other expenses (att. so	sh) STMT 4	775	5	155		620
SE SE	24	Total operating	and administrative expenses.					
era		Add lines 13 thro	ough 23	53,900		25,606		28,294
Ğ	25	Contributions, gi	-	167,082				167,082
_	26		and disbursements. Add lines 24 and 25	220,982	2	25,606	0	195,376
	27	Subtract line 26			,			
	a		ue over expenses and disbursements	106,150		183,235		
	b		income (if negative, enter -0-) come (if negative, enter -0-)		-	103,233	0	
	С	Aujusteu Het III	oome (n negative, chick -0-)	L	- İ		. •	

Form 990-PF (2009) GLENN W & HAZELLE PAXSON MORRISON 59-2220612 Page 2 Beginning of year End of year Attached schedules and amounts in the description column Part II Balance Sheets should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value 13,395 8,914 13,395 1 Cash-non-interest-bearing 46,480 23,643 23,643 2 Savings and temporary cash investments Accounts receivable ▶ 3 Less allowance for doubtful accounts ▶ 4 Pledges receivable ▶ Less allowance for doubtful accounts ▶ 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) 7 Other notes and loans receivable (att schedule) Less allowance for doubtful accounts ▶ 8 Inventories for sale or use 1,019 4,002 1,019 Prepaid expenses and deferred charges STMT 5 3,065,970 10a Investments—U S and state government obligations (attach schedule) 3,193,459 3,479,100 b Investments—corporate stock (attach schedule) Investments—corporate bonds (attach schedule) C 11 Investments-land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 12 Investments-mortgage loans 13 Investments—other (attach schedule) 14 Land, buildings, and equipment basis Less accumulated depreciation (attach sch.) 15 Other assets (describe) 16 Total assets (to be completed by all filers—see the 3,125,366 instructions. Also, see page 1, item I) 3,231,516 3,517,157 17 Accounts payable and accrued expenses 18 Grants payable Deferred revenue 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe) 0 0 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances Unrestricted 24 Temporarily restricted 25 26 Permanently restricted X Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. 407,117 407,117 27 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund 2,718,249 2,824,399 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 3,125,366 3,231,516 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 3,125,366 3,231,516 Part III Analysis of Changes in Net Assets or Fund Balances 1 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) 3,125,366 2 Enter amount from Part I, line 27a 2 106,150

> 3,231,516 Form **990-PF** (2009)

3,231,516

3

4

5

6

3 Other increases not included in line 2 (itemize) ▶

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

5 Decreases not included in line 2 (itemize) ▶

Add lines 1, 2, and 3

	AZEDDE PARSON M			J			
Part IV Capital Gains and Los	ses for Tax on Investme	nt Incom	ie	(b) 11			T
	d(s) of property sold (e g , real estate, r common stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation	(c) Date ac (mo , day		(d) Date sold (mo , day, yr)
1a FUNDSOURCE ST (1405)			P	VARIO	US	VARIOUS
ь EFT ST (8165)				P	VARIO	US	VARIOUS
c EFT LT (8165)				P	VARIO	US	VARIOUS
	T (1372)			P	VARIO	US	VARIOUS
e CUSTOM BLEND FUND L	T (1372)			P	VARIO	<u>US</u>	VARIOUS
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) Cost or of plus expen		(or (loss)) minus (g)
a 645,213				526,763			118,450
b 248,191				222,862			25,329
c 161,764				194,204			-32,440
d 50,906				49,822			1,084
e 9,105		<u> </u>		8,322			783
Complete only for assets showing gain in	column (h) and owned by the for	indation on	12/31/69				(h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col				less than -0-) or om col (h))
a							118,450
b							25,329
С							-32,440
d							1,084
е							783
2 Capital gain net income or (net capital los	If gain, also enter in						
, -	If (loss), enter -0- in		7 _		2		113,206
3 Net short-term capital gain or (loss) as de			_				
If gain, also enter in Part I, line 8, column	(c) (see pages 13 and 17 of the i	nstructions))				144 063
If (loss), enter -0- in Part I, line 8	(1 4040() 6 - D. II -		11-4 1	4 4	3		144,863
Part V Qualification Under S (For optional use by domestic private foundation)	ection 4940(e) for Reduc				<u> </u>		
If section 4940(d)(2) applies, leave this part bl Was the foundation liable for the section 4942 If "Yes," the foundation does not qualify under	tax on the distributable amount of		ın the base	period? Ye	es 🗶 No		
1 Enter the appropriate amount in each colu	ımn for each year; see page 18 o	of the instru	ctions befo	re making any entries	5		
(a) Base penod years	(b)			(c)		Dist	(d) nbution ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distribution		Net value o	of noncharitable-use ass			divided by col (c))
2008		753		3,124,			0.051448
2007		1,438		4,397,	546		0.050355
2006		499		4,473,			0.058675
2005		5,587		4,270,			0.057511
2004	170	,688		4,021,	867	1	0.042440
2 Total of line 1, column (d)					2		0.260429
3 Average distribution ratio for the 5-year ba	ase period-divide the total on lin	e 2 by 5, or	by the				
number of years the foundation has been			-		3		0.052086
4 Enter the net value of noncharitable-use a	assets for 2009 from Part X, line	5			4		3,529,545
5 Multiply line 4 by line 3					5		183,840
6 Enter 1% of net investment income (1% c	f Part I, line 27b)				6	<u></u>	1,832
7 Add lines 5 and 6					7		185,672
8 Enter qualifying distributions from Part XI	. line 4				8		195,376
If line 8 is equal to or greater than line 7,		and comple	ete that part	t using a 1% tax rate			•
Part VI instructions on page 18		•	•	=			

Form	990-PF (2009) GLENN W & HAZELLE PAXSON MORRISON 59-2220612			Р	age 4
<u> Pa</u>	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	าร)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			-	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,	<u>832</u>
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
	Part I, line 12, col. (b)				_
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,	832
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,	832
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,855				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d			2,	<u>855</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1,	023
<u>11 </u>	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,023 Refunded ▶ 11				
<u> Pa</u>	art VII-A Statements Regarding Activities				
1a		 		Yes	No
	participate or intervene in any political campaign?	-	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?	 	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities	- 1			'
С	Did the foundation file Form 1120-POL for this year?	 	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	-			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$!
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				٠
_	on foundation managers \$			-	
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? If "Yes." has it filed a tax return on Form 990-T for this year? N/	/ ,	4a		
b	•	^ -	4b		v
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				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or By state to produce that off attacks are not the government on that are mondates discontinuous that				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	-		x	
-	conflict with the state law remain in the governing instrument?	-	6 7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	F			
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ FL				,
h	,				. '
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	ŀ	- 8b	X	-
۵	(or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	 	90		
9			-		· ˈ
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	 -			
10	names and addresses		10		х
	manies and addresses			O DE	

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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 2009?

foundation had excess business holdings in 2009)

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X

3b

4a

N/A

orn	n 990-PF (2009) GLENN W & HAZELLE PAXSON MORRIS	ON 59-2	2220612				P	age 6
Pi	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	quired (conti	nued)				
5a	During the year did the foundation pay or incur any amount to.				_			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 49	45(e))?		Yes 2	K No			
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,	_	_				
	directly or indirectly, any voter registration drive?	•		Yes 2	K No			1
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes	K No			İ
	(4) Provide a grant to an organization other than a charitable, etc., organization d	escribed in		_	_	li		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instru			Yes 2	K No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or e		_		_			
	purposes, or for the prevention of cruelty to children or animals?			Yes 2	K No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions desc	ت دribed in					
_	Regulations section 53 4945 or in a current notice regarding disaster assistance (·			N/A	5b	-	1
	Organizations relying on a current notice regarding disaster assistance check here		iou doulono,	▶ [7			\vdash
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from							
·	because it maintained expenditure responsibility for the grant?	i tile tax	n/a 🗌	Yes [No			
	· · · · · · · · · · · · · · · · · · ·		11/11	ies [
٥.	If "Yes," attach the statement required by Regulations section 53.4945-5(d)							ł
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums			K No			
	on a personal benefit contract?	<u>-</u>	_	Yes 2	K No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pers	onal benefit contract	?			6b		X
	If "Yes" to 6b, file Form 8870	_		5				
7a	At any time during the tax year, was the foundation a party to a prohibited tax she			Yes 2	K No	 		ļ
	If yes, did the foundation receive any proceeds or have any net income attributable			=	N/A	7b		
Pa	art VIII Information About Officers, Directors, Trustees, Fo	indation Manag	jers, Hignly i	aid Em	ployee	s,		
	and Contractors		*** * * **					
1	List all officers, directors, trustees, foundation managers and their compensa-	lion (see page 22 o	t the instruction	1				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employ plans a	tributions to yee benefit nd deferred ensation		pense a r allowa	
SE	EE STATEMENT 6							
	· · · · · · · · · · · · · · · · · · ·			+		+		
	· · · · · · · · · · · · · · · · · · ·			1		+		
						†		
2	Compensation of five highest-paid employees (other than those included or If none, enter "NONE."	line 1—see page 2	23 of the instruc	tions).		1		
		(b) Title, and average		(d) Con	tributions to			
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employ plans a	yee benefit nd deferred ensation		pense a r allowa	
NC	ONE						,	
		 		+		 		
	- + u - + u u			 				
				+		+		
				+		+		
		1						
ota	Il number of other employees paid over \$50,000	<u>. </u>	I	1			1	
						-		

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Part VIII Information About Officers, Directors, True and Contractors (continued)	ıstees, Foundation Manager	s, Highly Paid Employ	yees,
3 Five highest-paid independent contractors for professional sen	vices (see page 23 of the instruction	ns), If none, enter "NONE.	17
(a) Name and address of each person paid more than \$		(b) Type of service	(c) Compensation
NONE	30,000	(a) type of colline	(c) companded
NONE			
		· · · · · · · · · · · · · · · · · · ·	
			-
Total number of others receiving over \$50,000 for professional services			>
D. 4 IV. A			
Part IX-A Summary of Direct Charitable Activities			
List the foundation's four largest direct charitable activities during the tax year. Include	de relevant statistical information such as t	ne number of	Expenses
organizations and other beneficiaries served, conferences convened, research paper	ers produced, etc		Схрепаеа
1 N/A			
2			
3			
			
4			
Part IX-B Summary of Program-Related Investmen	nte (see page 24 of the inst	ructions)	
Describe the two largest program-related investments made by the foundation durin		uctions)	Amount
1 N/A	g the tax year on mice value 2		Amount
1 M/A			
2			
•			
All other program-related investments See page 24 of the instructions			
3			
Total, Add lines 1 through 3		>	

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195,376

193,544

1,832

2

3a

3b

4

purposes

Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

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

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

3

b

4 5

Page 9

Undistributed Income (see page 26 of the instructions) Part XIII (a) (b) (c) (d) 2008 2009 Corpus Years prior to 2008 Distributable amount for 2009 from Part XI, 174,645 line 7 Undistributed income, if any, as of the end of 2009 2 66,596 a Enter amount for 2008 only b Total for prior years 20 _____ , 20 ____ , 20 ____ Excess distributions carryover, if any, to 2009 a From 2004 **b** From 2005 c From 2006 d From 2007 e From 2008 f Total of lines 3a through e Qualifying distributions for 2009 from Part XII, line 4. ▶ \$ 195,376 a Applied to 2008, but not more than line 2a 66,596 b Applied to undistributed income of prior years (Election required—see page 26 of the instructions) c Treated as distributions out of corpus (Election required—see page 26 of the instructions) 128,780 d Applied to 2009 distributable amount e Remaining amount distributed out of corpus Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see page 27 of the instructions e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010 45,865 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9. Excess from 2005 Excess from 2006 Excess from 2007 d Excess from 2008 Excess from 2009

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

SEE STATEMENT 8

SEE STATEMENT 9

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59-2220612

Page 11

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Purpose of grant or contribution Recipient status of Amount any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year SEE STATEMENT 10 167,082 167,082 3a ▶ Total Approved for future payment N/A ▶ 3b Total

DAA

Page **12**

F	art XVI-A	Analysis of Income-Producing Activ	ities				
		unts unless otherwise indicated		d business income	Exclude	d by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
1	Program ser						THE HISTOCIONS /
	·						
					<u> </u>		<u> </u>
	f						
_	•	d contracts from government agencies					
		dues and assessments	·		14	67	
		avings and temporary cash investments	-		14		
		d interest from securities	<u> </u>		14	95,568	
5		come or (loss) from real estate			 		<u>.</u>
		anced property					
		-financed property					
		come or (loss) from personal property		· · · · · · · · · · · · · · · · · · ·			
	Other investi				1.0		
	-) from sales of assets other than inventory			18	113,206	
		or (loss) from special events					
		or (loss) from sales of inventory					
11		ie a			 		
					ļ		
	d						
	e						
		d columns (b), (d), and (e)	L	0	1	208,841	
		ne 12, columns (b), (d), and (e)				13	208,841
	••	n line 13 instructions on page 28 to verify calculations					<u> </u>
	art XVI-B	Relationship of Activities to the Acc					
	Line No.	Explain below how each activity for which income is					
	•	accomplishment of the foundation's exempt purpose instructions)	s (other than b	y providing tunds for s	ucn purp	oses) (See page 29 of the	1e
	N/A	instructions /					
	N/A			<u> </u>			
	-						
							
							
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DA/							Form 990-PF (2009)
$-\sim$	•						. Juli 220-1 1 (2009)

Pa	art XVII	Information Rega Exempt Organiza		nsfers To and Transacti	ons and	Relationships With No	ncharitable	,	
1	Did the or			in any of the following with any	other oros	anization described		Yes	No
•				501(c)(3) organizations) or in s					
	organizatio	ons?							'
а	Transfers	from the reporting founda	ition to a non-	charitable exempt organization	of			_	
	(1) Cash						1a(1)		X
	(2) Other	assets					1a(2)		X
b	Other tran	sactions.							[
	(1) Sales	of assets to a noncharital	ble exempt o	rganization			1b(1)		X
		ases of assets from a nor		=			1b(2)		X
	• •	of facilities, equipment, of		· •			1b(3)		X
	• •	oursement arrangements					1b(4)		X
	• •	or loan guarantees					1b(5)	1	X
	• •	mance of services or me	mbership or f	indraising solicitations			1b(6)		X
С	` '		•	er assets, or paid employees			1c		X
	_		=		ımn (h) st	nould always show the fair marke			
u		•		•		dation received less than fair ma			
		-		-		ls, other assets, or services rece			
_		(b) Amount involved			1	(d) Description of transfers, transact		mente	
_	a) Line no	(b) Amount involved	(c) Name	of nonchantable exempt organization	' 	(d) Description of transfers, transac	ilons, and sharing arrange	HIEHIS	
<u>/</u> .	A				$+\!-\!$				—
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							-		
-									
					+-				
									
			L			···-			
2a		•	•	th, or related to, one or more ta		organizations		le.	a a
		• •	•	an section 501(c)(3)) or in sect	on 527?			es X	.] No
b		omplete the following sch	edule			 			
		(a) Name of organization		(b) Type of organization		(c) Description o	f relationship		
	N/A								
		1							
T	Under pena	lues of penury, I declare that	I have examine	ed this return, including accompanying	g schedule:	s and statements, and to the best of n	ny knowledge and		
ı	belief, it is to	ue, correct, and complete D	eclaration of pr	eparer (other than taxpayer or fiduce	ary) is base	d on all information of which preparer	has any knowledge		
		h aller		//	1111	O BOARD	PRESIDENT		
ا ر	Signati	ure of officer or trustee	<u>`</u>	Date	/ / 	Title			—
5	Ī		$\overline{}$			Date	Preparer's identi	fying	—
-	_	Preparer's	/ ($\stackrel{\cdot}{\frown}$		Check if	number (see Si	nature	
5	Paid Preparer's Use Only	signature	Ar.	/ \		10/29/10 self-employed	page 30 of the if	1967067001	اد
ר	Par Par	· · · · · ·	THE NO	T GROUP CPA'S,	T. T. T		<u> </u>		
- {	۽ <u>آ</u> ۾ ا	Firm's name (or yours if			T. T. E	•	EIN & EO 1E/	ייטי	7 Q
	-	self-employed), address, and ZIP code		OX 1076 AND, FL 33802-	1076		EIN ► 59-150		
			TAKEL	AND, FL 33802-	TO 10	- ,	Phone no 863-68	3 - 6	<u>/ 83</u>

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, or 990-PF.

OMB No 1545-0047

2009

Name of the organization

GLENN W & HAZELLE PAXSON MORRISON FOUNDATION, INC.

Employer identification number

59-2220612

Organization type (check one)

_		
Filers o	of:	Section:
Form 9	90 or 990-EZ	501(c)() (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 9	90-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
	Only a section 501(c)(7), (ered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a Special Rule See
Genera	al Rule	
X		g Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or contributor. Complete Parts I and II.
Specia	l Rules	
	sections 509(a)(1) and 1	organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and
	the year, aggregate con	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during tributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or rithe prevention of cruelty to children or animals. Complete Parts I, II, and III.
	the year, contributions for aggregate to more than year for an exclusively re	(8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during or use exclusively for religious, charitable, etc., purposes, but these contributions did not \$1,000. If this box is checked, enter here the total contributions that were received during the eligious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule ion because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more.
	-	not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form

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

990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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GLENN	W	æ	HAZELLE	PAXSON	MORRISON

Employer identification number

59-2220612 Part I Contributors (see instructions) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 1 HAZELLE PAXSON MORRISON EDUC FUND Person 1401 S. FLORIDA AVENUE Payroll 118,291 Noncash LAKELAND FL 33801 (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 Aggregate contributions No. Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) Aggregate contributions Name, address, and ZIP + 4 Type of contribution No. Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution)

MORRISON Glenn W & Hazelle Paxson Morrison 59-2220612 FYE: 6/30/2010		Federal Statements	tateme	nts		10/29/2010 12:08 PM
Statemo	ent 1 - For	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	ırt I, Line 1	6b - Account	ing Fees	
Description	Ĕ	Total	Inve	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	₩ W	10,850	w w	9,765	\$ \$	\$ 1,085
	 -			-II I		
Statement	2 - Form 9	Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Line 16c	Other Profes	ssional Fees	
Description	Ĕ	Total	Inve	Net Investment	Adjusted Net	Charitable Purpose
CONTRACT LABOR INVESTMENT BROKER FEES	w	4,244	₩	3,395	₩.	\$ 849
	₩	31,705	₩	986'6	\$	
	Statement 3	3 - Form 990-PF, Part I, Line 18	PF, Part I,	Line 18 - Taxes	es es	
Description	Tot	otal	Inve	Net Investment	Adjusted Net	Charitable Purpose
TAX - 990PF TOTAL	w w	4,483	w w	4,483	w w	w w
Statement	nent 4 - For	ırm 990-PF, P	art I, Line	m 990-PF, Part I, Line 23 - Other Expenses	<u>penses</u>	
Description	Ė	Total	Inve	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	₩.	ŗ	₩	(₩	w.
OFFICE SOFFLIES EAFENSE ANNUAL REPORT EXP TOTAL	w	,14 61 775	w	155	\$	\$ 620
						1-4

MORRISON Glenn W & Hazelle Paxson Morrison

59-2220612

Federal Statements

FYE: 6/30/2010

Statement 5 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description Beginning of Year End of Fair Market Basis of Valuation Year Value ACCT 1405 - OPEN END MUTUAL FUNDS 2,103,105 COST 2,361,134 1,934,132 \$ \$ ACCT 8165 -STOCKS & OPTIONS 755,913 759,682 COST 753,340 ACCT 1372 -OPEN END MUTUAL FUNDS 375,925 330,672 COST 364,626 3,065,970 \$ 3,479,100 TOTAL 3,193,459

MORRISON Glenn W & Hazelle Paxson Morrison 59-2220612 FYE: 6/30/2010		Federal Statements	40	10/2	10/29/2010 12:08 PM	
Statement 6 - Form 990-PF,	Par	le 1 - List of Off	t VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	<u>stees, Et</u> c.		
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses	
RALPH C. ALLEN 1401 S. FL AVE LAKELAND FL 33803	PRESIDENT	0.00	1,000	0	0	
JOHN ATTAWAY PO BOX 32018 LAKELAND FL 33802	SECRETARY	0.00	1,000	0	0	
PATRICIA RICKER 1500 BISHOP ESTATES-VILLA #25 JACKSONVILLE FL 32216	TRUSTEE	0.00	1,000	0	0	
HUNT BERRYMAN 3328 BRIDGEFIELD DRIVE LAKELAND FL 33803	TRUSTEE	00.0	1,000	0	0	
MARY E JENKO 6808 CRESCENT OAKS CIR LAKELAND FL 33813	TRUSTEE	00.00	1,000	0	0	
					φ	

59-2220612

FYE: 6/30/2010

Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

APPLICATIONS SHOULD BE TYPED OR WRITTEN AND SHOULD INCLUDE A COPY OF THE APPLICANT'S (IF SELF SUPPORTING) OR PARENTS' TAX RETURN.

Statement 8 - Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

2 MONTHS PRIOR TO THE TRUSTEES MEETING - DEADLINE IS MARKED ON EACH APPLICATION.

Statement 9 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

SCHOLARSHIP ASSISTANCE, LOANS/GRANTS FOR GENERAL MUSIC AND CHRISTIAN EDUCATION

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MORRISON Glenn W & Hazelle Paxson Morrison

Federal Statements

59-2220612 FYE: 6/30/2010

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Address		
Address	Relationship Status	Purpose	Amount
STRIES 802-0433	вох	GRANT	2,000
ATION IT NC 27261	BOX	GRANT	1,500
FESTIVAL LAKELAND FL 33806-2764	X 2764	GRANT	1,250
LAKELAND CHRISTIAN SCHOOL IIII LAKELAND FL 33803	IIII FORESI PARK SIKEEI DO DOX 625	GRANT	10,000
LE FL 33823	\$ 60 0	GRANT	5,000
	PO BOX 9068	GRANT	5,000
CHOOL 540	AMBERT DRIVE	GRANT	2,000
ACHIEVEMENT ACADEMY LAKELAND FL 33803	716 BELLA VISTA E	GRANT	10,000
2,7	ΓĄ	GRANT	2,500
LEARNING RESOURCE CENTER 1 LAKELAND FL 33803	1628 S FLORIDA AVE	GRANT	6,000
1 TAMPA FT, 33607-5645	1300 NORTH BLVD	GRANT	500
	PO BOX 917134)
ORLANDO FL 32891-7134 CENTRAL FL SPEECH & HEAR 7	710 E BELLA VISTA STREET	GRANT	200
ū	N KENTITCKY AVE	GRANT	5,000
FL 33801	;	GRANT	2,000
HKISTIAN A 33802	ROX BOX	GRANT	2,000
CHILDRENS 33802	BOX.	GRANT	2,500
488	c	GRANT	12,500
OF W CFL-FIRST IEE 3 LAKELAND FL 33803	3620 CLEVELAND AGIS BLVD	GRANT	2,500

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Federal Statements MORRISON Glenn W & Hazelle Paxson Morrison

59-2220612 FYE: 6/30/2010 Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

rear (continued)

5,925 3,000 5,000 000'9 6,157 10,000 3,000 2,000 3,000 3,000 2,500 3,000 3,000 3,000 1,500 -4,750 2,000 3,000 Amount SCHOLARSHIP-YUREL ECHEZARRETA SCHOLARSHIP-DONALD FRANKLIN SCHOLARSHIP-MICKELYN GRAVES SCHOLARSHIP-GRETCHEN GORDIN SCHOLARSHIP-TRAMILL LATIMER SCHOLARSHIP-REBECCA WILSMAN SCHOLARSHIP-WILFREDO PEREZ SCHOLARSHIP-CHLOE LATIMER SCHOLARSHIP-ASHLEY WILSON SCHOLARSHIP-MELISSA ORTIZ SCHOLARSHIP-JOANIE SEARS SCHOLARSHIP-MARK BACON SCHOLARSHIP-WENDY DIAZ Purpose GRANT GRANT GRANT GRANT GRANT Status 111 LAKE HOLLINGSWORTH DR FLORIDA SOUTHERN COLLEGE- 111 LAKE HOLLINGSWORTH DR FIRST PRESBYTERIAN CHURCH 175 LAKE HOLLINGSWORTH DR 111 LAKE HOLLINGSWORTH DR C 4001 W TAMPA BAY BLVD 1000 LONGFELLOW BLVD 1000 LONGFELLOW BLVD 60 COLLEGE AVENUE 4202 E FOWLER AVE 4202 E FOWLER AVE Relationship 1000 HOLT AVENUE Address 515 E JEFFERSON PO BOX 114000 PO BOX 114000 PO BOX 160000 BOX 3112 IMPERIAL SYMPHONY ORCHEST PO BOX 2623 POLK EDUCATION FOUNDATION PO BOX 391 М ANN ARBOR MI 48109-1316 LAKELAND FL 33802-3112 LAKELAND FL 33806-2623 UNIVERSITY OF MICHIGAN SC UNIVERSITTY OF SOUTH FLOR ORLANDO FL 32816-0000 WINTER PARK FL 32789 UNIVERSITY OF CENTRAL FL UNIVERSITY OF SOUTH FLOR FLORIDA SOUTHERN COLLEGE FLORIDA SOUTHERN COLLEGE GAINESVILLE FL 32611 GAINESVILLE FL 32611 HILLSBOROURGH COMMUNITY TAMPA FL 33620-5800 TAMPA FL 33620-5800 SOUTHEASTERN UNIVERSITY SOUTHEASTERN UNIVERSITY ANNAPOLIS MD 21401 LAKELAND FL 33801 LAKELAND FL 33801 LAKELAND FL 33801 LAKELAND FL 33801 UNIVERSITY OF FLORIDA LAKELAND FL 33801 LAKELAND FL 33801 LIGHTHOUSE MINISTRIES UNIVERSITY OF FLORIDA Address BARTOW FL 33831 TAMPA FL 33614 ST JOHN'S COLLEGE ROLLINS COLLEGE

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MORRISON Glenn W & Hazelle Paxson Morrison

59-2220612 FYE: 6/30/2010

Federal Statements

Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)