SCANNED MAY 0 6 2021

Form. 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

294910930500 OMB No 154

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

For calendar year 2019 or tax year beginning and ending A Employer identification number Name of foundation Mark & Bette Morris Family Foundation Number and street (or PO box number if mail is not delivered to street address) Room/suite 48-1077121 5500 SW 7th Street B Telephone number (see instructions) City or town, state or province, country, and ZIP or foreign postal code KS 66606 (785) 273-5055 Foreign country name Foreign province/state/county Foreign postal code C If exemption application is pending, check here G Check all that apply Initial return D 1. Foreign organizations, check here Initial return of a former public charity ☐ Final return Amended return 2. Foreign organizations meeting the 85% test Address change ☐ Name change check here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash Accrual Fair market value of all assets at F 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 52,759,308 (Part I, column (d), must be on cash basis) line 16) ▶ \$ Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per ıncome purposes income books equal the amounts in column (a) (see instructions)) (cash basis only) 20.000 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 3 317,236 317,236 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 1,893,834 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 2,902,554 7 Capital gain net income (from Part IV, line 2) 1,893,834 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) С 11 Other income (attach schedule) 414,567 398,567 12 Total. Add lines 1 through 11 2,645,637 2.609.637 13 Compensation of officers, directors, trustees, etc RECEIVE 14 Other employee salaries and wages S Pension plans, employee benefits 15 NOV 1 8 2020 16a Legal fees (attach schedule) Accounting fees (attach schedule) Operating and Administrative Other professional fees (attach schedule) 582,589 582 C OGDEN 17 Interest 18 Taxes (attach schedule) (see instructions) 8.831 8,831 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 8,196 8,196 22 Printing and publications 23 Other expenses (attach schedule) 286,838 286,838 Total operating and administrative expenses. 24 886,454 0 Add lines 13 through 23 886,454 2,706,400 2,706,400 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 3,592,854 886,454 2,706,400 27 Subtract line 26 from line 12 Excess of revenue over expenses and dishursements -947,217 **Net investment income** (if negative, enter -0-) 1,723,183 Adjusted net income (if negative, enter -0-)

(NA

For Paperwork Reduction Act Notice, see instructions.

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	End of year		
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing	3,126,461	2,471,918	2,471,918		
	2	'Savings and temporary cash investments	434,380	403,582	408,358		
	3	Accounts receivable •					
		Less allowance for doubtful accounts					
	4	Pledges receivable	1				
		Less allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
	-	Less allowance for doubtful accounts					
Ŋ	8	Inventories for sale or use		·	-		
Assets	9	Prepaid expenses and deferred charges					
Ąŝ	10a	Investments—U S and state government obligations (attach schedule)			<u>.</u> .		
•	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis					
	' '	Less accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)	37,296,565	37,034,690	49,879,032		
	14	Lond huildings and sourment books		37,00 1,000	10,0.0,002		
	• •	Less accumulated depreciation (attach schedule)					
	15						
	16	Other assets (describe Total assets (to be completed by all filers—see the	′ 				
		instructions Also, see page 1, item I)	40,857,406	39,910,190	52,759,308		
_	17	Accounts payable and accrued expenses	10,001,100	00,010,100	5_1, 55,555		
	18	Grants payable					
jes	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
ab	21	Mortgages and other notes payable (attach schedule)		·	·		
	22	Other liabilities (describe)				
	23	Total liabilities (add lines 17 through 22)	0	0			
Ś		Foundations that follow FASB ASC 958, check here	7				
alances		and complete lines 24, 25, 29, and 30.	-				
<u>a</u>	24	Net assets without donor restrictions					
Ba	25	Net assets with donor restrictions					
		Foundations that do not follow FASB ASC 958, check here	d				
٦	1	and complete lines 26 through 30.					
Ž	26	Capital stock, trust principal, or current funds	9,806,365	9,806,365			
Š	27	Paid-in or capital surplus, or land, bldg, and equipment fund					
set	28	Retained earnings, accumulated income, endowment, or other funds	31,051,041	30,103,825			
Ass	29	Total net assets or fund balances (see instructions)	40,857,406	39,910,190			
Net Assets or Fund	30	Total liabilities and net assets/fund balances (see					
ž		instructions)	40,857,406	39,910,190			
	ırt III	Analysis of Changes in Net Assets or Fund Balance					
1		net assets or fund balances at beginning of year—Part II, column ((a), line 29 (must agree v	vith			
		of-year figure reported on prior year's return)		1	40,857,406		
2		r amount from Part I, line 27a		2	-947,2 <u>17</u>		
3		r increases not included in line 2 (itemize) Rounding		3	1		
4		ines 1, 2, and 3		4	3 <u>9,910,1</u> 90		
5		eases not included in line 2 (itemize)		5			
6	Total	net assets or fund balances at end of year (line 4 minus line 5)—P	art II, column (b), line 29	6	39,910,190		

Form 990-PF (2019)

Part	V Capital Gains and	Losses for Tax on Investn	nent Income				
		d(s) of property sold (for example, real est se, or common stock, 200 shs MLC Co)	ate,	(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yr		(d) Date sold (mo , day, yr)
1a					5/14/2	2018	8/14/2019
b							
c d	 			-	_		
<u>и</u> е	Capital Gains Distributions					1	
		(f) Depreciation allowed	(a) Cost (or other basis		h) Gain or (le	oss)
	(e) Gross sales price	(or allowable)		ense of sale		plus (f) min	
а	986,096			1,008,720			-22,624
b					_		
C							
<u>d</u>						 	1,916,458
е	Complete only for assets sh	owing gain in column (h) and owned	Lby the foundation	n on 12/31/69			
		(i) Adjusted basis		ess of col (i)	col (k), l	ns (Col (h) g but not less	than -0-) or
	(i) FM V as of 12/31/69	as of 12/31/69	over co	ol (j), if any	Los	sses (from co	
<u>a</u>							-22,624
<u> </u>							
<u>c</u>							
<u>u</u>							1,916,458
	0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(If gain,	also enter in Pa	art I, line 7			
2	Capital gain net income or	(net capital loss) If (loss)), enter -0- in Pa	art I, line 7	2		1,893,834
3		or (loss) as defined in sections 1					
	_	line 8, column (c) See instructio	ns If (loss), ent	er -0- in }	_		_
Part	Part I, line 8	er Section 4940(e) for Redu		J	3		<u> </u>
Was t	s," the foundation doesn't qu	section 4942 tax on the distributa alify under section 4940(e) Do n	ot complete this	part] Yes 汉 No
1		unt in each column for each year	, see the instruc	tions before makir	ng any entries		
	(a) Base period years	(b) Adjusted qualifying distributions	Net value	(c) of noncharitable-use as	esate	(d Distributi	
Cal	endar year (or tax year beginning in)				1 (c	ol (b) divide	od by col (c))
	2018 2017		6,246 4,650	52,26 51,80			0 051784 0 050662
	2016		3,700	49,85			0 050620
	2015		8,850	55,63			0 052280
	2014		8,997	57,19	8,490		0 051033
2	Total of line 1, column (d)				2		0 256379
3		or the 5-year base period—divide undation has been in existence if			3		0 051276
4	Enter the net value of nego	charitable-use assets for 2019 fro	m Part V Jina F	:	4		51,972,911
4	Enter the net value of nonc	mantable-use assets for 2019 ffc	om Part A, iiile S	•			31,972,91
5	Multiply line 4 by line 3				5		<u>2,66</u> 4,963
6	Enter 1% of net investmen	t income (1% of Part I, line 27b)			6		17,232
7	Add lines 5 and 6				7		2,682,195
8	Enter qualifying distribution	ns from Part XII. line 4			8		2,706,400
-		er than line 7, check the box in P	art VI, line 1b, a	and complete that	part using a 1	% tax rate	

7121 Page **4**

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instr	uctic	ns)		
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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		17	7,232
С	here ► X and enter 1% of Part I, line 27b 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-)	3			7 222
3	Add lines 1 and 2	4		1.	7,232
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5		1-	7,232
6	Credits/Payments	<u> </u>			, <u>232</u>
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 22,748				
b	Exempt foreign organizations—tax withheld at source 6b				
c	Tax paid with application for extension of time to file (Form 8868) 6c 20,000				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d	7		42	2,748
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		25	5,516
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 25,516 Refunded ▶	11			0
Part '	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> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	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	S			
	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?		1c	·	
c d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		10		$\widehat{}$
u	(1) On the foundation > \$ (2) On foundation managers > \$		İ		1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impos	ed		i	
-	on foundation managers ►\$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	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	<u> </u>	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	X	<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b_	X	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5_	ļ. —	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 the 	at			
	conflict with the state law remain in the governing instrument?	aı	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	
, 8а	Enter the states to which the foundation reports or with which it is registered. See instructions		<u> </u>	 ^``	
	KS				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General Assertance C3 If "No." attach evaluation	rai	01	┰	
•	(or designate) of each state as required by General Instruction G? If "No," attach explanation	٥١	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 2019 or the tax year beginning in 2019? See the instructions for Part XIV I			 	- -
	"Yes," complete Part XIV	•	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	neır	<u> </u>		<u> </u>
	names and addresses		10		x

over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VILB Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?		90-PF (2019) Walk & Bette Mortis Family Foundation 46-107	7 12 1	1-	age 3
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(vil.13) in "Yes," attach schedule See instructions 12 Dut the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ➤ N/A 11 The books are in care of ➤ McMorm, Inc. Telephone no ➤ (785) 273-5955 Located at ➤ \$500 SW 7th Street Topeka KS 12P-4 ➤ 66606 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of tax-exempt interest received or accrued during the year and enter the amount of the foundation (enter the amount of the foundation of the foundation (either directly or indirectly) The priviles of the foundation (either directly or indirectly) 13 During the year, and the foundation (either directly or indirectly) 14 During the year, and the foundation (either directly or indirectly) 15 Earth Yills Statements Reparding Activities for Which Form 4720 May Be Required 16 During the year, and the foundation (either directly or indirectly) 16 During the year, and the foundation (either directly or indirectly) 17 Earth Yills Statements and the season of property with a disqualified person? 18 During the yea	Part	VII-A Statements Regarding Activities (continued)	Γ		Ι
meaning of section 512(b)(13) / It* Yes,* attach schedule. See instructions 1 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 1 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 1 Website address. ► N.M. 1 The books are in care of ► McMonn, Inc. 1 Telephone no ► (785) 273-5055 1 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-evempt interest received or accrued during the year 1 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bark, securities, or other financial account in a foreign country? 1 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the amen of the foreign country. ► 1 Part VIEB. Statements Regarding Activities for Which Form 4720 May Be Required File Form 47201 any item is checked in the "Yes" column, unless an exception applies. 1 During the year, did the foundation (either directly) or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept time from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person for make any of either available for the benefit or use of a disqualified person? (6) Agree to pay money or property to a government official? (Exception, Check "No" fithe foundation agreed to make a grant to rote employ the official for a pend of the secondary of the acts states and the disqualified person? (6) Agree to pay money or property for a current notice regardi	44	At any time divine the year did the foundation divestily as indirectly, own a controlled entity within the		Yes	No
12 Dut the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions 13 Dut the foundation comply with the public inspection requirements for its annual returns and exemption application? 14 The books are in care of ▶ McMonn, Inc. Telephone no ▶ (785) 273-9055 15 Section 4847(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and enter the amount of fax-exempt interest received or accrued during the year and the fax an	11		11		l x
person had advisory privileges? If "Yes," attach statement. See instructions Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ NA 14 The books are in care of ▶ McMonn, Inc. Located at ▶ 5500 SW7 Its Street Typeke KS. ZIP+4 ▶ 666006 15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tex exempt interest received or accrued during the year and enter the amount of tex exempt interest received or accrued during the year 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country! ▶ Port VII-8 Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 If any Item is checked in the "Yes" column, unless an exception applies. 1 During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Format pooks, services, or facilities to (or accept them from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualided person for make any of either available for the benefit or use of a disqualified person for make any of either available for the benefit or use of a disqualified person? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation speed to make a grant to to to employ the official for a period after termination of government service, if terminating within 90 days.) 16 If any anaver is "Yes" in distribution of assets by a distribution of assets an	12		 -	-	 ^
Website address ► N/A. 14 The books are in care of ► McMomin inc. Located at ► 5500 SW/7hi Street Topeka KS. 27P44 ► 66606 15 Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VIII3 Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a penical after termination of government service, if terminating within 90 days) (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation section 54 4941(0):5 or in a current notice regarding disaster assistance? See instructions No (6) If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptiones decided, that were not corrected before the first day of the tax y		·	12		x
The books are in care of ▶ McMorn, Inc. Located at ▶ 5500 SW 7th Street Topeke KS Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and either the amount of tax-exempt interest received or accrued during the year 16 At any time during calendary ear 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and fling requirements for FinCEN Form 114. If "Yes," either the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 If any Item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person or for make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) b If any answer is "Yes" to 14(1)–(6), did any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year leginging in 2019 at the exceptions described and provide the first day of the tax year leginging in 2019 at 18 and	13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
Located at N 5500 SW 7th Street Topeka KS. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest recovered or accrued during the year 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VII-8 Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 10 During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception, Check "No" if the foundation agreed to make a grant to or to employ the official for a pencid after termination of government service, if terminating within 90 days) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 54441(6),30 in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions or grant provision of section 4942(6) (2) and a service of the service of the first day of the tax year beginning in 2019? 2 Taxes on failure to distribute income (secti					
Section 4947(a)(1) nonexempt chantable trusts fling Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and fling requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country. Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any Item is checked in the "Yes" column, unless an exception applies. 1a During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person?	14		3-505	5	
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			a		1
			4b		Х

Par	t VII-B	Statements Regarding Activities	for W	hich Form	4720 N	lay Be Re	equire	d (contii	nued)			
5a		the year, did the foundation pay or incur any			codion	4045(0))2		Yes	X No		Yes	No
		ry on propaganda, or otherwise attempt to il uence the outcome of any specific public ele						res	⊠ MO			
		ectly or indirectly, any voter registration drive	•	300 300((0)) 4	000), 01	to carry on	1	Yes	X No			
	(3) Pro	vide a grant to an individual for travel, study	, or oth	er sımılar pur	poses?			Yes	X No			
		vide a grant to an organization other than a tion 4945(d)(4)(A)? See instructions	charita	ble, etc , orga	anızatıoı	n described	l in	☐ Yes	X No			
		lyide for any purpose other than religious, ch poses, or for the prevention of cruelty to chil			terary, o	or education	nal	Yes	X No			
b		answer is "Yes" to 5a(1)–(5), did any of the t							ed in			
	•	itions section 53 4945 or in a current notice	•	•			truction	S	. —	5b	N/A	
С	If the a	zations relying on a current notice regarding nswer is "Yes" to question 5a(4), does the form the interest of the second second to the second	oundate r the gr	on claim exer ant?	nption f			☐ Yes	□ No	:		
6a	Did the	" attach the statement required by Regulation foundation, during the year, receive any fur bersonal benefit contract?				pay premiui	ms	☐ Yes	X No			
b	•	foundation, during the year, pay premiums,	directly	y or indirectly	on a p	ersonal ber	nefit cor	ntract?		6b		Х
	If "Yes'	to 6b, file Form 8870							_			
7a b		ime during the tax year, was the foundation a pa " did the foundation receive any proceeds o					e trans	∐ Yes action?	X No	7b	N/A	
8	Is the f	oundation subject to the section 4960 tax or	payme	ent(s) of more					_		147.	
Dor		eration or excess parachute payment(s) duri Information About Officers, Director			. mdoti	on Mono	L	Yes Liably B		ploye		
Par	t VIII	and Contractors	JIS, II	ustees, Fo	unuan	OII Wana	yers, r	nginy r	alu Elli	pioye	.es,	
1	List all	officers, directors, trustees, and foundat	ion ma	nagers and	their co	mpensatio	n. See	instruct	ions.			
		(a) Name and address	hou	e, and average irs per week ted to position	(If r	mpensation not paid, nter -0-)	empl	Contribution oyee benefit ferred comp	t plans	(e) Expe	ense ac allowan	
	M Morr SW 7th	s St Topeka, KS 66606	Presid	ent 10 00		0						
	• • • • • • • • • • • • • • • • • • • •											
2	Compe "NONE	ensation of five highest-paid employees (other t	han those in	cluded	on line 1—	-see in:	struction	s). If no	ne, ent	er	
	(a) Name	e and address of each employee paid more than \$50,000	_	(b) Title, and a hours per v devoted to pe	veek	(c) Comper	nsation	(d) Contrit employee plans and comper	e benefit deferred	(e) Expe	ense ac allowan	
NON	Ε									·		
							· 			_		
							_					
				-			•					
												
				<u> </u>		L		l	•			
Total	number	of other employees paid over \$50,000										

Form **990-PF** (2019)

Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Paid I	imployees,
3 Five highest-paid independent contractors for professional ser	vices. See instructions. If none, enter "NC	NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
McMorin, Inc		
5500 SW 7th Street, Topeka, KS 66606	Investment Consulting/Mgmt	285,372
occo off the ottook topolice, the occoo	Woodnest Golden g.m.g.m.	
· · · · · · · · · · · · · · · · · · ·		-
	••••	
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
		1
List the foundation's four largest direct chantable activities during the tax year. Include relevant organizations and other beneficianes served, conferences convened, research papers productions.		Expenses
1 N/A		-
		-
	· · -	
2		-
		-
		
3		-
		-
4		-
		-
D. C. V. D. C.		<u>_</u>
Part IX-B Summary of Program-Related Investments (se		
Describe the two largest program-related investments made by the foundation 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	<u> </u>	

om 99	00-PF (2019) Mark & Bette Morris Family Foundation	48-1077121	Page 8
Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations	<u> </u>
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	3,712,651
С	Fair market value of all other assets (see instructions)	1c	49,051,726
d	Total (add lines 1a, b, and c)	1d :	52,764,377
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	52,764,377
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	791,466
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4		<u>51,972,911</u>
6	Minimum investment return. Enter 5% of line 5	6	2,598,646
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation and certain foreign organizations, check here → □ and do not complete this part)	ns	
1	Minimum investment return from Part X, line 6	1	2,598,646
2a	Tax on investment income for 2019 from Part VI, line 5 2a 17,232		
b	Income tax for 2019 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	17,232
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,581,414
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,581,414
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	2,581,414
Part	XII Qualifying Distributions (see instructions)	.	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,706,400
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	2,706,400
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	17,232
6	Adjusted qualifying distributions. Subtract line 5 from line 4	<u> </u>	2,689,168
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whet	ner the founda	tion
	qualifies for the section 4940(e) reduction of tax in those years		

'art	XIII Undistributed Income (see inst <u>ructions)</u>				
	•		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from	Part XI.	00.500			
	line 7	,				2,581,414
2	Undistributed income, if any, as of the e	end of 2019			-	
а	Enter amount for 2018 only				0	
b	Total for prior years 20, 2	20, 20				
3	Excess distributions carryover, if an	· .				
а	From 2014	75,035				
b	From 2015	193,461				:
С	From 2016	30,929				
d	From 2017	46,855				
e	From 2018	104,617	150.007			
_f	Total of lines 3a through e	Dod VII	450,897			
4	Qualifying distributions for 2019 from	m Part XII,				
_	line 4 ▶ \$ 2,706,400 Applied to 2018, but not more than	line 2a				
	Applied to undistributed income of p	<u> </u>				
J	(Election required—see instructions					
С	Treated as distributions out of corpu	·				
•	required—see instructions)	(4			,	
d	Applied to 2019 distributable amount	nt 📙				2,581,414
е	Remaining amount distributed out of	_	124,986			
5	Excess distributions carryover appli	ed to 2019				
	(If an amount appears in column (d)), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column	n as				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Si		575,883			
b	Prior years' undistributed income S	Subtract		•		
	line 4b from line 2b			0		
С	Enter the amount of prior years' und					
	income for which a notice of deficie been issued, or on which the sectio					
	tax has been previously assessed	11 4342(a)				
d	Subtract line 6c from line 6b Taxab	le l	-	 -		
•	amount—see instructions	.				
е	Undistributed income for 2018 Sub	tract line		· ···		
	4a from line 2a Taxable amount—s	see	İ			
	instructions				0	
f	Undistributed income for 2019 Sub	tract lines				
	4d and 5 from line 1 This amount in	nust be				
	distributed in 2020	<u></u>				0
7	Amounts treated as distributions ou	- 1	1			
	to satisfy requirements imposed by	I			i	
	170(b)(1)(F) or 4942(g)(3) (Election	may be				
_	required—see instructions)	2044				
8	Excess distributions carryover from	1	75,035			
9	applied on line 5 or line 7 (see instr Excess distributions carryover to		75,035		-	
J	Subtract lines 7 and 8 from line 6a	. 2020.	500,848		1	
10	Analysis of line 9	F				
а	Excess from 2015	193,461	ļ		-	<u> </u>
b	Excess from 2016	30,929				1
C	Excess from 2017	46,855				, ,
d	Excess from 2018	104,617				1
е	Excess from 2019	124,986				

Part	XIV Private Operating Foundati	ons (see instru	uctions and Part	VII-A, question 9)		<u> </u>
1a	If the foundation has received a ruling or	determination le	etter that it is a priva	ate operating		
	foundation, and the ruling is effective for	2019, enter the	date of the ruling	▶ [
b	Check box to indicate whether the foundation	n is a private opera	ating foundation desc	cribed in section	4942(j)(3)	or 4942(J)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	each year listed					C
b	85% of line 2a					C
С	Qualifying distributions from Part XII,					
•	line 4, for each year listed					C
d	Amounts included in line 2c not used directly					
•	for active conduct of exempt activities					C
е	Qualifying distributions made directly					
·	for active conduct of exempt activities		/	1		
	Subtract line 2d from line 2c					C
3	Complete 3a, b, or c for the					
J	alternative test relied upon					
а	"Assets" alternative test—enter					
a	(1) Value of all assets	/				C
	(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 "Support" alternative test—enter		-		+	
С	(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 of more exempt					
	organizations as provided in					(
	section 4942(j)(3)(B)(iii)			 		
,	(3) Largest amount of support from					•
	an exempt organization					
000	(4) Gross investment income XV Supplementary Information	· (Complete th	is part only if the	ho foundation ha	d \$5 000 or more	in accete at
Part				ne iounuation na	u \$5,000 or more	t III assets at
	any time during the year—		115.)			
1	Information Regarding Foundation Ma List any managers of the foundation who		nd more than 2% of	f the total contribution	ns received by the f	oundation
а	before the close of any tax year (but onl					oundation
	before the close of any tax year (but on	y ii they have coi	nunbulea more mai	1 45,000) (566 3661)	011 307 (d)(Z))	
		400/	5.41 1 1 5 .			-646-
b						i or the
	ownership of a partnership or other entit	y) or which the it	oundation has a 10	76 or greater interest	Į.	
		0 10'61	0-1-11			
2	Information Regarding Contribution,					
	Check here ▶ X if the foundation on unsolicited requests for funds. If the foundation on the control of the co					
	conditions, complete items 2a, b, c, and	•	. •	individuals of organi	zations under other	
а	The name, address, and telephone num	iber or email add	ress of the person	to whom application	s should be address	sea
				 		
b	The form in which applications should b	e submitted and	information and ma	aterials they should i	nclude	
С	Any submission deadlines					
d	Any restrictions or limitations on awards	, such as by geo	graphical areas, ch	naritable fields, kinds	of institutions, or of	her
	factors					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient	Contribution			
a Paid during the year						
Morris Animal Foundation		PC	Animal Health Research	209,000		
10200 E Girard St						
Denver, CO 80231						
Kansas Children's Service League		PC	Restorative Education	260,000		
3545 SW 5th Ave						
Topeka, KS 66606						
Oak Hill School		PC	Capital Improvement Fund	56,000		
86397 Eldon Schaffer Dr						
Eugene, OR 97405						
University of Kansas Endowment Fund		PC	Scholarship Programs	53,000		
PO Box 928						
Lawrence, KS 66044						
First United Methodist Church		PC	Operation Support	80,000		
600 SW Topeka Blvd						
Topeka, KS 66603						
Dole Institute of Politics		PC	Program Funding	25,000		
2350 Petefish Dr						
Lawrence, KS 66045						
GraceMed		PC	Public Health Services	75,000		
1100 N Topeka				•		
Wichita, KS 67214						
Capper Foundation		PC	Disability Services	184,500		
3500 SW 10th Ave						
Topeka, KS 66606						
Topeka Symphony		PC	Performance Arts Programs	32,500		
PO Box 2206						
Topeka, KS 66601						
Topeka Community Foundation		PC	Public Support	400,000		
5431 SW 29th St	-			•		
Topeka, KS 66614						
Full Frame Documentary Film		PC	Program Support	5,000		
320 Blackwell St			lg.a cappan	-,		
Durham, NC 27701		ļ				
Total See Attached Statement			▶ 3a	2,706,400		
b Approved for future payment						
, p						
	Ì					
			<u> </u>			
Total			▶ 3b	0		

Pai	rt XVI-A Analysis of Income-Producing Ac	tivities			-	
Ente	er gross amounts unless otherwise indicated		siness income	Excluded by secti	on 512, 513, or 514	(-)
	,	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue					(See mondenous)
	b					
	d					
	e					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	317,236	
4 5	Dividends and interest from securities Net rental income or (loss) from real estate			14	317,230	
	a Debt-financed property				•	
•	 b Not debt-financed property Net rental income or (loss) from personal property 			<u> </u>		
6 7	Other investment income			14	414,567	
8	Gain or (loss) from sales of assets other than inventory			18	1,893,834	
9 10	Net income or (loss) from special events Gross profit or (loss) from sales of inventory	_				
11	Other revenue a					
	b					
	d					
	e					
	Subtotal Add columns (b), (d), and (e)		(2,625,637	(
	Total . Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations	:)			13	2,625,637
_	rt XVI-B Relationship of Activities to the A		ent of Exemp	t Purposes		
	e No. Explain below how each activity for which incon accomplishment of the foundation's exempt pur	ne is reported in co	olumn (e) of Part	XVI-A contributed	importantly to the	\
	▼ accomplishment of the foundation's exempt pur	poses (other than	by providing fund	is for such purpos	es) (See instruction)
		·			<u></u>	
			<u>-</u>			
					 	_
						· <u>·</u>
			<u> </u>		<u> </u>	

Firm's name Mark Young, CPA

Firm's address > 5500 SW 7th St, Topeka, KS 66606

Use Only

Part XVII	Information Regarding	Transfers to and	Transactions and	d Relationships \	With Noncharitable
	Exempt Organizations				

Part	XVI	Information Exempt Org		sfers to a	and Transa	ctions	and Re	elationships With None	charitable	
1	ın s	the organization d ection 501(c) (othe			-	_		ther organization described		Yes No
	_	anizations?								
а		· ·	orting foundation to	a nonchar	itable exempt	organi	zation of		10(1)	X
		Cash Other assets							1a(1) 1a(2)	 x
b		Other assets er transactions							18(2)	
D			a noncharitable exe	mnt organi	ization				1b(1)	Х
			ets from a noncharita			1			1b(2)	$\frac{1}{x}$
			equipment, or other	-	. organization	•			1b(3)	X
		Reimbursement ar							1b(4)	×
		Loans or loan guar	-						1b(5)	X
		-	rvices or membersh	ip or fundra	aising solicitat	tions			1b(6)	X
С	Sha	iring of facilities, ed	quipment, mailing lis	sts, other as	ssets, or paid	emplo	yees		1c	X
d								should always show the fair n		
	valu valu	e of the goods, other e in any transaction	er assets, or services of or sharing arrangement	given by the ent, show in	e reporting four o column (d) the	ndation e value	If the four	ndation received less than fa ods, other assets, or services	r market received	
(a) Line	e no	(b) Amount involved	(c) Name of non	chaпtable exe	empt organization		(d) Des	scription of transfers, transactions,	and sharing arrang	ements
								· -		
						-				
					-					
			<u></u>							
										
				-						
										
	-							·· ····		
2a	des	cribed in section 5	ctly or indirectly affilia 01(c) (other than see following schedule					exempt organizations	☐ Yes ∑	∏ No
<u> </u>		(a) Name of organ	<u>-</u>	1	(b) Type of organ	nzation		(c) Description of	of relationship	
		(a) Name of organ	_	†	(b) Type of organ	11200011	-	(0) 2000		
							-			
							-			
								to the best of my knowledge and belief,	it is true,	
Sign Here	<u> </u>	Botto M.	on of preparer (other than taxp. Movis	payer) is based or	11/14/2020	Pre	esident	w	lay the IRS discuss the other than the preparer show the preparer show the instructions are instructions.	
	l s	gnature of officer or trus Pnnt/Type preparer's		Prepare	Date Ps Annatus	Title		Date	PTIN	
Paid		1 '' '	o name	Fiehala	Mall E	1/	5	Check	<u>X</u>] if [045
Prepa	arer	Mark Young	Mark Young, CPA		100	_//		11/16/2020 self-emp	loyed P006110	545

Firm's EIN ► 83-2351929

Phone no.

785-271-1681

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

48-1077121

Mark & Bette Morris Famil	Foundation 48-1077121
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	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	s covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.
Special Rules	
regulations under 13, 16a, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, during contributions total during the year fo	the year, contributions exclusively for religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year.
Caution: An organization	hat isn't covered by the General Rule and/or the Special Rules doesn't 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 its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Mark & Bette Morris Family Foundation

Employer identification number
48-1077121

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Mark L Morris, Jr Trust 5500 SW 7th St Topeka KS 66606 Foreign State or Province Foreign Country	\$ 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
Mark & Bette Morris Family Foundation

Employer identification number 48-1077121

Part II	Noncash Property (see instructions) Use duplicate co	opies of Part II if additional space	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org	janization tte Morris Family Foundation				Employer identification number 48-1077121
Part III	Exclusively religious, charitable, etc., cor (10) that total more than \$1,000 for the year the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional se	ar from any ompleting Part (Enter this inf	one contributor. Comple III, enter the total of exclormation once See instru	ete colu lusivel	section 501(c)(7), (8), or umns (a) through (e) and y religious, charitable, etc ,
(a) No. from Part I	(b) Purpose of gift	•	Use of gift	(0	l) Description of how gift is held
	Transferee's name, address, and ZI		ransfer of gift Relationsl	hip of	transferor to transferee
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(с	Use of gift	(0	l) Description of how gift is held
			ransfer of gift	<u> </u>	
	Transferee's name, address, and ZI				transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(0	d) Description of how gift is held
		(e) T	ransfer of gift		
	Transferee's name, address, and ZI	P + 4	Relations	hip of	transferor to transferee
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(0	d) Description of how gift is held
	Transferee's name, address, and ZI		ransfer of gift Relationsl	hip of	transferor to transferee
	For Prov Country				

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

		8	0				_	24
Net Gam	or Loss	1,893,834				Net Gain	or Loss	-22,624
Net	orl	,			•		Adjustments	
ss, Expenses,	Adjustments	1,008,720	0				Depreciation	
Cost or Other Basis, Expenses,	Depreciation and Adjustments				Expense of Sate	and Cost of	Improvements	
SS	S	2,902,554	0			Valuation	Method	Market
Gross	Sales					Cost or	Other Basis	1,008,720
Totals		Capital Gains/Losses	Other sales			Gross Sales	Pnce	986,096
		ఔ				Date	Sold	5/14/2018 8/14/2019
						Date	Acquired	5/14/2018
						Acquisition	Method	Ь
				Check "X" if	Purchaser	es:	Business	X
							Purchaser	Public Market
					Check "X"	to include	in Part IV	X
	Amount	1,916,458	0				CUSIP#	
		Long Term CG Distributions	Short Term CG Distributions		_	•	Description	1 Carmenta Fund

Part I, Line 11 (990-PF) - Other Income

		414,567	398,567	0
		Revenue	-	
	•	and Expenses	Net Investment	Adjusted
	Description	per Books_	Income	Net Income
1	Vietnam Investments III	-202	-202	
2	Vector Capital	74,919	74,919	
3	Common Fund Natureal Resources IX	92,266	92,266	
4	Common Fund Secondary Partners II	9,344	9,344	
5	Morgan Creek Partners, III	-12,208	-12,208	
6	HA Select Merger Arbitrage Fund	-18,630	-18,630	
7	Balbec Insolve Global Credit	6,405	6,405	
8	Oak Street Emerging Manager	5,422	5,422	
9	HA Select Life Fund II	22,529	22,529	
10	JCR Real Estate Credit Fund	-15,968	-15,968	
11	Morgan Creek Partners - AEPB	165,390	165,390	
12	Prophecy Advisors	92,579	92,579	
13	Emergent Indonesia Fund	-40,816	-40,816	
14	Pravati IV	17,723	17,723	
15	Morgan Creek BRIC Private Fund	-186	-186	
16	Federal Income Tax Refund	16,000	0	

Part I, Line 16c (990-PF) - Other Professional Fees

•		582,589	582,589	0	0
		Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
	Description	Books	Income	Încome	(Cash Basis Only)
1	HA Select Life Fund II	61,924	61,924		0
2	CommonFund Natural Resource Fund IX	146,039	146,039		0
3	JCR Commercial Real Estate Fund	2,916	2,916		0
4	Morgan Creek Partners III	15,977	15,977		0
5	Vietnam Investments III	21,970	21,970		0
6	HA Select Merger Arbitrage Fund	78,819	78,819		0
7	Morgan Creek Private Opportunity-SPV Didi	5,496	5,496		0
8	Morgan Creek Private Opportunity-SPV AEPB	158,444	158,444		0
9	Turner Agassi Charter School Fund I	4,106	4,106		0
10	Turner Agassi Charter School Fund II	30,104	30,104		0
11	Morgan Creek BRIC Plus	1,943	1,943		0
12	CommonFund Secondary II	34,880	34,880		0
13	Oak Street Emerging Manager	10,611	10,611		0
14	Sciens Real Asset	9,360	9,360		0

Part I, Line 18 (990-PF) - Taxes

		8,831	8,831	0	0
		Revenue		-	Disbursements
		and Expenses	Net Investment	Adjusted	for Charitable
	Description	per Books	Income	Net Income	Purposes
1	Federal Excise Tax on Investment Income	0			
2	Kansas Income Tax	0			
3	Foreign Tax on Investment Income	8,831	8,831		

Part I, Line 23 (990-PF) - Other Expenses

•	٠.,	Enio zo (oco i i) otnoi Expenses				
			286,838	286,838	0	0
		Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	1	Investment Management Fees	285,372	285,372		
Γ	2	Office Expense	1,466	1,466		

Part II, Line 10b (990-PF) - Investments - Corporate Stock

		0	0	0	0
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg of Year	End of Year.
See Attached					

Part II, Line 10c (990-PF) - Investments - Corporate Bonds

			0	0	0	
	Interest	Maturity	Book Value	Book Value	LMV	FMV
Description	Rate	Date	Beg of Year	End of Year	Beg of Year	End of Year
Wells Fargo Advantage Ultra Short Term						

Part II, Line 13 (990-PF) - Investments - Other

		37,296,565	37,034,690	49,879,032
Asset Description	Basis of Valuation	Book Value Beg of Year	Book Value End of Year	FMV End of Year
Alpine Heritad	FMV	1,000,000	1,000,000	1,629,112
2 Turner-Agassi Charter School Fund	FMV	772,886	449,918	366,671
3 Morgan Creek BRIC Private	FMV	0	34,872	100,950
4 JCR Capital	FMV	784,050	502,162	636,798
5 Sloan Investment Fund	FMV	144,493	0	0
6 21VC Fund II	FMV	609,707	609,707	168,215
7 Skylands Harbour Fund	FMV	38,215	0	2,869,596
8 Morgan Creek Opportunity Fund	FMV	1,980,795	980,795	3,864,763
	FMV	570,353	547,735	7,709
10 Morgan Creek BRIC Fund	FMV	1,984,068	902,306	1,619,035
	FMV	1,033,001	701,620	916,265
_	FMV	1,241,390	0	0
13 Mill Creek Management	FMV	1,691,968	2,626,011	2,626,011
14 Prophecy Trading Advisors	FMV	1,189,642	1,282,221	1,660,871
	FMV	1,185,599	1,060,201	1,603,430
16 TCA Global Credit Fund	FMV	6,000,000	5,435,410	7,702,275
17 Turner Agassı II	FMV	418,483	521,350	693,641
18 AIM Ag Infrastructure Fund	FMV	164,954		0
19 CRG Partners III	FMV	1,033,456	1,144,311	1,391,766
20 Lunar Capital Partners IV	FMV	1,354,954	1,558,245	1,722,768
21 Sciens Real Assets Offshore	FMV	255,252		253,568
22 Vietnam Investments	FMV	478,657	563,729	601,815
23 Balbec Insolve	FMV	729,648	757,525	854,423
24 Emerald Creek	FMV	2,340,531	2,509,883	2,509,883
25 Emergent Indonesia Fund	FMV	616,681	890,198	738,825
_	FMV	979,555		1,674,667
27 SBC Latin America Housing	FMV	1,063,987	1,590,362	1,423,075
28 Carmenta	FMV	986,096		0
_	FMV	0	2,154,893	2,289,364
30 HASelect-Merger Arbitrage Fund	FMV	975,099	1,019,200	1,126,700
	FMV	947,313	923,788	1,547,426
	FMV	800,000	789,328	1,000,664
33 Morgan Creek Private Opp - Didi	FMV	993,727	988,231	1,076,502
	FMV	0	7,500	297,290
	FMV	506,137	607,370	685,866
\neg	FMV	1,000,000	203,518	261,742
	FMV	425,868	773,666	1,076,292
38 Vector Capital	FMV	1,000,000	1,084,349	1,073,907
-1	FMV	0	608,234	814,448
40 Pravatı Capıtal IV	FMV	0	1,014,412	992,699

Part IV (990-PF) - Capital Gains and Losses for Tax on Investment Income

Long Term CG Distributions	1,916,458												
Short Term CG Distributions	0				980'986	0	0	1,008,720	-22,624	0	0		-22,624
								Cost or Other		FMV	Adjusted Basis	Excess of FMV	Gains Minus
		Acquisition	Date	Date	Gross	Depreciation		Basis Plus		as of	as of	Over	Excess FMV Over
Description of Property Sold	CUSIP#	Method	Acquired	Sold	Sales Price	Allowed	Adjustments	Expense of Sale	Gain or Loss	12/31/69	12/31/69	Adjusted Basis	Adj Basis or Losses
1 Carmenta Fund		Ь	5/14/2018	8/14/2019	960'986			1,008,720	-22,624	ō	0		-22,624

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										0	0	O	
		Check "X"				,			Avg Hrs			Expense	
	Name	f Business	Street	City	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account	
Be	tte M Moms		5500 SW 7th St	Topeka	KS	90999		President	10 00	0	0	0	•
											•	_	
_				_								_	

4720 Form

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No 1545-0052

Department of the Treasury

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

▶ Go to www.irs.gov/Form4720 for instructions and the latest information. Internal Revenue Service For calendar year 2019 or other tax year beginning , 2019, and ending 20 Employer identification number Name of omanization or entity 48-1077121 Mark & Bette Morris Family Foundation Number, street, and room or suite no (or PO box if mail is not delivered to street address) Check box for type of annual return Form 990 Form 990-EZ X Form 990-PF Other City or town, state or province, country, and ZIP or foreign postal code Form 5227 Topeka, KS 66606 Yes No Is the organization a foreign private foundation within the meaning of section 4948(b)? X Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction > \$ If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions) Part Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a)) Tax on undistributed income—Schedule B, line 4 1 1 2 2 Tax on excess business holdings—Schedule C, line 7 Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e) 3 3 4 Tax on taxable expenditures—Schedule E, Part I, column (g) 5 Tax on political expenditures—Schedule F, Part I, column (e) 5 6 Tax on excess lobbying expenditures—Schedule G, line 4 6 7 7 Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e) Tax on premiums paid on personal benefit contracts 8 8 Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h) 9 9 Tax on taxable distributions—Schedule K, Part I, column (f) 10 10 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2 12 12 Tax on excess executive compensation—Schedule N 13 13 14 Tax on net investment income of private colleges and universities—Schedule O 14 15 0 Total (add lines 1-14) Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)) (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number а b C (d) Tax on investments that jeopardize (c) Tax on self-dealing-Schedule A, (e) Tax on taxable expenditures-(f) Tax on political expenditurescharitable purpose—Schedule D. Schedule F, Part II, col (d) Part II, col (d), and Part III, col (d) Schedule E. Part II. col (d) Part II, col (d) а b C 0 0 Total (h) Tax on excess benefit (i) Tax on being a party to prohibited (j) Tax on taxable distributions-(g) Tax on disqualifying lobbying transactions-Schedule I. Part II. col tax shelter transactions—Schedule J. Schedule K. Part II, col (d) expenditures-Schedule H, Part II, col (d) (d), and Part III, col (d) Part II, col (d) а b C Total (k) Tax on prohibited benefits-Sch L. (I) Total-Add cols (c) through (k) Part II, col (d), and Part III, col (d) 0 а

0

0

0

b

C

Total

Part II-E	Summary of Tax	es (See Tax Pay	ments in the	instructions)			
				agers, self-dealers, disqualified			
pe	rsons, donors, donor advis	sors, and related pe	ersons who sign	this form. If all sign, enter the			
tota	al amount from Part II-A, o	column (I)				1	
	tal tax. Add Part I, line 15					2	0
	tal payments including am	•	•	-		3	
	x due. If line 2 is larger that					4	0
5 Ov	rerpayment. If line 2 is sm				<u> </u>	5	0
				n Self-Dealing (Section 49	941)		
Part I	Acts of Self-Dea	ling and Tax Co	mputation				
(a) Act number	(b) Date of act			(c) Description of act			
1							
2							
3							
4						- -	
5		T:			1		
	ion number from Form 990-PF, I-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount invol	ved in act	(f) Initial tax on self-dealer (10% of col (e))			on foundation managers (if e) (lesser of \$20,000 or 5% of col (e))
				0			0
				0			0
				0			0
				0			0
				0	<u> </u>		0
Part II	Summary of Tax	Liability of Self	-Dealers and	Proration of Payments			···
	(a) Names of self-dealers liab	ole for tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	•		(d) Self-dealer's total tax liability (add amounts in col (c)) (see instructions)
						_	0
				- 			
							0
	-						
				- 		1	
							0
			_				
							0
Part III	Summary of Tax	Liability of Fou	indation Man	agers and Proration of Pa	ayme	nts	
	(a) Names of foundation manager	s liable for tax	(b) Act no from Part I, col (a)	(c) Tax from Part I, col (g) or prorated amount			(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				- 			^
			 			+	0
							0
			1			\top	
·							0
				istributed Income (Section	n 494	2)	
	-	•		for 2019, Part XIII, line 6d)			
	ndistributed income for 20	•			2	2	
			year beginning	in 2019 and subject to tax	.	,	0
un	der section 4942 (add line	es 1 and 2)	- 4			<u>.</u>	0

SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)

D:	lings and Computat	Tan		
DUSINESS HOR	iiiiis ano Comioniai	ICHI CH LAX		

If you have taxable excess holdings in more than one business enterprise	e, attach a separate	schedule for each	enterprise	Refer to the
instructions for each line item before making any entries				

Name and address of business enterprise

		<u> </u>						
Employe	er ide	entification number					•	
Form of	ente	rprise (corporation,	partnership, trust, joint ver	nture, sole	e propriet	orship, etc)	•	
					(profits	(a) ng stock s interest or cial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1 F	ound	ation holdings in bu	usiness enterprise	1		%	%	
2 P	ermi	tted holdings in bus	iness enterprise	2		%	%	
3 V	alue	of excess holdings	ın busıness enterprise	3				
d	ays,	or, other value of ex	disposed of within 90 kcess holdings not ix (attach statement)	4				
	Taxable excess holdings in business enterprise- line 3 minus line 4		5		0	0	0	
6 T	Tax— Enter 10% of line 5		6		0	0	0	
			on line 6, columns (a), ere and on Part I, line 2	7		o		
	;	SCHEDULE D-	Initial Taxes on Invest	ments T	hat Jeo	pardize Cha	ritable Purpose (Section 4944)
Part I		Investments an	d Tax Computation					
(a) Investi numbe		(b) Date of investment	(c) Description of in	vestment		(d) Amount of investment	(e) Initial tax on foundation (10% of col (d))	(f) initial tax on foundation managers (if applicable)— (lesser of \$10,000 or 10% of col (d))
1							0	0
2							0	0
3							0	
4						 		
5			L			<u> </u>	0	
Total—	Colu	mn (e) Enter here	and on Part I, line 3				0	

Part II	Summary of Tax Liability of Foundation	Managers a	nd Proration of Payments	
	(a) Names of foundation managers liable for tax	(b) Investment no from Part I, col (a)	(c) Tax from Part I, col (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
				0
				0
				0
			<u>-</u>	Form 4720 (2019)

Total— Column (f) Enter total (or prorated amount) here and in Part II, column (c), below

0

Form 4720 ((2019) Mark & B	ette Morris Family I	Foundation					48-1077121 <u>Pa</u>	ige 4
		SCHEDULE E-	-Initial Tax	es on Taxable	Expe	enditures	(Section 4945)	·	
Part I	Expenditures	and Computati							
(a) Item number	(b) Amount	(c) Date paid or incurred		Name and address of	recipient	1		of expenditure and purposes or which made	
1									
2			 						
3 4									
 5									
	stion number from Form 9 5227, Part VI-B, applicable		(g) In	nitial tax imposed on f (20% of col. (b))		n 	managers (x imposed on foundation (if applicable)—(lesser of 00 or 5% of col (b))	_
						0			C
						<u>.</u> 0			٠
	********					<u>0</u>			
	••					o			<u>Q</u>
Total— C	Column (g) Enter he	ere and on				0			
Total— C	Column (h) Enter to	tal (or prorated amo	ount) here an	d in Part II, colur	nn (c),				C
Part li	Summary of	Tax Liability of I	Foundation	n Managers ar	nd Pro	ration o	f Payments		
		on managers liable for ta		(b) Item no from Part I, col (a)		(c) Tax from	Part I, col (h), or ed amount	(d) Manager's total tax liabil (add amounts in col (c)) (see instructions)	
						_			
									C
								C	
									_
		SCHEDULE F-	-Initial Taxe	 es on Politica	Expe	enditures			
Part I	Expenditures	s and Computati		<u> </u>	- Apc	, , , , , , , , , , , , , , , , , , ,	<u> </u>		
(a) Item number	(b) Amount	(c) Date paid or incurred		on of political expend	ıture	organiz	ual tax imposed on eation or foundation 0% of col (b))	(f) Initial tax imposed on managers (if applicable) (les of \$5,000 or 21/2% of col (b	ser
1							0		C
2							0		C
3							0		C
<u>4</u> 5							<u>0</u> 0		0 0
	Column (e) Enter he	ere and on Part I, Iir	ne 5				0		
Total— (Column (f) Enter tot	al (or prorated amo	unt) here and	d in Part II. colum	n (c). t	below			C
Part II							Managers and	Proration of Paymer	nts
		anization managers or nagers liable for tax		(b) Item no from Part I, col (a)	1		Part I, col (f), or ed amount	(d) Manager's total tax liabil (add amounts in col. (c)) (see instructions)	
									C
						· · · · · · · · · · · · · · · · · · ·			c
									

	<u>_</u>	CHEDULE G	—Tax on Exce	ess Lobbying I	expenditur	es (Section 491	1)	т	
	•	•	•	entaxable amount e instructions befo	•		1		
				able amount (from tions before maki		(Form 990 or	2		
3 Exces	s lobbying exper	nditures—enter t	he larger of line	1 or line 2			3		0
4 Tax—	Enter 25% of line	e 3 here and on	Part I. line 6				4		0
				alifying Lobby	ing Expend	litures (Section	4912	2)	
Part I	Expenditure	s and Compu	tation of Tax		•				
a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of	flobbying expenditure:		ax imposed on tion (5% of col. (b))		ax imposed on organization anagers (if applicable)— (5% of col. (b))	'n
1						0			0
2						0			0
3						0 0			<u>0</u> _
5						 0			0
									Ť
Гotal— Col	lumn (e) Enter l	nere and on Part	: I, line 7			0			
				nd in Part II, colum					0
Part II	Summary of	Tax Liability	of Organization	on Managers a	nd Proration	on of Payments			—
(a) Names of organization managers liable for tax				(b) Item no from Part I, col (a)		Part I, col (f), or led amount		Manager's total tax liability add amounts in col. (c)) (see instructions)	,
							0		
				-	'				_ -
									0
				}					
									0
,					it Transact	ions (Section 4	958)		
Part I	Excess Bene	efit Transaction	ons and Tax C	omputation					
(a) Transaction number	(b) Date of transac	etion		(c) D	escription of trans	saction			
1							-		
<u>2</u>	.								
3 4									
 5									
((d) Amount of excess	benefit	(e) Initial	tax on disqualified per (25% of col. (d))	rsons	(ıf ap	plicable	zation managers b) (lesser of % of col (d))	
					0				0
			_		0			·	0
					0				0
		· ··			<u>0</u> 0				<u>0</u> _
			L		ŲΙ	- -		Farm 4720 (2)	<u> </u>

Continue of dissipatified persons liable for tax OPATHUS (Names of dissipatified persons liable for tax OPATHUS (Names of dissipatified persons liable for tax OPATHUS (Names of dissipatified persons liable for tax OPATHUS (Names of dissipatified persons liable for tax OPATHUS (Names of Soft(S)) OPATHUS					it Transactions (Section 495	8) Continued
(a) Names of disqualified persons lable for tax (b) (a) Part (cot (c)) (b) (c) Part (cot (c)) (c) (c	Part II	Summary of Tax	Liability of Disqualit	ied Persons	and Proration of Payments	
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers labele for fax (b) Tome no free Fart I. col. (a) Ce) Tax free Part I. col. (b) Ces mistructions Ces instructions Comment (d) Managers total lax liability (see instructions) O O O O O O O O O O O O O		(a) Names of disqualified per	sons liable for tax			liability (add amounts in col. (c))
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers labele for fax (b) Tome no free Fart I. col. (a) Ce) Tax free Part I. col. (b) Ces mistructions Ces instructions Comment (d) Managers total lax liability (see instructions) O O O O O O O O O O O O O						
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers labele for fax (b) Tome no free Fart I. col. (a) Ce) Tax free Part I. col. (b) Ces mistructions Ces instructions Comment (d) Managers total lax liability (see instructions) O O O O O O O O O O O O O						
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax (b) Tans. no from Cert. (c) (c) Tax From Part. (cd) (f), (g) Advantager's total tax liability of provided arround. (go arrounds and coil (c) (gen instructions)) SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (e) Contraction (h) Transaction (h) Transacti						
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax (b) Tans. no from Cert. (c) (c) Tax From Part. (cd) (f), (g) Advantager's total tax liability of provided arround. (go arrounds and coil (c) (gen instructions)) SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (e) Contraction (h) Transaction (h) Transacti						
Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers labele for tax (b) 1/2 nar from Part Lost (f). (c) 1/2 for from Part Lost (f).						0
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(a) Names of \$01(c)(3), (c)(4) & (c)(29) organization managers liable for tax (b) Trans no from Part I, col (ii) (c) Tax from Part I, col (iii) (dad amounts in col (ci)) (add	Part III	Summary of Tax	Liability of 501(c)(3)	(c)(4) & (c)(_⊥ 29) Organization Managers	
SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions) (a) Transaction (b) Transaction date (c) Type of transaction 1—Listed 2—Subsequently isted 3—Confidential 4—Contractual protection 1				(b) Trans no from	n (c) Tax from Part I, col (f),	(d) Manager's total tax liability (add amounts in col. (c))
SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions) (a) Transaction (b) Transaction date (c) Type of transaction 1—Listed 2—Subsequently isted 3—Confidential 4—Contractual protection 1			. , ,			
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SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965) Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity (see instructions) (a)						
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(see Instructions) (c) Type of transaction 1—Listed 1—Listed 3—Confidential 4—Contractual protection 1		SCHEDULE J—	Taxes on Being a Pa	rty to Prohib	ited Tax Shelter Transaction	s (Section 4965)
Total—Column (h) Enter here and on Part I, line 9 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection 1	Part I		elter Transactions (P1	rst) and Tax	Imposed on the Tax-Exemp	t Entity
2 3 4 5 (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributable to the PTST (g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see instructions) (h) Tax imposed on the tax-exempt entity (see instructions)	Transaction		1—Listed 2—Subsequently listed 3—Confidential		(d) Description of trans	action
4 (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributable to the PTST (g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see instructions) (h) Tax imposed on the tax-exempt entity (see instructions)	1					
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(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributable to the PTST (g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see instructions) (h) Tax imposed on the tax-exempt entity (see instructions)	3					
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No Total— Column (h) Enter here and on Part I, line 9	4					
have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributable to the PTST (g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see instructions) (h) Tax imposed on the tax-exempt entity (see instructions) (n) Tax imposed on the tax-exempt entity (see instructions)	5					
	have reas was a PTS	on to know this transaction T when it became a party to		able to		
	Total— Co	olumn (h) Enter here ar	nd on Part I, line 9			0

Part II	Tax Impo	sed on Entity Managers (Sect	tion 4965) <i>Col</i>	ntın	ued			
	(a) Nan	ne of entity manager	(b) Transaction number from Part I, col (a)		(c) Tax—enter \$20,000 for each ansaction listed in col. (b) for ea manager in col. (a)		(d) Manager's total tax liability (add amounts in col (c))	
	· ·							
								_
								0
								0
								_
								0
								0
								_
	CHEDIN	E K—Taxes on Taxable Distril	hutions of Sr		eoring Organization	e Ma	intaining Donor	0
•	SCHEDUL	Advised Funds (3 IVIC	initalining Dolloi	
Part I	Taxable [Distributions and Tax Comput						_
(a)		(b) Name of sponsoring organization ar			(c) De	scrintin	on of distribution	
Item number		donor advised fund		_		3011ptil		
1								
2								
		· ·		\dashv	<u></u>	-		
3								
4								
(d) Date of	distribution	(e) Amount of distribution	on	1	(f) Tax imposed on organization (20% of col (e))		(g) Tax on fund managers (lesser of 5% of col (e) or \$10,000)	
				\dashv	0		Ψ10,000)	0
					0			0
					0			0
	•				0			0
		here and on Part I, line 10		į	0			_
		r total (or prorated amount) here an						0
Part II	Summary	of Tax Liability of Fund Man	agers and Pr	гога Т	ition of Payments		(A) \$4	_
	(a) Name of f	und managers liable for tax	(b) Item no from Part I, col (a)	(c)) Tax from Part I, col (g) or prora amount	ated	(d) Manager's total tax liability (add amounts in col (c)) (see instructions)	
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48-1077121

Mark & Bette Morris Family Foundation

Part I	Prohibited Benefits		e the instructions.				
	,	T Tax Computation	<u></u>				
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit					
1							
2							
3			,				
<u></u>							
4							
5							
(d) Amount of prohibited benefit			or advisors, or related persons (d)) (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)			
			0	0			
			0				
			. 0	0			
	····		0	0			
	4=		0	0			
Part II	Summary of Tax Lia	bility of Donors, Do	nor Advisors, Related I	Persons, and Proration of Payments			
(a) Names of donors, donor advisors, or related persons liable for tax		(b) Item no from Part I, col (a)	(c) Tax from Part I, col (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)			
							
				0			
				0			
	<u> </u>						
			_	0			
				_			
Dord III	Common of Tou Lie	hility of Francisco	name and Dramation of D	0			
Part III	Summary of Tax Lia	Dility of Fund Wana	gers and Proration of P	rayments			
(a) Nam	es of fund managers liable for tax	(b) Item no from Part I, col (a)	(c) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)			
				•			
				0			
				0			
				_			
		 		0			
			l l				

9) Mark & Bette Morris Family Foundation 48-1077'
Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs

				ctions 49 <u>59</u> and 50)1(r)(3)). (S	ee ins	tructions)			
Part I	Failures to N	Meet Section	501(r)(3)		;	_				
(a) Item number	(b) Name of ho	spital facility	(c) Description of the failure			(d) Tax year hospital facility last conducted a CHNA		a i	(e) Tax year hospital facility last adopted an implementation strategy	
1	-									
2										
3										
4		-								
5										
Part II	Computation	n of Tax								
1 Nu	mber of hospital fa	acılıtıes operate	d by the hospital org	janization that failed t	o meet the C	Commu	nity			
He	alth Needs Assess	sment requirem	ents of section 501(r)(3)				1		
2 Ta	x-Enter \$50,000 n	nultiplied by line	1 here and on Part	I, line 12				2	0	
	SCHEDUL	E N—Tax on	Excess Executi	ve Compensation	(Section 4	960)	(See instru	uctio	ns.)	
(a) item number	(b) Name of covered employee		(c) Excess remuneration		(d) Excess parachute payment			(e) Total Add column (c) and (d)		
1										
2										
3										
4										
5										
6	Attachment, if ne		structions							
	(add column (e) ite							\perp	0	
Tax.			ere and on Part I, lin			••			0	
	SCHEDULI	E O—Excise		stment Income of	Private Co	ollege	s and Uni	vers	ities	
		1		Section 4968) (c) Gross	(d) Capita	<u> </u>	(e) Administr	ative	Τ	
		(a) Name	(b) EIN	investment			expenses allo		(f) Net investment income (See	
				income (See	net		to income included		instructions)	
1	Edina			instructions)	income		ın cols (c) an	ia (a)	 	
'	Filing Organization									
2	Related									
_	Organization									
3	Related									
	Organization									
4	Related									
-	Organization	•								
	 	<u> </u>								
5	Total from attachment, if necessary									
6	Total			0		0		C	0	
										
7	Excise Tax on Ne	t Investment Inc	come Enter 1 4% of	the amount in 6(f) he	ere and on P	art I, lır	ne 14		0	
			-						Form 4720 (2019)	

Form 4720 (2019)	Mark & Bette Morris Family Fo	undation		48-1077121	Page 10			
_	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.							
·	Signature of officer or trustee		Title	Dat	e			
	Signature (and organization or entity na advisor, or related person	ame if applicable) of manager, self-dealer, dis	equalified person, donor, don	nor Dat	te			
Sign Here	Signature (and organization or entity na advisor, or related person	ame if applicable) of manager, self-dealer, dis	equalified person, donor, don	nor Dat	de			
	Signature (and organization or entity na advisor, or related person	ame if applicable) of manager, self-dealer, dis	squalified person, donor, don	nor Dat	te			
	Signature (and organization or entity na advisor, or related person	nor Dat	de					
	May the IRS discuss this return with the prepa	Yes	No					
Paid	Print/Type preparer's name Mark Young	Preparer's signature	Date 11/16/2020	Check X if self-employed P0061	1045			
Preparer Use Only	Firm's name Mark Young, CPA	Firm's EIN ▶ 83-2351929						
USE UTILY	Firm's addmas . FEOO CIM 7th Ct 7	Phone no. 795 271 1691						

Form **4720** (2019)