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

February 9, 2022

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

Dear Mr. Witzig:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022.

ILLINOIS FORM AG990-IL:

The Illinois Form AG990-IL should be mailed on or before March 1, 2022 to:

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

Enclose a check or money order for \$15, payable to Illinois Charity Bureau Fund.

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

Please review the return for completeness and accuracy.

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

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

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

Yours Truly,

GINOLI & COMPANY LTD, CPA'S

Form 8879-EO	IRS e-fil for a	le Signature Authorization n Exempt Organization	-	OMB No. 1545-0047
		inning JUL 1 , 2020, and ending JUN \therefore	30 , 20 21	2020
Department of the Treasury Internal Revenue Service	Do no	t send to the IRS. Keep for your records. irs.gov/Form8879EO for the latest information		2020
Name of exempt organization	or person subject to tax		Taxpayer iden	tification number
	ITY FOUNDATION		**_***	7503
Name and title of officer or pe SCOTT WITZIG EXECUTIVE DIR				
	Return and Return Inform	ation (Whole Dollars Only)		
		rm 8879-EO and enter the applicable amount, if a	any, from he return. I	f you
blank, then leave line 1b, 2	2b, 3b, 4b, 5b, 6b, or 7b, whichev	nd the amount on that line for the return being file rer is applicable, blank (do not enter -0-). But, if yc omplete more than one line in Part I.	ou en ed -0 on th	
1a Form 990 check here	b Total revenue, if a	any (Form 990, Part VIII, column (A), line 12) e, if any (Form 990-EZ, line 9)	b	1,380,357.
2a Form 990-EZ check h	ere 🕨 b Total revenue	e, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL chec	k here b Total tax	(Form 1120-POL, line 22)		
4a Form 990-PF check h		i investment income (Form 990-PF, Par VI, line	4D	
5a Form 8868 check here 6a Form 990-T check here		(Form 8868, line 3c)		
		m 990-T, Part III, line 4)		
Part II Declarat	ion and Signature Author	m 4720, Part III, line 1) ization of Officer or Per on Subject t	o Tax	
Under penalties of perjury,	I declare that X I am an office	er of the above organization I am a pers	son subject to tax with	n respect to
(name of organization)		, IN)	and tha	t I have examined a copy
Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne	nic funds withdrawal (direct debit e federal taxes owed on this retur the U.S. Treasury Financial Agen thorize the financial institutions in cessary to answer inquiries and r	ind. If applicable, I a horize th U.S. Treasury ar) entry to the fincial titut n account indicate m, and the financ nstitution to debit the entry i t at 1-888-353-4537 later than 2 business day wolved in of the electronic payme esolve issu elated to the payment. I have sele c return and, if plicable, the consent to electron	ed in the tax preparati to this account. To re- s prior to the paymen ent of taxes to receive cted a personal	on voke t
X Louthorizo Gi	noli & Company Lt	d CPA's	to ontor my D	N 56456
A l'authorize GI.		cd, CPA's ERO firm me	to enter my Pi	Enter five numbers. but
				do not enter all zeros
a state agency(ie		ly filed return. If I have indicated within this return IRS Fed/State program, I also authorize the a		
electronically file	d return. If I have indicated within	to the organization, I will enter my PIN as my sign this return that a copy of the return is being filed rogram, I will enter my PIN on the return's disclos	d with a state agency	
Signature of officer or person subject	tion and Authentication		Date 🕨	•
	ur six-digit electronic filing identif your five-digit self-selected PIN.	Do not enter al		
-	turn in accordance with the requi	v signature on the 2020 electronically filed return irements of Pub. 4163, Modernized e-File (MeF)	indicated above. I co	
ERO's signature		Date 🕨	02/09/22	
	EDO Must	Retain This Form - See Instructions		
		Form to the IRS Unless Requested To	o Do So	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2020)

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

►	File	2 60	narata	application	for	oach	roturn
	File	ase	varale	application	101	eauli	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.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruct	ctions.	4	pa e	r iden ication nu	mber (TIN)
print	MORTON COMMUNITY FOUNDATION	r			**-***75	503
File by the due date for			ions.			
filing your return. See	135 S FIRST AVE					
instructions		oreign addı	ress, see instructions.			
Enter the	e Return Code for the return that this application is for (file	e a separat	e application for each tu n)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990 orporation)			07
Form 99	0-BL	02	Form 10 1-A			08
Form 47	20 (individual)	03	Form 4720 (other th n individual)			09
Form 99	0-PF	04	Fo m 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	F m 6069			11
Form 99	0-T (trust other than above) SCOTT WITZIG	06	Fo 8870			12
Telep ● If the ● If this box ▶ 1 Ir th ▶	equest an automatic 6-month extension of time unt	in the Un Group Exe d atta May anization's	Fax No. ► d States, check this box If ch a list with the names and TINs of a <u>7 16, 2022</u> , to file return for: d ending _JUN 30, 2021	this is fo III memb	or the whole group ers the extension npt organization r	is for.
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less			0
-	y nonrefundable credits. See instructions.		· · · · · · ·	<u>3a</u>	\$	0.
	this application is for Forms 990-PF, 990-T, 4720, or 6069	, ,		0		0.
	timated tax payments made. Include any prior year overpa			<u>3b</u>	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa ing EFTPS (Electronic Federal Tax Payment System). See			3c	¢	0.
	: If you are going to make an electronic funds withdrawal				nd Form 8879-EO	

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

Form 8868 (Rev. 1-2020)

			Extended to May 16, 202		_	
	Ω	00	Return of Organization Exempt Fro			OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc			^{s)} 2020
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it	-		Open to Public
Interr	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection
_					N 30, 2021	
	heck if pplicab	le: C Name o	forganization	D	Employer identific	ation number
	Addre	ess MORT	ON COMMUNITY FOUNDATION			
	Name Chang		usiness as		**-***75()3
	Initial returr Final	Number		om/suite E	Telephone number	
	returr∟ termi	n	S FIRST AVE			1,383,048.
	ated Amer	ided MODE	own, state or province, country, and ZIP or foreign postal code ON , IL 61550-2035		Gross receipts \$	
-	_returr _Appli		nd address of principal officer: SCOTT WITZIG		(a) Is this a group re for su ordin tes	
	_ltion pendi		FIRST, MORTON, IL 61550		(b) Are a o nates in	
			X 501(c)(3) $501(c)()$ $4947(a)(1)$ or $4947(a)(1)$ or $501(c)(1)$	527		list. See instructions
			mortoncommunityfoundation.org		(c) Group exemption	
						State of legal domicile: IL
	irt I					
	1		e the organization's mission or most significant activities: The mis	ssion	of the Mor	rton
e	'	Communi	ty Foundation is to improve the qual	ity o	f life for	Morton
Governance	2		x ightharpoint is a second se			
veri	3		ting members of the governing body (Part VI, line 1a)		3	15
ĝ	4		lependent voting members of the governing body (Part VI, line 1b)			14
	5				5	3
Activities &	6		of volunteers (estimate if necessary)		6	17
Sti					7a	0.
Ă			business taxable income from Form 990-T, Part I, line 1		7b	0.
					Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		1,138,099.	1,007,009.
nu	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		296,238.	248,488.
Ĕ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, d 11e)		81,487.	124,860.
	12		- add lines 8 through 11 (must equal Part VIII, colum (A), line 12)		1,515,824.	1,380,357.
	13	Grants and sir	nilar amounts paid (Part IX, column (A) lines 1-3)		315,189.	397,075.
	14	Benefits paid	to or for members (Part IX, column), line		0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits Part IX, co umn (A), lines 5-10)		138,252.	140,938.
nse	16a	Professional f	undraising fees (Part IX, column (A), e 11e)		0.	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column ne 25) 🕨67 , 570 .	•		
ш	17	Other expense	es (Part IX, column (A), line 11a-11d, 1f-24e)		111,765.	150,749.
	18	Total expense	s. Add lines 13-17 (must e I Part IX column (A), line 25)		565,206.	688,762.
	19	Revenue less	expenses. Subtract line 18 from n 12		950,618.	691,595.
OC OC					ning of Current Year	End of Year
Assets or d Balances	20	Total assets (F		'	7,153,850.	9,195,587.
tAs	21		(Part X, line 26)		506,715.	410,997.
Fund	22		fund balances. Subtract line 21 from line 20		6,647,135.	8,784,590.
	nrt II					
	-		I declare that I have examined this return, including accompanying schedules and		-	knowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which p	preparer has	any knowledge.	

Sign	Signature of officer		Date	
Here	SCOTT WITZIG, EXECUTIV	E DIRECTOR		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check PT	IN
Paid	Mark Reinken	Mark Reinken	02/09/22 self-employed P00	079028
Preparer	Firm's name 🍗 Ginoli & Company	Ltd,CPA's	Firm's EIN ▶ **-**	*6622
Use Only	Firm's address 🖕 7625 N Universit	y Ste A		
	Peoria, IL 61614	-8303	Phone no. (309)67	1-2350
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X	Yes 🗌 No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.	F	orm 990 (2020)
	~ 1 1 1 ~ ~ ~ ~ ~ 1			

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

Form	990 (2020) MORTON COMMUNITY FOUNDATION **-**7503 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of the Morton Community Foundation is to improve the
	quality of life for Morton area residents, now and for generations to
	come. We do this byBuilding community endowment; Investing in our
	community through strategic grant making; Turning donors' charitable
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, s mea ured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ers the to expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$528,764. including grants of \$397,075.) (Revenue \$
Ĩ	Primary efforts were informational regarding intent to accumulate a
	permanent endowment with annual grants to benefit residents of the
	Morton area to be made from earnings.
	Moreon area co be made from carnings.
4b	(Code:) (Expenses \$ including graits of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 528,764.
-10	Form 990 (202

<u>Form 990 (</u>				FOUNDATION
Part IV	Ch	ecklist of Required Se	chedules	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have t e right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete S hedu D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, ve as a s odian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or bt neg ation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restrict dowments		77	
	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 complet Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Pa X, lin 0? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a		
b	Did the organization report an amount for investments - other securities in art X, 12, that is 5% or more of its total	446		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V	11b		
С	Did the organization report an amount for investments - program related in art X, li e 13, that is 5% or more of its total	11c		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 1 Did the organization report an amount for other assets in Part X line 15 th s 5% or more of its total assets reported in	TIC		- 23
u		11d		х
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, lin 5? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions u der FI 8 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
12a	Did the organization obtain separate, independent a dited finan al statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated ndent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "N" to line 1 then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in sec n 170(b))(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employe o agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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	Х	

Form	990	(2020)
I UIIII	330	

Form 990 (2020) MORTON COMMUNITY FOUNDATION Part IV Checklist of Required Schedules (continued) Continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to d ease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in rior yea and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ If "Yes, mplete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to ny curr. nt			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, 5%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		x
27	Did the organization provide a grant or other assistance to any current or former offier, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection c mmittee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons If "Y " complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (se Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or fou der, or su tantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," comp e Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations de bed in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contribut s? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve nd cease perations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or tra fer mor than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity sregarde as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes comple Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt o x ble entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		- v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
	טוויטא א טטוובטעוב ט גטווגמווז מ ובפאטוושב טו זוטנב נט מוץ וווים ווז נוווש רמוג ע		Vce	
1-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No
ia b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2020) MORTON COMMUNITY FOUNDATION **-**7	503	Р	_{age} 5
Par	t 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	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			_
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	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 (F AR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		<u> </u>
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrestions of			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo a d services provided to the payor?	7a	X	
b	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 prope y for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a persona benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly n a per nal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual propert did the o anization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or oth vehicle did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a nor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions unde ction 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on P rt VIII, line 2			
b	Gross receipts, included on Form 990, Part VIII, line 1 for pub c use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholder			
b	Gross income from other sources (Do not ne mounts ue or paid to other sources against			
	amounts due or received from them.)	4.5		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	

Form **990** (2020)

Form 990 (2020)

MORTON COMMUNITY FOUNDATION

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 O.			
h	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			
~		2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct sup rvision	~		
5		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was ed	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	- 4 5		X
5	Did the survey institute have survey have an electric description of the second s	6		X
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app int one of	0		-23
7a		70		х
Ŀ.	Are any governance decisions of the organization reserved to (or subject to approval by) memors, st holders, or	7a		
D	a survey of the state of the second state is a state of the state of t	71.		х
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur the year by the following:	0-	x	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	<u>^</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A o cannot be reached at the	•		х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedul O	9		л
Sec	tion B. Policies (This Section B requests information about policies not re i ed by the Internal Revenue Code.)		× 1	
		10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		_A
D	If "Yes," did the organization have written policies and procedures govern the ac vities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organi on's exempt purposes?	10b	x	
	Has the organization provided a complete copy of this Form 990 to all mem rs of its governing body before filing the form?	11a	~	
	Describe in Schedule O the process, if any, used by the organiza n to review this Form 990.	40-	x	
	Did the organization have a written conflict of interest policy? <i>If "No, g to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monito and e rce compliance with the policy? If "Yes," describe	10-	x	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower poli ?	13	X	
14	Did the organization have a written document r n and destruction policy?	14	~	
15	Did the process for determining compensation of the foreign owing persons include a review and approval by independent tartiction of the deliberation and decision?			
-	persons, comparability data, and contempor ous su tantiation of the deliberation and decision?	150	x	
	The organization's CEO, Executive Director, or top m nagement official	15a 15b	X	
D	Other officers or key employees of the organization	15b	Δ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		л
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright IL		ovelle!	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply	ority)	avallal	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)			
40		finant	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	manc	ial	
20	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			
	135 D. IIMJI AVE, MONION, IL 01330			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or t ustee 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 nor any related organization compensated any current officer, director, tru tee

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Estimated					
	hours per	box	, unle	ss per	son i	s both r/trus	n an	compensa n	c mpensation	amount of
	week		cer ar	laaa	recio	r/trus	lee)	from	from related	other
	(list any hours for	ndividual trustee or director						e or pizet p	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		or nizat n (W-2/10 MISC)	(00-2/1099-00150)	organization
	organizations	ruste	al trus		yee	mpen		(** 2/10 1000)		and related
	below	idual 1	Institutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) SCOTT WITZIG	45.00									
EXECUTIVE DIRECTOR				Х				110,253.	0.	3,308.
(2) JEFF KING	0.00									
PAST PRESIDENT				Х				0.	0.	0.
(3) SYLVIA HASINGER	0.00									
PRESIDENT				Х				0.	0.	0.
(4) DEREK FLOYD	0.00									
VICE PRESIDENT		4		X				0.	0.	0.
(5) KARA KNEPP	0.00									
SECRETARY				Х				0.	Ο.	Ο.
(6) BARB GETZ	0.00									
TREASURER		Х		Х				0.	0.	0.
(7) CHRIS RAJKUMAR	0.00									
TRUSTEE		Х						0.	0.	0.
(8) HEATHER THOMPSON	0.00									
TRUSTEE		Х						0.	0.	0.
(9) STACY LITERSKY	0.00									
TRUSTEE		Х						0.	0.	0.
(10) DARREN MARTIN	0.00									
TRUSTEE		Х						0.	0.	0.
(11) CINDY HONEGGER	0.00									
TRUSTEE		Х						0.	0.	0.
(12) TIM GRONEWALD	0.00									
TRUSTEE		Х						0.	0.	0.
(13) KIRK BODE	0.00									
TRUSTEE		Х						0.	0.	0.
(14) ALI KLOPFENSTEIN	0.00									
TRUSTEE		Х						0.	0.	0.
(15) MIKE KRAFT	0.00									
TRUSTEE		Х						0.	0.	0.

Form 990 (2020) MORTON CO	OMMUNITY	ΎΕ	'OU	ND	AT	٥I	N		**_**	* * 7 5	503	Pa	age 8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		, ,				
(A)	(B)			(C Posi				(D)	(E)	(F)			
Name and title	Average hours per		not c	heck ı	more	than c s both		Reportable compensation	Reportable compensation	n		timate 10unt (
	week					r/trust		from	from related			other	51
	(list any	ector						the	organizations			pensa	
	hours for related	or dir	ee			ated		organization	(W-2/1099-MIS	iC)		om the	
	organizations	rustee	al trust		/ee	mpens		(W-2/1099-MISC)			•	anizati d relate	
	below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ıer					nizatio	
	line)	Indiv	Instit	Officer	Key e	High empl	Former						
									<u> </u>				
					L			110 252		0		2 20	00
1b Subtotal								<u>110,253.</u> 0.		0.	<u>3,308.</u> 0.		
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)					•			110,253.		0.		3,308.	
2 Total number of individuals (including but n			2	ab	ove) wh	o re		000 of reportable			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
compensation from the organization						,							1
										_		Yes	No
3 Did the organization list any former officer,	director, t ust	ee,	y e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch indivi ual										3		X
4 For any individual listed on line 1a, is the su													37
and related organizations greater than \$150			•					or such individual			4	_	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." corr					-			-			5		х
Section B. Independent Contractors	ip Sched e	<u> </u>	<u>or s</u> t	<u>ICH </u>	Jers	011 .					5		
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for													
(A)								(B)		-	(C		
Name and business	Name and business address NONE Description of services				C	omper	nsatior	<u>ו</u>					
							-						
2 Total number of independent contractors (ii	ncluding but p	ot lin	niter		thos	e lie	 ted	above) who received m	ore than				
\$100,000 of compensation from the organi	•				(,e .esonoù m					

			TON COMMUN	ITY FOUN	DATION		**-***7	503 Page	9
Ра	rt VI							_	_
		Check if Schedule O c	contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)	
					Total revenue	Related or exempt	Unrelated	Revenue exclude	
						function revenue	business revenue	from tax under sections 512 - 5	
(0, (0	1.0	Federated compaigns	10						
ants unts	Га	Federated campaigns							
Dor Gree									
fts, r Ai	c	Related organizations							
, Gi Jilai	e								
Sin	f	All other contributions, gifts,							
utio		similar amounts not included		007,009.					
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in I			•				
Con	e b	Total. Add lines 1a-1f		•	1,007,009.				
0.0				Business Code	, ,				_
e	2 a	I							_
Program Service Revenue	h								
Ser	c								
jram Ser Revenue	d								
ogr	е								
Pr	f	All other program service	revenue						
	g	Total. Add lines 2a-2f		►					
	3	Investment income (includ	ling dividends, intere	est, and					
		other similar amounts)			156,409.			156,409	
	4	Income from investment o	of tax-exempt bond p	roceeds 🕨 🕨					
	5	Royalties							
			(i) Real	(ii) Personal					
	6 a		6a						
	b		6b						
	c		6c						_
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securities	(ii) Othe					
		assets other than inventory	7a 92,079.						
	0	Less: cost or other basis	7ь 0.						
venue		and sales expenses	7b 0. 7c 92,079.						
eve		: Gain or (loss) I Net gain or (loss)			92,079.			92,079	,
er B		Gross income from fundraisir			52,075.			52,075	·
Other Re	00	including \$							
0		contributions reported on	line 1c) See						
		Part IV, line 18		35,186.					
	b	Less: direct expenses							
		Net income or (loss) from t		>	32,495.			32,495	; .
	9 a	Gross income from gamin	g activities. See						
		Part IV, line 19							
	b	Less: direct expenses							
	c	Net income or (loss) from	gaming activities	►					
	10 a	Gross sales of inventory, le	ess returns						
		and allowances	<u>10a</u>	1					
	b	Less: cost of goods sold	10k						
	c	Net income or (loss) from	sales of inventory	<u>,</u>					
s		Nono como de T		Business Code					
Miscellaneous Revenue	11 a	Management Fe		900099	67,465.	67,465.			
llan	b	PPP Loan forg	<u>rveness</u>	900099	24,900.	24,900.			
Sce	C							<u> </u>	
Mi		All other revenue		L	92,365.				
	<u>е</u> 12	Total revenue. See instructio			1,380,357.	92,365.	0.	280,983	3 -
				🚩	,,		.		-

MORTON COMMUNITY FOUNDATION Part IX Statement of Functional Expenses

	a line la de la companya de la compa	e or note to any line in t (A)	(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	387,725.	387,725.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	9,350.	9,350.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	107 064	21 572	12 116	12 116
	trustees, and key employees	107,864.	21,572.	43,146.	43,146
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	19,230.	3,846.	7,692.	7,692
	Other salaries and wages	19,230.	5,040.	7,092.	7,092
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
	Other employee benefits	4,121.	825.	1,648.	1,648
	Payroll taxes	9,723.	1,945.	3,889.	3,889
	Fees for services (nonemployees):	5,725.	1,545.	5,005.	5,005
	Management				
	Legal				
	Accounting	6,967.	697.	5,573.	697
	Lobbying	.,		.,	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	97,246.	97,246.		
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)				
	Advertising and promotion		b		
3	Office expenses	7,943.	1,322.	4,246.	2,375
	Information technology	5,845.	549.	4,427.	869
5	Royalties				
;	Occupancy	15,544.	3,108.	6,218.	6,218
,	Travel				
5	Payments of travel or entertainment expens				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	600.	60.	480.	60
)	Interest	-			
	Payments to affiliates				
	Depreciation, depletion, and amortization	7,786. 2,291.	450	7,786. 916.	010
3		2,291.	459.	910.	916
	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	4,630.		4,630.	
	TELEPHONE & INTERNET	1,293.		1,293.	
	EDUCATION & DUES	604.	60.	484.	60
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	688,762.	528,764.	92,428.	67,570
	Joint costs. Complete this line only if the organization			,	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

MORTON COMMUNITY FOUNDATION	1
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		Check if Schedule O contains a response or not	e to anv	line in this Part X			
			<u></u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			664,093.	1	454,434.
	2	Savings and temporary cash investments			6,477,112.	2	8,651,850.
	3				•/1///112•	3	0,001,0000
	4	Pledges and grants receivable, netAccounts receivable, net			4,981.	4	5,912.
	5	Loans and other receivables from any current or			4,501.	4	5,512.
	5	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				5	
		under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9	– ••• ••• •••					
		Land, buildings, and equipment: cost or other	1 1				
	100	basis. Complete Part VI of Schedule D	102	109,672.			
	h	Less: accumulated depreciation	10h	26,281.	7,664.	10c	83,391.
	11	Investments - publicly traded securities		-	.,,	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			7,153,850.	16	9,195,587.
	17	Accounts payable and accrued expenses			5,737.	17	5,083.
	18	Grants payable			154,792.	18	35,968.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subst	antial co	ont utor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third	d parties		23	
	24	Unsecured notes and loans payable to unrelate	third p	ies		24	
	25	Other liabilities (including federal income tax, p	yables t	o lated third			
		parties, and other liabilities not included on line	7-24).	C mplete Part X			
		of Schedule D			346,186.	25	369,946.
	26	Total liabilities. Add lines 17 through 5			506,715.	26	410,997.
		Organizations that follow FASB ASC 58, che	c here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27				1,539,048.	27	2,268,014.
Ba	28	Net assets with donor restrictions			5,108,087.	28	6,516,576.
pur		Organizations that do not follow FASB ASC 9	58, che	ckhere 🕨 📃			
Ē		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
sset	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			6,647,135.	32	8,784,590.
	33	Total liabilities and net assets/fund balances			7,153,850.	33	9,195,587.

9,195,587. Form **990** (2020)

Part X Balance Sheet

Form	000	(2020
Form	990	(2020

Form	1990 (2020) MORTON COMMUNITY FOUNDATION	**_***'	7503	Pag	_{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		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,380		
2	Total expenses (must equal Part IX, column (A), line 25)	2	688	3,70	62.
3	Revenue less expenses. Subtract line 2 from line 1	3	691		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		6,647		
5	Net unrealized gains (losses) on investments	5	1,445	5,80	60.
6	Donated services and use of facilities	6			
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	8,784	.,59	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex ain in hedule (
2a	Were the organization's financial statements compiled or reviewed by an independent acco ntant		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were c p ed or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated an separate basis				
b	Were the organization's financial statements audited by an independent accounta ?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year w audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both constidated d separate basis				
С	, , , , , , , , , , , , , , , , , , , ,				
	review, or compilation of its financial statements and selection of an indepindent a jountant?		2c	X	
	If the organization changed either its oversight process or selection press during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an dit or audits as set forth in the Sing	•			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If organization did not undergo the requir				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u>3b</u>		
			Form	990 ((2020)

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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			
	2020			
	Open to Public Inspection			
Employer identification number				

Nan					т		•		*-**7503		
Pa	rt I	Reason for Public (TY FOUNDATION		via part \ S					
								•			
	orgar	ization is not a private found					• • • • • • • • • • • • • • • • • • • •				
1	H	A church, convention of ch					I)(A)(I).				
2	H	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	H						-	i) Entor	the beenital's name		
4		A medical research organiz city, and state:	ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	11 170(b)(1)(A)	ŋ. Enter	ine nospital s name,		
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmenta ni	t describ	d in		
5		section 170(b)(1)(A)(iv). (C		lege of university owned		eu by a go		t describ			
6				ontal unit described in	nantion 17	70/6//4//A	(₁)				
-	X	A federal, state, or local gov An organization that norma	-						public described in		
'	_ 23_	section 170(b)(1)(A)(vi). (C	-	niiai part of its support ii	on a gove	minentai		enerar p			
8		A community trust describe			них						
9	H	An agricultural research org			-	ad in oniu	, ction w h a la	and grant	college		
3		or university or a non-land-g									
		university:	grant concyc or agrici					ie college	01		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supr	ort fro	ontribution	ns membershir	fees and	aross receipts from		
10		activities related to its exem									
		income and unrelated busir		•				• •	•		
		See section 509(a)(2). (Con				o doqui	fou by the orga	. n.cation a			
11		An organization organized a	• •	velv to test for public sa	fetv. S e s	section 50)9(a)(4).				
12		An organization organized a	-		-			y out the	purposes of one or		
		more publicly supported or	-		-			-	-		
		lines 12a through 12d that	-								
а		Type I. A supporting orga	anization operated, si	upervised, or controlle	y its supp	orted org	anization(s), typ	pically by g	giving		
		the supported organization	on(s) the power to reg	gularly appo or elect a	majority o	f the direc	tors or trustees	s of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	s), by hav	ing		
		control or management o	f the supporting orga	a zation sted in the sa	ame perso	ns that co	ntrol or manage	e the supp	orted		
		organization(s). You mus	t complete Part IV,	ections A and C.							
с		Type III functionally inte	grated. A supporting	g rganizat on operated	in connect	ion with, a	and functionally	integrate	d with,		
		its supported organization	n(s) (see instru	You must complete I	Part IV, Se	ctions A,	D, and E.				
d		Type III non-functionally	integrated A supp	o ng organization oper	ated in cor	nnection w	vith its supporte	ed organiz	ation(s)		
		that is not functionally int	egrated. Th ganiz	at n generally must sat	isfy a distr	ibution rec	quirement and a	an attentiv	eness		
		requirement (see instructi	ions). You must n	nplete Part IV, Sections	A and D,	and Part	V .				
е		Check this box if the orga					Type I, Type II,	Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.					
f		er the number of supported o	•								
g		vide the following informatior (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of r	nonotany	(vi) Amount of other		
		organization		(described on lines 1-10	in your governi	ng document?	support (see ins	-	support (see instructions)		
		3		above (see instructions))	Yes	No					
Tota	ıl										

Schedule A (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION Part II Support Schedule for Organizations Described in Sections 170

-*7503 Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	716,688.	1303888.	379,540.	1138099.	1007009.	4545224.
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	716,688.	1303888.	379,540.	1138099.	1007009.	4545224.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						720,969.
6	Public support. Subtract line 5 from line 4.						3824255.
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	() 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	716,688.	1303888.	379,540.	1138099.	1007009.	4545224.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	94,055.	105,275.	136,332.	46,081.	1537939.	1919682.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			·			
	or loss from the sale of capital						
	assets (Explain in Part VI.)	63,557.	69,448.	89,566.	81,487.	102,651.	406,709.
11	Total support. Add lines 7 through 10			,	,	ŕ	6871615.
12	Gross receipts from related activities,	etc. (see i ic	ons)			12	
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and stop						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	column (f))		14	55.65 %
15	Public support percentage from 2019					15	59.62 %
16a	33 1/3% support test - 2020. If the c					ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on l				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not o				
	and if the organization meets the fact	e e					-
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio						
				,,,			ar 000 EZ) 0000

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 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.)

See	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
r	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		(-) 0010	(1-) 0017	(-) 0010	(4) 0010	(-) 0000	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organiz:	ation,
	check this box and stop here	-					
See	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2020 (ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION

-7503 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION

00110			<u> </u>	ige e
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	ľ	
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ľ	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain i			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that op rated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of th directors			
	or trustees of each of the organization's supported organization(s)? If "No," describ in Part VI how control			
				4

or management of the supporting organization was vested in the same persons the	0	ntrolled or managed

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day o the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount suppo provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification to extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees eith () appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported org ization? If "No," explain in Part VI how			
	the organization maintained a close and continuous workin relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, abov, did the organization's supported organizations have a			
	significant voice in the organization's investment poles and in recting the use of the organization's			
	income or assets at all times during the tax year? If "Y " des be in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integra ed Sup orting Organizations

1 Check the box next to the method that the	e org	ization	sed to satisf	y the Integral Part Test dur	ing the year (see instructions).
---	-------	---------	---------------	------------------------------	----------------------------------

a The organization satisfied the Activities Tes C mplete line 2 below.

b		The organization	is the parent of	f each of its su	upported or	rganizations. (Complete line 3	below.
---	--	------------------	------------------	------------------	-------------	-----------------	-----------------	--------

с		The organization supported a	governmental entity.	Describe in Part VI	how you supported a	a governmental entity (see instructions).
---	--	------------------------------	----------------------	---------------------	---------------------	---

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

3b

Yes No

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) or Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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)	d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amo nt,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, I e 8, colum A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Sec line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line un ess subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

-lift ing truct on Nov 20, 1070 (Г lain in Part VI) See instructions

instructions).

7 Г

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION

Par	t V 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 exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
	Amounts paid to acquire exempt-use assets		4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.	0	8	
9	Distributable amount for 2020 from Section C, line 6		9	
	Line 8 amount divided by line 9 amount		0	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions P 2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020,			
	any. Subtract lines 3g and 4a from line 2. For r eater			
	than zero, explain in Part VI. See instruction			
	Remaining underdistributions for 2020. Subt t lines 3			
	and 4b from line 1. For result greater than zero, ex n in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 MORTON COMMUNITY FOUNDATION

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

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

MANAGEMENT FEES	
2016 Amount: \$	33,155.
2017 Amount: \$	44,689.
2018 Amount: \$	51,184.
2019 Amount: \$	55,317.
2020 Amount: \$	67,465.
NET FUNDRAISING	INCOME
2016 Amount: \$	30,402.
2017 Amount: \$	24,759.
2018 Amount: \$	38,382.
2019 Amount: \$	26,170.
2020 Amount: \$	35,186.

Schedule A

023171 04-01-20

Identification of Excess Contributions Included on Part II, Line 5

-*7503

2020

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
	508,167.	370,735
	209,181.	71,749
	375,292.	237,860
	178,057.	40,625
otal Excess Contributions to Schedule A, Part II, Line 5		720,969

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

1	MORTON COMMUNITY FOUNDATION	**-**7503						
Organization type (chec	rganization 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 founda on							
	501(c)(3) taxable private foundation							

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General ule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, duing the ar, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See inscittors for determining a contributor's total contributions.

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checke Sched A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contrib ions of th greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contribution in a of m e than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the pr in on of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is the set in the set is organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set is the set in the set is the set is the set is the set in the set is the set i

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Employer identification number

MORTON COMMUNITY FOUNDATION

-7503

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 62,660.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$329,693.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$36,000.	Type of contribution Person X Payroll
(a)	(b)	(c) Tatal contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 20,608.	Type of contribution Person X Payroll
(a)	(b)	(c)	(d) Turne of constribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$40,000.	Type of contribution Person X Payroll

023452 11-25-20

Name of organization

Employer identification number

-*7503

MORTON COMMUNITY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$21,025.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANA COMPLEXITY OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTIONS.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

-*7503

MORTON COMMUNITY FOUNDATION

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

art II	NONCASH Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or stimate) (See instru ns.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash proterty gin	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page **4**

Name of or	rganization		Employer identification number					
MORTON	N COMMUNITY FOUNDATION		**-**7503					
Part III		(a) through (e) and the following line entry. F charitable, etc., contributions of \$1,000 or less	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations for the year. (Enter this info. once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gift						
-	Transferee's name, address, a	and ZIP + 4	Relationship of trans or transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
-	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use f gift	(d) Description of how gift is held					
-	(e) Transfer of gift							
	Transferee's name, address,	d ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(h) Duwnoog of sift							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
ŀ	Transferee's name, address, a	ano ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D

Department of the Treasury Internal Revenue Service

Name of the organization

(Form	990)
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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.

Employer identification number ** ***7503

OMB No. 1545-0047

Open to Public Inspection

20

	MORTON COMMUNITY FO	**-***7503				
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	9	8			
2	Aggregate value of contributions to (during year)	188,222.	82,917.			
3	Aggregate value of grants from (during year)	93,750.	98,800.			
4	Aggregate value at end of year	2,358,984.	284,660.			
5	Did the organization inform all donors and donor advisors in v					
•	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					
Pa						
1	Purpose(s) of conservation easements held by the organizatio					
•	Preservation of land for public use (for example, recreat		a h storically 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 qualifi	ied conservation contrigution 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					
b						
c	Number of conservation easements on a certified historic stru		0-			
d	Number of conservation easements included in (c) acquired a					
ŭ	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele					
-	year >					
4	Number of states where property subject to conservation eas	em is located				
5	Does the organization have a written policy regarding the peri					
-	violations, and enforcement of the conservation easements it.		Yes No			
6	Staff and volunteer hours devoted to monitoring, insp cting,					
	•		0, 1			
7	Amount of expenses incurred in monitoring, inspectin hand	lin of violations, and enforcing conservation	on easements during the year			
	► \$,	5			
8	Does each conservation easement reported n line 2(d bove	e satisfy the requirements of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , ,				
9	In Part XIII, describe how the organization report n ervation	on easements in its revenue and expense s	tatement and			
	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	5				
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement an	d balance sheet works			
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furt	herance of public			
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items				
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and ba	lance sheet works of			
	art, historical treasures, or other similar assets held for public	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		\$			
			N .			
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS					
а	Revenue included on Form 990, Part VIII, line 1	c	▶ \$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) a Using the organization accussion, and other records, check any of the following that make significant use of its continues (check all that apply): Police exhibition Brobite exhibition Brobite exhibition Control ture generations Control ture generation Contre ture generation Control tur	Sche		COMMUNITY B				**7503	Page 2
collection terms (check all that apply): a b b Scholarly research c Other b Scholarly research c Other Other Collection 1 Yes No c Provide acciption of the organization scalections and explain how they further the organization seempt purpose in Part XIII. Scholarly research Yes No Particle chaits funds rather than to be mating as part of the organization accelection? Yes No Particle chaits funds rather than to be mating as part of the organization accelection? Yes No Particle chaits funds rather than to be mating as part of the organization accelection? Yes No It is the organization accelection? Yes No b if "Yes," explain the arrangement in Part XIII and complete the following table: Imating additions during the year c Beginning balance Imating additions during the year Imating additions during the year d Other organization include an amount on Form 990, Part XI line 21, for secrow or custodi acce fit liabil Y Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provid to Part XIII Porticide the acceleration addition the organization include an amount on Form 990, Part XI line 21, for secro	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar Asset	:s _{(continue}	ed)
a Public exhibition d □ can or exchange program b Scholary research e Other	3		on, and other records	s, check any of the f	following that make	significant use of its		
b Scholary research e Other c Previde a description of houre generations Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets tota in the organization solicit or receive donations or art, historical treasures, or other similar assets tota No. Particle a description of the organization assisted the organization answered 'Yes' on Form 990, Part X, line 21. Tota No. Particle an amount on Form 990, Part X, line 21. It be organization answered 'Yes' on Form 990, Part X, line 21. Yes No. b If 'Yes', explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance	_		ام					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Provide a description of the organization is collection? Yes No. Part IVI Exercement of Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not includ d on Form 990, Part X, line 21. Yes No. 6 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial acco fit liabil y? Yes No. 7 Yes, 'explain the arrangement in Part XIII. Oheck here if the explanation has been provid or Part XIII Amount It 8 Dotting balance (a) (b) from years back (b) from years back (b) from years back (b) from years back (c) from year			a					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Beginning balance C Beginning of year balance C Beginning of year balance C Complete if the organization answered "Yes" on Form 990, Part XIII. Det throutions C Complete if the organization and the organization answered "Yes" on Form 990, Part XIII. Det the organization include an amount on Form 990, Part X, line 21, for escrew or custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew or custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew or custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew are custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew are custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew are custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew are custodial acco if tilabil y? Det the organization include an amount on Form 990, Part X, line 21, for escrew are custodial acco in the sobase acco is a state if the organization answered "Yes" on Form			e	Other				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be mantalined as part of the organization's collection? No. Part V Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. If a is the organization angent. It usuate, custodian or other intermediary for contributions or other assets not includ d on Form 990, Part X ine 21. If a is the organization angent. It usuate, custodian or other intermediary tor contributions or other assets not includ d on Form 990, Part X ine 21. If a is the organization angent. It is an angent. It is an angent in Part XIII. Check here if the explanation has been provid or Part XII. If and angent. 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodia acco in thickit. Y? If yes, "explain the arrangement in Part XIII. Check here if the explanation has been provid or Part XII. No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provid or Part XII. If and the arrangement in Part XIII. Check here if the explanation has been provid or Part XII. No b and times arrangement in Part XIII. Check here if the explanation has been provid or Part XII. If and the arrangement in Part XII. Check here if the explanation has been provid or Part XII. No b and programs 1, 765, 2, 316, 365, 235, 439, 4, 4, 457, 100. 3, 71, 11, 115. Dire assold assing a sold program and pro	_		llastions and avalain	bourthouther th	a argonization's av	ampt numpers in Day	+ VIII	
To be notify to raise funds rather than to be maintained as part of the organization's collection? Yes No Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part XI, line 9.0 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not includ d on Form 990, Part X, line 9.0 Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount Image: Complete in Part XIII Yes X No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provid on Part XIII Image: Complete in Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII Image: Complete in Part XIII Image: Complete i			-	•	-		L AIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ves X No c Beginning balance 0 Amount 1 -	5			•	•			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not includ on form 990, Part X. Image: Control Contered Contente Control Control Control Control Control	Par						_	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not includ d on Form 990, Part X? Image: Control of Contref Control of Contref Control of Contref Control of Control of C				ete il the organizatio	in answered Tes	on Form 990, Fait IV	iii le 9, 0i	
on Form 990, Part X? Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete the following table: Amount c Beginning balance image: Complete the following table: Image: Complete table: Ima	1a	•	-	iany for contribution	s or other assets no	at included		
b If 'Yes," explain the arrangement in Part XIII and complete the following table:	Ĩ						Ves	XNo
c Beginning balance 1 d Additions during the year 1 e Distributions during the year 1 2 Distributions 1 Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. 10 1a Beginning of year balance 6, 467, 112, 5, 631, 966, 5, 336, 499, 4, 457, 100, 3, 711, 138, 496, 947, 100, 37, 712, 136, 247, 196, 946, 284, 018, 316, 138, 496, 947, 108, 947, 108, 247, 196, 946, 284, 018, 316, 138, 496, 947, 108, 947, 108, 247, 196, 946, 284, 018, 316, 138, 660, 101, 125, 82, 938, 76, 704, 66, 720, 58, 060, 720, 58, 060, 700, 96, 700, 700, 700, 700, 700, 70	h					L		
c Beginning balance 1 d Additions during the year 0 f Ending balance 0 2a Distributions during the year 0 f Ending balance 0 2a Did the organization include an amount on Form '900, Part X, line 21, for escrew or custodic acco ht flability? Ves No bit "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provide of Part XII Part X Endowment Funds. Complete if the organization answered "Yes" on Form '900, Part X, line 10. fa Beginning of year balance (a) Current year (b) Prior year (c) I'wo years back (d) Three years back (e) Four years back for antor oscholarships 1766, 247, 112. (s, 61, 266, 236, 216, 248, 240, 213, 212, 861, 138, 495, 947, 214, 243, 245, 243, 245, 243, 245, 243, 245, 243, 245, 243, 245, 245, 212, 861, 138, 495, 947, 216, 346, 273, 566, 5, 336, 499, 4, 457, 100. g End of year balance 8, 651, 859, 6, 467, 112. 5, 631, 966, 5, 336, 499, 4, 457, 100. g End of year balance 10, 1, 225, 82, 938, 76, 704, 66, 720, 58, 860. 101, 1, 25, 82, 938, 76, 704, 66, 720, 58, 860. g End of year balance 10, 243, 980, 64, 457, 1000, % % 100, 1, 25, 82, 338, 76, 704, 66, 720, 58, 336, 499, 4, 457, 100.<				lowing table.			Amount	
d Additions during the year 1 e Distributions during the year 1 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia acco pt liabil V? Yes No Distributions during the year 10 10 Yes No Did the organization include an amount on Form 990, Part X line 10. 10 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X line 10. 1a Beginning of year balance 6, 467, 112, 5, 631, 966, 5, 336, 499, 4, 457, 100, 3, 711, 119. No b Contributions 734, 580, 980, 989, 361, 721, 842, 842, 442, 491, 781. c Net investment earnings, gains, and losses 1, 768, 247, 1196, 946, 248, 018, 316, 138, 496, 947. d Grants or scholarships 286, 964, 249, 950, 273, 568, 212, 861, 184, 687. e Other expenditures for facilities 101, 125, 82, 933, 76, 704, 66, 720, 58, 960. g End of year balance 8, 651, 850, 6, 467, 112, 5, 631, 966, 5, 336, 499, 4, 457, 100. g End of year balance 8, 651, 850, 6, 467, 112, 5, 631, 966, 5, 336, 499, 4, 457, 100. g End of year balance 8, 651, 850, 6, 467, 112, 5, 631, 966, 5, 336, 499, 4, 457, 100. g End of year balance 8, 651, 850, 6, 467, 112, 5, 631, 966, 5, 336, 499, 4, 457, 100. g E	c	Beginning balance				10	7 uno di ite	
e Distributions during the year 6 f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia acco fit liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia acco fit liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodia acco fit liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part V, line 10. (a) Current year (b) Prior years (c) I'mo years back. (f) Three years back. (f) Four years back. 1a Beginning of year balance (a) Current year (b) Prior year 1a, 165, 247, 112. 5, 631, 266. 5, 336, 499. 4, 457, 100. 3, 711, 119. b Contributions 10, 125. 82, 930. 273, 568. 212, 961. 184, 667. c Other expenditures for facilities 101, 125. 82, 933. 76, 704. 66, 720. 58, 060. f Administrative expenses 8, 651, 850. 6, 467, 112. 5, 631, 966. 5, 336, 499. 4, 457, 100. g <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>								
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(a) Current year (b) Prior year (c) Two years back (c) Two years	_							
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e Other expenditures for facilities and programs 101,125. 82,939. 76,704. 66,720. 58,060. f Administrative expenses 9 101,125. 82,939. 76,704. 66,720. 58,060. g End of year balance 8,651,850. 6,467,112. 5,631,966. 5,336,499. 4,457,100. 2 Provide the estimated percentage of the current year end balance in e 1g, column (al) held as: a Board designated or quasi-endowment ▶ 21.6000 % b Permanent endowment ▶			286,964.	249,850.	273,568	. 212,861	. 18	34,687.
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g End of year balance 8,651,850, 6,467,112, 5,631,966, 5,336,499, 4,457,100. 2 Provide the estimated percentage of the current year end balancy ine 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 21.6000 % b Permanent endowment ▶ 78.4000 %	f	-						
a Board designated or quasi-endowment ▶ 21.6000 % b Permanent endowment ▶ % c Term endowment ↓ % (i) Unrelated organizations % (ii) Related organizations % b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property <			8,651,850.	6,467,112.	5,631,966	. 5,336,499	. 4,45	57,100.
b Permanent endowment ▶ 78.4000 % c Term endowment ▶ 78.4000 % The percentages on lines 2a, 2b, and 2c should equ 100%. 3a Are there endowment funds not in the possession of organi ation that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (i	2	Provide the estimated percentage of the curr	ent year end balanc	ne 1g, column (a))) held as:			
c Term endowment ▶ 78.4000 % The percentages on lines 2a, 2b, and 2c should eque 100%. 3a Are there endowment funds not in the possession of organi ation that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 3a(ii) X 3a(ii) X 3a(ii) X 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 90, 765. 7, 653. 83, 112. c Leasehold improvements 90, 765. 7, 653. 83, 112.	а	Board designated or quasi-endowment	21.6000	%				
The percentages on lines 2a, 2b, and 2c should eque 100%. 3a Are there endowment funds not in the possession of organi ation that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Related organization t d as required on Schedule R? (i) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements 90, 765. 7, 653. 83, 112. c Other 90, 765. 7, 653. 83, 112. c Other	b	Permanent endowment	%					
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(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X 3a(ii) Version 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Version of property (a) Cost or other basis (other) b Buildings 90, 765. c Leasehold improvements 90, 765. 90, 765. 7, 653. 83, 112. 18, 907. e Other 18, 907.	3a	Are there endowment funds not in the posse	ssion of organi a	tion that are held ar	nd administered for	the organization	_	
(ii) Related organizations Ja(ii) X b If "Yes" on line 3a(ii), are the related organization t d as required on Schedule R? Ja(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Jab Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land Description of properts 90, 765. 7, 653. 6 Equipment 18, 907. 18, 628. 279. e Other Other 0 0 0		by:						
b If "Yes" on line 3a(ii), are the related organization t d as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements g 90, 765. g 7, 653. 83, 112. d Equipment e Other		(i) Unrelated organizations					<u> </u>	
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 90,765. d Equipment 18,907. e Other 0								<u> </u>
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organiza	tion t d as require	ed on Schedule R?				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	_			wment funds.				
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pai							
Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.		
b Buildings 90,765. 7,653. 83,112. c Leasehold improvements 18,907. 18,628. 279. e Other 90,765. 10,000. 10,000.		Description of property					(d) Book v	alue
c Leasehold improvements 90,765. 7,653. 83,112. d Equipment 18,907. 18,628. 279. e Other 1	1a	Land						
c Leasehold improvements 90,765. 7,653. 83,112. d Equipment 18,907. 18,628. 279. e Other 1	b	Buildings						
d Equipment 18,907. 18,628. 279. e Other							83,	
e Other	d	Equipment		1	8,907.	18,628.		279.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 83,391.								
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part 2	X, column (B), line 1	0c.)		83,	391.

Schedule D (Form 990) 2020

Schedu	le D (Form 990) 2020	MORTON	COMMUNI	TY FOUNDAT	ION	*	*-**7503	Page 3
Part V		Other Securit	ies.					0
	Complete if the orga	anization answere	d "Yes" on For	m 990, Part IV, line	11b. See Form 99	90, Part X, line 12.		
(a) De	scription of security or categ			b) Book value	1	of valuation: Cost or e	end-of-year market v	/alue
(1) Fina	ancial derivatives							
• •	sely held equity interests							
(3) Oth								
(O) Our (A)								
<u>(B)</u>								
(C)								
<u>(D)</u>								
(E)								
(F)								
(G)								
(H)								
Total. (C	ol. (b) must equal Form 990	, Part X, col. (B) lin	e 12.) 🕨					
Part	VIII Investments - F	Program Rela	ted.					
	Complete if the orga	anization answere	d "Yes" on For	m 990, Part IV, line	11c. See Form 99	00, Pa X line 13		
	(a) Description of i	investment	(b) Book value	(c) Method	o aluatio Cotore	end-of-year market v	/alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Part	iol. (b) must equal Form 990.	, Part X, col. (B) III	e 13.) 🗩		_			
Fait								
	Complete if the orga	anization answere			11d. See Form 99	90, Part X, line 15.	(1) Declara	-1
			(a) Descri	ption			(b) Book va	aiue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	Column (b) must equal Fo	rm 990 Part X c	ol. (B) 15.)					
Part		<u>nn 990, Fart A. C.</u> S.	<u>, (b)</u> <u>13.)</u>			·····		
			d "Ves" on For	m 990 Part IV line	110 or 11f See F	orm 990, Part X, line 2	25	
4		scription of liabili			THE OF THE GEE F		25. (b) Book va	alue
<u>1.</u>			- 7					
	Federal income taxes							200
	PAYROLL LIAB							<u>,280.</u>
	AGENCY LIABII							<u>,816.</u>
(4)	CUSTODIAL FUN	NDS MANAG	ED FOR C	THERS			357	,850.
(5)								
(6)								
(7)								
(8)								
(9)								
	Column (b) must equal Fo	rm 990 Part X or	ol (B) line 25)			Ì	369	,946.
	bility for uncertain tax pos							
	anization's liability for unc		-		-		-	
orga	am∠ation 5 nability for UNC	citalli tax pusitio	IS UTILET FASE	AGO 140. UNBUK NE		IE IUULIULE HAS DEEH	provided in Fart All	· L

-*7503 Page 3

Sche	dule D (Form 990) 2020 MORTON COMMUNITY FOUNDATIO	**_	**-***7503 Page		
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per Re	turn.	*
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,830,908.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<u>1,445,860.</u> 2,000.		
b	Donated services and use of facilities	2b	2,000.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	1,447,860.
3	Subtract line 2e from line 1			3	1,383,048.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b	-2,691.		
с	Add lines 4a and 4b			4c	-2,691.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				<u>-2,691.</u> 1,380,357.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F	tur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total expenses and losses per audited financial statements			1	693,453.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,000.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,000.
3	Subtract line 2e from line 1			3	691,453.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-2,691.		
с	Add lines 4a and 4b			4c	-2,691.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. 18.)			5	688,762.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lin 1a and 4; Part	t IV, lines 1	b and 2b; Part V, line 4	; Part)	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr de any add				

Part V, line 4:

				r				
THE	FOUNDATION'S	ENDOWMENTS	CONSIST	OF	FUNDS	ESTABLISHED	то	SUPPORT

VARIOUS PROGRAMS AND ACTIVITIES OF THE FOUNDATION.

Part XI, Line 4b - Other Adjustments:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE

Part XII, Line 4b - Other Adjustments:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE

-2,691.

-2,691.

Part XIII Supplemental Information (continued)

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctivities	(OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the		2020					
Department of the Treasury Internal Revenue Service	•	Attach to Form 990						Open to Public
Name of the organization		to www.irs.gov/Form990 for inst	ruction	s and	the latest informati			ntification number
		COMMUNITY FOUNDATI	ON				***75	
Part I Fundrais		Complete if the organization answ		'es" or	n Form 990, Part IV, I	line 17. Form §	990-EZ	filers are not
required to	complete this part	t.						
		ed funds through any of the following						
a Mail solicitat	email solicitations			•	overnment grants nment grants			
c Phone solicit		g Specia						
d 🗌 In-person so	licitations	0 1		5				
2 a Did the organization	on have a written o	r oral agreement with any individua	l (incluc	ling of	ficers, directors, trus	ste or		
		art VII) or entity in connection with p			•		_ Yes	No
b If "Yes," list the 10 compensated at le		viduals or entities (fundraisers) pursu	uant to	agreer	ments under which t	he fundrais r i	is to be	
			1				— – – – – – – – – – – – – – – – – – – –	
(i) Name and address	s of individual		(iii) fund	Did raiser	(iv) Gro s receip	(v) Amount to (or retaine	paid ed by)	(vi) Amount paid
or entity (fund	Iraiser)	(ii) Activity	have or cor	ustody ntrol of utions?	from act ty	fundraise listed in co	er	to (or retained by) organization
			_				1. ()	
			Yes	No				
				<u> </u>				
Total			<u></u>					· · · · ·
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	l it is exempt f	rom reg	listration

Schedule G (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION

-*7503 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fulfulations and gro				5 greater than \$6,000.
			(a) Event #1 FUNDRAISING EVENT	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	35,186.			35,186.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	35,186.			35,186.
	4	Cash prizes				
	5	Noncash prizes				
censes	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				2,691.
	10	Direct expense summary. Add lines 4 through			🕨	2,691. 32,495.
Pa	<u> 11</u> art	Net income summary. Subtract line 10 from li III Gaming. Complete if the organization a		000 Port IV line 0 or		32,495.
	41 L I	\$15,000 on Form 990-EZ, line 6a.	answered res on ronn	990 Part IV, inte 9, 011	eported more than	
ne			(a) Bingo	(b) Pull s/instant ingo/prog essive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
Щ	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	es% No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
		ter the state(s) in which the organization condu		+-+0		Yes No
		the organization licensed to conduct gaming ac No," explain:		states ?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		minated during the tax y	/ear?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2020 MORTON COMMUNITY FOUNDATION **-	***7503 Pa	age 3
	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		_
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility		%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue	🗌 Yes 🗌	No
I	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the a unt		
	of gaming revenue retained by the third party ▶\$		
0	c If "Yes," enter name and address of the third party:		
	Name D		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee In endent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make c aritable d ributions from the gaming proceeds to		_
	retain the state gaming license?	🗌 Yes 🗌	No
I	• Enter the amount of distributions required unde law to be distributed to other exempt organizations or spent in the		
Dr	organization's own exempt activities during the tax year s art IV Supplemental Information. P vide the xplanations required by Part I, line 2b, columns (iii) and (v); and F		
ГС	Supplemental Information. P vide the xplanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also o de any additional information. See instructions.	art III, lines 9, 9b, 1	06,

Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)		Go	Grants and Oth vernments, an lete if the organization	d Individual	s in the Ŭni on Form 990, Pa	ted States			DMB No. 1545-00. 2020 Dpen to Publ	
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.			Inspection	
Name of the organizatio	MORTON CO	אאנואדייץ ד	ΟΠΝΡΑΨΤΟΝ					Employer iden	tification nu	
Part I General Inf	formation on Grants a		001121111011							<u></u>
1 Does the organiza	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	on		
•	vard the grants or assis		•		• • • •	•			Yes 🗌	No
2 Describe in Part IV	V the organization's pro	cedures for monit	oring the use of grant f	funds in the United	States.					
Part II Grants and	Other Assistance to I	Domestic Organi	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es n F rm 990, Part	IV, line 21, for a	any	
recipient the	at received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.					
• •	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method valuatio (bo FMV ap aisal, other)	(g) D cription of non ash assistance		ose of grant ssistance	
Scholarships				18,350.	0.			General Sup	port	
Blessed Sacrament 1020 S. First Aven Morton , IL 61550				11,000.	0.			General Supp	port	
Blessed Sacrament 1018 S. First Aven Morton , IL 61550				13,620.	0.			General Supp	port	
Building Hope in K PO Box 612 Washington , IL 61	-	••*:***_*	*\$\$160 5 (3)	10,000.	0.			General Supp	port	
Dickson Mounds Mus 10956 N Dickson Mo Lewistown, IL 6154	ounds Rd		501(c)(3)	6,164.	0.			General Supp	port	
Grace Presbyterian 8607 IL-91 Peoria, IL 61615	Church			10,000.	0.			General Supp	port	
2 Enter total numbe	er of section 501(c)(3) ar	nd government or	ganizations listed in the	e line 1 table				> _		14.
3 Enter total numbe	er of other organizations	s listed in the line	1 table					►		4.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) MORTON COMMUNITY FOUNDATION

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
		F01(-)(2)	6 500				
storical Society of Princeville		501(c)(3)	6,500.	0.			General Support
ethodist Hospice Services		501(c)(3)	3,082.	0.			General Support
orton CUSD 709 050 S Fourth Avenue #200							
Norton , IL 61550			9,550.	0.			General Support
Morton Park District 349 W. Birchwood St.			5.005	0.			
Norton , IL 61550			5,006.	0.			General Support
Morton Public Library 315 W. Pershing St.		501(-)(2)	10 575				a
Norton , IL 61550		501(c)(3)	10,775.	0.			General Support
Peoria Symphony Orchestra 101 State Street							
Peoria, IL 61602	••*:* <u></u> **-*	501838(3)	6,164.	0.			General Support
Ronald McDonald House Central							
llinois		501(c)(3)	20,875.	0.			General Support
alvation Army		501(c)(3)	5,500.	0.			General Support
The Otter Creek Historical Society		501(c)(3)	7,250.	0.			General Support

Schedule I (Form 990)

Schedule I (Form 990) MORTON COMMUNITY FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
e Care, Inc.		501(c)(3)	5,567.	0.			General Support
ILL-FM/TV		501(c)(3)	6,164.	0.			General Support
Ycliffe Bible Translators		501(c)(3)	7,500.	0.			General Support
outh for Christ - Peoria		501(c)(3)	5,000.	0,-			General Support
eoria Christian School		501(c)(3)	8,500.	0.			General Support
efferson Elementary School			6,950.	٥.			General Support
orton High School Science							
epartment			5,042.	0.			General Support
orton High School Band			7,350.	0.			General Support
Morton High School Tennis			6,444.	0.			General Support

Schedule I (Form 990)

MORTON COMMUNITY FOUN	JNL	DAT	TO	N
-----------------------	-----	-----	----	---

Page 2

Part III 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.

					1
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Scholarships	4	9,350.	0.		
Part IV Supplemental Information. Provide the information re	equired in Part I, lir	ne 2; P III, c	(b); and any other a	dditional information.	
	÷.				

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2020
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. 	Open to Public Inspection
Name of the organization	MORTON COMMUNITY FOUNDATION	Employer identification number **-**7503
Form 990, Par	t I, Line 1, Description of Organization Miss	ion:
area resident	s, now and for generations to come. We do the	is
byBuilding	community endowment; Investing in our commun	ity through
strategic gra	nt making; Turning donors' charitable dreams .	into
permanent leg	acies; and Providing leadership to identify a	nd address
changing comm	unity needs.	
Form 990, Par	t III, Line 1, Description of Organization Mi	ssion:
<u>dreams into p</u>	ermanent legacies; and Providing leadership to	o identify
and address c	hanging community needs.	
Form 990, Par	t VI, Section B, line 11b:	
THE FINANCE C	OMMITTEE REVIEWS FORM 990 AND REPORTS TO THE	FULL BOARD BEFORE
IT IS FILED W	TITH THE IRS.	
Form 990, Par	t VI, Section B, Line 12c:	
THE PRESIDENT	REGULARLY AND CONSISTENTLY MONITORS AND ENFO	RCES COMPLIANCE
WITH THE CONF	LICT OF INTEREST POLICY.	
Form 990, Par	t VI, Section B, Line 15:	
The compensat	ion committee of the Board of Directors perfo	rms an annual
performance r	eview of the Executor Director and all compension	sation is
reviewed and	approved as part of the budget process by the	Board of
Directors.		
Form 990, Par	t VI, Section C, Line 19:	

Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization MORTON COMMUNITY FOUNDATION	Employer identification number **-**7503
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STAT	TEMENTS ARE
AVAILABLE UPON REQUEST.	

For Off	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANN		Form AG990-IL Revised 1/19
PMT	#	Attorney General KWAME RAOUL State Charitable Trust Bureau, 100 West Ra		
		11th Floor, Chicago, Illinois 606		# 01-03749501
AMT		Report for the Fiscal Period:	X	Check all items attached: Copy of IRS Return
			Make Checks	15
		Beginning 07/01/2020	Payable to	Copy of Form IFC
INIT			the Illinois Charity	\$15.00 Annual Report Filing Fee
		& Ending <u>06/30/2021</u>	Bureau Fund	\$100.00 Late Report Filing Fee
	al ID# **-**7503	MO DAY YR		
Are co	ontributions to the organization ta LEGAL	ax deductible? X Yes No	Date Organization was create Year-end	d: 05/24/2000
		MUNITY FOUNDATION	amounts	
	MAIL		A) ASSETS	A)\$ 9,195,587.
	DRESS 135 S FIRS		B) LIABILI S	B) \$ 410,997.
	, STATE MORTON, IL P CODE 61550-2035		C) NET ASSETS	c \$ 8,784,590.
<u> </u>		EVENUE ITEMS DURING THE YEAR:	P CENTAGE	AMOUNT
		RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	72.953%	D) \$ 1,007,009.
	E) GOVERNMENT GRANTS &	. ,	%	E) \$
	F) OTHER REVENUES		27.047%	F) \$ 373,348.
и.		AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G)\$ 1,380,357.
	H) OPERATING CHARITABLE		19.120%	H) \$ 131,689.
	,			φ
	I) EDUCATION PROGRAM SE	ERVICE EXPENSE	%	I) \$
			19.120%	
	J) TOTAL CHARITABLE PROC	GRAM SERVICE EXPENSE (ADD H & I)	19.120%	J) \$ 131,689.
	J1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J):		
	,			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS	57.651%	к) \$ 397,075.
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	76.770%	L) \$ 528,764.
		Shaw Schuld Expluditure (ADD 5 & K)		
	M) MANAGEMENT AND GENE	RAL EXPENSE	13.419%	M)\$ 92,428.
			0.010	68.580
	N) FUNDRAISING EXPENSE		9.810%	N)\$ 67,570.
	0) TOTAL EXPENDITURES TH		100 %	0) \$ 688,762.
		AID FUNDRAISER AND CONSULTANT ACTIVIT		
.		t of Individual Fundraising Campaign-Form IFC. One for each PFR.)	163.	
	PROFESSIONAL FUNDRAISER	-		
	P) TOTAL AMOUNT RAISED E	BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
	Q) TOTAL FUNDRAISERS FEE	S AND EXPENSES	%	Q) \$
	u)			
	R) NET RECEIVED BY THE CH	IARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING			
	 S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR: 			S) \$ 0.
		WITZIG, EXECUTIVE DIRECTOR		T) \$ 107,277.
1		I HOWELL, ADMINISTRATIVE MANAGER	R	U)\$ 1,273.
		RIDDLE, ADMINISTRATIVE ASSISTA		V) \$ 18,544.
۷.	V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES			List on back side of instructions
·22-20	W) DESCRIPTION: GRANT	S TO OTHER CHARITABLE ORGANIZAT	TONS	CODE W)# 150
098091 04-22-20	X) DESCRIPTION: GIVAN I		0110	X) #
0860	Y) DESCRIPTION:			Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
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.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		x
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS ORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER ERS N OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT O LITERATURE OSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
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 FU DRAIS G \$;			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN STRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REG RATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, B BE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS FRE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	MORTON COMMUNITY BANK, MORTON, IL 61550			
				_
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SCOTT WITZIG - (309) 291-0434			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

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

BE SURE TO INCLUDE ALL FEES DUE:	SCOTT WITZIG		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	BARB GETZ		
3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
•	Mark Reinken		
098101 04-22-20	PREPARER (PRINT NAME)	SIGNATURE	DATE