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**Schedule of Contributors**

OMB No. 1545-0047

**2011**

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

Name of the organization

*Morrison Family Foundation*

Employer identification number

*36 4157 134*

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use **exclusively** for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use **exclusively** for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an **exclusively** religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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*364N7134***Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
|            | <i>Dr Ann Morrison</i><br><i>4411 Corrales Rd</i><br><i>Corrales NM 87048</i> | \$ <i>820972</i>           | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

Employer identification number

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
|                           | 1505 <del>the</del> <i>Wahkiakum Energy</i>  | \$ <i>899,104</i>                              | <i>11/29/11</i>      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |
|                           |  | \$   |                      |

Name of organization

Employer identification number

## Part III

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$**

**Use duplicate copies of Part III if additional space is needed.**

| (a) No.<br>from<br>Part I   | (b) Purpose of gift   | (c) Use of gift                          | (d) Description of how gift is held       |
|---|---|--|---|
| -----   | <i>To enable the foundation<br/>to make gifts<br/>to other 501(c)(3) orgs</i> | <i>See purpose</i>                       | <i>Securities held in<br/>street name</i> |
| (e) Transfer of gift  |   |  |   |
| Transferee's name, address, and ZIP + 4                                       |   | Relationship of transferor to transferee |   |
| <i>Morrison Family Foundation<br/>145 E 48th St<br/>Chicago IL 60615-1103</i> |   | <i>Director</i>                          |   |
| (a) No.<br>from<br>Part I   | (b) Purpose of gift   | (c) Use of gift                          | (d) Description of how gift is held       |
| -----   | -----   | -----                                    | -----                                     |
| (e) Transfer of gift  |   |  |   |
| Transferee's name, address, and ZIP + 4                                       |   | Relationship of transferor to transferee |   |
| -----   |   | -----                                    |   |
| -----   |   | -----                                    |   |
| -----   |   | -----                                    |   |
| (a) No.<br>from<br>Part I   | (b) Purpose of gift   | (c) Use of gift                          | (d) Description of how gift is held       |
| -----   | -----   | -----                                    | -----                                     |
| (e) Transfer of gift  |   |  |   |
| Transferee's name, address, and ZIP + 4                                       |   | Relationship of transferor to transferee |   |
| -----   |   | -----                                    |   |
| -----   |   | -----                                    |   |
| -----   |   | -----                                    |   |
| (a) No.<br>from<br>Part I   | (b) Purpose of gift   | (c) Use of gift                          | (d) Description of how gift is held       |
| -----   | -----   | -----                                    | -----                                     |
| (e) Transfer of gift  |   |  |   |
| Transferee's name, address, and ZIP + 4                                       |   | Relationship of transferor to transferee |   |
| -----   |   | -----                                    |   |
| -----   |   | -----                                    |   |
| -----   |   | -----                                    |   |