#### Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

| For calendar year 2019, or fiscal year beginning | JUL 1 | , 2019, and ending | JUN | 30 | , 20 2 0 |
|--|-------|--------------------|-----|----|----------|
|  |       |                    |     |    |          |

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number \*\*-\*\*\*7503 MORTON COMMUNITY FOUNDATION Name and title of officer SCOTT WITZIG EXECUTIVE DIRECTOR Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990-EZ, line 9) \_\_\_\_\_\_ 2b 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) \_\_\_\_\_\_\_ 3b \_\_\_\_\_ 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5) ...... 4b 4a Form 990-PF check here b Balance Due (Form 8868, line 3c) \_\_\_\_\_\_ 5b \_\_\_\_\_ 5a Form 8868 check here ▶ Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1.888.353.4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 56456 X | authorize Ginoli & Company Ltd, CPA's to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III | Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification 37134456151 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. \_ Date ▶ 02/22/21 ERO's signature

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

#### Extended to May 17, 2021

## **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 Internal Revenue Service

▶ 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.

Open to Public Inspection

| AF                             | or th              | e 2019 calendar year, or tax year beginning UL 1, 2019 and ending                                       | g JUI           | 30, 2020   |                               |  |  |  |
|--------------------------------|--------------------|---|-----------------|--|-------------------------------|--|--|--|
| В                              | heck if            | C Name of organization  | D               | Employer identifi  | cation number                 |  |  |  |
|                                | Addre              | MORTON COMMONITY FOUNDATION   |                 | WEST 100 - 1 |                               |  |  |  |
|                                | Name               | Doing business as   |                 | **-***75   | 03                            |  |  |  |
|                                | ]Initial<br>return | Number and street (or P.O. box if mail is not delivered to street address)  Room/s                      | r               |  |                               |  |  |  |
|                                | Final              | 135 S FIRST AVE   |                 | (309) 29   |                               |  |  |  |
|                                | terminated         |   | G               | Gross receipts \$  | eceipts \$ 1,516,284.         |  |  |  |
|                                | Amen               | ded MORTON TI. 61550-2035   | Н               | (a) Is this a group re   | eturn                         |  |  |  |
|                                | Applie             |   |                 | for subordinates   | ? Yes X No                    |  |  |  |
| Stant                          | pendi              | 135 S FIRST, MORTON, IL 61550   | Н               | (b) Are all subordinates in  |                               |  |  |  |
| 1.7                            | 27.67              | empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or  | 527             |  | list. (see instructions)      |  |  |  |
|                                |                    | te: www.mortoncommunityfoundation.org   |                 | (c) Group exemptio   |                               |  |  |  |
|                                |                    |   |                 |  | M State of legal domicile: IL |  |  |  |
| -                              | rt I               | Summary   | 4               |  |                               |  |  |  |
| 1000                           | 1                  | Briefly describe the organization's mission or most significant activities: The miss                    | sion            | of the Mon   | rton                          |  |  |  |
| 9                              | '                  | Community Foundation is to improve the quality  | tv o            | f life for   | Morton                        |  |  |  |
| an                             | _                  | Check this box if the organization discontinued its operations or disposed of n                         |                 |  |                               |  |  |  |
| ern                            | 2                  |   |                 |  | 14                            |  |  |  |
| 30                             | 3                  | Number of voting members of the governing body (Part VI, line 1a)                                       |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 13                            |  |  |  |
| ø                              | 4                  | Number of independent voting members of the governing body (Part VI, line 1b)                           |                 |  | 3                             |  |  |  |
| ies                            | 5                  | Total number of individuals employed in calendar year 2019 (Part V, line 2a)                            |                 |  | 0                             |  |  |  |
| Activities & Governance        | 6                  | Total number of volunteers (estimate if necessary)  |                 |  | 0.                            |  |  |  |
| Act                            |                    | Total unrelated business revenue from Part VIII, column (C), line 12                                    |                 |  | 0.                            |  |  |  |
| _                              |                    | Net unrelated business taxable income from Form 990-T, line 39  | Τ               | Prior Year   | Current Year                  |  |  |  |
|                                | _                  | Out the time and awards (Dark VIIII lies 4 le)  |                 | 379,540.   | 1,138,099.                    |  |  |  |
| Revenue                        | 8                  | Contributions and grants (Part VIII, line 1h)   |                 | 0.   | 0.                            |  |  |  |
|                                | 9                  | Program service revenue (Part VIII, line 2g)  | -               | 197,877.   | 296,238.                      |  |  |  |
| 3eV                            |                    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | -               | 89,566.  | 81,487.                       |  |  |  |
| -                              |                    | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                |                 | 666,983.   | 1,515,824.                    |  |  |  |
|                                |                    | Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)                      | 4122            | 379,066.   | 315,189.                      |  |  |  |
|                                |                    | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                 | 0.   | 313,189.                      |  |  |  |
|                                |                    | Benefits paid to or for members (Part IX, column (A), line 4)   |                 | 133,830.   | 138,252.                      |  |  |  |
| es                             |                    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                       |                 | 0.   | 130,232.                      |  |  |  |
| Sus                            | 16a                | Professional fundraising fees (Part IX, column (A), line 11e)   | ADVINO NAMED IN | 0.   | 0.                            |  |  |  |
| Expenses                       | b                  | Total fundraising expenses (Part IX, column (D), line 25)   61,786.                                     | A. A.           | 104 100  | 111 765                       |  |  |  |
| ш                              |                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                 | 104,198.   | 111,765.<br>565,206.          |  |  |  |
|                                |                    | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                               |                 |  |                               |  |  |  |
|                                | 19                 | Revenue less expenses. Subtract line 18 from line 12  |                 | 49,889.  | 950,618.                      |  |  |  |
| Net Assets or<br>Fund Balances |                    |   |                 | ing of Current Year  | End of Year                   |  |  |  |
| set                            | 20                 | Total assets (Part X, line 16)  | - 6             | 5,107,452.   | 7,153,850.                    |  |  |  |
| t As                           | 21                 | Total liabilities (Part X, line 26)   |                 | 302,845.   | 506,715.                      |  |  |  |
| 23                             | 22                 | Net assets or fund balances. Subtract line 21 from line 20  | 1 5             | ,804,607.  | 6,647,135.                    |  |  |  |
|                                | rt II              | Signature Block   | _               |  |                               |  |  |  |
| Unde                           | er pena            | Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta  | itements,       | and to the best of my  | knowledge and belief, it is   |  |  |  |
| true,                          | correc             | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep | parer has       | any knowledge.   |                               |  |  |  |
|                                |                    |   |                 | Dete   |                               |  |  |  |
| Sign                           | 1                  | Signature of officer  |                 | Date   |                               |  |  |  |
| Here                           | 9                  | SCOTT WITZIG, EXECUTIVE DIRECTOR  |                 |  |                               |  |  |  |
|                                |                    | Type or print name and title  | 10:             |  | DTIA:                         |  |  |  |
| T. Company                     |                    | Print/Type preparer's name Preparer's signature   | Date            | Check L  | PTIN                          |  |  |  |
| Paid                           |                    | Mark Reinken Mark Reinken   | 02/             | 22/21 self-employe   | P00079028                     |  |  |  |
| Prep                           | arer               | Firm's name ▶ Ginoli & Company Ltd, CPA's   |                 | Firm's EIN ▶   | **-***6622                    |  |  |  |
| Use                            | Only               | Firm's address > 7625 N University Ste A  |                 | 90000  |                               |  |  |  |
|                                | 100                | Peoria, IL 61614-8303   |                 | Phone no. (3   | 09)671-2350                   |  |  |  |
|                                |                    | 200 discuss this veture with the property shown above? (see instructions)                               |                 |  | X Yes No                      |  |  |  |

including grants of \$ \_\_\_\_\_\_) (Revenue \$ \_\_\_\_\_ (Code: ) (Expenses \$ 4d Other program services (Describe on Schedule O.)

) (Revenue \$

(Expenses \$ Total program service expenses

426,030.

including grants of \$

Form 990 (2019)

| 1 4 | TIV Official of frequired confedures   |            | Yes  | No          |
|-----|--|------------|------|-------------|
|     | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            | 163  | 140         |
| 1   | 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  |            |      |             |
| 0   | 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   |            |      |             |
| •   | 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   |            |      |             |
| •   | 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 the right to  |            |      |             |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          | Х    |             |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |      | ĺ           |
|     | 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   |            |      |             |
|     | Schedule D, Part III   | 8          |      | X           |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |            |      |             |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |      |             |
|     | If "Yes," complete Schedule D, Part IV   | 9          |      | X           |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |            |      |             |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10         | X    |             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X  |            |      |             |
|     | as applicable.   | <u> </u>   |      |             |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            | 3.7  |             |
|     | Part VI  | <u>11a</u> | _X_  |             |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |            |      | v           |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |      | X           |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |            |      | Х           |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |      |             |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  | 11d        |      | х           |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11e        | X    |             |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 116        | - 11 | <del></del> |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f        |      | x           |
| 40  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |      |             |
| 12a |  | 12a        | Х    | 1           |
| h.  | Schedule D, Parts XI and XII   |            |      |             |
| D   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        |      | Х           |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |      | Х           |
| 14a | Did the organization maintain an office, employees, or 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   |            |      | l           |
|     | 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  |            |      | 1           |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |      | Х           |
| 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,  |            |      | l           |
|     | 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   |            |      | l           |
| -   | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         | Х    | ļ           |
| 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         |      | <u>X</u> _  |
| 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_   |             |
|     | 01-20-20   | Form       | 990  | (2019)      |

| Pai      | TIV Checklist of Required Schedules (continued)  |      | Yes          | No   |
|----------|--|------|--------------|--|
|          |  | -    | res          | INU  |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      | Х            | l  |
|          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |              |  |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |      |              | İ  |
|          | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |      |              | v  |
|          | Schedule J   | _23_ |              | <u> </u>                                     |
| 24 a     | 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   |      |              | v  |
|          | Schedule K. If "No," go to line 25a  | 24a  |              | <u>X</u>                                     |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |              |  |
| С        | Bit the association register an approximate any approximately a refunding escrow at any time during the year to defease  |      |              |  |
|          | 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  |              |  |
| 25 a     | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |      |              |  |
| 200      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a  |              | <u>X</u>                                     |
| h        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and   |      |              |  |
| b        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete  |      |              |  |
|          |  | 25b  |              | X  |
| 00       | Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |      |              |  |
| 26       | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |      |              |  |
|          | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26   |              | X  |
|          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,  |      |              |  |
| 27       | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |      |              |  |
|          | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27   |              | Х  |
|          | entity (including an employee thereot) or family member of any of these persons: If Yes, complete schedule 1, Part IV  |      |              |  |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  |      |              |  |
|          | instructions, for applicable filing thresholds, conditions, and exceptions):   |      |              |  |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If   | 28a  |              | Х  |
|          | "Yes," complete Schedule L, Part IV  | 28b  |              | X  |
| b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 200  |              | <del></del>                                  |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If  | 28c  |              | Х  |
|          | "Yes," complete Schedule L, Part IV  | 29   |              | X  |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   | -            | <del></del> -                                |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  |      |              | х  |
|          | contributions? If "Yes," complete Schedule M   | 30_  |              | $\frac{x}{x}$                                |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31   |              |  |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |      |              | v  |
|          | Schedule N, Part II  | 32   | ļ            | <u> </u>                                     |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |      |              | \ <b>.</b> .                                 |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |              | <u>X</u>                                     |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |      |              | 177  |
|          | Part V line 1  | 34   | ļ            | X<br>X                                       |
| 35 a     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  | ļ            | <u>                                     </u> |
| h        | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity  |      |              |  |
| ~        | within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2  | 35b  | <del> </del> | <b></b> -                                    |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?   | 1    |              |  |
| -        | If "Ves " complete Schedule R. Part V. line 2  | 36   |              | X  |
| 27       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |      |              |  |
| 37       | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37   |              | <u> </u>                                     |
| 20       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   |      |              |  |
| 38       | Note: All Form 990 filers are required to complete Schedule O  | 38   | X            |  |
| Pa       | rt V Statements Regarding Other IRS Filings and Tax Compliance   |      |              |  |
| <u> </u> | Check if Schedule O contains a response or note to any line in this Part V   |      |              |  |
|          | Official II Officialis & Colpetion of the Colpetion of th |      | Yes          | No   |
| -        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |      |              |  |
| 1 a      | Enter the number reported in Box 3 of Porth 1090. Enter 0 if not applicable  Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable  1b   |      |              |  |
| b        | Enter the number of Forms W-2G included in line 1a. Effet 30 in 10t applicable     Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  | 1    | <u></u>      |  |
| C        |  | 1c   |              |  |
|          | (gambling) winnings to prize winners?  | Form | 990          | (2019)                                       |

Form 990 (2019) 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 2a 3   |          |                 |              |  |  |  |  |  |
| 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)  |          |                 |              |  |  |  |  |  |
| За   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |                 | _X_          |  |  |  |  |  |
| b  | b If "Yes," has it filed a Form 990·T for this year? If "No" to line 3b, provide an explanation on Schedule O  |          |                 |              |  |  |  |  |  |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a         |  |          |                 |              |  |  |  |  |  |
|  | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |                 | _X_          |  |  |  |  |  |
| b  | If "Yes," enter the name of the foreign country  |          |                 |              |  |  |  |  |  |
|  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  | 5a       |                 | X            |  |  |  |  |  |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                             |  |          |                 |              |  |  |  |  |  |
|  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b_      |                 | X            |  |  |  |  |  |
|  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |                 | <del></del>  |  |  |  |  |  |
| 6a   | 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_      |                 | _ <u>X</u> _ |  |  |  |  |  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |          |                 |              |  |  |  |  |  |
|  | 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 goods and services provided to the payor?  | 7a_      | X               |              |  |  |  |  |  |
|  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | Х               |              |  |  |  |  |  |
| С  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |          |                 |              |  |  |  |  |  |
|  | to file Form 8282?   | 7c       |                 | <u>_x</u> _  |  |  |  |  |  |
|  | 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<br>7f |                 |              |  |  |  |  |  |
| f  |  |          |                 |              |  |  |  |  |  |
| g  |  |          |                 |              |  |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |  |          |                 |              |  |  |  |  |  |
| 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |          |                 | 37           |  |  |  |  |  |
|  | sponsoring organization have excess business holdings at any time during the year?   | 8        |                 | X            |  |  |  |  |  |
| 9 Sponsoring organizations maintaining donor advised funds.  |  |          |                 |              |  |  |  |  |  |
|  | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |                 | <u>X</u>     |  |  |  |  |  |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |                 | <del></del>  |  |  |  |  |  |
| 0  | Section 501(c)(7) organizations. Enter:  |          |                 |              |  |  |  |  |  |
| а  | Initiation fees and capital contributions included on Part VIII, line 12   |          |                 |              |  |  |  |  |  |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |          |                 |              |  |  |  |  |  |
| 11   | Section 501(c)(12) organizations. Enter:   |          |                 |              |  |  |  |  |  |
|  | Gross income from members or shareholders  |          |                 |              |  |  |  |  |  |
| b  | Gross income from other sources (Do not net amounts due or paid to other sources against   |          |                 |              |  |  |  |  |  |
|  | amounts due or received from them.)  | 100      |                 |              |  |  |  |  |  |
| 2a   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax exempt interest received or accrued during the year  | 12a      |                 |              |  |  |  |  |  |
|  | ii 105, Office the amount of tax oxompt more |          |                 |              |  |  |  |  |  |
| 3  | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 120      |                 |              |  |  |  |  |  |
| а  | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |                 |              |  |  |  |  |  |
|  | Note: See the instructions for additional information the organization must report on Schedule O.  |          | 1               |              |  |  |  |  |  |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the   |          |                 | ļ            |  |  |  |  |  |
|  | organization is needed to issue qualities reader plane   |          |                 |              |  |  |  |  |  |
| С  | Lifter the amount of reserves of rhand   | 14a      |                 |              |  |  |  |  |  |
|  | Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation on Schedule O   | 14b      | $\neg$          |              |  |  |  |  |  |
|  | II 103, 1143 te mod a 1 offit 7 20 to 10 port and a payment in 110) promate an argument in a contract of the c |          |                 |              |  |  |  |  |  |
| 5  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  | 15       |                 | Х            |  |  |  |  |  |
|  | excess parachute payment(s) during the year?   |          |                 |              |  |  |  |  |  |
| 6  | If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  | 16       | 1               | X            |  |  |  |  |  |
| 6  | If "Yes," complete Form 4720, Schedule O.  |          | $\neg \uparrow$ |              |  |  |  |  |  |
|  | II 165, Complete Lotti 4720, Contedito C.  | Form     | 990             | (2019)       |  |  |  |  |  |

Form 990 (2019) MORTON COMMUNITY FOUNDATION TO Page 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 on Schedule O. See instructions.

|     | (6 1116 6 21) 2 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2   |        |         | X              |
|-----|---|--------|---------|----------------|
|     | Check if Schedule O contains a response or note to any line in this Part VI   |        |         | Δ              |
| Sec | tion A. Governing Body and Management   |        | V       | N-             |
|     | 1.1 14  |        | Yes     | No             |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year   |        |         |                |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |        |         |                |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.                               |        |         |                |
| b   | Enter the number of voting members included on line 1a, above, who are independent  |        |         |                |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |        |         | Х              |
|     | officer, director, trustee, or key employee?  | 2_     |         |                |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               | _      |         | ٠,,            |
|     | of officers, directors, trustees, or key employees to a management company or other person?   | 3      |         | X              |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4      |         |                |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5      |         | X              |
| 6   | Did the organization have members or stockholders?  | 6      |         | X              |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |        |         | ·              |
|     | more members of the governing body?   | 7a     |         | X              |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  | _      |         | ٠,,            |
|     | persons other than the governing body?  | 7b_    |         | X              |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |        | 7,7     |                |
| а   | The governing body?   | 8a     | X       |                |
| b   | Each committee with authority to act on behalf of the governing body?   | 8b     | X       | ļ              |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |        |         | ,,             |
|     | organization's mailing address? If "Yes." provide the names and addresses on Schedule O   | 9      |         | X              |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |        |         |                |
|     |   |        | Yes     |                |
| 10a | Did the organization have local chapters, branches, or affiliates?  | 10a    |         | X              |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |        |         |                |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b_   | v       | ļ              |
|     | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a    | X       | <u> </u>       |
|     | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                       |        | 37      |                |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a    | X       | ļ              |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b    | X       | <del></del>    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |        | <b></b> |                |
|     | in Schedule O how this was done   | 12c    | X       |                |
| 13  | Did the organization have a written whistleblower policy?   | 13     | Λ_      | V              |
| 14  | Did the organization have a written document retention and destruction policy?  | 14     |         | X              |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |        |         |                |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |        | 17      |                |
| а   | The organization's CEO, Executive Director, or top management official  | 15a    | X       |                |
| b   | Other officers or key employees of the organization   | 15b    | X       | -              |
|     | 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               | 46     |         | - <del>-</del> |
|     | taxable entity during the year?   | 16a    |         | X              |
| 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                      | 401    |         |                |
|     | exempt status with respect to such arrangements?  | 16b    |         | <u></u>        |
| Sec | tion C. Disclosure  |        |         |                |
| 17  | List the states with which a copy of this Form 990 is required to be filed TL   |        |         | ble.           |
| 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):    | only)  | avalla  | ule            |
|     | for public inspection. Indicate how you made these available. Check all that apply.   |        |         |                |
|     | X Own website Another's website X Upon request Other (explain on Schedule O)  | e:     | -:-1    |                |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     | tinano | cial    |                |
|     | 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 VIII 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

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

- 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. See instructions for the order in which to list the persons above.

| Check this box if neither the organization r | or any related         | r any related organization compensated |                       |          |              |                              |        | ated any current officer, director, or trustee. |                 |                          |  |  |
|--|------------------------|--|-----------------------|----------|--------------|------------------------------|--------|---|-----------------|--------------------------|--|--|
| (A)  | (B)                    |  |                       | _ (0     | C)           |                              |        | (D)   | (E)             | (F)                      |  |  |
| Name and title                               | Average                | (do                                    | not c                 | Pos      | ition        | l<br>than                    | one    | Reportable                                      | Reportable      | Estimated                |  |  |
|  | hours per              | box                                    | , unle                | ss pe    | rson i       | s both                       | h an   | compensation                                    | compensation    | amount of                |  |  |
|  | week                   |  | cer ar                | ia a a   | recto        | x/trus                       | iee)   | from  | from related    | other                    |  |  |
|  | (list any              | ector                                  |                       |          |              |                              | İ      | the   | organizations   | compensation             |  |  |
|  | hours for              | ğ                                      | ಜ                     |          |              | ated                         |        | organization                                    | (W-2/1099-MISC) | from the<br>organization |  |  |
|  | related                | ustee                                  | trust                 |          | 8            | Suado                        |        | (W-2/1099-MISC)                                 |                 | and related              |  |  |
|  | organizations<br>below | ual tr                                 | ional                 |          | yold         | 15 g                         |        |   |                 | organizations            |  |  |
|  | line)                  | Individual trustee or director         | Institutional trustee | Officer  | Key employee | Highest compensated employee | Former |   |                 |                          |  |  |
| (1) BARB GETZ                                | 0.00                   |  |                       |          |              |                              |        | •   | 0               | 0                        |  |  |
| TRUSTEE                                      |                        | Х                                      |                       |          |              | <u> </u>                     |        | 0.  | 0.              | 0.                       |  |  |
| (2) CHRIS RAJKUMAR                           | 0.00                   |  |                       |          |              |                              |        |   |                 | •                        |  |  |
| TRUSTEE                                      |                        | X                                      |                       |          |              |                              |        | 0.  | 0.              | 0.                       |  |  |
| (3) JEFF MUNIZ                               | 0.00                   |  |                       |          |              |                              |        | _   |                 | •                        |  |  |
| TRUSTEE                                      |                        | Х                                      |                       |          |              |                              |        | 0.  | 0.              | 0.                       |  |  |
| (4) HEATHER THOMPSON                         | 0.00                   |  |                       |          |              |                              |        | _   |                 | •                        |  |  |
| TRUSTEE                                      |                        | X                                      |                       |          | _            |                              |        | 0.  | 0.              | 0.                       |  |  |
| (5) STACY LITERSKY                           | 0.00                   |  |                       |          |              |                              |        |   |                 | ^                        |  |  |
| TRUSTEE                                      |                        | Х                                      |                       |          | <u>L</u> .   |                              |        | 0.  | 0.              | 0.                       |  |  |
| (6) DARREN MARTIN                            | 0.00                   |  |                       |          |              |                              |        |   |                 | ^                        |  |  |
| TRUSTEE                                      |                        | X                                      |                       |          | L            |                              |        | 0.  | 0.              | 0.                       |  |  |
| (7) CINDY HONEGGER                           | 0.00                   |  |                       |          |              |                              |        | _   |                 | •                        |  |  |
| TRUSTEE                                      |                        | Х                                      | L                     |          |              | <u> </u>                     |        | 0.  | 0.              | 0.                       |  |  |
| (8) JEFF KING                                | 0.00                   | ļ                                      |                       |          |              |                              |        | _   |                 |                          |  |  |
| PRESIDENT                                    |                        |  |                       | Х        |              |                              |        | 0.  | 0.              | 0.                       |  |  |
| (9) SYLVIA HASINGER                          | 0.00                   |  |                       |          |              |                              |        | _   | •               | •                        |  |  |
| VICE PRESIDENT                               |                        |  |                       | Х        |              |                              |        | 0.  | 0.              | 0.                       |  |  |
| (10) DEREK FLOYD                             | 0.00                   |  |                       |          |              |                              |        |   | •               | •                        |  |  |
| TREASURER                                    |                        |  |                       | Х        | _            | _                            |        | 0.  | 0.              | 0.                       |  |  |
| (11) KARA KNEPP                              | 0.00                   |  |                       |          |              |                              |        |   | ^               | 0                        |  |  |
| SECRETARY                                    |                        |  |                       | X        |              | <u> </u>                     |        | 0.  | 0.              | 0.                       |  |  |
| (12) SCOTT WITZIG                            | 45.00                  |  |                       |          |              |                              |        | 00 465  | 0               | 2 045                    |  |  |
| EXECUTIVE DIRECTOR                           |                        |  |                       | Х        |              |                              | -      | 98,465.   | 0.              | 3,045.                   |  |  |
| (13) TIM GRONEWALD                           | 0.00                   |  |                       |          |              |                              |        | •   | 0               | 0                        |  |  |
| TRUSTEE                                      |                        |  |                       | Х        |              |                              |        | 0.  | 0.              | 0.                       |  |  |
| (14) MIKE KRAFT                              | 0.00                   |  |                       |          |              |                              |        | •   |                 | 0                        |  |  |
| PAST PRESIDENT                               |                        |  |                       | Х        |              | _                            |        | 0.  | 0.              | 0.                       |  |  |
|  |                        |  |                       |          |              |                              |        |   |                 |                          |  |  |
|  |                        |  |                       |          |              |                              |        |   |                 |                          |  |  |
|  | <u> </u>               |  |                       | $\dashv$ |              |                              |        |   |                 | <del></del>              |  |  |
|  |                        |  |                       |          |              |                              |        |   |                 |                          |  |  |
|  | .1                     |  |                       |          | _            |                              | لصبير  |   |                 |                          |  |  |

| Part VII Section A. Officers, Directors, Trus  | tees, Key Emp  | oloy   | ees,                  | and           | <u> Hi</u>         | ghes                         | st C                                 | ompensated Employee  | s (continued)                                   |  |             |                               |
|--|--|--|-----------------------|---------------|--------------------|------------------------------|--------------------------------------|--|---|--|-------------|-------------------------------|
| (A)<br>Name and title  | (B)<br>Average<br>hours per                          | (C) Position (do not check more than box, unless person is bot officer and a director/trus |                       |               | <b>)</b><br>than ( | one<br>h an                  | ( <b>D</b> ) Reportable compensation | (E) Reportable compensation  |   | (F)<br>Estima<br>amoun                                     | ted<br>t of |                               |
|  | week (list any hours for related organizations below | tee or director  | Institutional trustee | uad           |                    | Highest compensated employee |                                      | from<br>the<br>organization<br>(W-2/1099-MISC)   | from related<br>organizations<br>(W-2/1099-MISC | ns compensati<br>ISC) from the<br>organizati<br>and relate |             | sation<br>he<br>ation<br>ated |
|  | line)  | Individ  | instituti             | Officer       | Key employee       | Highest<br>employ            | Former                               |  |   |  | organiza    |                               |
|  |  |  |                       |               |                    |                              |                                      |  |   |  |             | <del>,</del>                  |
|  |  |  |                       |               |                    |                              |                                      |  | , ,   |  |             |                               |
|  |  |  |                       |               |                    |                              |                                      |  |   |  |             |                               |
|  |  |  |                       |               |                    |                              |                                      |  |   |  |             |                               |
|  |  |  |                       |               |                    |                              |                                      |  | · · · · · · · · · · · · · · · · · · ·           | +  |             |                               |
|  |  |  |                       |               |                    |                              |                                      |  |   |  |             |                               |
| 1b Subtotal c Total from continuation sheets to Part VI  | , Section A  |  |                       |               | · · · · · ·        |                              | <b>▶</b>                             | 98,465.<br>0.<br>98,465.   | 0   | 1.   |             | 0.<br>0.<br>045.              |
| d Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization  | ot limited to th                                     | ose  | liste                 | d ab          | ove                | ) wh                         | o re                                 |  | 000 of reportable                               |  | Yes         | 0                             |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si  |  |  |                       |               |                    |                              |                                      |  |   |  | 3           | X                             |
| 4 For any individual listed on line 1a, is the su and related organizations greater than \$150   | m of reportable),000? <i>If</i> "Yes,                | e co<br>" <i>coi</i>   | mpe<br>mple           | nsat<br>ete S | tion<br>Sche       | and<br>dule                  | oth<br>J fo                          | er compensation from the compensation from the compensation of the | ne organization                                 | .  | 4           | Х                             |
| rendered to the organization? If "Yes." com<br>Section B. Independent Contractors  | plete Schedule                                       | J fo   | or su                 | ch r          | oers               | on .                         |                                      |  |   |  | 5           | Х                             |
| Complete this table for your five highest countries the organization. Report compensation for the compensation for the compensation for the compensation for the compensation for the compensation for the compensation. |  |  |                       |               |                    |                              |                                      |  |   | sation   |             |                               |
| (A) (B) Name and business address NONE Description of services   |  |  |                       |               |                    |                              |                                      | ervices  | Con   | (C)<br>npensatio   | on          |                               |
|  |  |  |                       |               |                    |                              | _                                    |  |   |  |             |                               |
|  |  |  |                       |               |                    |                              |                                      |  |   |  |             |                               |
|  |  |  |                       |               |                    |                              |                                      |  |   |  |             |                               |
| Total number of independent contractors (ir \$100,000 of compensation from the organize)   |  | ot lim   | nited                 | to t          | hos                |                              | ted a                                | above) who received mo   | ore than  |  |             |                               |
| φτου <sub>τ</sub> ούο οι σοιπροποαποτή ποτή της στganiz  |  |  |                       |               |                    |                              |                                      |  |   |  | 99 <u>0</u> | (2010)                        |

Form 990 (2019) MORTON COMMUNITY FOUNDATION
Part VIII Statement of Revenue

|  |          | Check if Schedule O contains a response or note           | to any lin    | e in this Part VIII  |  |                                      |  |
|--|----------|---|---------------|----------------------|--|--------------------------------------|--|
| -  |          |   |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| SS   | 1 a      | Federated campaigns 1a                                    |               |                      |  |                                      |  |
| ant  | h        | Membership dues 1b  |               |                      |  |                                      |  |
| 9  |          | Fundraising events 1c                                     |               | 1                    |  |                                      |  |
| ffs,   | ں<br>س   | Related organizations 1d                                  |               |                      |  |                                      |  |
| igi<br>ila   | u        | Government grants (contributions)  1e                     |               |                      |  |                                      |  |
| Sir  | 4        | All other contributions, gifts, grants, and               |               |                      |  |                                      |  |
| utic<br>ler  | •        | similar amounts not included above 1f 1,138,              | 099.          |                      |  | 7 g                                  |  |
| di p   |          | Noncash contributions included in lines 1a-1f             |               | 1                    |  |                                      |  |
| Contributions, Gifts, Grants and Other Similar Amounts | 9        | Total. Add lines 1a-1f                                    |               | 1,138,099.           | 400                                    |                                      |  |
| 0.8  |          |   | ess Code      |                      |  |                                      |  |
| 4  | 2 a      | <del></del>   |               |                      |  |                                      |  |
| /ice   | z a<br>b |   |               |                      |  |                                      |  |
| ser.   | 0        |   |               |                      |  |                                      |  |
| m S<br>ven   | c<br>d   |   |               |                      |  |                                      |  |
| gra<br>Re  | u<br>o   |   |               |                      |  |                                      |  |
| Program Service<br>Revenue                             | f        | All other program service revenue                         |               |                      |  |                                      |  |
| _  | •        | Total. Add lines 2a-2f                                    |               |                      | K. M. J.                               |                                      |  |
| _  | 3        | Investment income (including dividends, interest, and     |               |                      |  |                                      |  |
|  |          | other similar amounts)                                    |               | 142,067.             |  |                                      | 142,067.   |
|  | 4        | Income from investment of tax-exempt bond proceeds        |               |                      |  |                                      |  |
|  | 5        | Royalties   | 🕨             |                      |  |                                      |  |
|  |          |   | ersonal       |                      | *                                      |                                      |  |
|  | 6 a      | Gross rents 6a  |               |                      |  |                                      |  |
|  |          | Less: rental expenses 6b                                  |               |                      |  |                                      |  |
|  |          | Rental income or (loss) 6c                                |               |                      |  |                                      |  |
|  |          | Net rental income or (loss)                               |               |                      |  |                                      |  |
|  |          | · · · · · · · · · · · · · · · · · · ·                     | Other         | Here is the          |  |                                      |  |
|  |          | assets other than inventory 7a 154,171.                   |               | e<br>Ege             |  |                                      |  |
|  | b        | Less: cost or other basis                                 |               | ं क <sub>्</sub> र   |  |                                      |  |
| <u>e</u>   | -        | and sales expenses 7b 0.                                  |               |                      |  |                                      |  |
| en   | c        | Gain or (loss) 7c 154 , 171 .                             |               |                      |  |                                      |  |
| Revenue  |          | Net gain or (loss)  | >             | 154,171.             |  |                                      | 154,171.   |
| her  |          | Gross income from fundraising events (not                 |               |                      |  |                                      |  |
| ŧ.   |          | including \$ of   |               |                      |  |                                      |  |
|  |          | contributions reported on line 1c). See                   |               |                      |  |                                      |  |
|  |          | Part IV, line 18 8a 26,                                   | 630.          |                      |  |                                      |  |
|  | b        | Less: direct expenses 8b                                  | 460.          |                      |  |                                      |  |
|  |          | Net income or (loss) from fundraising events              |               | 26,170.              |  |                                      | 26,170.  |
|  |          | Gross income from gaming activities. See                  |               |                      |  |                                      |  |
|  |          | Part IV, line 19 9a                                       |               |                      |  |                                      |  |
|  | b        | Less: direct expenses 9b                                  |               |                      |  |                                      |  |
|  | С        | Net income or (loss) from gaming activities               | <b>&gt;</b> _ |                      |  |                                      |  |
|  |          | Gross sales of inventory, less returns                    |               |                      |  |                                      |  |
|  |          | and allowances10a   |               |                      |  |                                      |  |
|  | b        | Less: cost of goods sold10b                               |               |                      |  |                                      |  |
|  | С        | Net income or (loss) from sales of inventory              |               |                      |  |                                      | <del></del> 1  |
| ر<br>ا   |          |   | ss Code       | EE 317               | EE 317                                 |                                      |  |
| og a   | 11 a     | MANAGEMENT FEES 900                                       | 099           | 55,317.              | 55,317.                                |                                      |  |
| lane   | b        |   |               |                      |  |                                      |  |
| Miscellaneous<br>Revenue                               | C        |   |               |                      |  |                                      |  |
| Mis  |          | All other revenue   |               | 55,317.              |  | <del></del>                          |  |
|  |          | Total. Add lines 11a-11d  Total revenue. See instructions |               | 1,515,824.           | 55,317.                                | 0.                                   | 322,408.   |

Form 990 (2019) MORTON COMMUNITY FOUNDATION
Part IX Statement of Functional Expenses

|        | Check if Schedule O contains a respons not include amounts reported on lines 6b,                      | e or note to any line in t  (A)  Total expenses | his Part IX(B) Program service | (C)<br>Management and | ( <b>D</b> )<br>Fundraising |
|--------|---|---|--------------------------------|-----------------------|-----------------------------|
| 7b,    | 8b, 9b, and 10b of Part VIII.   |   | expenses                       | general expenses      | expenses                    |
| 1      | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 299,339.  | 299,339.                       |                       |                             |
| 2      | Grants and other assistance to domestic   | 15 050  | 15 050                         |                       |                             |
|        | individuals. See Part IV, line 22   | 15,850.   | 15,850.                        |                       |                             |
| 3      | Grants and other assistance to foreign  |   |                                |                       |                             |
|        | organizations, foreign governments, and foreign   |   |                                |                       |                             |
|        | individuals. See Part IV, lines 15 and 16   |   |                                |                       | 7                           |
| 4<br>5 | Benefits paid to or for members Compensation of current officers, directors,                          |   |                                |                       |                             |
| ,      | trustees, and key employees   | 103,483.  | 20,697.                        | 41,393.               | 41,393                      |
| 3      | 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  | 21,116.   | 4,222.                         | 8,447.                | 8,447                       |
| 3      | Pension plan accruals and contributions (include  |   |                                |                       |                             |
|        | section 401(k) and 403(b) employer contributions)   |   |                                |                       | ····                        |
| 9      | Other employee benefits   | 4,121.<br>9,532.                                | 825.                           | 1,648.                | 1,648<br>3,813              |
| )      | Payroll taxes   | 9,532.  | 1,906.                         | 3,813.                | 3,813                       |
| 1      | Fees for services (nonemployees):   |   |                                |                       |                             |
| а      | Management  |   |                                |                       |                             |
| b      |   |   |                                |                       | 251                         |
| С      | Accounting  | 3,713.  | 371.                           | 2,971.                | 371                         |
| d      | Lobbying  |   |                                |                       |                             |
| е      | Professional fundraising services. See Part IV, line 17   |   |                                |                       |                             |
| f      | Investment management fees  | 79,247.   | 79,247.                        |                       |                             |
| g      | Other. (If line 11g amount exceeds 10% of line 25,  |   |                                |                       |                             |
|        | column (A) amount, list line 11g expenses on Sch O.)  |   |                                |                       |                             |
| 2      | Advertising and promotion   | F 500   | 070                            | 2 042                 | 1 700                       |
| 3      | Office expenses   | 5,708.  | 978.<br>782.                   | 2,942.                | 1,788<br>1,084              |
| 4      | Information technology  | 8,156.  | 104.                           | 0,290.                | 1,004                       |
| 5      | Royalties   | 4,779.  | 955.                           | 1,912.                | 1,912                       |
| 3      | Occupancy   | 4,113.  | 333.                           | 1,714.                | +,,,=                       |
| 7      | Travel  |   |                                |                       |                             |
| 3      | Payments of travel or entertainment expenses  |   |                                |                       |                             |
| _      | for any federal, state, or local public officials   | 2,735.  | 273.                           | 2,189.                | 273                         |
| 9      | Conferences, conventions, and meetings  | 2,,331  |                                |                       |                             |
|        | Interest  |   |                                |                       |                             |
| 1      | Payments to affiliates  | 567.  |                                | 567.                  |                             |
| 2      |   | 2,363.  | 473.                           | 945.                  | 945                         |
| 3<br>1 | Other expenses. Itemize expenses not covered  |   |                                |                       |                             |
| •      | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) |   |                                |                       |                             |
|        | amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS  | 1,856.  |                                | 1,856.                |                             |
| a      | TELEPHONE & INTERNET  | 1,517.  |                                | 1,517.                |                             |
| b      | EDUCATION & DUES  | 1,124.  | 112.                           | 900.                  | 112                         |
| 9      | - LOCATION & DOLD   |   |                                |                       |                             |
| d      | All other expenses  |   |                                |                       |                             |
| e      | Total functional expenses. Add lines 1 through 24e  | 565,206.  | 426,030.                       | 77,390.               | 61,786                      |
| 5<br>3 | Joint costs. Complete this line only if the organization  |   |                                |                       |                             |
|        | reported in column (B) joint costs from a combined  |   |                                |                       |                             |
|        | educational campaign and fundraising solicitation.  |   |                                |                       |                             |
|        | Check here if following SOP 98-2 (ASC 958-720)  |   |                                |                       |                             |

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 664,093. 470,095. 1 Cash · non-interest-bearing 6,477,112. 5,631,966. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4,981. 4,411. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use \_\_\_\_\_ 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 26,159. 10a basis. Complete Part VI of Schedule D ....... 980. 7,664. 18,495. 10c Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 6,107,452. 7,153,850. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 5,737. 6,653. 17 Accounts payable and accrued expenses 17 154,792. 31,087. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_ 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 346,186. 265,105. 25 of Schedule D ..... 506,715. 302,845. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗓 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 770,504. 1,539,048. 27 27 Net assets without donor restrictions 5,108,087. 5,034,103. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31

7,153,850. Form 990 (2019)

6,647,135.

5,804,607.

6,107,452.

32

33

32

Form **990** (2019)

| Forn   | 1 990 (2019) MORTON COMMUNITY FOUNDATION  | **_          | ***7503                                | Pa  | ge 12      |  |  |
|--|---|--------------|--|-----|------------|--|--|
| Pa   | rt XI Reconciliation of Net Assets  |              |  |     |            |  |  |
|  | Check if Schedule O contains a response or note to any line in this Part XI   | <del>,</del> |  |     |            |  |  |
|  |   |              | 4 -4.                                  | - ^ | ٠.         |  |  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1            | 1,515                                  |     |            |  |  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2            |  |     | 06.        |  |  |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3            |  |     | 18.        |  |  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4            | 5,804                                  |     |            |  |  |
| 5  | Net unrealized gains (losses) on investments  | 5            | -108                                   | 3,0 | 90.        |  |  |
| 6  | Donated services and use of facilities  | 6            | -117                                   |     |            |  |  |
| 7  | Investment expenses   | 7            |  |     |            |  |  |
| 8  | Prior period adjustments  | 8            | ······································ |     |            |  |  |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)  | 9            |  |     | 0.         |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |              |  |     |            |  |  |
|  | column (B))   | 10           | 6,647                                  | 7,1 | <u>35.</u> |  |  |
| Pa   | rt XII Financial Statements and Reporting   |              |  |     |            |  |  |
|  | Check if Schedule O contains a response or note to any line in this Part XII  |              |  |     | ᆜ          |  |  |
|  |   |              |  | 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," explain in Schedule        | O.           |  |     |            |  |  |
| 2a   |   |              | 2a                                     |     | X          |  |  |
|  | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a         |  |     |            |  |  |
|  | separate basis, consolidated basis, or both:  |              |  |     |            |  |  |
|  | Separate basis Consolidated basis Both consolidated and separate basis  |              |  |     |            |  |  |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |              | 2b                                     | X   |            |  |  |
|  | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,       |  |     |            |  |  |
|  | consolidated basis, or both:  |              |  |     |            |  |  |
|  | X Separate basis Consolidated basis Both consolidated and separate basis  |              |  |     |            |  |  |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,       |  | х   |            |  |  |
| review, or compilation of its financial statements and selection of an independent accountant? |   |              |  |     |            |  |  |
|  | If the organization changed either its oversight process or selection process during the tax year, explain on Scho    | edule O.     |  |     |            |  |  |
| За   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audi     | it                                     |     |            |  |  |
|  | Act and OMB Circular A-133?   |              | За                                     |     | X          |  |  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit     | t                                      |     |            |  |  |
|  | or guidite, explain why on Schedule O and describe any steps taken to undergo such audits                             |              | 3b                                     |     | İ          |  |  |

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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

Open to Public Inspection

Employer identification number

Name of the organization \*\*-\*\*\*7503 MORTON COMMUNITY FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions.

| r a |               | ricason for rabile c  | oriality otherway       | All Organizations must be                      | mpiete in        | о рали,          |                            |                            |  |  |  |
|-----|---------------|---|-------------------------|--|------------------|------------------|----------------------------|----------------------------|--|--|--|
| he  | organ         | ization is not a private found  | ation because it is: (F | or lines 1 through 12, c                       | heck only        | one box.)        |                            |                            |  |  |  |
| 1   | Ŏ.            | A church, convention of chu   |                         |  |                  |                  | I)(A)(i).                  |                            |  |  |  |
| 2   | 同             | A school described in secti   |                         |  |                  |                  |                            |                            |  |  |  |
| 3   | 一             | A hospital or a cooperative   |                         |  |                  |                  | ii).                       |                            |  |  |  |
|     | H             | A medical research organiza   | ation operated in cor   | niunction with a hospital                      | described        | in sectio        | n 170(b)(1)(A)(iii). Enter | the hospital's name,       |  |  |  |
| 4   |               |   | ation operated in co.   | ijanotion mitra nospital                       |                  |                  | A A A A A                  | •                          |  |  |  |
| _   |               | city, and state:  An organization operated for  | r the henefit of a col  | logo or university owned                       | or operat        | ed by a go       | vernmental unit describe   | ed in                      |  |  |  |
| 5   |               |   |                         | lege of university owned                       | or operat        | ca by a ge       | World and a second         |                            |  |  |  |
|     |               | section 170(b)(1)(A)(iv). (C  |                         |  |                  | -04 1/41/41      | <i>(</i> .)                |                            |  |  |  |
| 6   | $\sqsubseteq$ | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  |                         |  |                  |                  |                            |                            |  |  |  |
| 7   | X             | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in |                         |  |                  |                  |                            |                            |  |  |  |
|     |               | section 170(b)(1)(A)(vi). (Complete Part II.)   |                         |  |                  |                  |                            |                            |  |  |  |
| 8   |               | A community trust describe  |                         |  |                  |                  |                            |                            |  |  |  |
| 9   |               | An agricultural research org  | anization described     | in section 170(b)(1)(A)(                       | ix) operate      | ed in conju      | inction with a land-grant  | college                    |  |  |  |
|     |               | or university or a non-land-g   | rant college of agrice  | ulture (see instructions).                     | Enter the i      | name, city       | , and state of the college | or                         |  |  |  |
|     |               | university:   |                         | •  |                  |                  |                            |                            |  |  |  |
| 10  |               | An organization that normal   | ly receives: (1) more   | than 33 1/3% of its supp                       | ort from c       | ontributio       | ns, membership fees, ar    | d gross receipts from      |  |  |  |
|     |               | activities related to its exem  | not functions - subjec  | et to certain exceptions.                      | and (2) no       | more than        | 33 1/3% of its support     | from gross investment      |  |  |  |
|     |               | income and unrelated busin  | iose tavable income     | (less section 511 tax) fro                     | m husines        | ses acqui        | red by the organization a  | after June 30, 1975.       |  |  |  |
|     |               |   |                         | (leas section of Francisco                     | an paomoc        | ,000 4044.       | ou by the organization     | ······ ,                   |  |  |  |
|     |               | See section 509(a)(2). (Cor   |                         |  | foty Coo         | naatian 50       | 20(2)(4)                   |                            |  |  |  |
| 11  | $\vdash$      | An organization organized a   | ina operatea exclusi    | very to test for public sai                    | iety. See :      | section of       | on of orto corruput the    | nurnosees of one or        |  |  |  |
| 12  |               | An organization organized a   | and operated exclusi    | very for the benefit of, to                    | penonnu          | re iuncioi       | Con anotion 500(a)(3)      | hack the box in            |  |  |  |
|     |               | more publicly supported org   | ganizations describe    | d in section 509(a)(1) 0                       | r section :      | 509(a)(2)        | See section busial(s).     | DIRCK THE DOX III          |  |  |  |
|     |               | lines 12a through 12d that o  | describes the type of   | f supporting organization                      | n and com        | plete lines      | 12e, 12f, and 12g.         | • •                        |  |  |  |
| а   |               | Type I. A supporting orga   | nization operated, s    | upervised, or controlled                       | by its supp      | oorted org       | anization(s), typically by | giving                     |  |  |  |
|     |               | the supported organization  | n(s) the power to req   | gularly appoint or elect a                     | majority o       | of the direc     | tors or trustees of the su | pporting                   |  |  |  |
|     |               | organization. You must c  | omplete Part IV, Se     | ections A and B.                               |                  |                  |                            |                            |  |  |  |
| b   |               | Type II. A supporting orga  | anization supervised    | or controlled in connect                       | ion with its     | s supporte       | ed organization(s), by hav | ving                       |  |  |  |
|     |               | control or management of  | f the supporting orga   | anization vested in the sa                     | ame perso        | ns that co       | ntrol or manage the sup    | oorted                     |  |  |  |
|     |               | organization(s). You mus  |                         |  |                  |                  |                            |                            |  |  |  |
| _   |               | Type III functionally integ   | grated. A supporting    | g organization operated                        | in connect       | tion with, a     | and functionally integrate | ed with,                   |  |  |  |
| ·   | <u> </u>      | its supported organization  | n(e) (see instructions) | You must complete I                            | Part IV. Se      | ctions A.        | D. and E.                  |                            |  |  |  |
| لہ  |               | Type III non-functionally   | integrated A SUDD       | orting organization oper                       | ated in co       | nnection w       | vith its supported organia | zation(s)                  |  |  |  |
| d   |               | that is not functionally into   | areted The organiz      | ration generally must sat                      | isfy a distr     | ibution rec      | uirement and an attentiv   | veness                     |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               | requirement (see instructi  | ons). You must con      | inplete Fait IV, Sections                      | m tha IDS        | that it is a     | Type I Type II Type III    |                            |  |  |  |
| е   | L             | Check this box if the orga  |                         |  |                  |                  | Type i, Type ii, Type iii  |                            |  |  |  |
|     |               | functionally integrated, or   |                         | naliy integrated supporti                      | ng organiz       | ation,           |                            |                            |  |  |  |
| f   |               | er the number of supported o  |                         |  |                  |                  |                            |                            |  |  |  |
| g   | Prov          | ride the following information  | about the supporte      | d organization(s).  (iii) Type of organization | (iv) is the orga | inization listed | (v) Amount of monetary     | (vi) Amount of other       |  |  |  |
|     | (             | i) Name of supported  | (ii) EIN                | (described on lines 1-10                       | in your governi  | ng document?     | support (see instructions) | support (see instructions) |  |  |  |
|     |               | organization  |                         | above (see instructions))                      | Yes              | No               | ,                          |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  | <u></u>          |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               |   |                         |  |                  |                  |                            |                            |  |  |  |
|     |               | <u> </u>  |                         |  |                  |                  |                            |                            |  |  |  |

## Schedule A (Form 990 or 990-EZ) 2019 MORTON COMMUNITY FOUNDATION \*\*-\*\*\*7 | 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.)

| Se   | ction A. Public Support   |                       |                     |  |                     |                     |                                       |
|------|---|-----------------------|---------------------|--|---------------------|---------------------|---------------------------------------|
| Cale | ndar year (or fiscal year beginning in)   | (a) 2015              | (b) 2016            | (c) 2017                                 | (d) 2018            | <b>(e)</b> 2019     | (f) Total                             |
| 1    | Gifts, grants, contributions, and   |                       |                     |  |                     |                     |                                       |
|      | membership fees received. (Do not   |                       |                     |  |                     |                     |                                       |
|      | include any "unusual grants.")  | 393,261.              | 716,688.            | 1303888.                                 | 379,540.            | 1138099.            | 3931476.                              |
| 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   |                       |                     |  |                     |                     |                                       |
| 4    | Total. Add lines 1 through 3  | 393,261.              | 716,688.            | 1303888.                                 | 379,540.            | 1138099.            | 3931476.                              |
| 5    | The portion of total contributions  |                       |                     |  | ž.t                 |                     |                                       |
| ·    | by each person (other than a  |                       |                     |  |                     |                     |                                       |
|      | governmental unit or publicly   |                       |                     | ·  |                     |                     |                                       |
|      | supported organization) included  |                       |                     |  |                     | 2                   |                                       |
|      | on line 1 that exceeds 2% of the  |                       |                     |  |                     |                     |                                       |
|      | amount shown on line 11,  |                       |                     |  |                     |                     |                                       |
|      | column (f)  |                       |                     |  |                     |                     | 1075174.                              |
| 6    | Public support. Subtract line 5 from line 4.  |                       |                     | 3.0                                      |                     |                     | 2856302.                              |
|      | ction B. Total Support  | <u></u>               |                     |  |                     |                     |                                       |
|      | ndar year (or fiscal year beginning in)   | (a) 2015              | <b>(b)</b> 2016     | (c) 2017                                 | (d) 2018            | (e) 2019            | (f) Total                             |
|      | Amounts from line 4   | 393,261.              | 716,688.            | 1303888.                                 | 379,540.            | 1138099.            | 3931476.                              |
|      | Gross income from interest,   |                       |                     |  |                     |                     |                                       |
| Ü    | dividends, payments received on   |                       |                     |  |                     |                     |                                       |
|      | securities loans, rents, royalties,   |                       |                     |  |                     |                     |                                       |
|      | and income from similar sources   | 88,577.               | 94,055.             | 105,275.                                 | 136,332.            | 46,081.             | 470,320.                              |
| 0    | Net income from unrelated business  | 00,0,10               |                     |  |                     |                     | 1                                     |
| 9    |   |                       |                     |  |                     |                     |                                       |
|      | activities, whether or not the  |                       | ·                   |  |                     |                     |                                       |
| 40   | business is regularly carried on  |                       |                     |  |                     |                     |                                       |
| 10   | Other income. Do not include gain   |                       | 4                   |  |                     |                     |                                       |
|      | or loss from the sale of capital  | 84,745.               | 63,557.             | 69,448.                                  | 89,566.             | 81.487.             | 388,803.                              |
|      | assets (Explain in Part VI.)  | 04,743                | 0373371             | 05/1101                                  | 05/000              | <u> </u>            | 4790599.                              |
|      | Total support. Add lines 7 through 10   | ata (aga inatruatio   | na)                 |  |                     | 12                  |                                       |
| 12   | Gross receipts from related activities, First five years. If the Form 990 is for  | the exceptation's     | first second thire  | t fourth or fifth to                     |                     |                     | · · · · · · · · · · · · · · · · · · · |
| 13   |   |                       | mst, second, trinc  | s, rourin, or mar ta                     | x year as a section | 1001(0)(0)          |                                       |
| Sec  | organization, check this box and stor<br>ction C. Computation of Publi  | c Support Per         | centage             |  |                     |                     | ·····                                 |
|      | Public support percentage for 2019 (li  |                       |                     | olumn (fl)                               |                     | 14                  | 59.62 %                               |
|      | Public support percentage from 2018   |                       |                     |  |                     | 15                  | 52.86 %                               |
| 163  | 33 1/3% support test - 2019. If the c   | rganization did no    | t check the box on  | line 13. and line 1                      | 4 is 33 1/3% or mo  | ore, check this box | and                                   |
| iva  | stop here. The organization qualifies   |                       |                     |  |                     |                     | ►   V                                 |
| h    | 33 1/3% support test - 2018. If the c   | organization did no   | t check a box on li | ne 13 or 16a. and                        |                     |                     |                                       |
| IJ   | and stop here. The organization quali   |                       |                     |  |                     |                     |                                       |
| 170  | 10% -facts-and-circumstances test   | 2019 If the ora       | anization did not c | heck a box on line                       | 13. 16a. or 16b. a  | nd line 14 is 10% o | or more.                              |
| 17 a | 'a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization |                       |                     |  |                     |                     |                                       |
|      | meets the "facts-and-circumstances"   |                       |                     |  |                     |                     |                                       |
|      | 10% -facts-and-circumstances test   |                       |                     |  |                     |                     |                                       |
| a    | more, and if the organization meets th  | - ZU IO. II IIIE UIYE | netanon did fiol di | ack this have and                        | ston here Evolain   | in Part VI how the  | 2.3 0.                                |
|      | more, and if the organization meets the "facts-and-circ   | umatanasa" taat T     | ho organization o   | con una pon and s<br>inline se a nuhlini | v supported organ   | ization             |                                       |
|      | organization meets the "facts-and-circ  | umstances test. I     | no organization qu  | 16h 17a ar 17h                           | check this hav ar   | nd see instructions |                                       |
| 18   | Private foundation. If the organization   | n dia not check a t   | ox on me 13, 16a    | , 100, 17a, 01 17b                       | CHACK HIIS DOX OF   | -t-t- A (Faura 000  |                                       |

# Schedule A (Form 990 or 990-EZ) 2019 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.)

| Section A. Public Support  | now, piedeo com    | noto r art m.j     |                      |                     |                     |           |
|--|--------------------|--------------------|----------------------|---------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in) ▶  | (a) 2015           | <b>(b)</b> 2016    | (c) 2017             | (d) 2018            | (e) 2019            | (f) Total |
| Gifts, grants, contributions, and<br>membership fees received. (Do not<br>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 bus-   |                    |                    |                      |                     |                     |           |
| iness under section 513  |                    |                    |                      |                     |                     |           |
| Tax revenues levied for the organization'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  |                    |                    |                      |                     |                     |           |
| 6 Total. Add lines 1 through 5   |                    |                    |                      |                     |                     |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons  |                    |                    |                      |                     |                     |           |
| b) 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 Public support. (Subtract line 7c from line 6.)  |                    |                    |                      |                     |                     |           |
| Section B. Total Support   |                    | T                  | T                    | T                   | T                   | (0.7.1    |
| Calendar year (or fiscal year beginning in) ►  | (a) 2015           | <b>(b)</b> 2016    | (c) 2017             | (d) 2018            | (e) 2019            | (f) Total |
| 9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources                 |                    |                    |                      |                     |                     |           |
| <b>b</b> Unrelated business taxable income<br>(less section 511 taxes) from businesses<br>acquired after June 30, 1975   |                    |                    |                      |                     |                     |           |
| c Add lines 10a and 10b  11 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>             |                     |                     | L         |
| 14 First five years. If the Form 990 is for  |                    |                    |                      |                     |                     | ation,    |
| check this box and stop here   | o Cunnort Dor      | centage            |                      |                     |                     | <u>-</u>  |
| Section C. Computation of Public   | Support Per        | Centage            | actume (ft)          |                     | 15                  | %         |
| 15 Public support percentage for 2019 (li  |                    |                    |                      |                     | 16                  |           |
| 16 Public support percentage from 2018 Section D. Computation of Inves   | tment Income       | Percentage         |                      |                     |                     | 70        |
| 17 Investment income percentage for 20   |                    |                    | ne 13, column (f))   |                     | 17                  | %         |
| 18 Investment income percentage from 2   | 2018 Schedule A.   | Part III, line 17  | ,                    |                     | 18                  | %         |
| 19a 33 1/3% support tests - 2019. If the   | organization did r | ot check the box   | on line 14, and line | 15 is more than 3   | 3 1/3%, and line 17 | 7 is not  |
| more than 33 1/3%, check this box an   | d stop here. The   | organization quali | fies as a publicly s | upported organiza   | tion                | ▶∟        |
| b 33 1/3% support tests - 2018. If the   | organization did r | ot check a box on  | line 14 or line 19a  | , and line 16 is mo | re than 33 1/3%, a  | nd        |
| line 18 is not more than 33 1/3%, ched   | ck this box and st | op here. The orga  | nization qualifies a | is a publicly suppo | orted organization  |           |
| 20 Private foundation If the organization  | n did not check a  | box on line 14, 19 | a, or 19b, check th  | is box and see ins  | tructions           |           |

No

#### 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.)

| <b>~</b> |        | _     |       | A       | nizations |
|----------|--------|-------|-------|---------|-----------|
| CAAtIAN  | A A 11 | CIINN | AMINA | l irasi | nizatione |
|          |        |       |       |         |           |
|          |        |       |       |         |           |

|            |  |    | 162  |
|------------|--|----|--|
| 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.  | 1  | <u> </u>                                     |
| 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  |    | <u> </u>                                     |
|            | organization was described in section 509(a)(1) or (2).  | 2  | ļ  |
| За         | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer   |    | <u> </u>                                     |
|            | (b) and (c) below.   | 3a | ļ  |
| 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   |    | <u> </u>                                     |
|            | organization made the determination.   | 3b |  |
| С          | $\frac{1}{2}$  |    |  |
| Ī          | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.   | 3c | <u> </u>                                     |
| <b>4</b> a | 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.  | 4a | <u>                                     </u> |
| b          | and the second s |    |  |
|            | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion   | l  | ļ  |
|            | despite being controlled or supervised by or in connection with its supported organizations.   | 4b |  |
| С          | The second secon |    |  |
| Ŭ          | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used  |    |  |
|            | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)   | l  |  |
|            | purposes.  | 4c |  |
| 52         | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"   |    |  |
| Ju         | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN   |    |  |
|            | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;  |    |  |
|            | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action  |    |  |
|            | (III) the authority under the organization's organizing document authorizing such action, and (iv) now the dotton  |    | _  |

- was accomplished (such as by amendment to the organizing document).
  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 of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's 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.
- 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.)

| Sched | lule A                    | (Form 990 or 990-EZ) 2019 MORTON COMMUNITY FOUNDATION **-**   | <u>*750</u> | 3 Pa     | age <b>5</b> |
|-------|---------------------------|---|-------------|----------|--------------|
| Par   | IV                        | Supporting Organizations (continued)  |             | Yes      | Ma           |
|       |                           | the second of the second section the second |             | res      | No           |
|       |                           | he organization accepted a gift or contribution from any of the following persons?  |             |          |              |
|       |                           | son who directly or indirectly controls, either alone or together with persons described in (b) and (c)   | 11a         |          |              |
|       |                           | r, the governing body of a supported organization?  | 11b         | <b> </b> |              |
|       |                           | illy member of a person described in (a) above? % controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c         |          |              |
|       |                           | 3. Type I Supporting Organizations  |             | 1-       |              |
|       |                           |   |             | Yes      | No           |
| 1     | Did th                    | ne directors, trustees, or membership of one or more supported organizations have the power to  |             |          |              |
|       |                           | arly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |             |          |              |
|       | •                         | par? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or  |             |          |              |
|       |                           | olled the organization's activities. If the organization had more than one supported organization,  |             |          |              |
|       |                           | ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported  | <u> </u>    |          |              |
|       |                           | izations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1           |          |              |
| 2     | Did th                    | ne organization operate for the benefit of any supported organization other than the supported  |             |          |              |
|       | organi                    | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in   | 1           |          |              |
|       | Part V                    | In how providing such benefit carried out the purposes of the supported organization(s) that operated,  | <u> </u>    |          |              |
|       |                           | vised, or controlled the supporting organization.   | 2           |          |              |
| Sect  | ion C                     | C. Type II Supporting Organizations   |             | T.,      | •••          |
|       |                           |   |             | Yes      | No           |
|       |                           | a majority of the organization's directors or trustees during the tax year also a majority of the directors   |             |          |              |
|       |                           | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control   |             |          |              |
|       |                           | nagement of the supporting organization was vested in the same persons that controlled or managed   | 1           |          |              |
| Sect  | the su                    | pported organization(s).  D. All Type III Supporting Organizations  | <u>'</u>    | [        |              |
| Jeci  | 1011 L                    | 7. All Type III cupporting Organizations  |             | Yes      | No           |
| 1     | Did th                    | e organization provide to each of its supported organizations, by the last day of the fifth month of the  |             |          |              |
|       |                           | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |             |          |              |
|       |                           | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |             |          |              |
|       |                           | ization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1           |          |              |
|       |                           | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |             |          |              |
|       |                           | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |             |          |              |
|       | -                         | ganization maintained a close and continuous working relationship with the supported organization(s).   | 2           |          |              |
|       |                           | ason of the relationship described in (2), did the organization's supported organizations have a  |             |          |              |
|       | signific                  | cant voice in the organization's investment policies and in directing the use of the organization's   |             |          |              |
|       | incom                     | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |             |          |              |
|       | oqque                     | orted organizations played in this regard.  | 3           |          |              |
|       |                           | . Type III Functionally Integrated Supporting Organizations   |             |          |              |
| 1     |                           | the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  | •           |          |              |
| а     |                           | The organization satisfied the Activities Test. Complete line 2 below.  |             |          |              |
| b     |                           | The organization is the parent of each of its supported organizations. Complete line 3 below.   |             | ı        |              |
| С     |                           | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst   | ructions)   | Yes      | No           |
|       |                           | ties Test. <b>Answer (a) and (b) below.</b> ubstantially all of the organization's activities during the tax year directly further the exempt purposes of   |             | 163      | 140          |
|       |                           | apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   |             |          |              |
|       |                           | supported organizations and explain how these activities directly furthered their exempt purposes,  |             |          |              |
|       |                           | the organization was responsive to those supported organizations, and how the organization determined   |             |          |              |
|       |                           | nese activities constituted substantially all of its activities.  | 2a          |          |              |
| h     | u <i>ial th</i><br>Did th | e activities described in (a) constitute activities that, but for the organization's involvement, one or more   |             |          |              |
|       |                           | organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the   |             |          |              |
|       |                           | ns for the organization's position that its supported organization(s) would have engaged in these   |             |          |              |
|       |                           | ies but for the organization's involvement.   | 2b          |          |              |
|       |                           | t of Supported Organizations. Answer (a) and (b) below.   |             |          |              |
|       |                           | e organization have the power to regularly appoint or elect a majority of the officers, directors, or   |             |          |              |
|       |                           | es of each of the supported organizations? Provide details in Part VI.  | 3a          |          |              |

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

| Caba | dule A (Form 990 or 990-EZ) 2019 MORTON COMMUNITY FOUNDA                        | TION          |                         | **-***7503 Page 6              |
|------|---|---------------|-------------------------|--------------------------------|
| Pa   |   | g Organi      |                         |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying |               |                         | Part VI). See instructions. A  |
|      | other Type III non-functionally integrated supporting organizations must co     |               |                         |                                |
| Sect | ion A - Adjusted Net Income   |               | (A) Prior Year          | (B) Current Year<br>(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             |                         |                                |
|      | ion B - Minimum Asset Amount  |               | (A) Prior Year          | (B) Current Year<br>(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            |                         |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c            |                         |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d            |                         |                                |
| е    | Discount claimed for blockage or other  | 16.           |                         |                                |
|      | factors (explain in detail in Part VI):   | MANA.         |                         |                                |
| 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 amount,    |               |                         |                                |
|      | 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             |                         | <u> </u>                       |
| 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, line 8, Column A)           | 1             |                         |                                |
| 2    | Enter 85% of line 1.  | 2             |                         |                                |
| 3    | Minimum asset amount for prior year (from Section B, 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 4, unless subject to            |               |                         |                                |
|      | emergency temporary reduction (see instructions).                               | 6             |                         |                                |
| 7    | Check here if the current year is the organization's first as a non-functional  | ly integrated | Type III supporting org | anization (see                 |

Schedule A (Form 990 or 990-EZ) 2019

instructions).

| Par   | Type III Non-Functionally integrated 509  | (a)(3) Supporting Orga        | nizations (continued)                  |   |
|-------|---|-------------------------------|--|---|
| Secti | on D - Distributions  |                               |  | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe   | mpt purposes                  |  |   |
| 2     | Amounts paid to perform activity that directly furthers exemp   | ot purposes of supported      |  |   |
|       | organizations, in excess of income from activity  |                               |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpose   | es of supported organizations |  |   |
| 4     | 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.   |                               |  |   |
| 9     | Distributable amount for 2019 from Section C, line 6  |                               |  |   |
| 10    | Line 8 amount divided by line 9 amount  |                               |  |   |
| Secti | on E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1     | Distributable amount for 2019 from Section C, line 6  |                               |  |   |
|       | Underdistributions, if any, for years prior to 2019 (reason-  |                               | -                                      |   |
|       | able cause required explain in Part VI). See instructions.  |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2019   |                               |  |   |
|       | From 2014   |                               |  |   |
|       | From 2015   | 4.7                           | 9                                      |   |
|       | From 2016   |                               |  |   |
|       | From 2017   |                               |  |   |
|       | From 2018   | 98.3                          | - 1947.<br>1973                        |   |
|       | Total of lines 3a through e   |                               |  |   |
|       | Applied to underdistributions of prior years  |                               |  |   |
|       | Applied to 2019 distributable amount  |                               |  |   |
|       | Carryover from 2014 not applied (see instructions)  |                               |  |   |
|       | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                               |  |   |
|       | Distributions for 2019 from Section D,  |                               |  |   |
| _     | line 7: \$  |                               |  |   |
|       | Applied to underdistributions of prior years  | - 1 W                         |  |   |
|       | Applied to 2019 distributable amount  | Terta                         |  |   |
|       | Remainder. Subtract lines 4a and 4b from 4.   |                               |  |   |
|       | Remaining underdistributions for years prior to 2019, if  | \$\frac{1}{2}                 |  |   |
| 5     | any. Subtract lines 3g and 4a from line 2. For result greater   | N/                            |  |   |
|       | ,   |                               |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2019. Subtract lines 3h |                               |  |   |
|       | _   |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in  |                               |  |   |
|       | Part VI. See instructions.  |                               |  |   |
|       | Excess distributions carryover to 2020. Add lines 3j  |                               |  |   |
|       | and 4c.   |                               |  |   |
|       | Breakdown of line 7:  |                               |  |   |
|       | Excess from 2015  |                               |  |   |
|       | Excess from 2016  |                               |  |   |
|       | Excess from 2017  |                               | <del></del>                            |   |
|       | Excess from 2018  |                               |  |   |
| e     | Excess from 2019  | <u></u>                       | <del></del>                            | (F 000 000 F7) 0040                       |

Schedule A (Form 990 or 990-EZ) 2019

|             | line 1: Par | t IV, Sect<br>, lines 5, 6 | ion D. I | ines 2 an | d 3: Par | t IV. Sect   | tion E. lin   | es 1c. 2a                             | a, 2b, 3a,  | and 3b; Pa  | Section B, lines 1 an rt V, line 1; Part V, S rt for any additional | ection B, line | 1e; Part V, |
|-------------|-------------|----------------------------|----------|-----------|----------|--------------|---------------|---------------------------------------|-------------|-------------|---|----------------|-------------|
| Sche        | dule A,     | Part                       | II,      | Lin       | e 10     | , Exp        | lana          | tion                                  | for         | Other       | Income:   |                |             |
| MANA        | GEMENT E    | FEES                       |          |           |          |              |               |                                       |             |             | ****  |                |             |
| 2015        | Amount:     | \$                         | 29,      | 996.      |          |              |               |                                       |             |             |   |                |             |
| 2016        | Amount:     | \$                         | 33,      | 155.      |          |              | *-            | -:                                    |             |             |   |                |             |
| 2017        | Amount:     | \$                         | 44,      | 689.      |          |              |               |                                       |             |             |   |                |             |
| 2018        | Amount:     | \$                         | 51,      | 184.      |          |              |               | · · · · · · · · · · · · · · · · · · · |             |             |   |                |             |
| 2019        | Amount:     | \$                         | 55,      | 317.      |          |              |               |                                       | <del></del> |             |   |                | <u> </u>    |
| NET 1       | FUNDRAIS    | SING                       | INCC     | ME        |          |              |               |                                       |             |             |   |                |             |
| 2015        | Amount:     | \$                         | 54,      | 749.      |          |              |               |                                       |             | <del></del> |   |                |             |
| 2016        | Amount:     | \$                         | 30,      | 402.      |          |              |               |                                       |             |             |   |                |             |
| 2017        | Amount:     | \$                         | 24,      | 759.      |          | <del>-</del> |               |                                       |             |             |   |                |             |
| 2018        | Amount:     | \$                         | 38,      | 382.      |          |              |               |                                       | <u></u>     |             |   |                |             |
| 2019        | Amount:     | \$                         | 26,      | 170.      |          |              |               |                                       |             |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             | ***   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             |   | obs landa      |             |
|             |             |                            |          | V         |          |              | <u></u>       |                                       |             |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       | ···         |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             |   |                |             |
| -           |             |                            |          |           |          |              |               |                                       |             |             |   |                |             |
|             |             |                            |          |           |          |              |               |                                       |             |             |   |                |             |
| <del></del> |             |                            |          |           |          |              | <del></del> - |                                       |             |             |   |                |             |
|             |             | 0.150                      | -        |           |          |              |               |                                       |             |             |   |                |             |

#### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

| Contributor's Name  | Total<br>Contributions | Excess<br>Contributions |
|---|------------------------|-------------------------|
| MR & MRS F. ALAN GEORGE                                   | 508,167.               | 412,355                 |
| MR & MRS GORDON HONEGGER                                  | 105,000.               | 9,188                   |
| MR & MRS JOE FEUCHT                                       | 209,181.               | 113,369                 |
| MR & MRS PHILLIP A KUHL                                   | 448,829.               | 353,017.                |
| MR & MRS ROY MAGUIRE                                      | 283,057.               | 187,245.                |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        | (A)                     |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
|   |                        |                         |
| Fotal Excess Contributions to Schedule A, Part II, Line 5 |                        | 1,075,174.              |

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **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

Name of the organization

Employer identification number

\*\*-\*\*\*7503

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

| MORTON COMMUNITY FOUNDATION **-**7503                        |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Organization type (check one):                               |   |  |  |  |  |  |  |
| Filers of:   | Section:  |  |  |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization   |  |  |  |  |  |  |
|  | 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 foundation   |  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation  |  |  |  |  |  |  |
|  | is covered by the <b>General Rule</b> or a <b>Special Rule</b> .<br>c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule   | e. See instructions.   |  |  |  |  |  |
| General Rule   |   |  |  |  |  |  |  |
|  | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling<br>by one contributor. Complete Parts I and II. See instructions for determining a contributor's   |  |  |  |  |  |  |
| Special Rules  |   |  |  |  |  |  |  |
| sections 509(a)(1<br>any one contribu                        | 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 checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.   |  |  |  |  |  |  |
| year, total contrib  | 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.  |  |  |  |  |  |  |
| year, contributior<br>is checked, enter<br>purpose. Don't co | 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year |  |  |  |  |  |  |
| but it must answer "No" o                                    | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fothe filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).   | rm 990, 990-EZ, or 990-PF),<br>rm 990-PF, Part I, line 2, to |  |  |  |  |  |

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

Name of organization

Employer identification number

| $M \cap T \cap M$ | COMMITMITTY | FOUNDATION |
|-------------------|-------------|------------|

\*\*-\*\*\*7503

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |   | s101,420.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$46,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c) Total contributions    | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)   |

Name of organization

Employer identification number

## MORTON COMMUNITY FOUNDATION

\*\*-\*\*\*7503

| Part II                      | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed.     |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
|                              |  |   |                      |
| (a)<br>No.<br>rom            | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| art I                        |  | ,   |                      |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from           | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| Part I                       |  |   |                      |
|                              |  |   |                      |
|                              |  | \$  |                      |
| (a)<br>No.<br>from           | (b)  Description of noncash property given                     | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
| Part I                       |  | (200                                      |                      |
|                              |  |   |                      |
|                              |  |   |                      |

Name of organization

| <b>Employer</b> | identification | number |
|-----------------|----------------|--------|

| :  | COMMUNITY FOUNDATION Exclusively religious, charitable, etc., contribution                                       | ons to organizations described in sec                       | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the y           |  |  |  |  |
|--|--|---|---|--|--|--|--|
|  | from any one contributor. Complete columns (a)   | through (a) and the following line entry                    | For organizations   |  |  |  |  |
| (  | completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional | charitable, etc., contributions of \$1,000 or le            | SS for the year. (Enter this info. once.)                                     |  |  |  |  |
|  | Ose duplicate copies of Fart in It additional  | space to neceed.  |   |  |  |  |  |
| lo.<br>n<br>t l                              | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| <u> </u>                                     |  |   |   |  |  |  |  |
| -  |  |   |   |  |  |  |  |
| -  |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  |  | (e) Transfer of gift  |   |  |  |  |  |
|  |  |   | B. I. S. A. Character and the management                                      |  |  |  |  |
| <u> </u>                                     | Transferee's name, address, ar   | nd ZIP + 4  | Relationship of transferor to transferee                                      |  |  |  |  |
| _  |  |   |   |  |  |  |  |
| _  |  |   |   |  |  |  |  |
| _  |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
| o.<br>n                                      | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| ii   | (b) Tarpose of girt  | (0, 000 0. g  | (4)   |  |  |  |  |
| _  |  |   |   |  |  |  |  |
| _   _  |  |   |   |  |  |  |  |
| <u> </u>                                     |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  | (e) Transfer of gift   |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                                 |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
| _  |  |   |   |  |  |  |  |
| -  |  |   |   |  |  |  |  |
| o.   |  |   | (d) Decoriation of how gift is hold   |  |  |  |  |
| o.<br>n                                      | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| o.<br>m                                      | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| o.<br>n                                      | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| o.<br>m                                      | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
|  | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |
| O. n :1                                      | (b) Purpose of gift  |   | (d) Description of how gift is held   |  |  |  |  |
| o.<br>n<br>t l                               | (b) Purpose of gift  | (c) Use of gift  (e) Transfer of gift                       | (d) Description of how gift is held   |  |  |  |  |
| 0. n til — — — —                             |  | (e) Transfer of gift  |   |  |  |  |  |
|  | (b) Purpose of gift  Transferee's name, address, ar  | (e) Transfer of gift  | (d) Description of how gift is held  Relationship of transferor to transferee |  |  |  |  |
| O. n   |  | (e) Transfer of gift  |   |  |  |  |  |
| o. n : I = = = = = = = = = = = = = = = = = = |  | (e) Transfer of gift  |   |  |  |  |  |
| o. n : I = = = = = = = = = = = = = = = = = = |  | (e) Transfer of gift  |   |  |  |  |  |
| <br><br>                                     |  | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     |  | (e) Transfer of gift  |   |  |  |  |  |
| O. n til                                     | Transferee's name, address, ar   | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee  (d) Description of how gift is held |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee                                      |  |  |  |  |
| <br><br>                                     | Transferee's name, address, ar   | (e) Transfer of gift  (c) Use of gift  (e) Transfer of gift | Relationship of transferor to transferee  (d) Description of how gift is held |  |  |  |  |

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Inspection

MODEON COMMINITED FOINDATION

Employer identification number \*\*\_\*\*7503

| Pai    |   | l 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        |
|        | Total number at end of year   |   | 10                                  |
| 1      | Aggregate value of contributions to (during year)                     | 128,994.                                      | 7,256.                              |
| 2      | Aggregate value of grants from (during year)                          | 87,600.                                       | 93,500.                             |
| 3<br>4 | Aggregate value at end of year  | 1 001 011                                     | 300,543.                            |
| 5      | Did the organization inform all donors and donor advisors in w        |   | d funds                             |
| Ü      | are the organization's property, subject to the organization's e      |   |                                     |
| 6      | Did the organization inform all grantees, donors, and donor ad        |   |                                     |
| Ū      | for charitable purposes and not for the benefit of the donor or       |   |                                     |
|        |   |   | [77]                                |
| Pai    |   |   |                                     |
| 1      | Purpose(s) of conservation easements held by the organization         | n (check all that apply).                     |                                     |
|        | Preservation of land for public use (for example, recreati            |   | a historically important land area  |
|        | Protection of natural habitat   |   | a certified historic structure      |
|        | Preservation of open space  |   |                                     |
| 2      | Complete lines 2a through 2d if the organization held a qualifie      | ed conservation contribution in the form of   | a conservation easement on the last |
|        | day of the tax year.  |   | Held at the End of the Tax Year     |
| а      | Total number of conservation easements                                |   | 2a                                  |
| b      |   |   |                                     |
| С      | Number of conservation easements on a certified historic structure    |   |                                     |
| d      | Number of conservation easements included in (c) acquired af          | ter 7/25/06, and not on a historic structure  |                                     |
|        | listed in the National Register                                       |   |                                     |
| 3      | Number of conservation easements modified, transferred, rele          | ased, extinguished, or terminated by the c    | organization during the tax         |
|        | year >  |   |                                     |
| 4      | Number of states where property subject to conservation ease          |   |                                     |
| 5      | Does the organization have a written policy regarding the period      |   | □ v □ Na                            |
|        | violations, and enforcement of the conservation easements it I        | holds?  | Yes No                              |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, h        | landling of violations, and emorcing conse    | rvation easements during the year   |
| _      | Amount of expenses incurred in monitoring, inspecting, handli         | ing of violations, and enforcing conservation | on easements during the year        |
| 7      |   | ing of violations, and emorcing conservation  | or easements during the year        |
| _      | ▶ \$ Does each conservation easement reported on line 2(d) above      | eatisfy the requirements of section 170/h)    | (4)(R)(i)                           |
| 8      | and section 170(h)(4)(B)(ii)?   |   | f 1 1 1                             |
| 9      | In Part XIII, describe how the organization reports conservation      |   |                                     |
| 9      | balance sheet, and include, if applicable, the text of the footnot    | ate to the organization's financial statemen  | its that describes the              |
|        | argenization's accounting for concentration easements                 |   |                                     |
| Pai    | t III   Organizations Maintaining Collections of                      | Art, Historical Treasures, or Oth             | er Similar Assets.                  |
|        | Complete if the organization answered "Yes" on Form 9                 |   | 7.00                                |
|        | If the organization elected, as permitted under FASB ASC 958          | , not to report in its revenue statement and  | d balance sheet works               |
|        | of art, historical treasures, or other similar assets held for publi  |   |                                     |
|        | service, provide in Part XIII the text of the footnote to its finance |   |                                     |
| b      | If the organization elected, as permitted under FASB ASC 958          | , to report in its revenue statement and ba   | lance sheet works of                |
|        | art, historical treasures, or other similar assets held for public e  | exhibition, education, or research in furthe  | rance of public service,            |
|        | provide the following amounts relating to these items:                |   |                                     |
|        | (i) Revenue included on Form 990, Part VIII, line 1                   |   | \$                                  |
|        | (ii) Assets included in Form 990, Part X                              |   | • \$                                |
| 2      | If the organization received or held works of art, historical treas   |   | gain, provide                       |
|        | the following amounts required to be reported under FASB AS           |   |                                     |
| а      | Revenue included on Form 990, Part VIII, line 1                       |   |                                     |
| b      | Assets included in Form 990, Part X                                   | ,   | <b>&gt;</b> \$                      |

|          |  | OMMONITI I                   |                       |                     | - · · O:     |   | N           |                                       |            |
|----------|--|------------------------------|-----------------------|---------------------|--------------|---|-------------|---------------------------------------|------------|
|          | rt III   Organizations Maintaining Co  |                              |                       |                     |              |   |             | (continu                              | <u>ed)</u> |
| 3        | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its  |                              |                       |                     |              |   |             |                                       |            |
|          | collection items (check all that apply):   |                              |                       |                     |              |   |             |                                       |            |
| а        | a Public exhibition d Loan or exchange program   |                              |                       |                     |              |   |             |                                       |            |
| b        | b Scholarly research e Other   |                              |                       |                     |              |   |             |                                       |            |
| С        | Preservation for future generations  |                              |                       |                     |              |   |             |                                       |            |
| 4        | Provide a description of the organization's coll   | ections and explain          | how they further th   | e organization's ex | empt         | purpose                                 | in Part     | XIII.                                 |            |
| 5        | During the year, did the organization solicit or   |                              |                       |                     |              |   |             |                                       |            |
|          | to be sold to raise funds rather than to be main   |                              |                       |                     |              |   |             | Yes                                   | No         |
| Pai      | rt IV Escrow and Custodial Arrange   |                              |                       |                     | n For        | m 990, F                                | Part IV, I  | line 9, or                            |            |
|          | reported an amount on Form 990, Part   | X, line 21.                  | -                     |                     |              |   |             |                                       |            |
| 1a       | Is the organization an agent, trustee, custodian   | n or other intermedi         | ary for contributions | or other assets no  | t inclu      | ıded                                    |             |                                       |            |
|          | on Form 990, Part X?   |                              |                       |                     |              |   | $\square$   | Yes                                   | X No       |
| h        | If "Yes," explain the arrangement in Part XIII ar  |                              |                       |                     |              |   |             |                                       |            |
| ~        | ii 100, oxpiaii tro arrangement ii arrangement   |                              | 3                     |                     | ſ            |   |             | Amount                                |            |
| С        | Beginning balance  |                              |                       |                     |              | 1c                                      |             |                                       |            |
|          | Additions during the year  |                              |                       |                     |              | 1d                                      |             |                                       |            |
| u<br>o   | Distributions during the year  |                              |                       |                     | - 1          | 1e                                      |             |                                       |            |
| 4        |  |                              |                       |                     | ····         | 1f                                      |             |                                       |            |
| 0.       | Ending balance  Did the organization include an amount on For  |                              |                       |                     | <br>oilitv?  |   |             | Yes                                   | No         |
|          | If "Yes," explain the arrangement in Part XIII.  |                              |                       |                     |              |   |             |                                       |            |
|          | rt V Endowment Funds. Complete if  |                              |                       |                     |              | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |                                       |            |
|          | Semple of the second of the se | (a) Current year             | (b) Prior year        | (c) Two years back  |              | Three yea                               | rs back     | (e) Four y                            | ears back  |
|          | Beginning of year balance  | 5,631,966.                   | 5,336,499.            | 4,457,100           |              |   | ,119.       |                                       | 17,245.    |
| 18       | , , ,  | 980,989.                     | 361,721.              | 842,842             | -            |   | ,781.       |                                       | 85,633.    |
| D        | Contributions  | 196,946.                     | 284,018.              | 316,138             | +-           |   | ,947.       |                                       | 39,344.    |
| С.       | Net investment earnings, gains, and losses   | 249,850.                     | 273,568.              | 212,861             |              | 184,68                                  |             |                                       | 79,583.    |
| d        | Grants or scholarships   | 215,030.                     | 270,000.              |                     | <u> </u>     | 101,00                                  |             |                                       |            |
| е        | Other expenditures for facilities  | 82,939.                      | 76,704.               | 66,720.             |              | 58                                      | ,060.       |                                       | 51,520.    |
| _        | and programs   | 02,555.                      | 70,702.               | 00,720              | +            |   | ,           |                                       |            |
| t        | Administrative expenses  | 6,477,112.                   | 5,631,966.            | 5,336,499           | <del> </del> | 4 457                                   | ,100.       | 3 7                                   | 11,119.    |
| g        | End of year balance  |                              |                       |                     | '            |   | ,           |                                       |            |
| 2        | Provide the estimated percentage of the current  | nt year end balance<br>21.60 |                       | Tielu as.           |              |   |             |                                       |            |
| а        | Board designated or quasi-endowment  | %                            | _%                    |                     |              |   |             |                                       |            |
| b        | Permanent endowment ► 78.41 %  |                              |                       |                     |              |   |             |                                       |            |
| С        |  |                              |                       |                     |              |   |             |                                       |            |
| _        | The percentages on lines 2a, 2b, and 2c should   | a equal 100%.                | i'an that are hold on | d administered for  | tha ar       | aanizatio                               | an.         |                                       |            |
| За       | Are there endowment funds not in the possess   | sion of the organization     | iion inal are neid an | d administered for  | u io oi      | garnzan                                 | <b>511</b>  | ſν                                    | es No      |
|          | by:  |                              |                       |                     |              |   |             |                                       | X          |
|          | (i) Unrelated organizations  |                              |                       |                     |              |   |             | 3a(ii)                                | X          |
|          | (ii) Related organizations   |                              |                       |                     |              |   |             | 3b                                    |            |
| b        | If "Yes" on line 3a(ii), are the related organization  |                              |                       |                     |              |   | ••••••      | 30                                    |            |
| 4<br>Do: | Describe in Part XIII the intended uses of the ort VI   Land, Buildings, and Equipme   | rganization's endov          | vment lunas.          |                     |              |   |             |                                       |            |
| Pai      | Complete if the organization answered  |                              | Part IV line 11a Sc   | ae Form 990 Part )  | ( line       | 10                                      |             |                                       |            |
|          |  | (a) Cost or ot               |                       |                     |              | nulated                                 |             | (d) Book                              | value      |
|          | Description of property  | basis (investm               |                       | , , ,               | eprec        |   |             | (a) Dook                              | valuo      |
|          |  |                              | υα313 (               | 3.1.017             | 56100        |   |             | · · · · · · · · · · · · · · · · · · · |            |
|          | Land   | 1                            |                       | <del></del>         |              |   | $\dashv$    |                                       |            |
|          | Buildings  | 1                            |                       | 7,252.              |              | 121                                     | <del></del> | 7                                     | ,131.      |
| С        | Leasehold improvements   |                              |                       | 8,907.              | 1 (          | 3,374                                   |             |                                       | 533.       |
| d        | Equipment  |                              |                       | 0,30/•              | <u> </u>     | ,, ,, , , 5                             | -           |                                       |            |
|          | Other  |                              |                       |                     |              |   | $\vdash$    | 7                                     | ,664.      |
| Cotal    | L Add lines 1a through 1e. (Column (d) must equ  | ial Form 990 Part X          | Column (B), line 10   | IC.1                |              |   |             |                                       | , 004.     |

| Schedule D (Form 990) 2019 MORTON COMM  | UNITY FOUNDAT                         | ION *                                     | *-***7503 Page            |
|---|---------------------------------------|---|---------------------------|
| Part VII Investments - Other Securities.  | <del></del>                           |   |                           |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line            | e 11b. 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 en       | nd-of-year market value   |
| (1) Financial derivatives   |                                       |   |                           |
| (2) Closely held equity interests   |                                       |   |                           |
| (3) Other   | · · · · · · · · · · · · · · · · · · · |   | 18.47                     |
| (A)   |                                       |   |                           |
| (B)   |                                       |   |                           |
| (C)   |                                       |   | 1100                      |
| (D)   |                                       |   |                           |
| (E)   |                                       |   |                           |
| (F)   |                                       |   |                           |
| (G)   |                                       |   |                           |
| (H)   |                                       |   |                           |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                          | <b></b>                               | N. C. C. C. C. C. C. C. C. C. C. C. C. C. |                           |
| Part VIII Investments - Program Related.  |                                       |   |                           |
| Complete if the organization answered "Yes" of  |                                       | 11c. See Form 990, Part X, line 13.       | al afirmar manifest volue |
| (a) Description of investment   | (b) Book value                        | (c) Method of valuation: Cost or er       | nd-of-year market value   |
| (1)   |                                       |   |                           |
| (2)   |                                       |   |                           |
| (3)   |                                       |   |                           |
|   |                                       |   |                           |
| (5)   |                                       |   |                           |
| (6)   |                                       |   |                           |
|   |                                       |   |                           |
| (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 Part IV line              | 11d See Form 990, Part X, line 15.        |                           |
|   | Description                           |   | (b) Book value            |
| (1)   |                                       |   |                           |
| (2)   |                                       |   |                           |
| (3)   |                                       |   |                           |
| (4)   |                                       |   |                           |
| (5)   |                                       |   |                           |
| (6)   |                                       |   |                           |
| (7)   |                                       |   |                           |
| (8)   |                                       |   |                           |
| (9)   | ·                                     |   |                           |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X   Other Liabilities. | <u> 15.)</u>                          | <b>)</b>                                  | •                         |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line            | 11e or 11f. See Form 990, Part X, line 25 | 5.                        |
| 1. (a) Description of liability   |                                       |   | (b) Book value            |
| (1) Federal income taxes  |                                       |   |                           |
| (2) PAYROLL LIABILITIES   |                                       |   | 2,789.                    |
| (3) AGENCY LIABILITIES  |                                       |   | 42,636.                   |
| (4) CUSTODIAL FUNDS MANAGED FO  | R OTHERS                              |   | 275,861.                  |
| (5) PPP LOAN  |                                       |   | 24,900.                   |
| (6)   |                                       |   |                           |
| (7)   |                                       |   |                           |
| (8)   |                                       |   |                           |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

346,186.

(9)

| Pai | t XI    | Reconciliation of Revenue per Audited Financial Stateme   | ents With | Revenue per Re   | turn.          |                  |
|-----|---------|---|-----------|------------------|----------------|------------------|
|     |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  |           |                  | r: 1           |                  |
| 1   | Total   | revenue, gains, and other support per audited financial statements  |           |                  | 1              | 1,420,194.       |
| 2   | Amou    | nts included on line 1 but not on Form 990, Part VIII, line 12:   |           |                  |                |                  |
| а   | Net u   | nrealized gains (losses) on investments   | . 2a      | -108,090.        |                |                  |
| b   | Donat   | ed services and use of facilities   | . 2b      | 12,000.          |                |                  |
| С   |         | veries of prior year grants   |           |                  |                |                  |
| d   |         | (Describe in Part XIII.)  |           |                  |                |                  |
| е   | Add li  | nes 2a through 2d   |           |                  | 2e             | -96,090.         |
| 3   | Subtr   | act line 2e from line 1   |           |                  | 3              | 1,516,284.       |
| 4   | Amou    | nts 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      | -460.            |                |                  |
| С   | Add li  | nes <b>4a</b> and <b>4b</b>   |           |                  | 4c             | -460.            |
| 5   | Total   | revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)   |           |                  | 5              | 1,515,824.       |
| Pai | t XII   | Reconciliation of Expenses per Audited Financial Statem   | ents With | n Expenses per F | Return         | •                |
|     |         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  |           |                  |                |                  |
| 1   | Total   | expenses and losses per audited financial statements  |           |                  | 1              | 577,666.         |
| 2   | Amou    | nts included on line 1 but not on Form 990, Part IX, line 25:   |           |                  |                |                  |
| а   | Donat   | ed services and use of facilities   | 2a        | 12,000.          |                |                  |
| b   | Prior y | vear adjustments  | 2b        |                  |                |                  |
| С   | Other   | 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              | 565,666.         |
| 4   | Amou    | nts 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   | Other   | (Describe in Part XIII.)  | 4b        | -460.            |                |                  |
| С   | Add li  | nes 4a and 4b   |           |                  | 4c             | -460.            |
|     |         | expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)  |           |                  | 5              | 565,206.         |
|     |         | Supplemental Information.   |           |                  |                |                  |
|     |         | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part<br>4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add |           |                  | ; Part X       | line 2; Part XI, |
|     |         | , line 4:   |           |                  | <del>.</del> . |                  |
| ГНЕ | FO      | UNDATION'S ENDOWMENTS CONSIST OF FUNDS  | ESTAB     | LISHED TO S      | UPPC           | RT               |
| /AF | lou     | S PROGRAMS AND ACTIVITIES OF THE FOUND  | ATION.    |                  |                |                  |
| ?ar | t X     | I, Line 4b - Other Adjustments:   |           |                  |                |                  |
| UU  | IDRA    | ISING EXPENSES NETTED AGAINST REVENUE   |           |                  | ,              | -460.            |
| ?ar | t X     | II, Line 4b - Other Adjustments:  |           |                  |                |                  |
| UU  | DRA     | ISING EXPENSES NETTED AGAINST REVENUE   |           |                  |                | -460.            |
|     |         |   |           |                  |                |                  |
|     |         |   |           |                  |                |                  |

| Schedule D (Form 990) 2019                              | MORTON COMMUNITY   | FOUNDATION                              | **-***75 <u>03</u> Page 5  |
|---|--|---|--|
| Schedule D (Form 990) 2019 Part XIII Supplemental Infor | mation   | 1 0 01121111111111111111111111111111111 |  |
| Supplemental info                                       | mation (continued)   |   |  |
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#### **SCHEDULE G**

(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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| lame of the organization  | COMMUNITY FOUNDATION  | ON  |   |   |         | Employer ide * * - * * 7  | ntification number<br>503                               |
|---|---|---|---|---|---------|---|---|
| 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. |   |   |   |   |         |   |   |
| Indicate whether the organization rais  | ed funds through any of the followin e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua | tion of<br>tion of<br>fundra<br>(includ         | non-g<br>gover<br>lising of<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |         | Yes   |   |
| (i) Name and address of individual or entity (fundraiser)   | (ii) Activity   | (iii)<br>fundr<br>have co<br>or con<br>contribu | ustody<br>trol of                                 | (iv) Gross receipts<br>from activity  | to (c   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|   |   | Yes   | No  |   |         |   |   |
|   |   |   |   |   |         |   |   |
|   |   |   |   |   |         |   |   |
|   |   |   |   |   |         |   |   |
| ANA ANA ANA ANA ANA ANA ANA ANA ANA ANA   |   |   |   |   | -       |   |   |
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|   |   |   |   |   |         |   |   |
| Stall states in which the organization or licensing.  | n is registered or licensed to solicit c  | ontribu   | utions  | or has been notified  | it is e | exempt from req   | gistration  |
| o, modificing.  |   |   |   |   |         |   |   |
|   |   |   |   |   |         |   |   |
|   |   |   |   |   |         |   |   |
|   |   |   | <del></del>                                       |   |         | · · · · · · · · · · · · · · · · · · ·                           |   |
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|                       | ***7503 Page 2   |
|-----------------------|--|
|                       | more than \$15,000<br>s greater than \$5,000.          |
| events<br>.e<br>mber) | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|                       | 26,630.  |
|                       | 26,630.  |
|                       |  |

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gro (c) Other e (a) Event #1 (b) Event #2 FUNDRAISING Non EVENT (total nur (event type) (event type) 26,630. 1 Gross receipts 2 Less: Contributions 26,630. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Rent/facility costs 7 Food and beverages ..... 8 Entertainment 460. 460. 9 Other direct expenses 460. 10 Direct expense summary. Add lines 4 through 9 in column (d) 170 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 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes 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: b If "Yes," explain: \_\_\_

Schedule G (Form 990 or 990-EZ) 2019 MORTON COMMUNITY FOUNDATION

| Sch | edule G (Form 990 or 990-EZ) 2019 MORTON COMMUNITY FOUNDATION **-  | <u>***7503</u>      | Page 3       |
|-----|--|---------------------|--------------|
|     | 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      |                     |              |
| 12  | to administer charitable gaming?   | Yes                 | No           |
| 40  |  |                     |              |
|     | Indicate the percentage of gaming activity conducted in:   | 13a                 | %            |
|     | The organization's facility  | 13b                 | <del></del>  |
|     | An outside facility  | [100]               |              |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:          |                     |              |
|     | Name   |                     | <del></del>  |
|     | Address  |                     |              |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue?               | Yes                 | No           |
| h   | olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount                             |                     |              |
| _   | of gaming revenue retained by the third party > \$   |                     |              |
| ,   | : If "Yes," enter name and address of the third party:   |                     |              |
|     | the rest file thank and address of the time party.   |                     |              |
|     | Name ►   |                     |              |
|     |  |                     |              |
|     | Address  |                     |              |
| 16  | Gaming manager information:  |                     |              |
|     | Name   |                     |              |
|     |  |                     |              |
|     | Gaming manager compensation > \$   |                     |              |
|     | Description of services provided   |                     |              |
|     | Description of services provided   |                     |              |
|     |  |                     |              |
|     |  |                     |              |
|     | Director/officer Employee Independent contractor   |                     |              |
|     |  |                     |              |
|     | Mandatory distributions:   |                     |              |
| a   | Is the organization required under state law to make charitable distributions from the gaming proceeds to                  |                     | r            |
|     | retain the state gaming license?   | Yes                 | No           |
| b   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |                     |              |
|     | organization's own exempt activities during the tax year 🕨 \$  |                     |              |
| Pa  | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa        | art III, lines 9, 9 | ıb, 10b,     |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.                           |                     |              |
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| Schodulo G | (Form 990 or 990-F7)                       | MORTON       | COMMINITY                             | FOUNDATION                            | **-***7503 Page 4   |
|------------|--|--------------|---------------------------------------|---------------------------------------|---|
| Dort IV    | Supplemental Infor                         | motion       | COMMONIA                              | I COMBILITION                         |   |
| raitiv     | (Form 990 or 990-EZ)<br>Supplemental Infor | mation (cont | inued)                                |                                       |   |
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|            |  |              |                                       |                                       |   |
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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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.

Open to Public 2019

OMB No. 1545-0047

**Employer identification number** 

Inspection

Schedule I (Form 990) (2019) **ջ** \*\*-\*\*7503 (h) Purpose of grant or assistance X Yes General support General support General support General support General support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection noncash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) . ö . 。 . (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 500 10,000. 8,000 7,500 6,500 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7 (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION 501(c)(3) 501(c)(3) 501(c)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance MORTON COMMUNITY (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization Illinois - 508 High Point Lane Youth for Christ - Peoria Area Junior Achievement of Central Wycliffe Bible Translators Grace Presbyterian Church or government Advent Lutheran Church East Peoria, IL 61611 4100 N Brandywine Dr 8607 State Route 91 Morton, IL 61550 Peoria, IL 61615 Peoria, IL 61614 1211 S Main St Part Part II

\*\*-\*\*7503 MORTON COMMUNITY FOUNDATION Schedule I (Form 990) (2019) Part III

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance . 15,850. (c) Amount of cash grant (b) Number of recipients 10 (a) Type of grant or assistance Scholarships Part IV

Schedule I (Form 990) (2019)

932102 10-26-19

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 Inspection

OMB No. 1545-0047

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  |
| byBuilding 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.  |
| WITH THE CONTEST OF ANY ENDING TO THE CONTEST OF TH |
| 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.   |

Page 2

#### Form **8868**

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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 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.

|  | atic 6-Month Extension of Time. Only subm   |               |  |               |                  |                 |
|--|---|---------------|--|---------------|------------------|-----------------|
| -                                      | ations required to file an income tax return other than Fo  |               |  | ps, REMIC:    | s, and trusts    |                 |
| nust use                               | Form 7004 to request an extension of time to file income  | e tax retur   | ns.                                    |               |                  |                 |
| ype or                                 | Name of exempt organization or other filer, see instruc   | ctions.       |  | Taxpaye       | r identification | number (TIN)    |
| ype or<br>orint                        | Wallie of exempt organization of other mor, ode ments   |               |  | ' '           |                  |                 |
|  | MORTON COMMUNITY FOUNDATION   |               |  |               | **_**            | 7503            |
| ile by the<br>ue date for<br>ling your | Number, street, and room or suite no. If a P.O. box, see instructions.  |               |  |               |                  |                 |
| eturn. See<br>astructions.             |   |               |  |               |                  |                 |
| nter the                               | Return Code for the return that this application is for (file   | a separa      | te application for each return)        |               |                  | 0 1             |
| Application                            | on  | Return        | Application                            |               |                  | Return          |
| s For                                  |   | Code          | Is For                                 |               |                  | Code            |
| orm 990                                | or Form 990-EZ  | 01            | Form 990-T (corporation)               |               |                  | 07              |
| orm 990                                | -BL   | 02            | Form 1041-A                            |               |                  | 08              |
| orm 472                                | 0 (individual)  | 03            | Form 4720 (other than individual)      |               |                  | 09              |
| orm 990                                | -PF   | 04            | Form 5227                              |               |                  | 10              |
| orm 990                                | -T (sec. 401(a) or 408(a) trust)  | 05            | Form 6069                              |               |                  | 11              |
| orm 990                                | -T (trust other than above)   | 06            | Form 8870                              |               |                  | 12              |
|  | SCOTT WITZIG  |               | CORMON TI CIEEO                        |               |                  |                 |
| The bo                                 | poks are in the care of $\triangleright$ 135 S. FIRST AV  | <u> E - N</u> |  |               |                  | J.m             |
| Teleph                                 | one No. ► (309) 291-0434  |               | Fax No.                                |               |                  | <b>.</b>        |
| If the o                               | organization does not have an office or place of business   | in the Un     | ted States, check this box             |               |                  |                 |
| lf this i                              | s for a Group Return, enter the organization's four digit G   | Group Exe     | mption Number (GEN)                    | If this is to | r the whole gr   | oup, check this |
| ox 🕨                                   | . If it is for part of the group, check this box  | and atta      | ch a list with the names and TINs o    | r all memb    | ers the extens   | ion is ior.     |
| the<br>▶[                              | quest an automatic 6-month extension of time until $\underline{}$ organization named above. The extension is for the orga $\underline{}$ calendar year $\underline{}$ or $\underline{}$ tax year beginning $\underline{}$ JUL 1, 2019 | nization's    | y 17, 2021 , to fireturn for: d ending |               | npt organizatio  | on return for   |
| 2 If th                                | ne tax year entered in line 1 is for less than 12 months, ch  | neck reasc    | on: Initial return                     | Final retur   | n                | . Tro           |
| 3a If th                               | is application is for Forms 990-BL, 990-PF, 990-T, 4720,  | or 6069, 6    | enter the tentative tax, less          |               |                  | _               |
| any                                    | nonrefundable credits. See instructions.  |               |  | 3a            | \$               | 0.              |
|  | is application is for Forms 990-PF, 990-T, 4720, or 6069,   | , enter any   | refundable credits and                 |               |                  | •               |
| <u>esti</u>                            | mated tax payments made. Include any prior year overpa  | ayment all    | owed as a credit.                      | 3b            | \$               | 0.              |
|  | ance due. Subtract line 3b from line 3a. Include your pay   |               |  |               | 1                |                 |
|  | ng EFTPS (Electronic Federal Tax Payment System). See   |               |  | 3c            | l .              | 0.              |

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

Form 8868 (Rev. 1-2020)

| Form AG99<br>Revised |  |
|----------------------|--|
| 40E01                |  |

| For Of          | ice Use Only  ILLINOIS CHARITABLE ORGANIZATION ANNUAL   | REPORT                            | Form AG990-IL<br>Revised 1/19   |
|-----------------|---|-----------------------------------|---|
| PMT             | # Attorney General KWAME RAOUL State of II  |                                   |   |
|                 | Charitable Trust Bureau, 100 West Rando   | lph CO                            | # 01-03749501   |
| ŀ               | 11th Floor, Chicago, Illinois 60601   |                                   | Check all items attached:   |
| TMA             | Report for the Fiscal Period:   | X                                 | • •   |
|                 | Decimina 05 404 4004 0  | Make Checks X                     |   |
|                 | Beginning <u>07/01/2019</u>   | Payable to the Illinois           | Copy of Form IFC  |
| INIT            | & Ending 06/30/2020   | Charity                           | \$15.00 Annual Report Filing Fee  |
|                 | that the state of | Bureau Fund                       | \$100.00 Late Report Filing Fee   |
|                 | 7303  | waninatian waa araata             | MO DAY YR<br>d: 05/24/2000  |
| Are co          |   | ganization was create<br>Year-end | d. 03/24/2000   |
|                 | NAME MORTON COMMUNITY FOUNDATION  | amounts                           |   |
|                 | MAIL  | A) ASSETS                         | A) \$ 7,153,850.  |
| l <sub>A</sub>  | DDRESS 135 S FIRST AVE  | B) LIABILITIES                    | B) \$ 506,715.  |
|                 | STATE MORTON, IL  | C) NET ASSETS                     | c) \$ 6,647,135.  |
|                 | P CODE 61550-2035   |                                   |   |
| Ī.              | SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:   | PERCENTAGE                        | AMOUNT  |
| 1               | D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)   | 76.815%                           | D) \$ 1,164,729.  |
|                 | E) GOVERNMENT GRANTS & MEMBERSHIP DUES  | %                                 | E) \$   |
|                 | F) OTHER REVENUES   | 23.185%                           | F) \$ 351,555.  |
|                 |   |                                   | 0.0 1 516 304   |
| 1               | G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)   | 100 %                             | G) \$ 1,516,284.  |
| II.             | SUMMARY OF ALL EXPENDITURES DURING THE YEAR:  | 19.676%                           | H) \$ 111,301.  |
|                 | H) OPERATING CHARITABLE PROGRAM EXPENSE   | 13.070%                           | H) \$ 111,301.  |
|                 | I) EDUCATION PROGRAM SERVICE EXPENSE  | %                                 | 1) \$   |
|                 | I) EDUCATION PROGRAM SERVICE EXPENSE  | 70                                | Ι Ι Ι   |
|                 | J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)   | 19.676%                           | J) \$ 111,301.  |
|                 | ,   |                                   |   |
|                 | J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$   |                                   |   |
|                 |   |                                   | 245 400   |
|                 | K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS   | 55.720%                           | K) \$ 315,189.  |
|                 |   | 75.396%                           | L) \$ 426,490.  |
|                 | L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)   | 13.390%                           | L) \$ 426,490.  |
|                 | M) MANAGEMENT AND GENERAL EXPENSE   | 13.681%                           | M)\$ 77,390.  |
|                 | IN) MANAGEMENT AND GENERAL EXTENSE  | 201002 //                         | ΙΜ, Ψ   |
|                 | N) FUNDRAISING EXPENSE  | 10.923%                           | N) \$ 61,786.   |
|                 | .,,   |                                   |   |
|                 | 0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)   | 100 %                             | 0) \$ 565,666.  |
| 1111            | SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:   |                                   |   |
| ''''            | (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)  |                                   |   |
|                 | PROFESSIONAL FUNDRAISERS;   |                                   | , n   |
|                 | P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS   | 100 %                             | P) \$ 0.  |
|                 | ON TOTAL CHARD MOCEON CEEN AND EVENINES   | 0/                                | Q) \$   |
|                 | 0) TOTAL FUNDRAISERS FEES AND EXPENSES  | %                                 | α, ψ  |
|                 | R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)  | %                                 | R) \$   |
|                 | ,   |                                   |   |
|                 | PROFESSIONAL FUNDRAISING CONSULTANTS; S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS  |                                   | S) \$ 0.  |
| IV.             | COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR  | AR:                               |   |
|                 | T) NAME, TITLE:SCOTT WITZIG, EXECUTIVE DIRECTOR   |                                   | 1) \$ 103,483.  |
|                 | U) NAME, TITLE:KAREN HOWELL, ADMINISTRATIVE MANAGER   |                                   | U) \$ 7,432.  |
|                 | V) NAME, TITLE:DARCY RIDDLE, ADMINISTRATIVE ASSISTANT   |                                   | V) \$ 13,684.   |
| ٧.              | CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES  | ))                                | List on back side of instructions   |
|                 | CONTROL DO ORGED CHARTMAN E ODGANICAMION  |                                   | CODE<br>W)# 150   |
| 998091 04-22-20 |   | <u> </u>                          | X) #  |
| 188091          | X) DESCRIPTION: Y) DESCRIPTION:   |                                   | Y) #  |
| ا ص             | 1) DECOMIT HON.   |                                   | Litting and the second |

| 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  |
| 2.  | HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY 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 MORE THAN 10% OF THE OUTSTANDING SHARES?  | 4.      |     | Х  |
| 5.  | IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?  | 5.      |     | Х  |
| 6.  | DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)   | . 6.    |     | Х  |
| 7a. | DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS 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 AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ ; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$   |         |     |    |
| 8.  | DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?   | 8.      |     | Х  |
| 9.  | HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?   | 9.      |     | х  |
| 10. | WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?  | 10.     |     | Х  |
| 11. | LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:  |         |     |    |
|     | MORTON COMMUNITY BANK, MORTON, IL 61550   |         |     |    |
|     |   |         |     |    |
|     | NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SCOTT WITZIG - (309) 291-0434  |         |     |    |
|     | ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS   |         |     |    |
| OCU | R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND<br>MENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED<br>DIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHEI<br>E TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS. | WITH TH | łΕ  | )  |

#### 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.

| SCOTT WITZIG                      |           |      |
|-----------------------------------|-----------|------|
| PRESIDENT or TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| DEREK FLOYD                       |           |      |
| TREASURER OF TRUSTEE (PRINT NAME) | SIGNATURE | DATE |
| Mark Reinken                      |           |      |
| PREPARER (PRINT NAME)             | SIGNATURE | DATE |