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990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052 2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2013 or tax year beginning , and ending A Employer identification number Name of foundation PAUL AND KATHERINE MORROW FAMILY FOUNDATION 45-3981868 Number and street (or P O box number if mail is not delivered to street address) Telephone number (see instructions) Room/suite PO BOX 61447 432-425-9114 City or town, state or province country, and ZIP or foreign postal code If exemption application is pending, check here MIDLAND 79711 TX G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations check here Final return Amended return 2. Foreign organizations meeting the Address change 85% test, check here and attach computation Name change 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 Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col (c). Other (specify) under section 507(b)(1)(B), check here 4,275,736 line 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (b) Net investment (c) Adjusted net , for charitable amounts in columns (b) (c), and (d) may not necessarily equal expenses per income income purposes books the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) Check ► X if the foundation is **not** required to attach Sch B 2 σ 3 Interest on savings and temporary cash investments 84 4 84 Dividends and interest from securities 5a Gross rents Net rental income or (loss) b OGDEN SCANNED SEP 0 Revenses 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) STMT 1 21,493 Other income (attach schedule) 21,493 11 21,577 21,577 Total. Add lines 1 through 11 O Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) STMT 2 131 131 C Other professional fees (attach schedule) Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 STMT 3 222 38 Other expenses (att sch) 184 24 Total operating and administrative expenses. Add lines 13 through 23 353 169 184 222,400 25 222,400 Contributions, gifts, grants paid 222,753 169 0 26 Total expenses and disbursements. Add lines 24 and 25 222,584 27 Subtract line 26 from line 12 -201,176 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 21,408 0 Adjusted net income (if negative, enter -0-)

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

1,622,590

222,584

7

Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

	990-PF (2013) PAUL AND KATHERINE MORROW FAMILY 45-3981868			P	<u>age 4</u>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a					
	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	ļ			<u> 428</u>
	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)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	ļ			0
3	Add lines 1 and 2				428
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<u> </u>			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				428
6	Credits/Payments				
а	2013 estimated tax payments and 2012 overpayment credited to 2013				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 1,000				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			1,0	<u>000</u>
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.	ļ			
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 10	ļ			<u> 572</u>
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 572 Refunded ▶ 11	<u></u>			
	nt VII-A Statements Regarding Activities		- 1		
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		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				İ
	published or distributed by the foundation in connection with the activities				i
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				į
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				i
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers 🕨 \$				í
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				i
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				i
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
b	· · · · · · · · · · · · · · · · · · ·	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				į
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				i
	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) ▶ 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				
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"]	ĺ	ı
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
		N/A	10		
		F	orm 99	0-PF	(2013)

		NATHERINE MORROW FA		301000			<u>Pa</u>	age o
Pa	rt VII-B Statements Reg	arding Activities for Which F	orm 4720 May Be R	equired (conti	nued)			
5a	During the year did the foundation p	ay or incur any amount to			_			
	(1) Carry on propaganda, or otherw	rise attempt to influence legislation (se	ection 4945(e))?	Y₁	es 🗓 No			
	(2) Influence the outcome of any sp	pecific public election (see section 495	55), or to carry on,					
	directly or indirectly, any voter re	egistration drive?		Ŭ Y	es X No			
	(3) Provide a grant to an individual	for travel, study, or other similar purpo	oses?	Y₁	es 🗓 No			
	(4) Provide a grant to an organizati	on other than a charitable, etc , organ	ization described in		<u></u>			
	section 509(a)(1), (2), or (3), or	section 4940(d)(2)? (see instructions))	Y	es 🛚 X No			
	(5) Provide for any purpose other the	nan religious, charitable, scientific, lite	erary, or educational					
	purposes, or for the prevention	of cruelty to children or animals?		Y	es 🛚 X No			
b	If any answer is "Yes" to 5a(1)–(5),	did any of the transactions fail to qual	lify under the exceptions de	escribed in				
	Regulations section 53 4945 or in a	current notice regarding disaster ass	istance (see instructions)?		N/A	5b		
	Organizations relying on a current in	otice regarding disaster assistance cl	heck here		▶ ∐			
С	If the answer is "Yes" to question 5a	a(4), does the foundation claim exemp	otion from the tax		_			
	because it maintained expenditure i	esponsibility for the grant?		N/A 🗌 Y	es 🗌 No		- [
	If "Yes," attach the statement requir	ed by Regulations section 53 4945-5	(d)					
6a	Did the foundation, during the year,	receive any funds, directly or indirect	ly, to pay premiums					
	on a personal benefit contract?			_ Y	es 🔀 No	1		
b		pay premiums, directly or indirectly, o	on a personal benefit contr	act?	Į	6b		X
	If "Yes" to 6b, file Form 8870			_				
7a	At any time during the tax year, was	s the foundation a party to a prohibited	d tax shelter transaction?	Y	es 🛚 X No			
b	If "Yes," did the foundation receive	any proceeds or have any net income	attributable to the transac	tion?	N/A	7b		
P	et VIII Information Abou	t Officers, Directors, Trustee	es, Foundation Mana	agers, Highly	Paid Employe	es,		
	and Contractors							
1 L	ist all officers, directors, trustees,	foundation managers and their co	mpensation (see instruc	tions).				
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(a) Eva	ense ac	ecount
	(a) Name	e and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowan	
			devoted to position	citer-o-y	compensation	<u> </u>		
P	AUL MORROW	MIDLAND	DIRECTOR					
PC	BOX 61447	TX 79711	2.00	0	0	<u> </u>		0
K.	ATHERINE MORROW	MIDLAND	DIRECTOR					
PC	BOX 61447	TX 79711	2.00	0	0			0
						<u> </u>		
						1		
2	Compensation of five highest-pa	id employees (other than those inc	luded on line 1 - see ins	tructions). If none	e, enter			
	"NONE."							
			(b) Title, and average		(d) Contributions to employee benefit	(a) Evn	ense ac	count
	(a) Name and address of each emp	loyee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowar	
			devoted to position		compensation	<u> </u>		
N	ONE							
						<u> </u>		
						—		
						—		
						<u> </u>		
						<u> </u>		
Ota	I number of other employees paid ov	er \$50 000						0

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Form 990-PF (2013) PAUL AND KATHERINE MORROW FAMI	LY 45-3981868	Page 7		
Part VIII Information About Officers, Directors, Trustees, Fo				
and Contractors (continued)				
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation		
NONE				
Total number of others recovered ever \$50,000 for professional convece				
Total number of others receiving over \$50,000 for professional services		<u> </u>		
Part IX-A Summary of Direct Charitable Activities				
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informorganizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses		
1 SEE STATEMENT 6				
		184		
2				
3				
4				
But IV B Summary of Brancom Balated Investments (see i	notructions)			
Part IX-B Summary of Program-Related Investments (see in				
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 1 N/A	10 2	Amount		
I N/A				
2				
•				
All other program-related investments See instructions				
3				

Total. Add lines 1 through 3

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

2 3 Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required) Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

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) 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

Form 990-PF (2013)

222,584

2

3a 3ь

4

	990-PF (2013) PAUL AND KAT			45-39818		Page 10
Pa	rt XIV Private Operating Fou					
1a	If the foundation has received a ruling or		•	-		
	foundation, and the ruling is effective for	•				
b	Check box to indicate whether the founda		ating foundation descri		942(J)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	T	(e) Total
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
	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					
С	"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					
p,	irt XV Supplementary Inform	nation (Complete	e this part only if	the foundation h	ad \$5.000 or mor	e in assets at
•	any time during the ye				,	
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	_	re than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only					
	N/A					
b	List any managers of the foundation who	own 10% or more of	the stock of a corporat	tion (or an equally larg	e portion of the	
	ownership of a partnership or other entity) of which the founda	tion has a 10% or grea	iter interest		
	N/A			<u></u>		
2	Information Regarding Contribution, C	Grant, Gift, Loan, Sc	holarship, etc., Progr	ams:		
			to preselected charita	=		
	unsolicited requests for funds If the foun	dation makes gifts, g	rants, etc (see instruc	tions) to individuals or	organizations under	
	other conditions, complete items 2a, b, c					
а	The name, address, and telephone numb	oer or e-mail address	of the person to whom	applications should b	e addressed	
	N/A					
				 		.
b	The form in which applications should be	submitted and inform	nation and materials th	ey should include		
	N/A					
С	Any submission deadlines					
	N/A		unal areas shoulder (ioldo kuodo of	an or other	
d	Any restrictions or limitations on awards,	such as by geograph	lical areas, charitable f	ieias, kinas of institutio	ons, or other	
	factors N/A					
DAA	N/ B					Form 990-PF (2013)

Grants and Contributions Paid During the	If recipient is an individual,			
Recipient	show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Paid during the year SEE STATEMENT 7	or substantial contributor	recupient		222,40
Total			▶ 3a	222,400
b Approved for future payment				
N/A				
			1	
		<u> </u>		
Total			▶ 3b	Form 990-PF (201
DAA				Form 990-PF

F	art XVI-A	Analysis of Income-Producing Ac	tivities		,		. <u>.</u>
En	ter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Excluded	d by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	-	vice revenue			ļi		
	a				_		
	b				<u> </u>		
	c				ļ		
	d						
	e				ļ		
	f						
	g Fees an	d contracts from government agencies			<u> </u>		
2	Membership	dues and assessments					
3	Interest on s	avings and temporary cash investments					
4	Dividends a	nd interest from securities			14	84	
5	Net rental in	come or (loss) from real estate					
		anced property					
		t-financed property					
6		come or (loss) from personal property					
		ment income			15	21,493	
		s) from sales of assets other than inventory			1		
	•	or (loss) from special events	-				
		or (loss) from sales of inventory			<u> </u>		
	-	ue a					
.,			-	<u> </u>	†		
			-		1		
					†		
			-		1		
42	e	ld columns (b), (d), and (e)				21,577	0
			L		<u>- 1</u>		21,577
		ine 12, columns (b), (d), and (e)				'' _	22,077
_	Part XVI-B	n line 13 instructions to verify calculations) Relationship of Activities to the A	ccomplishm	ent of Evernt P	urnose		
	Line No.	Explain below how each activity for which incom					
	Line No. ▼	accomplishment of the foundation's exempt purp	e is reported in t	n by providing funds fo	r such n	urnoses) (See instruct	ions)
_	N/A	accomplishment of the foundation's exempt part	ooses (other than	n by providing failed it	51 54511 p	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	M/A						
-							
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_		1					

Part X	(VII	Information Regardante		nsfers To and	I Transactio	ns and Relationships	With Noncha	ritable		
1 Did	the orga			e in any of the folio	owing with any o	other organization described			Yes	No
	_					ction 527, relating to political				
org	anızatıo	ns?								
a Tra	nsfers fi	om the reporting found	ation to a noi	ncharitable exemp	t organization o	f				
(1)	Cash							1a(1)		X
	Other a							1a(2)		X
	er trans							41-743		₹.
. ,		of assets to a noncharita		•				1b(1)		X
		ses of assets from a no			on			1b(2)		
		of facilities, equipment,		ets				1b(3) 1b(4)		X
		ursement arrangements	,					1b(5)		X
		or loan guarantees nance of services or me	mherehin or	fundraising solicit	ations			1b(6)		X X X
		facilities, equipment, m						1c		X
	-		_			mn (b) should always show th	he fair market			
						the foundation received less				
						the goods, other assets, or s				
(a) Lir		(b) Amount involved	l .	of noncharitable exemp		(d) Description of transfe		arıng arrangeme	ents	
I/A										
_										
	_	<u> </u>								
							<u>.</u>			
								· · · · · · · · · · · · · · · · · · ·		
	• •									
		-								
des	scribed i Yes," co	n section 501(c) of the implete the following so	Code (other	than section 501(c	c)(3)) or in section		escription of relationship	-	es X	No
N/		(a) Name of organization		(b) Type of o	- Gaintailli	(6)	Compact of relationship	-		
T4/ 7										
					· · · · ·					
	Under po	enalties of perjury, I declare the	at I have exami	ned this return, including	g accompanying sch	nedules and statements, and to the be which preparer has any knowledge	est of my knowledge ar	d belief, it is tru	e, -	
	conect,	and complete Declaration of	preparer (other t	nan taxpayer) is based	on all morniation of	William preparer has any knowledge		IRS discuss this i		
Sign								preparer shown b ructions)?	Yes	No
lere		. ///			. 0	-18-14 N				
	_	<u> </u>					RECTOR			
	▼ ,.Sjġ	perture of officer or trustee			Date				т	
	Print/	Type preparer's name			Prepare 's signati			Date	Check	
aid					Yearson h	den CPA		<i>9. 14.14</i>	self-en	nployed
repare	r	Y J. DEAN	CON MI	TTED C C) / //////////////////////////////////		DTT:	P0124	420	5
lse Onl	v Firm's	name ► JOHN:		CLLER & CONTROL OF CON	-200	S, FC	PTIN Firm's EIN	85-021		
,	Firm's	address ► 2626 ODES		79761	200		Phone no	432-36		
		ODES.	,				1 Hone no	Form 9		

45-3981868

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

D			
Desc	rin	ntin	n
	אניי	$^{\prime}$ LIU	

	1	Revenue per Books	N	let Investment Income	_	Adjusted Net Income
ROYALTIES	_	25 561	^	25 561	^	
OTHER ROYALTY INCOME	\$	35,561	Þ	35,561	Ş	
		3,885		3,885		
ROYALTY INTEREST INCOME		29		29		
ROYALTY INCOME DEDUCTION						
ROYALTY TAX DEDUCTION		-17,863		-17,863		
ROTALIT TAX DEDUCTION		-113		-113		
OTHER ROYALTY DEDUCTIONS		c		6		
TOTAL	\$	-6 21,493	_	-6 21,493	\$ =	0

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description

	 Total	_	Net Investment	_	Adjusted Net	_	Charitable Purpose
PROFESSIONAL FEES							
	\$ 131	\$_	131	\$_		\$_	
TOTAL	\$ 131	\$	131	\$	0	\$_	0

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

Description

		Total	 Investment	_	Net Net	_	Purpose
EXPENSES	\$		\$	\$		\$	
INVESTMENT MANAGEMENT	FEES	38	38				
OFFICE SUPPLIES		184					184
TOTAL	\$	222	\$ 38	\$	0	\$_	184

Federal Statements

Statement 4 - Form 990-PF, Part II, Line 15 - Other Assets

Description		Beginning of Year	 End of Year	_	Fair Market Value
INVESTMENT SILVER COINS INVESTMENT BOOT CREEK ROYALTY LTD	\$	1,005,648 500,559	\$ 1,005,648 499,296	\$	1,143,285 499,296
TOTAL	\$ <u></u>	1,506,207	\$ 1,504,944	\$_	1,642,581

Statement 5 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	<u> </u>	End of Year		
DUE TO PAUL D. MORROW	\$ 2,	742 \$_			
TOTAL	\$ 2,	742 \$ <u> </u>	0		

Statement 6 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

GRANTS AND OTHER DISTRIBUTIONS MADE DIRECTLY TO VARIOUS ORGANIZATIONS THAT HAVE BEEN DEEMED COMPATIBLE WITH, AND WOULD HELP FURTHER, THE FOUNDATION'S CHARITABLE AND EDUCATIONAL PURPOSE.

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name		Address	Address
Relationship S	Status	Purpose	Amount
CHURCH OF THE REDEEMER		PO BOX 4764	GREENSBORO NC 27404
501C	3	OPERATIONS	10,000
CHURCH ON WHEELS INC		300 COMMERCE DR	MADERA CA 93637
501C	3	OPERATIONS	2,000
BYNUM SCHOOL		8404 W COUNTY RD 60	MIDLAND TX 79707
501C	3	OPERATIONS	5,000
CASA DE AMIGOS OF MIDLAN	ID TX	1101 E GARDEN LANE	MIDLAND TX 79701
501C	3	OPERATIONS	2,000
AMERICARES FOUNDATION IN	1C	88 HAMILTON AVE	STAMFORD CT 06902
501C	3	OPERATIONS	20,000
BIG BROS BIG SIS OF MIDI	LAND	1007 W TEXAS AVE	MIDLAND TX 79701
501C	3	OPERATIONS	1,000
BOYS & GIRLS CLUB OF MI	DLAND	PO BOX 284	MIDLAND TX 79702
501C	3	OPERATIONS	5,000
SAVE THE CHILDREN FEDERA	ATION	54 WILTON ROAD	WESTPORT CT 06880
501C	3	OPERATIONS	15,000
SERVLIFE INTERNATIONAL	INC	5610 BROADWAY ST	INDIANAPOLIS IN 46220
501C	3	OPERATIONS	2,500
SPRINGBOARD CENTER		200 CORPORATE DR	MIDLAND TX 79705
501C	3	OPERATIONS	1,000
SAFE PLACE OF THE PERMIA	AN BASIN	PO BOX 11331	MIDLAND TX 79702
501C	3	OPERATIONS	2,000
MIDLAND NEED TO READ		1709 W WALL ST	MIDLAND TX 79701
501C	3	OPERATIONS	1,000

Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address	Address
Relationship Status	Purpose	Amount
MIDLAND RAPE CRISIS CENTER	PO BOX 10081	MIDLAND TX 79702
501C3 MIDLAND FAIR HAVENS INC 501C3	OPERATIONS 2400 WHITMIRE BLVD #100 OPERATIONS	1,000 MIDLAND TX 79705 1,000
MIDLAND MEMORIAL FOUNDATION 501C3	400 RR GROVER PARKWAY OPERATIONS	MIDLAND TX 79701 1,000
MIDLAND MONTESSORI SCHOOL 501C3	1011 AUSTIN ST OPERATIONS	MIDLAND TX 79703 1,000
MARC INC 501C3	2701 NORTH A STREET OPERATIONS	MIDLAND TX 79705 30,000
MIDLAND AREA AIDS SUPPORT 501C3	3504 BOYD AVE OPERATIONS	MIDLAND TX 79707 2,000
MIDLAND CHILDRENS REHAB CTR 501C3	802 VENTURA AVE OPERATIONS	MIDLAND TX 79705 2,000
KEEP MIDLAND BEAUTIFUL 501C3	PO BOX 50432 OPERATIONS	MIDLAND TX 79710 500
HILLCREST SCHOOL 501C3	2800 N A ST OPERATIONS	MIDLAND TX 79705 5,000
INTERNATIONAL JUSTICE MISSION 501C3	PO BOX 58147 OPERATIONS	WASHINGTON DC 20037 20,000
GIRL SCOUTS OF THE DESERT SW 501C3	5217 N DIXIE BLVD OPERATIONS	ODESSA TX 79762 2,000
HABITAT FOR HUMANITY INTL 501C3	PO BOX 2555 OPERATIONS	MIDLAND TX 79702 1,000
DENVER KIDS INC 501C3	1330 FOX ST OPERATIONS	DENVER CO 80204 1,000
DOMINICAN DEVELOPMENT GROUP 501C3	PO BOX 661 OPERATIONS	ELLENTON FL 34222 20,000
CENTER FOR CHILDREN & FAMILIES 501C3	1004 N BIG SPRING ST #325 OPERATIONS	2,000
CITY OF MIDLAND AQUATICS 501C3	3003 NORTH A STREET OPERATIONS	MIDLAND TX 79705 10,000
CMTY & SR SVCS OF MIDLAND 501C3	3301 SINCLAIR AVE OPERATIONS	MIDLAND TX 79707 2,000
UNITED WAY OF MIDLAND 501C3	1209 W WALL OPERATIONS	MIDLAND TX 79701 2,500
WEST TEXAS FOOD BANK 501C3	1008 E 2ND ST OPERATIONS	ODESSA TX 79761 2,500
THE VILLAGE OF MANOR PARK 501C3	2208 N LOOP 250 W OPERATIONS	MIDLAND TX 79707 1,000
TRINITY SCHOOL OF MIDLAND TX 501C3	3500 W WADLEY AVE OPERATIONS	MIDLAND TX 79707 5,500
FIRST PRESBYTERIAN CHURCH 501C3	800 W TEXAS OPERATIONS	MIDLAND TX 79701 20,000
CAMPUS CRUSADE FOR CHRIST 501C3	100 LAKE HART DRIVE OPERATIONS	ORLANDO FL 32832 2,400
CARNEGIE LIBRARY OF BALLINGER 501C3	204 N 8TH ST OPERATIONS	BALLINGER TX 76821 5,000
MIDLAND FESTIVAL BALLET 501C3	4610 N GARFIELD ST OPERATIONS	MIDLAND TX 79705 500
NONPROFIT MANAGEMENT CENTER 501C3	3500 NORTH A ST #2300 OPERATIONS	MIDLAND TX 79705 5,000
SHARE 501C3	3500 NORTH A ST OPERATIONS	MIDLAND TX 79705 1,000

45-3981868

Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name		Address	Address
Relationship	Status	Purpose	Amount
OC INTERNATIONAL	MINISTRIES 501C3	5801 N UNION BLVD OPERATIONS	COLORADO SPRINGS CO 8091 2,000
YOUTH CONFERENCE	MINISTRIES 501C3	1200 MOUNTAIN CREEK RD OPERATIONS	CHATTANOOGA TN 37405 1,000
MIDLAND COLLEGE F	OUNDATION 501C3	3600 N GARFIELD OPERATIONS	MIDLAND TX 79705 1,000
AMERICAN OPINION	FOUNDATION 501C3	750 N HICKORY FARM LN OPERATIONS	APPLETON WI 54914 5,000
TOTAL			222,400

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45-	398	1868

Federal Statements

Taxable Dividends from Securities

		Unrelated	Exclusion	Postal	US
Description	 Amount	Business Code	_Code	<u>Code</u>	Obs (\$ or %)
CARGILE INVESTMENT MANAGEMENT	\$ 84		14	TX	
TOTAL	\$ 84				

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

Internal Revenue	Service	0000 aa	tto mon donono io di minim			
•	filing for an Automatic 3-Month Extension, compl	•			▶ [K
	filing for an Additional (Not Automatic) 3-Month E					
Do not comp	olete Part II unless you have already been granted a	in automatic	3-month extension on a previ	ously filed Form 886	8.	
Electronic fil	ling (e-file). You can electronically file Form 8868 if	you need a 3	month automatic extension o	of time to file (6 mon	ths for	
a corporation	required to file Form 990-T), or an additional (not au	tomatic) 3-m	onth extension of time You o	an electronically file	Form	
8868 to reque	est an extension of time to file any of the forms listed	ın Part I or P	art II with the exception of Fo	orm 8870, Informatio	n	
	ansfers Associated With Certain Personal Benefit Co			•		
	For more details on the electronic filing of this form,				ofits	
Part I	Automatic 3-Month Extension of Time					
	required to file Form 990-T and requesting an auton	natic 6-montr	extension – check this box a	and complete	▶ [٦
Part I only	orations (including 1120-C filers), partnerships, REM	ICe and true	te must use Form 7004 to re	auest an extension o	_	_
to file income		ics, and trus	is must use i omi 7004 to re	quest an extension t	i unie	
to life intollife	tax returns.		E	nter filer's identifvi	ng number, see instruction	ons
Type or	Name of exempt organization or other filer, see in	structions.			ation number (EIN) or	
print	PAUL AND KATHERINE MORRO		LY			
P	FOUNDATION			45-398186	8	
File by the	Number, street, and room or suite no. If a P O bo	x, see instru	ctions.	Social security nu	mber (SSN)	
due date for	PO BOX 61447					
filing your return See	City, town or post office, state, and ZIP code For					
instructions	MIDLAND T	K 79711	<u> </u>	_		
Enter the Ret	turn code for the return that this application is for (file	a separate a	application for each return)			04
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Application	n	Return	Application		Retur	
Is For	5 000 57	Code	Is For		Code	
	or Form 990-EZ	01	Form 990-T (corporation) Form 1041-A	.	07	_
Form 990-E	(individual)	03	Form 4720 (other than ind	ıvıdual)	09	_
Form 990-F		04	Form 5227	i vidual)	10	
	T (sec 401(a) or 408(a) trust)	05	Form 6069	<u> </u>	11	
	T (trust other than above)	06	Form 8870		12	
	MARCIA WALKER					
	PO BOX 61447					
 The books 	are in the care of MIDLAND				TX 79711	
-	ne No ▶ 432-563-2766	FAX No			. г	_
	anization does not have an office or place of busines				▶ [╛
	for a Group Return, enter the organization's four digit			If this is		
			check this box	and attach		
	names and EINs of all members the extension is for		H- F 000 T) autonous of	· · · · · · · · · · · · · · · · · · ·		
	ist an automatic 3-month (6 months for a corporation $08/15/14$, to file the exempt organization ret					
	organization's return for	um for the or	ganization named above Thi	e extension is		
▶ X	calendar year 2013 or					
	odicitodi yedi <u>1000</u>					
▶ □	tax year beginning , and ending					
2 If the ta	ax year entered in line 1 is for less than 12 months, of	heck reason	Initial return F	ınal return		
	Change in accounting period					
3a If this a	application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069, en	iter the tentative tax, less any	,		
	undable credits. See instructions			3a	\$ 1,0	<u> </u>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					_	
	ted tax payments made Include any prior year overp			3b	\$	0
	ce due. Subtract line 3b from line 3a Include your pa		his form, if required, by using		1 0	^
	S (Electronic Federal Tax Payment System) See inst		0060 and Fe 0450 FO	3c 3c	\$ 1,00	<u>. U</u>
Caution. If you	u are going to make an electronic funds withdrawal (direct de	DIE) WIEN ENIS FO	rm 6868, see Form 8453-EO and	Form 66/9-EU for payr	iem instructions	

PAUL AND KATHERINE MORROW FAMILY FOUNDATION File by the due date for DO DOY 61447 POR BOY 61447	Form 8868 (R	ev 1-2014)					Page 2
Part I Additional (Not Automatic 3-Month Extension, complete only Part I (on page 1) Part I Additional (Not Automatic) 3-Month Extension of Time, Only file the original (no copies needed). Enter filer's identifying number, see instructions print FAUL AND KATHERINE MORROW FAMILY FOUNDATION PAUL AND CATHERINE MORROW FAMILY FOUNDATION Number, sivet, and como in suits no If a PO box, see instructions MTDLAND Number are the return code for the return that this application is for (file a separate application for each return) Paper or post office, state, and ZIP code For a foreign address, see instructions MTDLAND TX 79711 Enter the Return code for the return that this application is for (file a separate application for each return) Paper or post of Form 990-EZ Code s For Code	 If you are 	filing for an Additional (Not Automatic) 3-Month Ex	tension, co	mplete only Part II and chec	k this box		▶ X
Additional (Not Automatic) 3-Month Extension of Time. Only file the organial (not copies needed)	Note. Only co	implete Part II if you have already been granted an au	itomatic 3-m	onth extension on a previousl	y filed Form 8868		
Name of exempt organization or other filter, see instructions PAUL AND KATTERINE MORROW FAMILY PAUL AND KATTERINE MORROW FAMILY A5-3981868 Social security number (SSN) PO BOX 61447 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79712 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79712 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust office, state, and ZIP code For a foreign address, see instructions TX 79711 Toky low or pust of foreign address, see instructions TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711 Toky low or pust of foreign address TX 79711							
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MARCIA WALKER PO BOX 61447 • The books are in the care of ▶ MIDLAND Telephone No ▶ 432-563-2766 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) • If this is for part of the group, check this box • If this is for part of the group, check this box • If this is for the whole group, check this box • If this is for part of the group, check this box • If this and ending • If the tax year entered in line 5 is for less than 12 months, check reason intitial return • Change in accounting period • State in detail why you need the extension ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN. 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit and any amount paid previously with Form 8668 c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized	-	<u> </u>	•				1 12
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Signature > C/A Date > 8-12-14	Under penalt knowledge a	ties of perjury, I declare that I have examined this form nd belief, it is true, correct, and complete, and that I a	n, including a im authorize	accompanying schedules and d to prepare this form	statements, and to	the best of r	my
	Signature >	Lynthea D. Rabber	т	itle CPA		Date	8868 (Ray 1-2014)