		(08C)	 	ammt Orman	ination Du	ain	ooo Ingo	ma T	ev Betu	rn	- · ·	OMB No 1545-06	87
For	m	990-7	EX	empt Organ						111	\vdash	000.	
		* -		•	oxy tax un		section ([22(0) 1 7	7
		2		ndar year 2017 or other Go to www.irs.gov.			tions and the	, and end latest in		··	<u> </u>		
		ent of the Treasury Revenue Service		t enter SSN numbers o						(c)(3).		oen to Public Inspect 01(c)(3) Organization	
	, III.	Check box if		Name of organization (ne changed and se			D Em	ployer	r identification num	nber
A B	<u> </u>	ráddress changed empt under section		Mark & Bette Morr			•		,	(Em	ployees	s' trust, see instruction	s)
	Ϊ́Σ̈̀	501 (C () (3)	ł	Number, street, and ro						1	4	8-1077121	
	Ħ	408(e) 220(e)	Print	5500 SW 7th Stre			,				elated	business activity	codes
	Ħ	408A 530(a)	or Type	City or town		State)	ZIP c	ode	(See	ınstruc	ctions)	
	Ħ	529(a)	.,,,,	Topeka		KS		666	06				
	ш	323(2)		Foreign country name	Fo	reign p	province/state/coun	ty Foreigr	postal code	1			
_	_									52	2300	0	
С		ok value of all assets at		up exemption numb						1 .0		. 🗆	
		of year 42,998,912	└	ck organization type			rporation X	501(c)		J 401(a)) trus	t Other t	rust
<u>H</u>		escribe the organization				<u> </u>							
1		uring the tax year, wa						idiary co	ontrolled grou	nb ₃	١	►	∐ No
_		"Yes," enter the name			e parent corporati	on ►		anhana	number I	► (78	25) 27	73-5055	
J	art	he books are in care		McMorin, Inc Business Incor			(A) Incor			rpenses	33) 21	(C) Net	
_		Gross receipts or sa		<u> Busilless ilicol</u>	iie	Т	(A) IIICO		(5, 2,	, pended		(0) 1101	
, '		Less returns and allowa			c Balance ►	1c		o		ĺ			
. 2		Cost of goods sold		e A, line 7)	,	2				i			
2	3	Gross profit Subtra				3		0 _					0
_ 4	а	Capital gain net inci	ome (atta	ch Schedule D)		4a							
	þ	Net gain (loss) (Form			Form 4797)	4b							<u> </u>
Z	С	Capital loss deducti				4c	1100		 			110.00	_
2		Income (loss) from part		nd S corporations (atta	ch statement)	5	-442,9	89				-442,98	9
SCANNEL	,	Rent income (Schei Unrelated debt-final	-	mo (Schedule E)		7			 				+
U #		Interest, annuities, royaltie		•	tions (Schedule F)	8		_		+			+
Ş		Investment income of a se	•	•	•	9		-					
10		Exploited exempt a			(55555.5 5)	10							
11		Advertising income	-	· · · · · · · · · · · · · · · · · · ·		11							
12	2	Other income (See	ınstructio	ns, attach schedule	e)	12							
13		Total. Combine line				13	-442,9		<u> </u>	0]		-442,98	-
P	art			ken Elsewhere (•					(Excep	t tor	contributions	,
_				directly connecte		elat	ed business	ncome	<u>) </u>		44		Т.
14 15		Compensation of of Salaries and wages		ectors, and trustee	es (Schedule IX)		RECEIVE	D	7	-	14 15		<u> </u>
16		Repairs and mainte				_		(کا	1	16		+
17		Bad debts			10.	3 1	NOV 1 6 20	118	3		17		1
18		Interest (attach sch	edule)		1	1			bl		18		
19)	Taxes and licenses	-		1	_	2000		Ķ.		19		
20)	Charitable contribut			nitation rules)		OGDEN, I	<u>JT</u>		.	20		
21		Depreciation (attach					21			 			
22		Less depreciation c	laimed or	n Schedule A and e	elsewhere on ret	urn	22a	-]	22b		-
23		Depletion								-	23 24		┼
24 25		Contributions to def Employee benefit p		ripensation plans						-	25		╁┈
26		Excess exempt exp	_	chedule I)						- -	26		
27		Excess readership	-	•						 	27		1
28		Other deductions (a								r	28		
29)	Total deductions.	Add lines	14 through 28						[29		0
30		Unrelated business	taxable i	ncome before net o		educ	tion Subtract I	ne 29 f	rom line 13		30	-442,98	9
31		Net operating loss of							_		31		
32		Unrelated business		•				n line 30)		32	-442,98	9
33		Specific deduction (atar +	on line	-	33		+
34	•	Unrelated busines 32, enter the smalle			, mie 33 nom ime	<i>-</i> 3∠	ii iii le oo is git	aici (i)	an mic		34	-442,98	9
		, and omidite											

Par	t III T	Tax Computation				
35	Organiz	ations Taxable as Corporations. See instructions for tax computation. Controlled group				
	_	s (sections 1561 and 1563) check here See instructions and				
а	Enter yo	ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		1		
	(1) \$	(2) \$ (3) \$				
b	·	ganization's share of (1) Additional 5% tax (not more than \$11,750)				
_	,	ional 3% tax (not more than \$100,000)				1
c		tax on the amount on line 34	•	35c		
36		axable at Trust Rates. See instructions for tax computation. Income tax on the				
		on line 34 from Tax rate schedule or Schedule D (Form 1041)	•	36	_	
37		ax. See instructions	•	37		
38	-	ve minimum tax		38		
39	Tax on I	Non-Compliant Facility Income. See instructions		39		
40	Total. Ad	dd lines 37, 38 and 39 to line 35c or 36, whichever applies		40	C)
Par	t IV T	ax and Payments				
41 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
t	Other cr	edits (see instructions) 41b				
c	General	business credit Attach Form 3800 (see instructions)				
c	Credit for	or prior year minimum tax (attach Form 8801 or 8827)				
e	Total cre	edits. Add lines 41a through 41d		41e		
42		line 41e from line 40		42)
43		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	ule)	43		<u> </u>
44		x. Add lines 42 and 43		44		' -
45 a	•	ts A 2016 overpayment credited to 2017 45a 16,000				
t		timated tax payments 45b				i
C	•	osited with Form 8868 45c				
0	_	organizations Tax paid or withheld at source (see instructions) 45d 45e				
6		withholding (see instructions) or small employer health insurance premiums (Attach Form 8941) 45e 45f				
'		edits and payments Form 2439				
g	_					
40		n 4136 Other Total ▶ 45g 0		46	16,000	,l
46		yments. Add lines 45a through 45g ed tax penalty (see instructions) Check if Form 2220 is attached		47	10,000	'\
47 48		. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		,†
49		ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49	16,000	-
50		amount of line 49 you want. Credited to 2018 estimated tax. 16,000 Refunded		50	.0,000	
Par		atements Regarding Certain Activities and Other Information (see instructions)				
51		me during the 2017 calendar year, did the organization have an interest in or a signature or of	her a	uthority	Yes	No
٥.		nancial account (bank, securities, or other) in a foreign country? If YES, the organization may				
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fore				1
	here ▶		•	,		X
52	During th	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreig	n trust?		Х
	-	see instructions for other forms the organization may have to file				
53		e amount of tax-exempt interest received or accrued during the tax year > \$				
		er penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	knowle	dge and be	flief, it is true, correct	,
Sig	n land			May the	IRS discuss this retui	rn with
Her	e 🖊	Bette M. Morais 11/10/18 President		the prepa	arer shown below (se	e
	Sig	nature of officer Date Title		instructio	ns)? X Yes	No
D-:		Print/Type preparer's name Preparer's signature Pate	Che	ck X	f PTIN	
Pai		Mark Young / / / / / 11/10/2018	self-	employed	P00611045	5
	parer	Firm's name ► Mark Young, CPA	Firm's	EIN 🏲		
USE	Only	Firm's address ► 5500 SW 7th St, Topeka, KS 66606	Phone	e no	785-271-1681	

Form 990-T (2017)	Ma	rk & Bette Morr	is Family Fo	undation			48-	1077121	Page 3
Schedule A—Cos					valuatior	1			
1 Inventory at b		year	1 2		6 Inv	entory at en	d of year sold. Subtract	6	
3 Cost of labor			3		₹	_	5 Enter here		
4 a Additional sec	tion 263A c				4	d in Part I, lir		7	ol
(attach schedu		1 .	la				section 263A (wit	h respect to	Yes No
b Other costs (a	•	lule) 4	b				ced or acquired fo		
5 Total. Add line		· —	5	0		ply to the org		,	X
Schedule C-Re			Property a	nd Person				operty)	
(see instructions)		•			•				
Description of property	,								
(1)									
(2)									
(3)	**							·	
(4)									
		2 Rent receiv	ed or accrued						
(a) From personal pro for personal proper mor			percentag	om real and person le of rent for person f the rent is base	onal propert	y exceeds	3(a) Deductions di in columns 2(a	rectly connected va) and 2(b) (attach	
(1)									
(2)									
(3)									
(4)									
Total	·	0	Total			0			
(c) Total income. Add here and on page 1, P			(b) Enter			0	(b) Total deduc Enter here and o Part I, line 6, col	on page 1,	0
Schedule E-Un	related De	bt-Financed	Income (se	ee instruction	is)	,			
1 Desc	antion of debt-	financed property		2. Gross incor		3.	Deductions directly cor to debt-finance		ocable
233.				prope			l line depreciation th schedule)		deductions schedule)
(1)					-				
(2)								-	
(3)									
(4)							_		
4 Amount of a acquisition det allocable to debt property (attach s	t on or financed	5. Average adj of or alloc debt-finance (attach sci	able to d property	6. Colu 4 divid by colui	ied		ncome reportable 2 × column 6)	(column 6 × t	e deductions otal of columns nd 3(b))
(1)					%		0		0
(2)					%		0		0
(3)					%		0		0
(4)				_	%	<u>. </u>	0		0
							and on page 1, 7, column (A)		ind on page 1, 7, column (B)
Totals					>		0		0
Total dividends-rece	ived deduct	tions included in	column 8				>		
								Foi	m 990-T (2017)

Schedule F—Interest, Annuit	ies, Royalties,				i <mark>nizations</mark> (see	<u>instruct</u>	tions)	
•		Exemp	Controlled	Organizations				-
ব. Name of controlled organization	2. Employer identification number		nrelated incom see instructions		5. Part of colun included in the organization's g	controlling	conne	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	ns							
7. Taxable Income	8. Net unrelated (loss) (see instru		9	. Total of specified payments made	10 Part of colu- included in the organization's g	controlling	conne	eductions directly cted with income in column 10
(1)								
(2)	-							
(3)								
(4)								
					Add columns Enter here and Part I, line 8, c	on page 1 column (A)	, Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals	ome of a Coati	F04/	-)/7) (0)		tion (see metro)		<u> </u>	0
Schedule G—Investment Inc 1. Description of income	2. Amount of		dir	3. Deductions ectly connected ttach schedule)	4. Set-asides (attach schedu	5	and se	tal deductions tt-asides (col 3 lus col 4)
(1)			† <u>`</u>	<u> </u>				0
(2)			1					0
(3)			 					0
(4)	-		+					0
(4)	Enter here and	on page 1	,				Enter her	e and on page 1,
	Part I, line 9, co						Part I, line	e 9, column (B)
Totals	<u>. </u>		0					0
Schedule I—Exploited Exem	pt Activity Inco	me, Ot	ner Than A	Advertising Inco	me (see instruc	tions)		
Description of exploited activity	2. Gross unrelated business inco from trade o business	me cor	Expenses directly inected with oduction of unrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribut	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				0	<u> </u>			0
(2)				0	-			0
(3)				0				0
(4)				0				0
Totals	Enter nere and page 1, Part line 10, col. (A	l, pa	r here and on ge 1, Part I, 10, cul (B)					Enter here and on page 1, Part II, line 26
Schedule J—Advertising Inc	ome (see instrue							
			Concolid	lated Racie				
Part I Income From Peri	Duicais Report	eu on a	Consonu	aleu Dasis		ı		
1. Name of periodical	2 Gross advertising income	adv	3 Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								<u> </u>
(2)				j				
(3)]
(4)								
Totals (carry to Part II, line (5))	>	0	0	0	0		0	0

Total. Enter here and on page 1, Part II, line 14

Part II Income From Peri	iodicals Reported	on a Separate	Basis (For each	periodical listed	ın Part II, fil	l in
columns 2 through		-	·		·	
1. Name of penodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			0			, O
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I	▶ 0	0	*	4 1 5		0
	Enter here and on page 1, Part I, line 11, col (A)	Enter hore and en page 1, Part I, line 11, col (B)	rigidate de la companya de la compan	10 . K + O + 10 . Y	en Anolisa (Sa)	Enter horo ond on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0	0	. *	<u> </u>	** *-	L o
Schedule K—Compensation	of Officers, Direct	tors, and Trus	tees (see instructio	ns)		
1. Name			2. Title	3. Percent of time devoted to business		tion attributable to ed business
(1)		T.		%	,	
(2)				9/	6	
(3)				%	6	
(4)				0/		

Form **990-T** (2017)

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Line 5 (990-T) - Income from Partnerships and S Corporations

	ne o (330-1) - income nom i artiferampa and o oorporationa		
1	Share of partnership gross income from unrelated trade or business	1	-413,487
2	Share of partnership deductions directly connected to unrelated trade or business	2 —	-29,502
3	Share of S Corporation income (loss) excluding capital gains	3	
4	Total	4	-442,989

Mark & Bette Morris Family Foundation Tax Schedules 48-1077121 Tax Year Ending 12/31/17 Form 990-T

Unrelated Business Taxable Income

			Morgan					
	AIM Ag Infra	AIM Inspire	Creek AEPB	JCR Real Estate	MCP III	CommonFund NR IX	Total	
Line 1	(431,236)	(13,382)	(30,434)	17,742	41,356	(19,426)	(435,380)	
Line 2	, ,	(695)			(1,313)	40	(1,968)	
Line 3	1	` '			-	211	211	
Line 8					-	682	682	
Line 9					-	535	535	
Line 10		(250)			22,683	-	22,433	(413,487)
Line 12		, ,			-	-	-	
Line 13J	(56)	(1)			(249)	(26,054)	(26,360)	
Line 13W	, ,				(506)	(2,064)	(2,570)	
Line 16L					(572)		(572)	(29,502)
Total, To Form 990-T	(431,292)	(14,328)	(30,434)	17,742	61,399	(46,076)	15,323	(442,989)

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Carryover
Loss
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31 (
<u>-</u>

	Service Control of the service of th	Daylor I	Amount of	Amount I lead	Administrator		Amount			Net Operating	Cumulative
	fillilling a	6	10 111001112		nipinenine.			•			
	Loss Period	Loss Period	Net Operating	in Prior Years/	Under Sec.		Available	Amount Used	Expiring	Loss Available	Unused Net
Carryover Period	(M/D/YYYY)	(M/D/YYYY)	Loss	Carrybacks	170(d)(2)(B)	Adjustments	This Year	This Year	Losses	for Carryover (Operating Loss
20th Preceding Period			0	0	0	0	0	0	0	0	0
19th Preceding Period			0	0	0	0	0	0	0	0	0
18th Preceding Period			0	0	0	0	0	0	0	0	0
17th Preceding Period			0	0	0	0	0	0	0	0	0
16th Preceding Period			0	0	0	0	0	0	0	0	0
15th Preceding Period			0	0	0	0	0	0	0	0	0
14th Preceding Period			0	0	0	0	0	0	0	0	0
13th Preceding Period			0	0	0	0	0	0	0	0	0
12th Preceding Period			0	0	0	0	0	0	0	0	0
11th Preceding Period			0	0	0	0	0	0	0	0	0
10th Preceding Period			0	0	0	0	0	0	0	0	0
9th Preceding Period	1/1/2008	12/31/2008	0	0	0	0	0	0	0	0	0
8th Preceding Period	1/1/2009	12/31/2009	0	0	0	0	0	0	0	0	0
7th Preceding Period	1/1/2010	12/31/2010	0	0	0	0	0	0	0		0
6th Preceding Period	1/1/2011	12/31/2011	0	0	0	0	0	0	0		0
5th Preceding Period	1/1/2012	12/31/2012	0	0	0	0	0	0	0		0
4th Preceding Period	1/1/2013	12/31/2013	12,866	0	0	0	12,866	0	0	12,866	12,866
3rd Preceding Period	1/1/2014	12/31/2014	8,778	0	0	0	8,778	0	0	8,778	21,644
2nd Preceding Period	1/1/2015	12/31/2015	15,051	0	0	0	15,051	0	0	15,051	36,695
1st Preceding Period	1/1/2016	12/31/2016	347,567	0	0	0	347,567	0	0	347,567	384,262
Current Period	1/1/2017	12/31/2017	442,989				442,989			442,989	827,251

Total Net Operating Loss Used This Year:

Taxable Income Before Net Operating Loss: