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50m 990-PF

Department of the Treasury

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

OMB No 1545-0052

2011

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For calendar year 2011 or tax year beginning 12/06/11, and ending 12/31/11A Employer identification number Name of foundation PAUL AND KATHERINE MORROW FAMILY 45-3981868 FOUNDATION Telephone number (see instructions) Room/suite Number and street (or P O box number if mail is not delivered to street address) 432-425-9114 PO BOX 61447 City or town, state, and ZIP code If exemption application is pending, check here TX 79711 MIDLAND 1. Foreign organizations, check here X Initial return of a former public charity G Check all that apply. Initial return Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Name change Address change H Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Cash J Accounting method If the foundation is in a 60-month termination I Fair market value of all assets at under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c), 5,999,975 (Part I, column (d) must be on cash basis) line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted ne xpenses per amounts in columns (b), (c), and (d) may not necessarily equal purposes books the amounts in column (a) (see instructions)) ash basis only) 6,000,000 Contributions, gifts, grants, etc , received (attach schedule) 1 Check ▶ I If the foundation is **not** required to attach Sch B 2 10 10 Interest on savings and temporary cash investments 3 Dividends and interest from securities 4 5a Gross rents Net rental income or (loss) Revenue Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 7 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns & allowances b Less: Cost of goods sold Gross profit or (loss) (attach schedule) C 0 11 Other income (attach schedule) **8** 6,000,010 10 0 12 Total. Add lines 1 through 11 Operating and Administrative Expenses NOV 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) 17 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses. 0 0 Add lines 13 through 23 0 25 Contributions, gifts, grants paid 0 0 0 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12 27 6,000,010 Excess of revenue over expenses and disbursements 10 Net investment income (if negative, enter -0-) 0 Adjusted net income (if negative, enter -0-)

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)

2 Enter amount from Part I, line 27a

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

4 Add lines 1, 2, and 3

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 6,000,010

Form 990-PF (2011)

	2009					
	2008					
	2007					
	2006			· _ ·		
2	Total of line 1, column (d)				2	
	Average distribution ratio for the 5-year benumber of years the foundation has been	,	-		3	
4	Enter the net value of nonchantable-use	assets for 2011 from Part X, line	5	_	4	
5	Multiply line 4 by line 3			-	5	
6	Enter 1% of net investment income (1%	of Part I, line 27b)		_	6	
7	Add lines 5 and 6				7	
	Enter qualifying distributions from Part X			124.1	8	
	If line 8 is equal to or greater than line 7.	check the boy in Part VI line 1h	and complete that part	using a 1% fax rate. Se	e me	

Part VI instructions

	1990-PF (2011) PAUL AND KATHERINE MORROW FAMILY 45-3981868			Pa	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)	1			
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)	1			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here ▶ ☐ 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).				0
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				
3	Add lines 1 and 2	+-			0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	+	_		$\frac{3}{6}$
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				
6	Credits/Payments:				
а	2011 estimated tax payments and 2010 overpayment credited to 2011				
þ	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 6d 6d				
7	Total credits and payments Add lines 6a through 6d	<u> </u>			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8				
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				
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ Refunded ▶ 11				
Pá	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u>x</u>
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		1		
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		_ <u>X</u> _
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				
	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?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
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 legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	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	/	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
ou	TX				
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	x	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
J	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"				
			9		х
10	complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				_
10	cm/m 1		10	x	
	names and addresses STMT 1		orm 99		(2011)
		•			

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Forn	n 990-PF (2011) PAUL AND KAT	HERINE MORROW FAM	LY 45-3	3981868			P	age 6
		ng Activities for Which Forr			ntinued)			
5a	During the year did the foundation pay or							
	(1) Carry on propaganda, or otherwise a	ttempt to influence legislation (section	n 4945(e))?		Yes X No			
	(2) Influence the outcome of any specific	c public election (see section 4955),	or to carry on,					
	directly or indirectly, any voter registr	ation drive?			Yes X No			
	(3) Provide a grant to an individual for tra	avel, study, or other similar purposes	?		Yes X No			
	(4) Provide a grant to an organization other	her than a chantable, etc , organizati	on described in					
	section 509(a)(1), (2), or (3), or section	on 4940(d)(2)? (see instructions)			Yes X No			
	(5) Provide for any purpose other than re	eligious, charitable, scientific, literary	, or educational		_			
	purposes, or for the prevention of cru	elty to children or animals?			Yes X No			
b	If any answer is "Yes" to 5a(1)–(5), did ai	ny of the transactions fail to qualify u	nder the exceptions of	lescribed in				
	Regulations section 53 4945 or in a curre	ent notice regarding disaster assistan	ice (see instructions)?	>	N/A	5b		
	Organizations relying on a current notice	regarding disaster assistance check	here		▶ 📗			
C	If the answer is "Yes" to question 5a(4), of	does the foundation claim exemption	from the tax					
	because it maintained expenditure respon	nsibility for the grant?		N/A 🗌	Yes No			
	If "Yes," attach the statement required by	Regulations section 53.4945-5(d)						
6a	Did the foundation, during the year, received	ve any funds, directly or indirectly, to	pay premiums					i
	on a personal benefit contract?				Yes X No			
b	Did the foundation, during the year, pay p	premiums, directly or indirectly, on a	personal benefit conti	ract?		6b		_X_
	If "Yes" to 6b, file Form 8870							
7a	At any time during the tax year, was the f	oundation a party to a prohibited tax	shelter transaction?		Yes X No			
b_	If Yes, did the foundation receive any pro	ceeds or have any net income attribi	utable to the transact	ion?	N/A	7b_		
Pa	art VIII Information About Off	ficers, Directors, Trustees, F	Foundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors							
1 1	List all officers, directors, trustees, foun	dation managers and their compe	nsation (see instruc	tions).				
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	oense ac	count,
	(a) Name and ac		hours per week devoted to position	(If not paid, enter -0-)	plans and deferred compensation	othe	r allowa	nces
PA	AUL D. MORROW	MIDLAND	DIRECTOR					
PC	BOX 61447	TX 79711	2.00	ļ	00	 		0
KA	THERINE E. MORROW	MIDLAND	DIRECTOR					
PC	BOX 61447	TX 79711	2.00		0 0			0
								
2	Compensation of five highest-paid em "NONE."	ployees (other than those included	d on line 1—see ins	tructions). If no	ne, enter			
			(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee page	aid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		oense ad r allowai	
			devoted to position		compensation			
NC	ONE							
						ļ		
			1	ļ				
		<u> </u>						
						<u> </u>		
				L	J	<u> </u>		
Tota	number of other employees paid over \$50	0,000						0
					F	om 99	U-PF	(2011)

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Part VIII Information About Officers, and Contractors (continued)	Directors, Trustees, Found	lation Managers, Highly Paid E	Employees,
3 Five highest-paid independent contractors for	professional services (see instru	ctions). If none, enter "NONE."	
(a) Name and address of each person	on paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	-		
			
		}	
Total number of others receiving over \$50,000 for profe	essional services		
Part IX-A Summary of Direct Charita	ble Activities		
List the foundation's four largest direct chantable activities during the ta organizations and other beneficiaries served, conferences convened, re-		such as the number of	Expenses
1 NO CHARITABLE DISTRIBUTI IN DECEMBER 2011	ONS FOR 2011 - FO	UNDATION CREATED	
2			
3			
4			
Part IX-B Summary of Program-Rela	ted Investments (see instru	ctions)	
Describe the two largest program-related investments made by the foun	ndation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-related investments See instructions			
3			

Total. Add lines 1 through 3

		.,	
7	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes	1	_
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	

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

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

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Pa	art XIII Undistributed Income (see instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				21,049
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2011:				
а	From 2006				
b	From 2007				
C	From 2008				
d	From 2009				
е	From 2010				
f	Total of lines 3a through e				
4	Qualifying distributions for 2011 from Part XII,				
	line 4 ▶ \$				
а	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
	required—see instructions)		<u> </u>		
d	Applied to 2011 distributable amount				
е	Remaining amount distributed out of corpus		 		
5	Excess distributions carryover applied to 2011				
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	······································			
þ	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			ļ	
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions			-	
е					
	4a from line 2a Taxable amount—see				
_	instructions				
f	Undistributed income for 2011 Subtract lines				
	4d and 5 from line 1. This amount must be				21,049
_	distributed in 2012				21,04.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
_	170(b)(1)(F) or 4942(g)(3) (see instructions)				
5	Excess distributions carryover from 2006 not				
	applied on line 5 or line 7 (see instructions)				
y	Excess distributions carryover to 2012.	1			
^	Subtract lines 7 and 8 from line 6a				//
0	Analysis of line 9				
a	Excess from 2007	1			
b	Excess from 2008	1			
C	Excess from 2009	-			
d	Excess from 2010	1			
е	Excess from 2011	t	k	ł	

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Pa	art XIV Private Operating For	undations (see in	structions and Par	t VII-A, question	9)	<u> </u>
1a	If the foundation has received a ruling or					
	foundation, and the ruling is effective for	2011, enter the date of	of the ruling	_		
ь	Check box to indicate whether the found	ation is a private opera	ating foundation descri	bed in section 4	4942(j)(3) or 494:	2(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
	investment return from Part X for					
	each year listed					
b	85% of line 2a					
С	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					
е	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:					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(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		i			
	an exempt organization	· · · · · · · · · · · · · · · · · · ·				
	(4) Gross investment income	(° (O l . t .	41-1			in essets at
ra	rt XV Supplementary Inform			the foundation i	nad \$5,000 or more	e in assets at
	any time during the y		tions.)			
1	Information Regarding Foundation Ma	_			d but be foundation	
а	List any managers of the foundation who					
	before the close of any tax year (but only	if they have contribut	ed more than \$5,000)	(See section 507(a)(2))	
L-	SEE STATEMENT 2 List any managers of the foundation who	100/ of	the steel of a cornerat	wan (as an agually lass	no portion of the	
b	ownership of a partnership or other entity				ge portion or the	
	N/A) of which the lounda	uonnasa 10 % or grea	itei iiiteiest		
<u> </u>	Information Regarding Contribution, C	Grant Gift Loon Sal	solarchin etc. Progr			
2			to preselected charital		does not accept	
	Check here ► ☐ If the foundation only unsolicited requests for funds. If the foundation		•			
	•		ants, etc (see instruct	ions) to individuals of	organizations and cr	
_	other conditions, complete items 2a, b, c The name, address, and telephone numb		hom applications shou	ld be addressed:		
а	N/A	per of the person to w	nom applications shou	ia de addressed.		
	N/A					
	The form in which applications should be	submitted and inform	action and materials th	ev should include		
D	N/A	submitted and milom	iation and materials th	ey should include		
C	Any submission deadlines. N/A					
	Any restrictions or limitations on awards,	such as by geograph	ical areas, charitable f	elds kinds of instituti	ons, or other	
u	factors:	Jacin as by geograph	ioni arcas, oriantable l	olao, milao oi mautuu	J	
	N/A					
						Form 990-PF (20

	Year or Approved for Fu			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
	any foundation manager or substantial contributor	recipient	contribution	Amount
Name and address (home or business)	or substantial contributor			
Paid during the year				
N/A				
1				
1				
1				
				_
Total	· · · ·		▶ 3a	
Approved for future payment				
I/A				
1				
1				
		•		
1				
1				
1				
			1	
			▶ 3b	

	Part XVI-A	Analysis of Income-Producing Act	<u>tivities</u>				
		ounts unless otherwise indicated.		(b) Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue.			code		(See instructions)
					+		
					-		
	ė						
	¹- <u>-</u> -						
_		nd contracts from government agencies		·			
		o dues and assessments	ļ		14	10	
		savings and temporary cash investments			T-48	10	
		nd interest from securities					
3		ncome or (loss) from real estate nanced property			+		
		ot-financed property			+		
6		ncome or (loss) from personal property			<u> </u>		
		tment income			+		
		s) from sales of assets other than inventory			T		
		or (loss) from special events					
		or (loss) from sales of inventory					
		ue a					
	е						
12	Subtotal Ac	dd columns (b), (d), and (e)			0	10	0
13	Total. Add I	ine 12, columns (b), (d), and (e)				13	10
		in line 13 instructions to verify calculations)					
	Part XVI-B						
	Line No. ▼ N/A	Explain below how each activity for which income accomplishment of the foundation's exempt purpo					ons)
-	N/A						
			· -				
							
	-						
-							
						-	
_							
_							
	-						
_							

Part	XVII	Information Reg Exempt Organiz	-	ansfers To an	d Transactio	ns and Relation	nships Wit	h Noncharitabl	е		
1 D	Id the oras	anization directly or ind		ne in any of the fol	lowing with any	other organization de	escribed			Yes	No
	_	01(c) of the Code (other		•	•	-			·		
	ganization		si tilali secti	on son(c)(s) organ	1120110113) 01 111 30	cuon 527, relating to	o pontical				
	-	om the reporting found	lation to a ne	anchantable aven	nt organization o	f.					
) Cash	om the reporting round	iauon to a ne	onchantable exem	pt organization c	1			1-/1		X
									1a(1)	-+	$\frac{\mathbf{x}}{\mathbf{x}}$
•) Other a								1a(2)		
	ther transa										v
		f assets to a noncharit							1b(1)		<u> </u>
		ses of assets from a no		. •	on				1b(2)		X
		of facilities, equipment		sets					1b(3)		X
		rsement arrangements	\$						1b(4)		<u> </u>
		or loan guarantees							1b(5)		<u> </u>
(€) Perform	ance of services or me	embership o	r fundraising solici	itations				1b(6)		<u>X</u>
		acılıtıes, equipment, m	_						1c_	i	<u>x</u>
d If	the answe	er to any of the above i	s "Yes," com	nplete the following	g schedule. Colu	mn (b) should alway	s show the far	r market			
		goods, other assets, o	-	•	-						
Vä	<u>lue in any</u>	transaction or sharing	arrangeme	nt, show in column	n (d) the value of	the goods, other as	sets, or service	es received			
	ine no	(b) Amount involved	(c) Nam	e of noncharitable exem	pt organization	(d) Description	on of transfers, tra	nsactions, and sharing arr	angemer	nts	
N/A											
					•						
										_	
									-		
	-										
						<u> </u>					
	-	 				<u> </u>					
20 lo	the found	ation discritives induses	414614			avamet assentation					
		ation directly or indirect	-			=	ris	Г	¬ v.	s X	No
		section 501(c) of the	•	than section 501(0	c)(3)) or in secuc	n 5277		L		5 1	INO
וו ט		nplete the following sc a) Name of organization	negule	45 \ T === 4 .			(a) Danas - 4	on of relationship			
N/		ny Name or organization		(b) Type of o	organization		(c) Descripti	on orrelationship			
14/	<u>~</u>										
		-									
				-				-			
											
	Linder non	ration of name I dealers th	at I boug augmu	and the sature makedin		dulas and statements as	ad to the best of m	ny kaoudadao and belief	t is toio		
		alties of perjury, I declare that and complete Declaration of p									
								May the IRS discu			ı
			5					with the preparer s (see instructions)?			No
Sign					1 27	11.0					لــــــــــــــــــــــــــــــــــــــ
lere	_	///				15-12	DIRE	CTOR			
	▼ Signa	fure of officer or trustee			Date	<u></u>	Title				
	Print/Ty	pe preparer's name			Preparer's signatu	re		Date	ļ	Check	ıf
aid					0	1			.	self-em	ployed
repare	PEGG	J. DEAN			lease		CPA.	11-14			
lse Onl	y Firm's n	ame ▶ JOHNS	ON, MI	LLER & CO	O., CPA	, PC			244		
	Firm's a	ddress ▶ 2626	JBS PK	WY STE A	-200			Firm's EIN ▶ 85-	021	433	6
		ODESS	A, TX	79761				Phone no 432	-36	2-3	800

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2011

PAUL AND KATHERINE MORROW FAMILY 45-3981868 **FOUNDATION** 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)

Name of organization

PAUL AND KATHERINE MORROW FAMILY

Page 1 of 1 of Part I
Employer identification number
45-3981868

Part I	Contributors (see instruction	ons). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
1	PAUL MORROW PO BOX 61447 MIDLAND	TX 79711	\$ 3,000,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
2	KATHERINE MORROW PO BOX 61447 MIDLAND	TX 79711	\$ 3,000,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
		,	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
110.	Nume, audices	, unu 2.17 · · · ·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b Name, address		(c) Total contributions	(d) Type of contribution
	rame, audioss	,	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name Address RADL D. WORROW FROL D. WORROW FOR SI447 MIDLAND TX 79711 MIDLAND TX 79711 MIDLAND TX 79711 MIDLAND TX 79711					
PO BOX 61447 MIDLAND TX 79711 PO BOX 61447 MIDLAND TX 79711 ANDLAND TX 79711 ANDLAND TX 79711		Statement 1 - F	orm 990-PF, Part VII-A,	Line 10 - Substantial Contributors	
PO BOX 61447 MIDLAND TX 79711 PO BOX 61447 MIDLAND TX 79711	Name		Address	City, State, Zip	
PO BOX 61447 MIDLAND TX 79711	PAUL D. MORROW			79711	
	INE E. MORROW	PO BOX 61447		MIDLAND TX 79711	
					
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45-3981868

Federal Statements

Statement 2 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager		Amount		
PAUL MORROW KATHERINE MORROW	\$	3,000,000 3,000,000		
TOTAL	\$	6,000,000		

45-3981868	Federal Statements							
Taxable Interest on Investments								
Description	Unrelated Exclusion Postal US Amount Business Code Code Code Obs (\$ or %)							
WESTERN NATIONAL BANK TOTAL	\$ 10 \$ 10							
IOIAL	\$10							

Form **8868** (Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return

Internal Revenue	Service	a separate	application for each return.			
If you are	e filing for an Automatic 3-Month Extension, com	plete only F	Part I and check this box			► X
If you are	e filing for an Additional (Not Automatic) 3-Month	Extension	, complete only Part II (on page 2 of t	hıs form)		
Do not comp	plete Part II unless you have already been granted	i an automa	itic 3-month extension on a previously	filed Forr	n 8868	
Electronic fi	ling (e-file). You can electronically file Form 8868	f you need	a 3-month automatic extension of time	to file (6	months for	
	required to file Form 990-T), or an additional (not					
	est an extension of time to file any of the forms liste					
	ansfers Associated With Certain Personal Benefit (
	For more details on the electronic filing of this form					
Part I	Automatic 3-Month Extension of Tim					
	required to file Form 990-T and requesting an auti					
Part I only	,					▶ 📗
All other corp	porations (including 1120-C filers), partnerships, RE	MICs, and	trusts must use Form 7004 to request a	an extens	sion of time	
to file income						
			Enter filer's ic	lentifyin	g number, see ir	nstructions
Type or	Name of exempt organization or other filer, see	nstructions		Employ	yer identification nun	nber (EIN) or
print	PAUL AND KATHERINE MORR	OW FAM	IILY	_		
File by the	FOUNDATION			X 45-3981868		
due date for	Number, street, and room or suite no. If a P.O. b	ox, see inst	tructions	Social:	security number (SS	SN)
filing your return See	PO BOX 61177					
instructions	City, town or post office, state, and ZIP code Formation MIDLAND	r a foreign a				
Enter the Po	turn code for the return that this application is for (f					04
		· · · · · ·				Return
Applicatio	o n	Return	Application			Code
Is For		Code 01				07
Form 990	01	02	Form 990-T (corporation) Form 1041-A			08
Form 990-		01	Form 4720			09
Form 990-		04	Form 5227		· .	10
		05	Form 6069			11
	T (sec_401(a) or 408(a) trust) T (trust other than above)	06	Form 8870		•	12
FOIII 990-	JONSON, MILLER & CO	<u> </u>	1 0111 0070			<u> </u>
	2626 JBS PARKWAY, S		0			
The books	s are in the care of DOESSA				TX 797	61
1 THE DOOKS	sale in the care of Pobbook					
Telephor	ne No ▶ 432-570-4200	FAX N	n >			
•	anization does not have an office or place of busing					ightharpoons
•	for a Group Return, enter the organization's four dig			his is		
			, check this box and attach			
	e names and EINs of all members the extension is					
	est an automatic 3-month (6 months for a corporation		to file Form 990-T) extension of time			
	08/15/12 , to file the exempt organization re			sion is		
	organization's return for		3			
► X						
▶ □	tax year beginning , and ending					
ىب م 2 If the ta	ax year entered in line 1 is for less than 12 months,	check reas	on Initial return Final return			
	Change in accounting period	21,000,1000				
	application is for Form 990-BL, 990-PF, 990-T, 472	0. or 6069	enter the tentative tax, less any		1	
	undable credits. See instructions	_,, ,	and the terms of the food any	3a	s	0
	application is for Form 990-PF, 990-T, 4720, or 606	9 enteran	refundable credits and	"	<u> </u>	
	ted tax payments made Include any prior year ove			3ь	 	O
	ce due. Subtract line 3b from line 3a Include your			1 -	 	
	6 (Electronic Federal Tax Payment System) See in	-	a. a tomi, a required, by doing	3с	s	O
EFIFS	TELECTIONIC FEDERAL TAX FAYINGIN OYSTEM) SEE		form 9969, and Form 9453 EO and For	m 9970	EO for novment	netructions

Form 8868 (R	tev. 1-2012)					_ Page 2	
	filing for an Additional (Not Automatic) 3-Mc	onth Extension, co	omplete only Part II and check this box	ĸ		▶ X	
	mplete Part II if you have already been grante			rm 8868.			
4.4	filing for an Automatic 3-Month Extension, o						
Part II	Additional (Not Automatic) 3-Mor	nth Extension					
	T		Enter filer'			see instructions	
Type or	Name of exempt organization or other filer,						
print	PAUL AND KATHERINE MORROW FAMILY FOUNDATION			V 45	K 45-3981868		
File by the	Number, street, and room or suite no If a P				security number		
due date for filing your	PO BOX 61447	O. DOX, See Institut	Suoris		occurry married	7 (0011)	
return See	City, town or post office, state, and ZIP code	e. For a foreign add	dress, see instructions	1.1			
nstructions	MIDLAND	TX 79711					
	<u> </u>						
Enter the Reti	urn code for the return that this application is fo	or (file a separate a	pplication for each return)			04	
Application	1	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01					
Form 990-B		02	Form 1041-A				
Form 990-E		01	Form 4720			09	
Form 990-P		04	Form 5227			10	
	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-1	(trust other than above)		Form 8870			112	
If this is for or the whole of ist with the national state of the tail of the	inization does not have an office or place of but a Group Return, enter the organization's four a Group Return, enter the organization's four group, check this box If it is immes and EINs of all members the extension is the anadditional 3-month extension of time untilendar year 2011, or other tax year begins a year entered in line 5 is for less than 12 month ange in accounting period detail why you need the extension TIONAL TIME IS REQUEST ACCURATE RETURN.	r digit Group Exem for part of the grous for. 11/15/12 ginning ths, check reason	ption Number (GEN) If this p, check this box and , and ending Initial return Final return	attach a	ARE A C	► □	
•	oplication is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, ente	er the tentative tax, less any	90		0	
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-	ed tax payments made Include any prior year	=					
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	e due. Subtract line 8b from line 8a Include yo	our payment with th	is form, if required, by using EFTPS		<u> </u>		
	nic Federal Tax Payment System) See instruc			8c_	\$	0	
	Signature and V es of perjury, I declare that I have examined th d belief, it is true, correct, and complete, and t	is form, including a		-	the best of m	ру	
hanatura 🕨	1. 4 0 0-11-		le DA		Deta L	7-18-12	
Signature P	Cynthea D. Relste		ie V U A		Date	8868 (5 - 25 - 7 - 2	