GINOLI & COMPANY LTD, CPA'S 7625 N. UNIVERSITY, SUITE A PEORIA, ILLINOIS 61614-8303 PHONE (309) 671-2350 FAX (309) 671-5459

October 30, 2020

MORTON COMMUNITY FOUNDATION 135 S FIRST AVE MORTON, IL 61550-2035

Dear Mr. Witzig:

Enclosed is the organization's 2018 Exempt Organization return. The state Exempt Organization Annual Report is also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

ILLINOIS FORM AG990-IL:

The Illinois Form AG990-IL should be mailed as soon as possible to:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Enclose a check or money order for \$115, payable to Illinois Charity Bureau Fund.

The report should be signed and dated by the authorized individual(s).

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Yours Truly,

GINOLI & COMPANY LTD, CPA'S

	OMB	No.	1545-	1878
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Department of the Treasury	▶ Do	not send to the IRS. Keep	for your records.	1	2018
Internal Revenue Service	▶ Go to ww	w.irs.gov/Form8879EO for	the latest information.		
Name of exempt organization				Employer id	lentification number
MORTON COMMUN	ITY FOUNDATION			37-13	97503
Name and title of officer					
SCOTT WITZIG					
EXECUTIVE DIRE	SCTOR Return and Return Infor	motion			
on line 1a, 2a, 3a, 4a, or 5a	rn for which you are using this i a, below, and the amount on th ank (do not enter -0-). But, if you	at line for the return being f	filed with this form was blank, th	nen leave lin	e 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	▶ X b Total revenue	e, if any (Form 990, Part VIII	, column (A), line 12)	1b	666,983.
2a Form 990-EZ check her			ine 9)		
3a Form 1120-POL check			2)		
4a Form 990-PF check her	re 🕨 🗌 b Tax base	d on investment income (F	Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	b Balance Due	(Form 8868, line 3c)		5b _	
Double Dooloyet	an and Ciamatura Author	wineties of Officer			
	on and Signature Author I declare that I am an officer of				
(a) an acknowledgement of the date of any refund. If ac debit) entry to the financial return, and the financial insi 1-888-353-4537 no later tha processing of the electronic	er, transmitter, or electronic ret receipt or reason for rejection oplicable, I authorize the U.S. T institution account indicated in itution to debit the entry to this in 2 business days prior to the payment of taxes to receive c personal identification number lectronic funds withdrawal.	of the transmission, (b) the reasury and its designated late tax preparation softwar s account. To revoke a payr payment (settlement) date. onfidential information nece	reason for any delay in proces: Financial Agent to initiate an ele re for payment of the organizati ment, I must contact the U.S. Ti I also authorize the financial ins essary to answer inquiries and re	sing the retu ectronic fund on's federal reasury Fina titutions inv esolve issue	Irn or refund, and (c) ds withdrawal (direct taxes owed on this ncial Agent at olved in the s related to the
Officer's PIN: check one b	ox only				
X lauthorize Gir	noli & Company L	td,CPA's	t	o enter my F	PIN 56456
		ERO firm name			Enter five numbers, bu do not enter all zeros
is being filed with enter my PIN on t As an officer of th	on the organization's tax year 20 a state agency(ies) regulating on the return's disclosure consent the organization, I will enter my F this return that a copy of the ret	charities as part of the IRS f screen. PIN as my signature on the o	Fed/State program, I also autho organization's tax year 2018 ele	rize the afor	a copy of the return rementioned ERO to filed return. If I have
	ter my PIN on the return's distil			, ,	
Officer's signature	ROSO WI	ters	Date > _ \	13/2	070
Part III Certificati	ion and Authentication				
	r six-digit electronic filing identi	ification			
	our five-digit self-selected PIN.		37134456151 Do not enter all zeros		
	eric entry is my PIN, which is m I this return in accordance with Returns.				
	7.20	11			

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2018)

Extended to May 15, 2020

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number X Address change MORTON COMMUNITY FOUNDATION Name change **-***7503 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 135 S FIRST AVE (309) 291 - 0434City or town, state or province, country, and ZIP or foreign postal code 681,766. G Gross receipts \$ Amended return 61550-2035 MORTON, IL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SCOTT WITZIG for su ordin tes? Yes X No H(b) Are a o nates in uded? Yes 135 S FIRST, MORTON, IL 61550 Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," a ch list. (see instructions) J Website: ▶ www.mortoncommunityfoundation.org **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation ☐ Trust [Other > L Year of for tion: 2000 M State of legal domicile: IL Association Part I Summary Briefly describe the organization's mission or most significant activities: The mission of the Morton **Activities & Governance** Community Foundation is to improve the quality of life for Morton if the organization discontinued its operations or disposed of than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 38 7h **Current Year Prior Year** 379,540.1,303,888. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 296,180. 197,877.10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, d 11e) 69,449. 89,566. 11 1,669,517. 666,983. Total revenue - add lines 8 through 11 (must equal Part VIII, colum (A), line 12) 12 356,214. 379,066. Grants and similar amounts paid (Part IX, column (A) lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column), line 14 126,644. Salaries, other compensation, employee benefits Part IX, co umn (A), lines 5-10) 133,830. 16a Professional fundraising fees (Part IX, column (A), e 11e) **b** Total fundraising expenses (Part IX, column ne 25) 91,758. 104,198. 17 Other expenses (Part IX, column (A), line 11a-11d, 1f-24e) 617,094. 574,616. 18 Total expenses. Add lines 13-17 (must e | Part IX column (A), line 25) 1,094,901. 49,889. Revenue less expenses. Subtract line 18 from n 12 **Beginning of Current Year End of Year** 28 5,982,098. 6,107,452. 20 Total assets (Part X, line 16) 70,605. 302,845. 21 Total liabilities (Part X, line 26) 三年 911,493. 5,804,607. 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block 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 officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SCOTT WITZIG, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Mark Reinken 10/30/20 self-employed Mark Reinken P00079028 Paid Firm's name Ginoli & Company Ltd, CPA's Firm's EIN ▶ **-***6622 Preparer Firm's address > 7625 N University Ste A Use Only

Peoria, IL 61614-8303

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Phone no. (309)671-2350

Check it Schedule O contains a response or note to any view in this Part III Shelly describe the organization mission: The mission of the Morton Community Foundation is to improve the quality of life for Morton area residents, now and for generations to come. We do this byBuilding community endowment; Investing in our community through strategic grant making; Turning donors' charitable In the organization contente are say significant program services during the year which were not listed on the prior Form 900 are 900-E27 In the organization coses conducting, or make significant changes in how it conducts, any program services? Ves No If Yes, 'describe these changes on Schedule O. Discribe these changes on Schedule O. Discribe these changes on Schedule O. The conducts of the organization's program service accomplishments for each of its three largest program services, a medium of revenue, if any, for each program service accomplishments for each of its three largest program services, and revenue, if any, for each program service accomplishments for each of its three largest program services, and revenue, if any, for each program service seroted. Chank	rai	otatement of Frogram Service Accomplishments
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quality of life for Morton area residents, now and for generations to come. We do this byBuilding community endowment; Investing in our community through strategic grant making; Turning donors' charitable 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 e 990 E27 If Yes, 'describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1	
come. We do this byBuilding community endowment; Investing in our community through strategic grant making; Turning donors' charitable 2 Did the cognization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27		
community through strategic grant making; Turning donors' charitable 2 bid the organization undertake any significant organizations are required to the prior form 980 or 980-E27 If 'Yes', 'describe these new services on Schedule O. 3 bid the organization cease conducting, or make significant changes in how it conducts, any program services?		quality of life for Morton area residents, now and for generations to
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990E2?		come. We do this byBuilding community endowment; Investing in our
price from 980 or 980-E27 Yes No If Yes, 'describe these new services on Schedule O. If Yes, 'describe these new services on Schedule O. Other organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If Yes, 'describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services. If see a program services of the prog		
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3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?
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4 Describe the organization's program service accomplishments for each of its three largest program services, smeak used by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to service in the 1 expenses, and revenue, if any, for each program service reported. 46 (code:)(supermose) 482,039	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
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4e Total program service expenses ► 482,039.	, ,	
	40	

Form 990 (2018) MORTON COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		, v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have teright to		v	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S hedu D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		 ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		x
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, ve as a sodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or bt neg ation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily re c ed endowments, permanent		х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complet Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pa X, lin 0? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in _art X,12 that is 5% or more of its total	11a	25	
D		11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - program related in art X, li e 13 that is 5% or more of its total	110		1
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 1	11c		x
ч	Did the organization report an amount for other assets in Part X line 15 tha 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, lin 5? If "Yes," complete Schedule D, Part X	11e	Х	
f		<u> </u>		
	the organization's liability for uncertain tax positions under FI 8 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent a dited finan all statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated ndent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "N " to line 1 then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in sec n 170(b))(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employe o agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2018) MORTON COMMUNITY FOUNDATION
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to dease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in rior year and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ If "Yes, mplete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or pay bles any c rrent or			
	former officers, directors, trustees, key employees, highest compensated employees, or dis ed persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, truste key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% ontrolled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (se. Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," c mplete Sc edule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key emp yee? "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key e loyee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete S h d l L rt IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash cont utions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, ther similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve a d ceas perations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or tra fer mor than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity sregarde as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes comple Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt o x ble entity? If "Yes," complete Schedule R, Part II, III, or IV, and			177
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par		_ 50	-2	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.03	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
			000	(2010)

Form 990 (2018) MORTON COMMUNITY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country:			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F AR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did on the color work works, the consequention that it was an in a work to a washington to the day and the day and the day and the day of the d	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contractions of			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo a d services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal prope y for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly n a per nal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual propert did the o anization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or oth vehicle did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a nor advised fund maintained by the	0		Х
9	sponsoring organization have excess business holdings at any time during year? Sponsoring organizations maintaining donor advised funds.	8		- 22
a	Did the consequence of the conse	9a		Х
b	Did the sponsoring organization make any taxable distributions under ction 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on P rt VIII, line 2			
b	Gross receipts, included on Form 990, Part VIII, line 1 for pub c use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholder			
b	Gross income from other sources (Do not ne mounts ue or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand 13c			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to mile da, db, di 100 bolom, documento in dinatantea, produces, di changes in dondario d.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			·
4.	Enter the number of voting members of the governing body at the end of the tax year 14		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
L				
b	, , , , , , , , , , , , , , , , , , , ,	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct sup rvision	2		
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4		4		X
5		5		X
6		6		X
о 7а		-		
1 a	was a second and a fitter and a second in a fit of	7a		x
h		<u> 7a</u>		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following:	/ b		1
		8a	Х	
a b		8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A o cannot be reached at the	OD	- 21	
3		9		X
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule tion B. Policies (This Section B requests information about policies not re i ed by the Internal Revenue Code.)		l	
	(This Section B requests information about policies not remarked by the litternal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures govern the ac vities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organi on's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all mem rs of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monito and e rce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower poli ?	13	Х	
14	Did the organization have a written document r n and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contempor ous su tantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top minagement official	15a	X	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SCOTT WITZIG - (309) 291-0434			
	135 S. FIRST AVE, MORTON, IL 61550			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; h hest ompensated employees; and former such persons.

(A) Name and Title (B) Average hours per week (list any) (B) Average hours per week (list any) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensa n from from elector organization or organization organizati	ation	(F) Estimated amount of
hours per week week wore than one box, unless person is both an officer and a director/trustee) from from relationship to the first portable from from from relationship to the first portable from from relationship to the first portable from from from relationship to the first portable from from from relationship to the first portable from from from from from relationship to the first portable from from from from from from from from	ation	
week officer and a director/trustee) from from rela		I amount of
	มเยน	other
	tions	compensation
hours for $\begin{vmatrix} \frac{2}{9} \\ \frac{1}{9} \end{vmatrix}$ or nizat n (W-2/1099-		from the
related $\begin{vmatrix} \frac{1}{25} \\ \frac{2}{25} \end{vmatrix} = \begin{vmatrix} \frac{1}{25} \\ \frac{1}{25} \end{vmatrix} = (W-2/10 MISC)$,	organization
organizations $\begin{bmatrix} \frac{1}{2} & \frac{1}{2} &$		and related
(list any hours for related organizations below line)		organizations
(1) JULIE ALBERS TRUSTEE O.00 X	0.	0.
(2) KARA KNEPP 0.00	<u> </u>	0.
TRUSTEE X 0.	0.	0.
(3) SHELLEY ARVIN 0.00		•
TRUSTEE X 0.	0.	0.
(4) JEFF KING 0.00		
TRUSTEE X 0.	0.	0.
(5) HEATHER THOMPSON 0.00		
TRUSTEE X 0.	0.	0.
(6) SYLVIA HASINGER 0.00		
TRUSTEE X 0.	0.	0.
(7) DARREN MARTIN 0.00		
TRUSTEE X 0.	0.	0.
(8) MIKE ZABINSKI 0.00		_
TRUSTEE X 0.	0.	0.
(9) JEFF MUNIZ 0.00	_	
PRESIDENT X 0.	0.	0.
(10) MIKE KRAFT 0.00	•	
VICE PRESIDENT X 0.	0.	0.
(11) DEREK FLOYD TREASURER O.00 X O.	0.	
TREASURER	0.	0.
SECRETARY X 0.	0.	0.
(13) SCOTT WITZIG 45.00	<u> </u>	0.
EXECUTIVE DIRECTOR X 96,753.	0.	2,924.
(14) TIM GRONEWALD 0.00	- •	2,524.
TRUSTEE X 0.	0.	0.
		- 000 (2242)

832007 12-31-18 Form **990** (2018)

Form 990 (20										**_**	* 75	03	Pa	ıge 8
Part VII S	ection A. Officers, Directors, Trus		oloy	ees,			ghes	st C		, ,				
(A) Name and title (B) Average hours per week (B) Average hours per week (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (T) Reportable compensation compensation from from relate											ו ו	Esti amo	(F) mateo ount co ther	
(list any hours for related organizations below line) (line) (list any hours for related organizations below line)												orgar	m the nization relate	e on ed
		line)	Indivi	Institu	Officer	Key er	Highe	Former			\dashv			
											+			
										\	+			
											+			
	tal								96,753.		0.	2	,92	
	om continuation sheets to Part VI add lines 1b and 1c)								96,753.		0.	2	,92	0.
	umber of individuals (including but n				ab	ove	e) wh	o re			<u>• • </u>		, , , _	1
compe	nsation from the organization						_					- 1.	. 1	0
3 Did the	organization list any former officer,	director tru	ıcta	ko	w an	anlo	WAA	orl	highest compensated er	mplovee on)	es	No
	If "Yes," complete Schedule J for s								mignest compensated er			3		Х
	individual listed on line 1a, is the su													
and rela	ated organizations greater than \$150	0,00 Yes,	со	mple	ete S	Sche	edule	J f	or such individual			4		Х
	person listed on line 1a receive or		ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services				
	ed to the organization? If "Yes." con ndependent Contractors	p Sched e	e J fo	or st	ıch r	oers	on					5		X
	ete this table for your five highest co	mnensated inc	lene	nder	nt co	ntra	acto	rs th	nat received more than 9	\$100,000 of comp	ensatic	n fron		
	anization. Report compensation for										Siloutio)		
	(A) Name and business			ONE					(B) Description of s		Coi	(C) mpens		1
						_								
	umber of independent contractors (i 00 of compensation from the organi	•	ot lin	nited	d to t	thos (_	ted	above) who received me	ore than				
												orm 9 9	90 (2	ν (1 Ω)

-*<u>7503</u>

		Check if Schedule O conta	aine a reenonee	or note to any lin	e in this Dart VIII			
		Check if Schedule O conta	airis a response	or note to any iii		(B)	(C)	(D)
					Total revenue	Related or	Unrelated	l Revenué excluded
						exempt function	business	from tax under sections 512 - 514
						revenue	revenue	512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Š,	С	Fundraising events	1c					
Gifts ilar A	d	Related organizations						
nii,G	е	Government grants (contributi						
Sign	f	All other contributions, gifts, grant						
her Te		similar amounts not included abov		379,540.				
g ţ	a	Noncash contributions included in lines		,				
n S	9 h	Total. Add lines 1a-1f			379,540.			
0 10		Total: Add lines 1a-11		Business Code				
	•			Busiliess Code				
ice	2 a							
er Je	b	· -						
n S	С	-						
rar Sev	d							
Program Service Revenue	е							
Д		All other program service reve						
	g	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			137,599.			137,599.
	4	Income from investment of tax	k-exempt bond p	roceeds				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Othe				
		assets other than inventory	60,278.					
	b	Less: cost or other basis						
		and sales expenses	0.					
	С	Gain or (loss)	60,278.					
		Net gain or (loss)	$\overline{}$		60,278.			60,278.
-		Gross income from fundraising						
nue		including \$						
Other Revenu		contributions reported on line	1c). See					
æ		Part IV, line 18		53,165.				
her	b	Less: direct expenses		14,783.				
₽		Net income or (loss) from fund			38,382.			38,382.
		Gross income from gaming ac	-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	o u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		= :::::						
	C	Net income or (loss) from sales		Rusinasa Cada				
	44 -	Miscellaneous Revenue MANAGEMENT FEES		Business Code 900099	51,184.	51,184.		
				700033	JI,104.	JI,104.		
	b							
	C							
		All other revenue			E1 101			
	e	Total Add lines 11a-11d			51,184.	51 184.	0	236.259.
	7-7	LOUGH FOUNDING SAG INSTRUCTIONS				11 104.		

Form 990 (2018) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ripiete column (A).	
	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	361,816.	361,816.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	17,250.	17,250.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	99,508.	19,902.	39,803.	39,803.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	20,983.	4,195.	8,394.	8,394.
8	Pension plan accruals and contributions (include		= , = = =	-,,,,,,	-,
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,121.	825.	1,648.	1 648.
10		9,218.	1,844.	3,687.	1,648. 3,687.
	Payroll taxes	J, ZIO •	1,011.	3,007.	3,007.
11	Fees for services (non-employees):				
	Management				
b	9	5,125.	513.	4,099.	513.
	Accounting	3,143.	213.	4,033.	213.
	Lobbying	-			
е	Professional fundraising services. See Part IV, line 17	72 221	72 201		
f	Investment management fees	73,321.	73,321.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5 001	1 050	0 554	4 000
13	Office expenses	5,821.	1,053.	2,771.	1,997. 6,448.
14	Information technology	8,288.	126.	1,714.	6,448.
15	Royalties				
16	Occupancy	1,814.	362.	726.	726.
17	Travel				
18	Payments of travel or entertainment expens				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,204.	220.	1,764.	220.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	653.		653.	
23	Insurance	2,563.	513.	1,025.	1,025.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	2,003.		2,003.	
b	TELEPHONE & INTERNET	1,412.		1,412.	
C	EDUCATION & DUES	994.	99.	796.	99.
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	617,094.	482,039.	70,495.	64,560.
26	Joint costs. Complete this line only if the organization	,	. ,	,	. ,
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II following 601 30-2 (M30 300-720)				Form 990 (2018)

Form 990 (2018)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this	s Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			639,857.	1	470,095.
	2	Savings and temporary cash investments			5,336,498.	2	5,631,966.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4,111.	4	4,411.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501(c)(9) volur	ntary			
ιχ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net					
As	8	Inventories for sale or use				8	
	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,908. 17,928.			
	b	Less: accumulated depreciation		17,928.	1,632.	10c	980.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			5,982,098.	16	6,107,452. 6,653.
	17	Accounts payable and accrued expenses	4,494.	17	6,653.		
	18	Grants payable			57,688.	18	31,087.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S dul	e D		21	
es	22	Loans and other payables to current and former					
Ě		key employees, highest compensated employee		d persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income		I			
		parties, and other liabilities not includ on lines			8,423.		265 105
					70,605.	25	265,105. 302,845.
	26		·		70,005.	26	302,043.
		Organizations that follow SFAS 117 (ASC 958		_A and			
Ses	07	complete lines 27 through 29, and lines 33 and			722,477.	07	770,504.
anc	27	Unrestricted net assets			5,189,016.	27 28	5,034,103.
Net Assets or Fund Balances	28	Temporarily restricted net assets Permanently restricted net assets	3,103,010.	29	J,034,103•		
n d	29	Organizations that do not follow SFAS 117 (A	SC 0E9) shock h			29	
Ę		-	5C 956), check n	ere 🖊 🗀			
s or	20	and complete lines 30 through 34.		ľ		30	
set	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or eq				31	
As	31	Retained earnings, endowment, accumulated inc				32	
Net	32 33				5,911,493.	33	5,804,607.
_	34	Total liabilities and net assets/fund balances			5,982,098.	34	6,107,452.
	UT	TOTAL HADIILIES AND HEL ASSELS/TUHU DAIAHLES			5,502,050.	U↑	0,10,,100.

Form	1 990 (2018) MORTON COMMUNITY FOUNDATION	**.	-***75	3	Pa	ıge 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				83.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>61'</u>	7,0	94.
3	Revenue less expenses. Subtract line 2 from line 1	3				89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,			93.
5	Net unrealized gains (losses) on investments	5		7	6,0	54.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	_	<u> 23</u> 2	2,8	29.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	5,	<u>80</u>	<u>4,6</u>	07.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		<u> Ш</u>
		7	_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex ain in hedule Co).				
2a	Were the organization's financial statements compiled or reviewed by an independent acco ntant			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were c p ed or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated an separate basis					
b	Were the organization's financial statements audited by an independent accounta ?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year wall audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both cons idated d separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that ass mes respo sibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an indep ident a ountant?		L	2c	Х	
	If the organization changed either its oversight process or selection pr ss during the tax year, explain in Sched					
За	As a result of a federal award, was the organization required to undergo an dit or audits as set forth in the Sing	le Au	dit			
	Act and OMB Circular A-133?		L	3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If organization did not undergo the require	ed aud	lit 🗍			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **Employer identification number** **-***7503 MORTON COMMUNITY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) i). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmenta nit describ d in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit rom the eneral public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in onjuction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name is and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support fro contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from busin s acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Se section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit o to perfor the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(r secti n 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organ tion and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlle y its supported organization(s), typically by giving the supported organization(s) the power to regularly appo or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting orga zation sted in the same persons that control or manage the supported organization(s). You must complete Part IV, ections A and C. Type III functionally integrated. A supporting rganizat on operated in connection with, and functionally integrated with, its supported organization(s) (see instru You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated A suppong organization operated in connection with its supported organization(s) that is not functionally integrated. The ganizat in generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must plete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	627,157.	393,261.	716,688.	1303888.	379,540.	3420534.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			-11	100000		
4	Total. Add lines 1 through 3	627,157.	393,261.	716,688.	1303888.	379,540.	3420534.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						1105200
	column (f)						1125320.
	Public support. Subtract line 5 from line 4.						2295214.
	• • • • • • • • • • • • • • • • • • • •	(-) 004 4	(I-) 004 F	() 004	(-1) 0047	(-) 0040	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014 627, 157.	(b) 2015 393, 261.	() ²⁰¹ 716,688.	(d) 2017 1303888.	(e) 2018 379,540.	(f) Total 3420534.
	Amounts from line 4	027,137.	393,201.	110,000.	1303000.	379,340.	3420334.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	92,772.	88,577.	94,055.	105 275	136,332.	517 011
۵	Net income from unrelated business	32,112.	00,511.	34,033.	103,273.	130,332.	317,011.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	97,126.	84,745.	63,557.	69,448.	89,566.	404,442.
11	Total support. Add lines 7 through 10					·	4341987.
	Gross receipts from related activities,	etc. (see i ic	ns)			12	
13	First five years. If the Form 990 is for	the org nization	rst, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Suppor Pe	centage				
	Public support percentage for 2018 (li					14	52.86 %
15	Public support percentage from 2017	Schedule A, Part	I, line 14			15	46.27 %
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac-				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ			•	,		>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· > L

Schedule A (Form 990 or 990-EZ) 2018 MORTON COMMUNITY FOUNDATION | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		. ,	,,	,	,	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
_	check this box and stop here						.
	ction C. Computation of Publi					 	
	Public support percentage for 2018 (li					15	<u>%</u>
	Public support percentage from 2017 ction D. Computation of Inves					16	%
	•					47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18 2 1/20/ and line 1	% 7 is not
198	33 1/3% support tests - 2018. If the more than 33 1/3%, check this box ar	-					/ IS HOT
k	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answe (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for sectio 70(c)(2) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure su use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to foreign supported organization? If "Yes," describe in **Part VI** how the organization had such ontrol and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not ve an RS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what ntrols the organization used to ensure that all support to the foreign supported organization was used e clusively or section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organ zatio during he tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, in ding (i) the names and EIN numbers of the supported organizations added, substituted, or r d (i reasons for each such action; (iii) the authority under the organization's organizing document aut izing such action; and (iv) how the action was accomplished (such as by amendment to the organizing documen)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document
- c Substitutions only. Was the substitution the result an event yond the organization's control?
- 6 Did the organization provide support (whether in the f m of gra ts or the provision of services or facilities) to anyone other than (i) its supported organization andividuals that are part of the charitable class benefited by one or more of its supported or anization or (iii) other supporting organizations that also support or benefit one or more of the filing o nization supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С		11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain i			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that op rated,			
S001	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	non C. Type ii Supporting Organizations	\neg	V	NI -
	Want a majority of the among taking a disease of the state of the stat		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describ in Part VI how control			
	or management of the supporting organization was vested in the same persons the ontrolled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations			
	ion 217 m Type in Supporting Significance		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount suppo provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification to extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees eith () appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported org ization? If "No," explain in Part VI how			
	the organization maintained a close and continuous workin relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the ganiza n's supported organizations have a			
	significant voice in the organization's investment poles and in recting the use of the organization's			
	income or assets at all times during the tax year? If "Y " des be in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integra ed Sup orting Organizations			
1	Check the box next to the method that the org ization sed to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Tes C mplete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)	- 1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2h		
2	activities but for the organization's involvement. Parent of Supported Organizations, Answer (a) and (b) below	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in Pa	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must comp			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) or Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater am unt,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, I e 8, Colum A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Sec line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line un ess subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally in	integra	ted Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	 3		
	Amounts paid to acquire exempt-use assets	.,		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	,	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions P 2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018	•		
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018,			
	any. Subtract lines 3g and 4a from line 2. For r eater			
	than zero, explain in Part VI. See instruction			
6	Remaining underdistributions for 2018. Subt t lines 3			
	and 4b from line 1. For result greater than zero, e a in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
_	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule A, Part II, Line 10, Explanation for Other Income:

Schedule A, Part	II, Line 10, Explanation for Other Income:
MANAGEMENT FEES	
2014 Amount: \$	31,519.
2015 Amount: \$	29,996.
2016 Amount: \$	33,155.
2017 Amount: \$	44,689.
2018 Amount: \$	51,184.
NET FUNDRAISING	INCOME
2014 Amount: \$	65,607.
2015 Amount: \$	54,749.
2016 Amount: \$	30,402.
2017 Amount: \$	24,759.
2018 Amount: \$	38,382.
_	
_	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2018

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
MR & MRS F. ALAN GEORGE	508,167.	421,327.
MR & MRS GORDON HONEGGER	105,000.	18,160.
MR & MRS JOE FEUCHT	209,181.	122,341.
MR & MRS PHILLIP A KUHL	454,115.	367,275.
MR & MRS ROY MAGUIRE	283,057.	196,217.
	•	
Total Excess Contributions to Schedule A, Part II, Line 5		1,125,320.

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

2018

Employer identification number

MORTON COMMUNITY FOUNDATION **-***7503 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private founda or 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the Genera ule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that receiv d, du ng the ar, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See ins ctions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checke Sched A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contrib ions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1, 0 exclus ely for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. C p te Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

MORTON COMMUNITY FOUNDATION

-*7503

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 10,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 20,201.	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
3		\$\$	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
4	Name, address, and ZIP + 4	\$\$44,311.	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
5_		\$53,240.	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
6_		\$9,500.	Person X Payroll

Name of organization

Employer identification number

-*7503 MORTON COMMUNITY FOUNDATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

noncash contributions.)

Name of organization Employer identification number

MORTON COMMUNITY FOUNDATION

-*7503

	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or stimate) (See instru ns.)	(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. rom Part I	(b) Description of noncash pro_erty gi_n	(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 organization **Employer identification number** **-***7503 MORTON COMMUNITY FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of trans or transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use f gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, d ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MORTON COMMUNITY FOUNDATION

Employer identification number **-***7503

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	9	10			
2	Aggregate value of contributions to (during year)	7,621.	0.			
3	Aggregate value of grants from (during year)	117,350.	104,573.			
4	Aggregate value at end of year	1,727,792.	359,537.			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be u	used only			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose c				
D :	impermissible private benefit?					
Pai	30111213131131313		Part 1 e 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (e.g., recreation or e		oric Ily important land area			
	Protection of natural habitat	Preservati o a certi	fied historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contrigution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic stru		2c			
d	Number of conservation easements included in (c) acquired a					
_	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, ex guished, or terminated by the	organization during the tax			
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per		Yes No			
•	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,					
6	Starr and volunteer riours devoted to mornitoring, inspicting,	riding of violations, and emorcing conse	ervation easements during the year			
7	Amount of expenses incurred in monitoring, inspectin hand	llin of violations and enforcing conservati	on accoments during the year			
7	\$	or violations, and emorcing conservati	on easements during the year			
8	Does each conservation easement reported in line 2(d bove	e satisfy the requirements of section 170/h	\\(\(\(\(\)\(\)\(\)\(\)			
Ü	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization report n ervation					
Ū	include, if applicable, the text of the footnote to the organizat					
	conservation easements.	ion o inicipal ocacomonio triat decombec tr	to organization o accounting for			
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS		ent and balance sheet works of art.			
	historical treasures, or other similar assets held for public exh		,			
	the text of the footnote to its financial statements that describ		,			
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art. historical			
	treasures, or other similar assets held for public exhibition, ec					
	relating to these items:	,	3			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
			L .			
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under SFAS 11		-			
а	Revenue included on Form 990, Part VIII, line 1		> \$			
	Assets included in Form 990, Part X					

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar Asset	S (continued)
3	Using the organization's acquisition, accession					
	(check all that apply):		•	-	-	
а		d	Loan or excl	nange programs		
b	□ • · · · ·	e		iange pregrame		
c	Preservation for future generations	J				
4	Provide a description of the organization's co	allections and explain	how they further th	e organization's ex	vemnt nurnose in Par	ł VIII
5	During the year, did the organization solicit o					i Aiii.
3	to be sold to raise funds rather than to be ma					Yes No
Par	rt IV Escrow and Custodial Arrang					
	reported an amount on Form 990, Pai		ete ii tile organizatioi	Tanswered Tes	on romin 990, raitiv,	11116 9, 01
1a	Is the organization an agent, trustee, custodi		iary for contributions	or other assets n	nt includ d	
	on Form 990, Part X?					Yes X No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			
	in 100, explain the arrangement in rate with	and complete the for	lowing table.			Amount
	Beginning balance				1c	7 tillourit
4	Additions during the year					
•					e	
•	Distributions during the year				1f	
0-	Ending balance					Ves Ne
	Did the organization include an amount on Fo				•	Yes No
	rt V Endowment Funds. Complete i					
· u	Endownent and Complete					(a) Four years hook
4.	Designation of completeness	(a) Current year 5,336,499.	(b) Prior year 4,457,100.	(c) Two years back 3,711,119		
	Beginning of year balance	3,330,433.				
b		,	842,842.	491,781		
С	Net investment earnings, gains, and losses	286,018.	316,138.	496,947		
d	Grants or scholarships	273,568.	212,861.	184,687	179,583	160,414.
е	Other expenditures for facilities	=====	7.5 -0.0	· · ·		16.400
	and programs	76,704.	66,720.	58,060	51,520	46,490.
f	Administrative expenses					
g	End of year balance	5,631,966.	5,336,499.		3,711,119	3,617,245.
2	Provide the estimated percentage of the curr		ne 1g, column (a)) held as:		
а	Board designated or quasi-endowment	12.53	_%			
b		%				
С	Temporarily restricted endowment ▶8					
	The percentages on lines 2a, 2b, and 2c sho	uld equ 100%.				
За	Are there endowment funds not in the posse	ssion of organi a	ition that are held an	d administered for	the organization	
	by:					Yes No
	(i) unrelated organizations					
b	If "Yes" on line 3a(ii), are the related organiza					3b
4	Describe in Part XIII the intended uses of the		wment funds.			
Par	rt VI Land, Buildings, and Equipm					
	Complete if the organization answered					
	Description of property	(a) Cost or o	, ,	1 ') Accumulated	(d) Book value
		basis (investr	nent) basis (otner)	depreciation	
	Land					
	Buildings					
С	Leasehold improvements					
d	Equipment		1	8,908.	17,928.	980.
	Other					
Total	il. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X column (B) line 10	Oc.)		980.

Schedule D (Form 990) 2018 MORTON COMMU	JNITY FOUNDAT:	ION **	-***7503	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	I1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	I1c. See Form 990, Pa X line 13		
(a) Description of investment	(b) Book value	(c) Method o aluatio Co t or end	d-of-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)	<u> </u>			
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Par V line	11d. See Form 990, Part X, line 15.		
	Description		(b) Book va	alue
(4)				

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotol (C.) (L.)	- 000 B +V + (B) +5	

Total. (Column (b) must equal Form 990, Part X, col. (B)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	2,394.
(3)	AGENCY LIABILITIES	5,983.
(4)	CUSTODIAL FUNDS MANAGED FOR OTHERS	256,728.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	265,105.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

		Reconciliation of Revenue per Audited Financial Statement	ts With	n Revenue per Re	turn.	7505 rage
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•		
1	Totalı	revenue, gains, and other support per audited financial statements			1	769,820.
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments	2a	76,054.		
b		ted services and use of facilities	2b	12,000.		
С		veries of prior year grants	2c			
d		(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	88,054.
3	Subtra	act line 2e from line 1			3	681,766.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b	-14,783.		
С	Add li	nes 4a and 4b			4c	-14,783.
5	Totalı	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				-14,783. 666,983.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts Wit	th Expenses per F	₹ turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			,	
1	Total e	expenses and losses per audited financial statements			1	643,877.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a	12,000.		
b	Prior y	year adjustments	2b			
С		losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add li	nes 2a through 2d			2e	12,000.
3	Subtra	act line 2e from line 1			3	12,000. 631,877.
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)	4b	-14,783.		
С	Add li				4c	-14,783.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, J 18.)			5	617,094.
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lin 1a and 4; Part IV	, lines 1	b and 2b; Part V, line 4	; Part X, I	line 2; Part XI,
		I 4b; and Part XII, lines 2d and 4b. Also complete this part to pr de any addition				
Paı	rt V	, line 4:				
THI	FO	UNDATION'S ENDOWMENTS CONSIST OF FUNDS E	ESTAE	BLISHED TO S	UPPO	RT
VAI	RIOU	S PROGRAMS AND ACTIVITIES OF THE FOUNDAT	CION.	•		
Paı	rt X	I, Line 4b - Other Adjustments:				
FUl	<u>IDRA</u>	ISING EXPENSES NETTED AGAINST REVENUE				-14,783.
Paı	rt X	II, Line 4b - Other Adjustments:				
						4.4
FUl	IDRA	ISING EXPENSES NETTED AGAINST REVENUE				-14,783.

Schedule D (Form 990) 2018	MORTON	COMMUNITY	FOUNDATION	**-***7503	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Int	ormation (cont	tinued)			r ago c
	(COIII	unueu)			
				_	
		4			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.											
Name of the organization MORTON COMMUNITY FOUNDATION **-**7503											
Part I Fundrais				'II	- Farma 000 David IV/ Iiia						
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.											
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.											
a Mail solicitations e Solicitation of non-government grants											
b Internet and email solicitations f Solicitation of government grants											
c Phone solicitations g Special fundraising events											
d In-person solicitations											
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, truste or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No											
		viduals or entities (fundraisers) pursu					Yes No				
compensated at le			ant to	ayıee	ments under which the	iuliulais i is to	, pe				
		T	1								
(i) Name and addres or entity (fund		(ii) Activity	fundr have con contribution	ustody itrol of	(iv) Gro s receip from act ty	(v) Amount paid to (or retained be fundraiser listed in col. (i)	to (or retained by)				
			Yes	No							
Total				•							
		on is registered or licensed to solicit o	contrib	utions	or has been notified it	is exempt from	registration				

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISING **EVENT** None (add col. (a) through FUNDRAISING EVENT col. (c)) (event type) (event type) (total number) 53,165 53,165. 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 53,165. 53,165. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 7 Food and beverages 8 Entertainment 14,783. 14,783 9 Other direct expenses 14,783 **10** Direct expense summary. Add lines 4 through 9 in column (d) 38,382 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990 Part IV, line 9, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull (d) Total gaming (add s/instant (a) Bingo (c) Other gaming Revenue ingo/prog essive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 MORTON COMMUNITY FOUNDATION	***'/	503	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:			
		140-	1	07
	The organization's facility	13a	-	<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the a unt			
	of gaming revenue retained by the third party \$\bigs\\$			
С	: If "Yes," enter name and address of the third party:			
_	and the same and a same party.			
	Name ►			
	Name			
	Address ▶ _			
16	Gaming manager information:			
	Name ►			
	Traine P			
	Coming manager componention			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee In endent contractor			
17	Mandatory distributions:			
	s Is the organization required under state law to make c aritable d ributions from the gaming proceeds to			
а			Yes	□ Na
	retain the state gaming license?	. Ш	162	∟ No
b	Enter the amount of distributions required unde law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year > \$			
Ра	TT IV Supplemental Information. P vide the xplanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, Iir	nes 9, 9	3b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also o de any additional information. See instructions.			

Schedule G	G (Form 990 or 990-EZ)	MORTON	COMMUNITY	FOUNDATION	**-***7503	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (cont	tinuad)			. age .
	Саррістопісти піте	(COIII	inueu)			
					*	
			*			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization MORTON CO	Employer identification number **-***7503						
Part I General Information on Grants a		OUNDITION					, 303
 Does the organization maintain records to criteria used to award the grants or assisted. Describe in Part IV the organization's process. 	stance?						
Part II Grants and Other Assistance to					anization answered "Y	es n F rm 990, Part	IV, line 21, for any
recipient that received more than S	5,000. Part II can	be duplicated if addition	onal space is need	ed.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method valuatio (bo FMV ap aisal, other)	(g) D cription of non ash assistance	(h) Purpose of grant or assistance
Peoria Christian School 3506 N. California Ave.							
Peoria, IL 61603	••*:***-	*506886(3)	8,400.	0.			Education
Dickson Mounds Museum 10956 North Dickson Mounds Road Lewistown, IL 61542	••*:***_	*\$&\$Q&V(3)	6,136.	0.			Education
Morton Public Library 315 W. Pershing Morton, IL 61550	••*:***-	*50216 <u>4(3)</u>	7,325.	.0			Reading programs and equipment needs
Peoria Symphony Orchestra 101 State Street Peoria, IL 61602	••*:***_	*501888(3)	6,136.	0.			advancement of the arts
Morton Unit School District 709 1050 S Fourth Ave, Suite 200 Morton, IL 61550		501(c)(3)	31,843.	0.			Performing and Visual Arts Education
University of Illinois Foundation/WILL-FM/TV - 300 N. Goodwin Avenue - Urbana, IL 61801	••*:***_		6,136.	0.			Public Television and
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	-	-					

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Village of Morton							
120 N. Main St.							
Morton, IL 61550			7,198.	0,			research
The Otter Creek Historical Society							Restoration & maintenance
107 E Main St							of the Historic Hamilton
Otterville, IL 62052	••*:***-*	563751(3)	6,450.	0.			Primary School
MYBA PO Box 354							Extension to backstop;
Morton, IL 61550	••*:***-*	**8841	6,775.	0.			dugouts; general support
Ronald McDonald House Charities 401 NE Monroe St. Peoria, IL 61603	••*:* **-	\$&5155(3)	37,750.	0.			Arabella's toy store
Bethel Lutheran School 325 E. Queenwood Rd. Morton, IL 61550			11,400.	0.			General Operating Fund
Blessed Sacrament Church 1020 S. First Ave			11,100.				Next phase of building;
Morton, IL 61550			24,000.	0.			General support
Grace Presbyterian Church 8607 State Route 91							
Peoria, IL 61615			10,000.	0.			General support
South Side Christian Academy 3523 W. Hill St.	••*:* **-	**5470	10.000	0.			Cananal gupport
Peoria, IL 61605		34/0	10,000.	· ·			General support
Unlimited Grace PO Box 772993	••*:* **-	**1056	25 000	0.			International ministrus
Chicago, IL 60677-0293		1020	25,000.	l .			International ministry

chedule (Form 990) (2016) 1101(1014 COLHIC					7303 Faye
Part III Grants and Other Assistance to Domestic Indiv Part III can be duplicated if additional space is need	riduals. Complete if the eded.	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
cholarships	10	17,250.	0.		
Part IV Supplemental Information. Provide the information	ion required in Part I, line	e 2; P III, c	(b); and any other ac	ditional information.	
4					
	~				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MORTON COMMUNITY FOUNDATION

Employer identification number **-***7503

Form 990, Part I, Line 1, Description of Organization Mission: area residents, now and for generations to come. We do this by...Building community endowment; Investing in our community through strategic grant making; Turning donors' charitable dreams into permanent legacies; and Providing leadership to identify and address changing community needs. Form 990, Part III, Line 1, Description of Organization Mission:

dreams into permanent legacies; and Providing leadership to identify and address changing community needs.

Form 990, Part VI, Section B, line 11b:

THE FINANCE COMMITTEE REVIEWS FORM 990 AND REPORTS TO THE FULL BOARD BEFORE IT IS FILED WITH THE IRS.

Form 990, Part VI, Section B, Line 12c:

THE PRESIDENT REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Section B, Line 15:

The compensation committee of the Board of Directors performs an annual performance review of the Executor Director and all compensation is reviewed and approved as part of the budget process by the Board of Directors.

Form 990, Part VI, Section C, Line 19:

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

OMB No. 1545-1709

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. En er file 's identifying number Name of exempt organization or other filer, see instructions. E plo er iden fication number (EIN) or Type or print **-***7503 MORTON COMMUNITY FOUNDATION File by the Social ecurity number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 135 S FIRST AVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. 61550-2035 MORTON, IL Enter the Return Code for the return that this application is for (file a separate application for each 0 | 1 **Application** Return **Application** Return Code Is For Code Is For Form 990 Form 990 or Form 990-EZ 01 orporation) 07 Form 990-BL 02 Form 10 1-A 08 Form 4720 (individual) 03 Form 4720 (other th n individual) 09 Fo m 5227 10 Form 990-PF Ω4 Form 990-T (sec. 401(a) or 408(a) trust) 05 m 6069 11 Form 990-T (trust other than above) 06 Fo 8870 12 SCOTT WITZIG • The books are in the care of \triangleright 135 S. FIRST AVE - MORTON, IL 61550 Telephone No. ► (309) 291-0434 Fax No. If the organization does not have an office or place of business in the Un d States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 d attach a list with the names and EINs of all members the extension is for. May 15, 2020 ____, to file the exempt organization return for I request an automatic 6-month extension of time unt the organization named above. The extension i e organization's return for: calendar year or ► X tax year beginning JUL 1, 2018 $_$, and ending $_$ JUN $\,$ 30 , $\,$ 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2019)

За

3b

0.

	ice Use Only	_		URGANIZATION					Revised 3/05
PMT	#			LISA MADIGAN : Bureau, 100 W			<u></u>	# 0 1	-03749501
				, Chicago, Illinoi		рп	CO		
AMT		D.	nort for	the Fiscal Perio	d.		X		all items attached: IRS Return
AIVI			port ioi	the Hoddin cho	·u.	Maka Obaala	X		Financial Statements
		Be	eainnina	07/01/2018	1	Make Checks Payable to			Form IFC
INIT			· 59	0770172010	<u></u>	the Illinois	X		Annual Report Filing Fee
11411		.J &	Ending	06/30/2019)	Charity Bureau Fund	X) Late Report Filing Fee
Feder	al ID # **-***7503			MO DAY YR	-				MO DAY YR
	ontributions to the organization	tax deductible?	X Yes	No	Date Or	ganization was	create		05/24/2000
	LEGAL					Year-end			
	NAME MORTON CO	MMUNITY FOUN	COLTAC	Ī		amounts			
	MAIL					A) ASSETS		A) \$	6,107,452.
	DRESS 135 S FIRS					B) LIABILI	S	B) \$	302,845
	STATE MORTON, I					C) NET ASSET	S	C \$	5,804,607.
	P CODE 61550-203								
I.	SUMMARY OF ALL					P CENTA		5) 4	AMOUNT
	,	TRIBUTIONS & PROGRAM	SERVICE RE	V. (GROSS AMTS.)		63.46	_	D) \$	432,705.
	E) GOVERNMENT GRANTS	& MEMBERSHIP DUES				26 52	% 2 ~/	E) \$ F) \$	240 061
	F) OTHER REVENUES					36.53	4 %	F) \$	249,061.
	O) TOTAL DEVENUE INCOM	AE AND CONTDIDUTIONS D		DD D E 0 E)		40	0.0/	G) \$	681,766.
II.	G) TOTAL REVENUE, INCOM SUMMARY OF ALL I					10	0 %	u) ø	001,700
".	H) OPERATING CHARITABLI		Orani d	IIIL ILAN.		18.63	5 %	H) \$	117,756.
	n) UPERATING GRANITADLI	E PRUGNAIVI EXPENSE				10.03	J 70	п) ф	117,750
	I) EDUCATION PROGRAM S	SERVICE EXPENSE					%	1) \$	
	1) EDOOMHON I HOUHAW C	SERVICE EXI ENCE					/0	η ψ	
	J) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENSE	(ADD H & I			18.63	6 %	J) \$	117,756.
	,		•						
	J1) JOINT COSTS ALLOCATE	ED TO PROGRAM SERVICES	S (INCLUDE	O IN J):	\$				
	K) GRANTS TO OTHER CHA	RITABLE ORGANIZATIONS				59.99	0 %	K) \$	379,066.
							_		405 000
	L) TOTAL CHARITABLE PRO	OGRAM SERVICE EXPENDIT	TURE (ADD	J & K)		78.62	b %	L) \$	496,822.
						11 15	٠.,		70 405
	M) MANAGEMENT AND GEN	ERAL EXPENSE				11.15	o %	M) \$	70,495.
	N) FUNDRAISING EXPENSE					10.21	7 o/	N) \$	64,560.
	N) FUNDRAISING EXPENSE					10.21	7 %	N) Þ	04,500
	0) TOTAL EXPENDITURES T	THIS PERIOD (ADD I M &	N)			10	0 %	0) \$	631,877.
	•	·				10	0 /0	Ο, ψ	002/07/0
III.	SUMMARY OF ALL F (Attach Attorney General Repo								
	PROFESSIONAL FUNDRAISE	•	Garripalyri-	TOTTI II G. OTIC TOT CACIT	r i ii.)				
		BY PAID PROFESSIONAL I	FUNDRAISE	RS		10	0 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FE	ES AND EXPENSES					%	Q) \$	
	R) NET RECEIVED BY THE C	CHARITY (P MINUS Q=R)					%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS:								•
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:							S) \$	0.
IV.					IG THE YE	AK:		T) #	00 500
		WITZIG, EXE			CED			T) \$ U) \$	99,508.
	U) NAME, TITLE:KAREN V) NAME, TITLE:DARCY			RATIVE MANA				U) \$ V) \$	12,187. 8,796.
,,						D)			•
٧.	CHARITABLE PROG	IKAM DESCRIPTIC	ODE (CATEGORIES	O D T O EXPENDE	J)		List or	n back side of instructions CODE
01-18	W) DESCRIPTION: GRAN	TS TO OTHER (CHARTT	ABLE ORGAN	ΤΖΆͲΤΩΝ	S		W)#	150
898091 04-01-18	X) DESCRIPTION:	IO OIIILIN	~ <u>-</u>	Onom		~		X) #	
8980	Y) DESCRIPTION:							Y) #	

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
0	LIAC THE ODCANIZATION OD A CHIDDENT DIDECTOR TRUCTEE OFFICER OR EMBLOYEE THEREOF EVER REAL CONVICTED BY ANY			
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			37
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS ORE			
	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
		- "		
_	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER ERS N			
٥.		5.		Х
	OR ORGANIZATION?	٠. ا		-21
c	DID THE ODGANIZATION HOS THE OSDANOS OF A DROSEGOIONAL SHINDDAIGEDO (ATTACH SODAISO)			Х
ь.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Λ
_				
/a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT O LITERATURE OSTS	- 1		77
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT			
	ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUN ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FU DRAIS G\$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN STRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REG. RATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		Х
		-		
10	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, B BE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,			
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		х
	COMMITTEE OF MICOUL OF CHARLETTON LET CHOO	ا ۱۰۰۰		
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS - ERE THE ORGANIZATION MAINTAINS ITS			
11.	THREE LARGEST ACCOUNTS:			
	TITALE LANGEST ACCOUNTS.			
	MORTON COMMUNITY BANK, MORTON, IL 61550			
	MORION COMMONITI DANK, MORION, 11 01330			
	· · · · · · · · · · · · · · · · · · ·			
40	NAME AND TELEPHONE NUMBER OF CONTACT REPOON. COOME WITHOUT (200) 201 0424			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SCOTT WITZIG - (309) 291-0434			
AI I	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

; ($\mathbb{C}^{(}$	O	т	т	W	Ι	Т	Z	Ι	G	

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DEREK FLOYD

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

Mark Reinken

PREPARER (PRINT NAME)

SIGNATURE

DATE



CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS CONSULTANTS

7625 N. University, Suite A Peoria, IL 61614-8303

309.671.2350

Morton Line: 309.266.5923 Telefax: 309.671.5459

email@ginolicpa.com www.ginolicpa.com

December 19, 2019



Office of the Attorney General Charitable Trust Bureau Attn: Annual Report Section 100 W. Randolph St., 11th Floor Chicago, IL 60601-3175

RE: Morton Community Foundation

105 E. Jefferson St. Morton, IL 61550 CO# 01-037495 FEIN 37-1397503

Application for extension of time to file

Form AG 990-IL

A 60-day extension of time to file the Form AG-990-IL from the original due date of December 31, 2019 until February 29, 2020 is requested for the tax year ended 6/30/19.

An extension of time is necessary because the federal 990 has been extended and the AG990-IL cannot be completed until the federal 990 is complete.

Yours truly,

Mark D. Reinken, CPA

President

Please send a confirmation of approval of this extension to:

Ginoli & Company Ltd, CPA's 7625 N. University, Suite A Peoria, IL 61614-8303

Mark D. Reinken