For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

P

32

-146,302 Form **990-T** (2018)

32

Form 99	90-T (2018)	Mark & Bette Morris Family Foundation				48-10	77121		P	age 2
Part	III T	otal Unrelated Business Taxable Income								
33		nrelated business taxable income computed from all unrelated tra	ades or b	usin	esses (see					
	instruction	•			•		33		o	1
34		paid for disallowed fringes				ľ	34			
35		n for net operating loss arising in tax years beginning before Janu	iarv 1. 20	018 (see	ľ				
••	instruction		, .,	,			35		o	i
36		nrelated business taxable income before specific deduction. Sub	tract line	35 fr	om the sum	Ì			Ť	
•	of lines 3	•					36		0	ı
37		deduction (Generally \$1, 000, but see line 37 instructions for exce	entions)			ľ	37		0	
38		d business taxable income. Subtract line 37 from line 36. If line		ater	than line 36	ľ				
		smaller of zero or line 36	o g				38		0	1
Part		ax Computation								
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)				▶,	39		0	
40		axable at Trust Rates. See instructions for tax computation. Incompared to the computation of the computation of the computation of the computation.	me tay o	n the	.	-			Ť	
70		on line 38 from Tax rate schedule or Schedule D (F			•		40			
41		x. See instructions	01111 10-4	''			41			
42	-	ve minimum tax (trusts only)					42			
43		loncompliant Facility Income. See instructions				}	43	_		
44		d lines 41, 42, and 43 to line 39 or 40, whichever applies				ŀ	44		0	
						1	44		- 0	
Part		ax and Payments ax credit (corporations attach Form 1118, trusts attach Form 1116	\ 454							
45 a	_	•) 45a 45b			-				
b		edits (see instructions)		\rightarrow	+	-	Ì			
C		business credit Attach Form 3800 (see instructions)	450 450			\dashv				
d		r prior year minimum tax (attach Form 8801 or 8827)	450	1		\dashv	45e		^	į
		dits. Add lines 45a through 45d				}	46		0	
46 47		line 45e from line 44 s Check if from Form 4255 Form 8611 Form 8697 Form	Г	٦ ؞,	har fattaah aabadi	.1-1	47			
47 40		· — — — —	D000 _		her (attach schedu	ite)	48		0	
48 49		 Add lines 46 and 47 (see instructions) 965 tax liability paid from Form 965-A or Form 965-B, Part II, coli 	ımn (k)	lino 1	,	}	49			
		s A 2017 overpayment credited to 2018	50a		16,000	ł	49			
50 a		imated tax payments	50t		10,000					
		sited with Form 8868	500	_		\dashv				
C	•	organizations Tax paid or withheld at source (see instructions)	500	-						
a		vithholding (see instructions)	506	_						
e f	•	r small employer health insurance premiums (attach Form 8941)	501	_						
		edits, adjustments, and payments Form 2439	30	+-						
g			-	-						
		4136 Other Total	► 50g	<u> </u>	0			4.	2 000	
51		yments. Add lines 50a through 50g			_ [—,	51	11	3,000	-
52		d tax penalty (see instructions) Check if Form 2220 is attached			P	┦	52			
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 48, 49, and 52, enter amount of lines 51 is less than the total of lines 51 is less than the lines 51 i					53		0	
54		ment. If line 51 is larger than the total of lines 48, 49, and 52, ent			1		54	- 11	3,000 0	
55		amount of line 54 you want Credited to 2019 estimated tax		,000	· · · · · · · · · · · · · · · · · · ·		55			
Part		atements Regarding Certain Activities and Other Info							Ī.,	
56		ne during the 2018 calendar year, did the organization have an in							Yes	No
		nancial account (bank, securities, or other) in a foreign country? If			-	•				
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes	s," enter	the n	ame of the fo	reign	countr	у		
	here ►	P 1 0			1					X
57		e tax year, did the organization receive a distribution from, or was it the	grantor	or, or	transferor to, a	rorei	gn trusi	()		Х
		see instructions for other forms the organization may have to file								
_58		 amount of tax-exempt interest received or accrued during the tale penalties of penuly, I declare that I have examined this return, including accompanying scheduling 			and to the best of m	v knowl	edge and	belief it is true	correct	<u> </u>
0:	and o	omplate Declaration of preparer (other than taxpayer) is based on all information of which prep				,,		-	,	
Sign		ROHA M MANIA 111-15-19 P	esident					IRS discuss th		
Here			<u> </u>			_	instructi	ons)? X Y		No
	Sig		,	15	I					
Paid		Print/Type preparer's name Prepared's signature			ate	Chec		. !		
	arer	Mark Young / Youn C.	w-7	_ـــــــــــــــــــــــــــــــــــــ	11/15/2019		employed	11 000		
•	Only -	Firm's name Mark Young, CPA				Fırm's		<u>83-23519</u>		
-30	~y	Firm's address 5500 SW 7th St. Toneka, KS 66606				Phone	no no	785-271-1	1681	

Schedule A—Cost of Goo	ds Sold. Ente	r method o	f inventory	valuation	on▶					
1 Inventory at beginning of	year	1		_ 6 I	nventory at er	nd of year	6			
2 Purchases		2		7 (Cost of goods	s sold. Subtract				
3 Cost of labor		3		1	ine 6 from line	5 Enter here		_		
4 a Additional section 263A c	osts	·		一	and in Part I, Ii	ne 2	7		0	L
(attach schedule)] 4	la	l	8 [Do the rules of	f section 263A (with	h resp	ect to	Yes	No
b Other costs (attach sched	dule)	lb		7 r	property produ	iced or acquired fo	r resal	e)		
5 Total. Add lines 1 through	n 4b	5	0		apply to the or					X
Schedule C-Rent Income	(From Real	Property a	nd Persor	nal Prop	perty Lease	d With Real Pro	perty	()		
(see instructions)										
Description of property										
(1)										
(2)										
(3)										
(4)			•							
	2. Rent recen	ved or accrued								
(a) From personal property (if the per			om real and per			3(a) Deductions dir				me
for personal property is more than more than 50%)	10% but not		ge of rent for per f the rent is bas			ın columns 2(a) and 2(o) (attach scr	redule)	
(1)	·· ·									
(2)										
(3)										
(4)										
Total	0	Total			0					
(c) Total income. Add totals of col	umns 2(a) and 2	(b) Enter				(b) Total deduct Enter here and or		1.		
here and on page 1, Part I, line 6, of	column (A)	•			0					0
Schedule E-Unrelated De	ebt-Financed	Income (se	ee instructio	ns)						
	-		2. Gross inco	ama fram a	3.	Deductions directly con-			le	
1. Description of debt-	financed property		allocable to d		a 	to debt-finance	•			
			btob	erty		t line depreciation ch schedule)	(b) Other dedi (attach sche		
(1)			†		 	•		· · · · · · · · · · · · · · · · · · ·		
(2)			1							
(3)			1							
(4)										
4. Amount of average	5 Average ad	usted basis								
acquisition debt on or	of or alloc	able to	6. Col			ncome reportable		Allocable ded mn 6 × total d		
allocable to debt-financed property (attach schedule)	debt-finance (attach sc		by colu		(column	1 2 × column 6)	(****	3(a) and 3		
	(,	1))/					
(1)		-	1		% %	0				$\frac{0}{0}$
(2)			1		% %	+				0
(3)			1		% %	0				0
(4)	L		l		†	0				0
						and on page 1,		here and o	. •	
Tatala				_	Part I, line	e 7, column (A)	Part	I, line 7, co	olumn (l	
Totals Total dividends-received deduct	لدخاندامس هومان	aalume 0		•	-	0				0
i viai uiviueilus-fecelveu deduci	JULIS IIICIUUEU IN	WIGHTIN 0				- 1				

Schedule F—Interest, Annuiti	es, Royalties,			Organizations	anizations (se	e instru	ictions)	
Name of controlled organization	2. Employer identification number	3. Net un	related income ee instructions	e 4. Total of specif		e controllir	ng conn	eductions directly lected with income in column 5
(1)								
(2)								
(3)		_						
(4)		<u></u>						
Nonexempt Controlled Organization	ns							
7. Taxable Income	8. Net unrelated (loss) (see instru			. Total of specified payments made	10. Part of column the organization's g	e controllii	ng conne	Deductions directly ected with income in column 10
(1)								_
(2)								
(3)								
(4)								
	-				Add columns Enter here and Part I, line 8,	d on page	1, Enter l	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals				l	>		0	0
Schedule G—Investment Inco	ome of a Section	on 501(c)(7), (9), (or (17) Organiza	ation (see instru	ictions)		· - · · · · · · · -
1. Description of income	" 2. Amount of I	ncome	dire	Deductions ctly connected tach schedule)	4. Set-aside (attach schedi		and se	etal deductions et-asides (col. 3 olus col. 4)
(1)								0
(2)								0
(3)								0
(4)								0
	Enter here and of Part I, line 9, col	umn (A)						re and on page 1, e 9, column (B)
Totals	.4.4	0	<u> </u>	N -4411		-		0
Schedule I—Exploited Exemp	T ACTIVITY INCO	me, Oth	<u>er inan <i>i</i></u>	Advertising inc	ome (see instrui	ctions) T		T
Description of exploited activity	2 Gross unrelated business incon from trade or business	ne conr	Expenses directly nected with duction of nrelated ess 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	attnb	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				()			0
(2)				(0
(3)				(0
(4)				(0
	Enter here and page 1, Part I line 10, col (A	, pag	here and on e 1, ⁻ Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0	0] 0
Schedule J—Advertising Inco								
Part I Income From Perio	odicals Report	ed on a	Consolid	ated Basis				7
1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u></u>				j
(2)]
(3)]
(4)								
Totals (carry to Part II, line (5))	_	0	0		0		0	0

Form 990-T (20	18) Mark & Bette Morris Family Foundation	48-1077121
Part II	Income From Periodicals Reported on a Separate Basis (For each periodical I	isted in Part II, fill in
	columns 2 through 7 on a line-by-line basis)	

Columns 2 through	7 011	a line by line t	Jasis j				
. 1. Name of periodical		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			0
(2)				0			0
(3)			_	0			0
(4)				0			0
Totals from Part I	•	0	0				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0	0				0

-Schedule-K-Compensation-of-Officers,-Director	rs, and-Trustees (see-instruct	tions)	
1. Name	2. Title	Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1. Part II. line 14	_	•	0

Form **990-T** (2018)

Page 5

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

	me 3 (330-1) - income nom 1 artherships and 0 corporations		
1	Share of partnership gross income from unrelated trade or business	1	103,386
2	Share of partnership deductions directly connected to unrelated trade or business	2	-249,688
3	Share of S Corporation income (loss) excluding capital gains	3	
4	Total	4	-146,302

Mark & Bette Morris Family Foundation Tax Schedules 48-1077121 Tax Year Ending 12/31/18 F,orm 990-T

Unrelated Dusiness Taxable Income

	HA Select Merger Arbitrage	Oak Street	Morgan Creek AEPB	JCR Real Estate	MCP III	CommonFund NR IX	Total	
Line 1 Line 2 Line 3 Line 5	(14,161) -	637	(7,965)	72,791	(4,013) (1,863) - 199	17,420 (2) (46) 2,176	64,709 (1,865) (46)	
Line 8 Line 9 Line 10 Line 12 Line 13J	-		(155,698)		11,651 19,668 (93) (2,381)	51 (1,083) 10,301 1,595 (53,887)	51 10,568 29,969 1,502 (211,966)	103,386
Line 13W Line 16L			(36,314)		(506) (1,544)	(860)	(37,680) (1,544)	(249,688)
Total, To Form 990-T	(14,161)		(199,977)	72,791	21,118	(24,334)	(3,216)	(146,301)

Line 35 (990-T) - Net Operating Loss Carryover	Net Operat	ing Loss C	arryover								. `
	Beginning	Ending	Amount of	Amount Used	Adjustment	-	· Amount			Net Operating	Cumulative
	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	۰ 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	1/1/2008	12/31/2008	0	0	0	0	0	0	0	0	0
9th Preceding Period	1/1/2009	12/31/2009	0	0	0	0	0	0	0	0	0
8th Preceding Period	1/1/2010	12/31/2010	0	0	0	0	0	0	0	0	0
7th Preceding Period	1/1/2011	12/31/2011	0	0	0	0	0	0	0	0	0
6th Preceding Period	1/1/2012	12/31/2012	0	0	0	0	0	0	0	0	0
5th Preceding Period	1/1/2013	12/31/2013	12,866	0	0	0	12,866	0	0 0	12,866	12,866
4th Preceding Period	1/1/2014	12/31/2014	8,778	0	0	0	8,778	0	0	8,778	21,644
3rd Preceding Period	1/1/2015	12/31/2015	15,051	0	0	0	15,051	0	0	15,051	36,695
2nd Preceding Period	1/1/2016	12/31/2016	347,567	0	0 0	0	347,567	0	. 0	347,567	384,262
1st Preceding Period	1/1/2017	12/31/2017	442,989	0	0	0	442,989	0	0	442,989	827,251
Current Period	1/1/2018	12/31/2018	146,302				146,302			146,302	973,553

Taxable Income Before Net Operating Loss:

0

Total Net Operating Loss Used This Year:

0