

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning		and ending	
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE MORTON ARBORETUM		D Employer identification number 36-1505770
	Doing business as		E Telephone number 630-968-0074
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 100,686,439.
	4100 ILLINOIS ROUTE 53		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code LISLE, IL 60532-1293		H(b) Are all subordinates included? Yes No
F Name and address of principal officer: JAMES S. FAWLEY SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number	
J Website: WWW.MORTONARB.ORG		L Year of formation: 1922 M State of legal domicile: IL	
K Form of organization: Corporation <input checked="" type="checkbox"/> Trust Association Other			

Part I Summary		Prior Year		Current Year	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COLLECT, STUDY, DISPLAY AND GROW TREES; TO ENCOURAGE THE PLANTING AND CONSERVATION OF TREES.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21		
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	539		
	6 Total number of volunteers (estimate if necessary)	6	1164		
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	232,928.		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	22,664.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	30,966,948.	20,701,830.		
	9 Program service revenue (Part VIII, line 2g)	9,543,344.	9,516,460.		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,714,455.	15,733,088.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,746,658.	7,698,953.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,971,405.	53,650,331.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	289,325.	935,489.		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,682,639.	23,577,597.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	66,168.	50,955.		
	b Total fundraising expenses (Part IX, column (D), line 25) 3,628,258.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,903,629.	23,223,722.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,941,761.	47,787,763.			
19 Revenue less expenses. Subtract line 18 from line 12	24,029,644.	5,862,568.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	374,122,908.	339,322,232.	Beginning of Current Year	
	21 Total liabilities (Part X, line 26)	57,639,348.	58,536,298.	End of Year	
	22 Net assets or fund balances. Subtract line 21 from line 20	316,483,560.	280,785,934.		

Part II Signature Block						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
Sign Here	Signature of officer				Date	
	JAMES S. FAWLEY, VP OF FINANCE AND CFO					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN	
	LU ANN TRAPP	LU ANN TRAPP	10/29/23	<input type="checkbox"/>	P01506476	
Preparer Use Only	Firm's name	Firm's EIN			Phone no.	
	PLANTE & MORAN, PLLC	38-1357951			(312) 207-1040	
Firm's address		Phone no. (312) 207-1040				
10 S. RIVERSIDE PLAZA, 9TH FLOOR						
CHICAGO, IL 60606						

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO COLLECT AND STUDY TREES, SHRUBS, AND OTHER PLANTS FROM AROUND THE WORLD, TO DISPLAY THEM ACROSS NATURALLY BEAUTIFUL LANDSCAPES FOR PEOPLE TO STUDY AND ENJOY, AND TO LEARN HOW TO GROW THEM IN WAYS THAT ENHANCE OUR ENVIRONMENT. OUR GOAL IS TO ENCOURAGE THE PLANTING AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 15,914,337. including grants of \$) (Revenue \$) PLANTS AND COLLECTIONS: THE ARBORETUM GROWS AND DISPLAYS A RICH DIVERSITY OF TREES, SHRUBS, AND OTHER PLANTS THAT ARE EVALUATED FOR THEIR SUITABILITY FOR THE MIDWESTERN UNITED STATES. THESE LIVING COLLECTIONS INCLUDE 222,000 PLANT SPECIMENS REPRESENTING 4,100 DIFFERENT KINDS OF PLANTS. ARRANGED BY GEOGRAPHIC, TAXONOMIC, AND OTHER SPECIAL GROUPINGS, THE COLLECTIONS ARE ENHANCED BY RESTORED NATURAL AREAS OF NATIVE PLANTS AND ECOSYSTEMS. THE ARBORETUM'S WORK IN DEVELOPMENT OF NEW PLANTS RESULTS IN USEFUL AND ATTRACTIVE TREES AND SHRUBS THAT ARE INTRODUCED IN THE MARKETPLACE.

4b (Code:) (Expenses \$ 3,275,158. including grants of \$) (Revenue \$ 1,235,283.) LEARNING AND ENGAGEMENT: PROGRAMS, SERVICES, AND OPPORTUNITIES ARE RELEVANT TO PUBLIC NEEDS AND INTERESTS IN LEARNING ABOUT PLANTS AND NATURE IN WAYS THAT PROVIDE MEANINGFUL EXPERIENCES AND IMPROVE THE WORLD. THROUGH THE THORNHILL EDUCATION CENTER, CLASSES AND OTHER OFFERINGS ON SITE, ONLINE, AND THROUGH OUTREACH PROGRAMS SERVE ADULTS, YOUTH AND FAMILY AUDIENCES, SCHOOLS, AND SCOUTS. ALSO AVAILABLE ARE TEACHER-TRAINING RESOURCES AND A COOPERATIVE BOTANY DEGREE PROGRAM WITH REGIONAL COLLEGES AND UNIVERSITIES. THE STERLING MORTON LIBRARY, WITH 112,000 ITEMS, CONTAINS PUBLICATIONS ON BOTANY, HORTICULTURE, NATURAL HISTORY, AND ECOLOGY; RARE BOOKS, PERIODICALS, AND CATALOGS; AND BOTANICAL ARTWORKS; INFORMATION IS ALSO ACCESSIBLE ONLINE. THE PLANT CLINIC ANSWERS INQUIRIES ABOUT PLANT SELECTION AND CARE.

4c (Code:) (Expenses \$ 6,094,903. including grants of \$ 935,488.) (Revenue \$) SCIENCE AND CONSERVATION: THE CENTER FOR TREE SCIENCE FOCUSES ON AND BUILDS PROFESSIONAL COLLABORATIONS FOR PRACTICAL SCIENTIFIC STUDIES; KEY AREAS INCLUDE TREE HEALTH, TREE IMPROVEMENT, AND WOODLAND CONSERVATION. CO-LOCATED WITH RESEARCH LABS AT THE ARBORETUM IS A HERBARIUM WITH A COLLECTION OF 205,000 DRIED SPECIMENS FOR BOTANICAL RESEARCH. THROUGH GLOBAL TREE CONSERVATION PROGRAMS, THE ARBORETUM LEADS PARTNERSHIPS AND ASSISTS EFFORTS TO PREVENT TREE EXTINCTION AND SECURE THREATENED TREE SPECIES. THE CHICAGO REGION TREES INITIATIVE DEVELOPS STRATEGIES FOR URBAN TREE AND FOREST IMPROVEMENT, ADVOCATING FOR TREES IN 284 COMMUNITIES IN SEVEN COUNTIES. ARBNET, FACILITATED BY THE MORTON ARBORETUM, IS AN INTERACTIVE PROFESSIONAL COMMUNITY OF ARBORETA WITH

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,244,743. including grants of \$) (Revenue \$ 16,089,883.)

4e Total program service expenses 38,529,141.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 151	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section 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 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.		
	1a	21	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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
JAMES S. FAWLEY - 630-719-2405
4100 ILLINOIS ROUTE 53, LISLE, IL 60532

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the 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, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DONNELLY, GERARD PRESIDENT AND CEO (THRU 10/2022)	40.00			X				927,282.	0.	-21,039.
(2) FAWLEY, JAMES VP-FINANCE AND CFO	40.00			X				276,142.	0.	48,944.
(3) SPIESS, KATHLEEN VP-DEVELOPMENT	40.00			X				236,594.	0.	15,741.
(4) LAVIRE, ALICIA VP-MARKETING AND COMMUNICATIONS	40.00			X				205,682.	0.	38,409.
(5) BACHTELL, KRIS VP-COLLECTIONS AND FACILITIES	40.00			X				204,896.	0.	25,365.
(6) BAUTISTA, PRESTON WONG VP-LEARNING AND ENGAGEMENT	40.00			X				206,804.	0.	21,254.
(7) WESTWOOD, MEREDITH VP-SCIENCE AND CONSERVATION	40.00			X				180,439.	0.	18,520.
(8) NOLAN, KELLY DIR-MAJOR GIFTS	40.00					X		141,178.	0.	44,685.
(9) PESKE, NANCY DIR-HUMAN RESOURCES	40.00					X		139,531.	0.	41,991.
(10) CANNON, CHARLES DIR-CENTER FOR TREE SCIENCE	40.00					X		139,074.	0.	42,246.
(11) RAVICHANDRAN, SAI P DIR-INFORMATION TECHNOLOGY	40.00					X		130,652.	0.	43,833.
(12) DULCEAK, RONALD HEAD OF FACILITIES	40.00					X		122,590.	0.	35,813.
(13) KOSKI, JILL PRESIDENT AND CEO (STARTING 11/2022)	40.00			X				138,898.	0.	3,752.
(14) STEPHEN C. VAN ARSDELL CHAIR	8.00	X		X				0.	0.	0.
(15) ROBERT J. SCHILLERSTROM VICE CHAIR	8.00	X		X				0.	0.	0.
(16) CHARLES P. MCQUAID TREASURER	8.00	X		X				0.	0.	0.
(17) MARK C. GOSSETT SECRETARY	8.00	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNA CAROLINE BALL TRUSTEE	8.00	X					0.	0.	0.	
(19) ROBERT A. BARTLETT, JR. TRUSTEE	8.00	X					0.	0.	0.	
(20) PAT A. BASU TRUSTEE	8.00	X					0.	0.	0.	
(21) WALTER W. BECKY II TRUSTEE	8.00	X					0.	0.	0.	
(22) BARBARA J. BRADFORD TRUSTEE	8.00	X					0.	0.	0.	
(23) CHRISTOPHER B. BURKE TRUSTEE	8.00	X					0.	0.	0.	
(24) MARY L. BURKE TRUSTEE	8.00	X					0.	0.	0.	
(25) MICHAEL CAHILL TRUSTEE	8.00	X					0.	0.	0.	
(26) TRISHA L. CONLEY TRUSTEE	8.00	X					0.	0.	0.	
1b Subtotal							3,049,762.	0.	359,514.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							3,049,762.	0.	359,514.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 24

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AIRPORT ELECTRIC CO 6342 S CENTRAL AVE, CHICAGO, IL 60638	CONSTRUCTION CONTRACTOR	1,309,993.
RASCO MASON CONTRACTORS 400 S CURRAN RD, GRAYSLAKE, IL 60030	CONSTRUCTION CONTRACTOR	1,257,180.
FEATHERSTONE, INC., 4610 ROSLYN ROAD, DOWNERS GROVE, IL 60515-5809	CONSTRUCTION CONTRACTOR	1,199,047.
INTELLIGENT LIGHTING CREATIONS, INC., 2461 EAST OAKTON STREET, ARLINGTON HEIGHTS, IL	ILLUMINATION CONTRACTOR	1,117,446.
ELLIOT CONSTRUCTION CORPORATION 1101 HILL AVE, GLEN ELLYN, IL 60137	CONSTRUCTION MANAGER	1,032,745.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 42

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include trustees like E. James DonDLinger, Robert L. Fealy, etc.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	5,998,065.				
	c Fundraising events	1c	522,471.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,176,816.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,004,478.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 796,356.				
	h Total. Add lines 1a-1f			20,701,830.			
Program Service Revenue	2 a VISITOR EVENTS	Business Code					
		713990	5,823,377.	5,823,377.			
	b ADMISSIONS	713990	2,457,800.	2,457,800.			
	c EDUCATION	713990	1,235,283.	1,235,283.			
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			9,516,460.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,655,128.		232,928.	3422200.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,290,771.			
			(ii) Personal				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	1,290,771.				
	d Net rental income or (loss)			1,290,771.	1,290,771.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	55,892,908.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	43,814,948.				
	c Gain or (loss)	7c	12,077,960.				
d Net gain or (loss)			12,077,960.		12077960.		
8 a Gross income from fundraising events (not including \$ 522,471. of contributions reported on line 1c). See Part IV, line 18	8a		79,000.				
b Less: direct expenses	8b	188,753.					
c Net income or (loss) from fundraising events			-109,753.		-109,753.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		9,550,342.				
b Less: cost of goods sold	10b	3,032,407.					
c Net income or (loss) from sales of inventory			6,517,935.	6,517,935.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			53,650,331.	17325166.	232,928.	15390407.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	770,131.	770,131.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,217.	25,217.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	140,141.	140,141.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,527,683.	901,368.	1,373,980.	252,335.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,765,118.	13,420,516.	1,722,788.	1,621,814.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,016,942.	814,065.	104,501.	98,376.
9 Other employee benefits	1,912,442.	1,530,914.	196,523.	185,005.
10 Payroll taxes	1,355,412.	1,085,011.	139,282.	131,119.
11 Fees for services (nonemployees):				
a Management	345,633.	345,633.		
b Legal	124,294.	1,728.	122,566.	
c Accounting	797,203.	386,664.	195,154.	215,385.
d Lobbying	93,000.		93,000.	
e Professional fundraising services. See Part IV, line 17	50,955.			50,955.
f Investment management fees	420,707.	420,707.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,725,785.	3,096,532.	412,963.	216,290.
12 Advertising and promotion	622,032.	610,847.	10,224.	961.
13 Office expenses	4,200,269.	3,635,662.	11,841.	552,766.
14 Information technology	829,903.		829,903.	
15 Royalties				
16 Occupancy	2,333,108.	2,236,938.	94,362.	1,808.
17 Travel	328,801.	254,329.	65,378.	9,094.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	398,008.	107,160.	105,517.	185,331.
20 Interest	1,577,049.	1,577,049.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,380,866.	3,380,866.		
23 Insurance	610,371.	604,639.		5,732.
24 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 O.)				
a CONTRACT HELP	3,040,582.	3,040,582.		
b MEMBERSHIP DUES	137,821.	17,742.	61,192.	58,887.
c STAFF DEVELOPMENT	105,042.	41,248.	56,177.	7,617.
d UNRELATED BUSINESS INCO	6,536.	6,536.		
e All other expenses	146,712.	76,916.	35,013.	34,783.
25 Total functional expenses. Add lines 1 through 24e	47,787,763.	38,529,141.	5,630,364.	3,628,258.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,126,227.	1	3,527,624.
	2 Savings and temporary cash investments	6,397,182.	2	2,310,625.
	3 Pledges and grants receivable, net	3,297,775.	3	2,887,262.
	4 Accounts receivable, net	5,064,831.	4	5,524,315.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	385,029.	8	547,833.
	9 Prepaid expenses and deferred charges	335,253.	9	569,203.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 116,473,136.		
	b Less: accumulated depreciation	10b 56,540,564.	10c	59,932,572.
	11 Investments - publicly traded securities	206,623,594.	11	152,254,851.
	12 Investments - other securities. See Part IV, line 11	99,122,773.	12	111,767,947.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	374,122,908.	16	339,322,232.	
Liabilities	17 Accounts payable and accrued expenses	5,149,680.	17	3,593,166.
	18 Grants payable		18	
	19 Deferred revenue	2,420,328.	19	3,843,667.
	20 Tax-exempt bond liabilities	50,069,340.	20	50,099,465.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	1,000,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	57,639,348.	26	58,536,298.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	299,098,419.	27	268,580,000.
	28 Net assets with donor restrictions	17,385,141.	28	12,205,934.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	316,483,560.	32	280,785,934.
	33 Total liabilities and net assets/fund balances	374,122,908.	33	339,322,232.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,650,331.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,787,763.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,862,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	316,483,560.
5	Net unrealized gains (losses) on investments	5	-41,560,193.
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	280,785,935.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **THE MORTON ARBORETUM** Employer identification number **36-1505770**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15160121.	12370405.	11866757.	30966947.	20701829.	91066059.
2 Tax revenues levied for the organization'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	15160121.	12370405.	11866757.	30966947.	20701829.	91066059.
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)						3853870.
6 Public support. Subtract line 5 from line 4.						87212189.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	15160121.	12370405.	11866757.	30966947.	20701829.	91066059.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6672389.	6408757.	4095361.	4676777.	4945899.	26799183.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		8,431.	74,435.		22,664.	105,530.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						117970772
12 Gross receipts from related activities, etc. (see instructions)					12	75,505,569.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	73.93	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	69.96	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b 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 on 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section 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's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section 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 the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported 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? <i>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.</i>	Yes	No
b Did the activities described on 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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 amount, 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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

THE MORTON ARBORETUM

Employer identification number

36-1505770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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 Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization THE MORTON ARBORETUM	Employer identification number 36-1505770
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>597,562.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>2,010,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>735,209.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>728,620.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>549,180.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE MORTON ARBORETUM	Employer identification number 36-1505770
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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	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 452,059.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE MORTON ARBORETUM	Employer identification number 36-1505770
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization THE MORTON ARBORETUM	Employer identification number 36-1505770
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to 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 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 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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE MORTON ARBORETUM	Employer identification number 36-1505770
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		93,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			93,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

HIRED A CONSULTANT TO (1) REPRESENT THE MORTON ARBORETUM BEFORE THE UNITED STATES CONGRESS AND EXECUTIVE BRANCH AGENCIES ON RELEVANT ISSUE AREAS: (2) DEVELOP A GOVERNMENT RELATIONS STRATEGY AND PLAN FOR THE ARBORETUM.

Part IV Supplemental Information (continued)

HIRED AN ADDITIONAL CONSULTANT TO (1) REPRESENT THE MORTON ARBORETUM TO BUILD AND STRENGTHEN EXISTING RELATIONSHIPS WITH ELECTED OFFICIALS/STAFF AT STATE GOVERNMENT LEVELS, (2) IDENTIFY LEGISLATIVE, REGULATORY AND POLICY ISSUES THAT WOULD HAVE A POSITIVE OR NEGATIVE IMPACT ON THE MORTON ARBORETUM'S INTEREST AND PROVIDE COUNSEL AND SERVICES REGARDING THOSE ISSUES, (3) PROVIDE GOVERNMENT RELATIONS COUNSEL AND SERVICE TO HELP SECURE INFRASTRUCTURE FUNDING FOR THE MORTON ARBORETUM FROM STATE AND/OR FEDERAL SOURCES, (4) DETERMINE LEGISLATIVE/BUDGET/POLICY PATHWAYS THAT OFFER THE HIGHEST LIKELIHOOD TO SECURE FUNDING FOR THE MORTON ARBORETUM'S INFRASTRUCTURE NEEDS, (5) WORK WITH THE MORTON ARBORETUM TO DEFINE GOALS, REQUESTS, METRICS, AND PRIORITIES AS THE FOUNDATION FOR A PHASED APPROACH TO PROVIDE GOVERNMENT RELATIONS SERVICES TO HELP SECURE INFRASTRUCTURE FUNDING, (6) IDENTIFY PRIORITY STAKEHOLDER AND DECISION MAKERS TO SUPPORT THE MORTON ARBORETUM'S GOALS, (7) MONITOR LEGISLATION AND RULES, (8) PROVIDE POLITICAL COUNSEL PERTAINING TO ELECTIONS AND THEIR POSITIVE OR NEGATIVES EFFECTS ON THE MORTON ARBORETUM, (9) PROVIDE A REPORT ON ACTIVITIES DURING NON-LEGISLATIVE SESSION PERIODS AND ACTIVITIES AND RELEVANT INFORMATION DURING LEGISLATIVE SESSIONS ON SCHEDULE AS DETERMINED BY THE MORTON ARBORETUM AND THE SERVICES PROVIDER, (10) PROVIDE A PRE-LEGISLATIVE SESSION OUTLOOK REPORT AND A POST-LEGISLATIVE SESSION RECAP REPORT, AND (11) PROVIDE SUPPORT IN KEEPING THE MORTON ARBORETUM IN GOOD STANDING REGARDING LOBBYING REQUIREMENTS AND CAMPAIGN FINANCE LAWS, INCLUDING FILING NECESSARY REPORTS WITH THE STATE ON BEHALF OF THE MORTON ARBORETUM.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **THE MORTON ARBORETUM** Employer identification number **36-1505770**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above 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 reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other CLASSROOM EDUCATION
- 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,457,094.	34,192,842.	29,190,829.	24,161,230.	21,378,638.
b Contributions	3,837,589.	2,730,131.	2,799,396.	2,600,000.	5,393,562.
c Net investment earnings, gains, and losses	-3,591,101.	5,787,579.	3,147,511.	2,859,132.	-673,407.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,091,581.	1,253,458.	944,894.	429,533.	1,937,563.
f Administrative expenses					
g End of year balance	38,612,001.	41,457,094.	34,192,842.	29,190,829.	24,161,230.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 78.0000 %
 - b Permanent endowment 17.0000 %
 - c Term endowment 5.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,451,633.		6,451,633.
b Buildings		54,011,102.	20,383,831.	33,627,271.
c Leasehold improvements				
d Equipment		10,053,526.	7,843,783.	2,209,743.
e Other		45,956,875.	28,312,950.	17,643,925.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				59,932,572.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) PRIVATE EQUITY	69,596,625.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	42,171,322.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	111,767,947.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	41,138,402.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	41,138,402.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	12,511,928.
c	Add lines 4a and 4b	4c	12,511,928.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	53,650,330.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	50,588,214.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,221,160.
e	Add lines 2a through 2d	2e	3,221,160.
3	Subtract line 2e from line 1	3	47,367,054.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	420,703.
b	Other (Describe in Part XIII.)	4b	6.
c	Add lines 4a and 4b	4c	420,709.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	47,787,763.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

CAPITALIZATION POLICY: ARBORETUM COLLECTIONS - THE MORTON ARBORETUM'S RARE BOOKS AND PRINT COLLECTIONS ARE NOT CAPITALIZED IN THE ACCOMPANYING AUDITED FINANCIAL STATEMENTS. LIVING WOODY PLANTS ARE ALSO NOT CAPITALIZED UNLESS THEY ARE A MAJOR PART OF A CAPITAL PROJECT. PURCHASES OF COLLECTION ITEMS THAT ARE NOT CAPITALIZED ARE RECORDED AS A DECREASE IN UNRESTRICTED NET ASSETS.

PART III, LINE 4:

DESCRIPTION OF COLLECTIONS AND FURTHERANCE OF EXEMPT PURPOSE:

LIVING COLLECTION - WOODY PLANTS IN CATEGORIES OF TAXONOMIC, GEOGRAPHIC, SPECIAL HABITAT, HORTICULTURAL, RARE/ENDANGERED. 222,000 PLANT SPECIMENS

Part XIII Supplemental Information (continued)

REPRESENT 4,100 DIFFERENT KINDS OF TREES, SHRUBS AND OTHER PLANTS FROM 40 COUNTRIES IN THE NORTHERN TEMPERATE ZONE. DISPLAYED ACROSS 1,700 ACRES OF NATURAL LANDSCAPES. PROVIDED FOR BOTANICAL, HORTICULTURAL, AND ARTISTIC STUDY (EDUCATION AND RESEARCH PURPOSE) AND ENJOYMENT OF PLANT SPECIES (SPECIFIC RESEARCH PURPOSE).

LIBRARY COLLECTION - 112,000 ITEMS OF BOTANY, HORTICULTURE, LANDSCAPE DESIGN, NATURAL HISTORY, ECOLOGY; CORRESPONDING RARE DOCUMENTS, AND OTHER PRINTED MATERIALS, BOTANICAL ARTWORKS, AND LANDSCAPE DRAWINGS. AVAILABLE FOR BOTANICAL, HORTICULTURAL, AND ARTISTIC STUDY OF PLANTS (EDUCATIONAL, RESEARCH, AND CULTURAL PURPOSES).

PART V, LINE 4:

THE TERM ENDOWMENTS ARE SPENT PER THE DONOR'S DIRECTIONS. THE PERMANENT ENDOWMENT IS MAINTAINED IN PERPETUITY TO SUPPORT THE MISSION AND OPERATIONS OF THE MORTON ARBORETUM. THE BOARD DESIGNATED ENDOWMENTS ARE APPLIED TO PURPOSES DEFINED BY THE BOARD IN SUPPORT OF THE MISSION AND OPERATIONS OF THE MORTON ARBORETUM.

PART X, LINE 2:

THE ARBORETUM IS A NOT-FOR-PROFIT ENTITY AND IS EXEMPT FROM TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ARBORETUM AND RECOGNIZE A TAX LIABILITY IF THE ARBORETUM HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

COST OF SALES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	-3,032,407.
FUNDRAISING EXPENSES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	-188,753.
NET INCOME FROM INVESTMENTS-INCLUDED IN OTHER CHANGES ON THE FINANCIAL STMTS	3,655,128.
NET REALIZED GAINS ON INVESTMENTS-INCLUDED IN OTHER CHANGES ON FIN. STMTS	12,077,960.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	12,511,928.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	3,032,407.
FUNDRAISING EXPENSES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	188,753.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,221,160.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING	6.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE MORTON ARBORETUM

Employer identification number

36-1505770

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA			INVESTMENTS	INVESTMENTS	12,731,610.
CENTRAL AMERICA & CARIBBEAN			INVESTMENTS	INVESTMENTS	26,679,296.
EUROPE			INVESTMENTS	INVESTMENTS	6,455,570.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	TESTING AND RESEACH	3,728.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	OUTREACH	9,966.
EAST ASIA AND THE PACIFIC			ADMINISTRATION	ADMINISTRATION	5,572.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	OUTREACH	7,500.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	TESTING AND RESEARCH	18,333.
3 a Subtotal	0	0			45,911,575.
b Total from continuation sheets to Part I	0	0			204,271.
c Totals (add lines 3a and 3b)	0	0			46,115,846.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROGRAM SERVICES	TESTING AND RESEARCH	4,756.
EUROPE			PROGRAM SERVICES	OUTREACH	11,510.
EUROPE			ADMINISTRATION	ADMINISTRATION	17,057.
EUROPE			FUNDRAISING	FUNDRAISING	22,250.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	TESTING AND RESEARCH	15.
NORTH AMERICA			ADMINISTRATION	ADMINISTRATION	36.
NORTH AMERICA			PROGRAM SERVICES	OUTREACH	48,194.
NORTH AMERICA			PROGRAM SERVICES	TESTING AND RESEARCH	95,219.
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	TESTING AND RESEARCH	2,497.
SOUTH AMERICA			PROGRAM SERVICES	TESTING AND RESEARCH	238.
Totals					

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	TESTING AND RESEARCH	2,499.
Totals					204,271.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH - GLOBAL TREE CONSERVATION	9,000.		0.		
		NORTH AMERICA	RESEARCH - GLOBAL TREE CONSERVATION	22,120.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**

3 Enter total number of other organizations or entities **2**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE PACIFIC	1	15,000.	WIRE TRANSFER	0.		
	CENTRAL AMERICA AND THE CARIBBEAN	1	9,966.	WIRE TRANSFER	0.		
	NORTH AMERICA	4	84,055.	WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information input.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE MORTON ARBORETUM**
Employer identification number: **36-1505770**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LEMASTER MARKETING GROUP, INC. - 7700 LEESBURG PIKE,	TELEMARKETING		X	156,221.	50,955.	105,266.
LAMARCA HEINRICH STRATEGIC CONSULTING - 1441 HAWTHORNE	CONSULTING		X	0.	27,166.	-27,166.
SSB CONSULTING GROUP - 7600 E. ORCHARD RD. #3305,	CONSULTING AND ANALYTIC SUPPORT		X	0.	13,500.	-13,500.
Total				156,221.	91,621.	64,600.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

IL

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	601,471.		601,471.
	2	Less: Contributions	522,471.		522,471.
	3	Gross income (line 1 minus line 2)	79,000.		79,000.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	12,280.		12,280.
	6	Rent/facility costs			
	7	Food and beverages	93,532.		93,532.
	8	Entertainment	9,500.		9,500.
	9	Other direct expenses	73,441.		73,441.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			188,753.
11	Net income summary. Subtract line 10 from line 3, column (d)			-109,753.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes 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	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LEMASTER MARKETING GROUP, INC.

(I) ADDRESS OF FUNDRAISER:

7700 LEESBURG PIKE, STE 239, FALLS CHURCH, VA 22043

(I) NAME OF FUNDRAISER: LAMARCA HEINRICH STRATEGIC CONSULTING

(I) ADDRESS OF FUNDRAISER: 1441 HAWTHORNE TERRACE, BERKELEY, CA 94708

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: SSB CONSULTING GROUP

(I) ADDRESS OF FUNDRAISER:

7600 E. ORCHARD RD. #3305, GREENWOOD VILLAGE, CO 80111

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **THE MORTON ARBORETUM** Employer identification number **36-1505770**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE NE ATLANTA, GA 30309	58-1313284	501(C)(3)	50,233.	0.			CONSERVATION OF LIVING COLLECTIONS
BOTANIC GARDENS - HUNTINGTON 1151 OXFORD ROAD SAN MARINO, CA 91108	65-0815620	501(C)(3)	13,458.	0.			CONSERVATION OF LIVING COLLECTIONS
CONSERVATION FOUNDATION (THE) 10S404 KNOCH KNOLLS RD NAPERVILLE, IL 60565	23-7221206	501(C)(3)	10,525.	0.			PRESERVING OAK ECOSYSTEMS
FAITH IN PLACE 1100 E 55TH ST, AC-1 CHICAGO, IL 60615	36-4540756	501(C)(3)	14,282.	0.			COMMUNITY GROWTH THROUGH URBAN AGRICULTURE
MONTGOMERY BOTANICAL CENTER 11901 OLD CUTLER ROAD MIAMI, FL 33156	13-6153649	501(C)(3)	37,541.	0.			CONSERVATION OF LIVING COLLECTIONS
OPENLANDS PROJECT 25 E. WASHINGTON ST, SUITE 1650 CHICAGO, IL 60602	36-2649603	501(C)(3)	48,418.	0.			PRESERVING OAK ECOSYSTEMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **35.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LAND CONSERVANCY OF MCHENRY COUNTY - PO BOX 352 - WOODSTOCK, IL 60098	36-3727476	501(C)(3)	33,034.	0.			PRESERVING OAK ECOSYSTEMS
BENSENVILLE PARK DISTRICT 1000 W. WOOD STREET BENSENVILLE, IL 60106	36-2470580	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
BERWYN PARK DISTRICT 3701 SCOVILLE AVE BERWYN, IL 60402	36-6005797	GOVT	8,775.	0.			INCREASE URBAN FORESTRY RESOURCES
CITY OF BERWYN PUBLIC WORKS DEPT 1 PUBLIC WORKS DRIVE BERWYN, IL 60402	36-9005796	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
CITY OF CHICAGO FMPS PO BOX 71630 CHICAGO, IL 60694	36-6005820	GOVT	66,500.	0.			IMPROVING TREE CANOPY IN UNDER-RESOURCED NEIGHBORHOODS
CITY OF JOLIET 150 W JEFFERSON JOLIET, IL 60432	36-6088568	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
CITY OF MACOMB PO BOX 377 MACOMB, IL 61455	37-6001536	GOVT	10,000.	0.			INCREASE URBAN FORESTRY RESOURCES
CITY OF OTTAWA 301 W MADISON STREET OTTAWA, IL 61350	36-6006037	GOVT	18,000.	0.			INCREASE URBAN FORESTRY RESOURCES
CITY OF PRINCETON 2 SOUTH MAIN STREET PRINCETON, IL 61356	36-6006056	GOVT	10,000.	0.			INCREASE URBAN FORESTRY RESOURCES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF SPRINGFIELD RM 201 MUNICIPAL CENTER WEST SPRINGFIELD, IL 62701	37-6002037	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
COMMUNITY PARK DISTRICT OF LAGRANGE PARK - 1501 BARNSDALE ROAD - LAGRANGE PARK, IL 60526	36-6008476	GOVT	8,265.	0.			INCREASE URBAN FORESTRY RESOURCES
FOREST PRESERVE COOK COUNTY 536 N. HARLEM AVENUE RIVER FOREST, IL 60305	36-6006543	GOVT	10,000.	0.			INCREASE URBAN FORESTRY RESOURCES
KENDALL COUNTY FOREST PRESERVE DISTRICT - 110 W. MADISON STREET - YORKVILLE, IL 60560	36-6006598	GOVT	50,000.	0.			PRESERVING OAK ECOSYSTEMS
LAKE COUNTY FOREST PRESERVES 1899 W WINCHESTER RD LIBERTYVILLE, IL 60048	36-6009339	GOVT	60,000.	0.			PRESERVING OAK ECOSYSTEMS
MCHENRY COUNTRY CONSERVATION DISTRICT - 18410 US HIGHWAY 14 - WOODSTOCK, IL 60098	36-2728209	GOVT	16,761.	0.			PRESERVING OAK ECOSYSTEMS
PARK DISTRICT OF LA GRANGE 536 EAST AVENUE LAGRANGE, IL 60525	36-6005953	GOVT	10,050.	0.			INCREASE URBAN FORESTRY RESOURCES
PLAINFIELD PARK DISTRICT 23729 W OTTAWA ST PLAINFIELD, IL 60544	36-2643956	GOVT	10,925.	0.			INCREASE URBAN FORESTRY RESOURCES
PROSPECT HEIGHTS PARK DISTRICT 110 WEST CAMP MCDONALD RD PROSPECT HEIGHTS, IL 60070	36-2643018	GOVT	11,375.	0.			INCREASE URBAN FORESTRY RESOURCES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF CAROL STREAM 500 N GARY AVE CAROL STREAM, IL 60188	36-2510906	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF FOREST PARK 517 DESPLAINES AVENUE FOREST PARK, IL 60130	36-6005875	GOVT	9,375.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF GLENCOE 675 VILLAGE COURT GLENCOE, IL 60022	36-6005899	GOVT	15,000.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF GLENVIEW 2500 E LAKE AVE GLENVIEW, IL 60026	36-6005905	GOVT	8,000.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF HAWTHORN WOODS 2 LAGOON DRIVE HAWTHORN WOOD, IL 60047	36-2726116	GOVT	6,000.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF LA GRANGE PARK 447 NORTH CATHERINE AVE LAGRANGE PARK, IL 60526	36-6005954	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF ORLAND PARK 14700 RAVINIA AVE ORLAND PARK, IL 60462	36-6006035	GOVT	10,125.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF PARK FOREST 350 VICTORY DRIVE PARK FOREST, IL 60466	36-6006040	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES
VILLAGE OF RANTOUL 333 S TANNER RANTOUL, IL 61866	37-6000510	GOVT	20,000.	0.			INCREASE URBAN FORESTRY RESOURCES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF RICHTON PARK 4455 SAUK TRAIL RICHTON PARK, IL 60471	36-6009187	GOVT	17,700.	0.			INCREASE URBAN FORESTRY RESOURCES
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE - PO BOX 1389 - WILLISTON, VT 05495	03-0179440	GOVT	45,788.	0.			EXPANDING RESILIENCE IN THE URBAN FOREST IN THE CHICAGO REGION

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.

(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
FELLOWSHIP	1	5,000.	0.		
CONSERVING TREE GENETIC DIVERSITY	1	5,000.	0.		
EXPANDING RESILIENCE IN THE URBAN FOREST IN THE CHICAGO REGION	1	15,217.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ON A QUARTERLY BASIS, GRANTEES ARE ASKED TO REPORT ON PROJECT PROGRESS USING A TEMPLATE PROVIDED WITH THE APPLICATION PROCESS. FAILURE TO COMPLY MAY RESULT IN THE CANCELLATION OF THE GRANT. A FINAL REPORT IS REQUIRED WITH A FINAL BUDGET FORM AND MATCH DOCUMENTATION WORKSHEET. PAYMENT IS MADE ONLY TO THE CONTRACTED ENTITY FOR INVOICES PAID BY THE GRANT RECIPIENTS AFTER THE COMPLETED REIMBURSEMENT REQUEST FORMS HAVE BEEN RECEIVED ALONG WITH VALID INVOICES AND/OR CANCELED CHECKS. ONLY ONE REIMBURSEMENT PAYMENT WILL BE MADE TO THE CONTRACTED COMMUNITY UPON

Part IV Supplemental Information

COMPLETION OF ALL PHASES OF THE GRANT PROJECTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE MORTON ARBORETUM

Employer identification number

36-1505770

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DONNELLY, GERARD PRESIDENT AND CEO (THRU 10/2022)	(i)	612,197.	315,085.	0.	-35,737.	14,698.	906,243.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FAWLEY, JAMES VP-FINANCE AND CFO	(i)	269,142.	7,000.	0.	17,207.	31,737.	325,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SPIESS, KATHLEEN VP-DEVELOPMENT	(i)	229,594.	7,000.	0.	14,591.	1,150.	252,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAVIRE, ALICIA VP-MARKETING AND COMMUNICATIONS	(i)	198,682.	7,000.	0.	13,299.	25,110.	244,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BACHTELL, KRIS VP-COLLECTIONS AND FACILITIES	(i)	197,896.	7,000.	0.	-3,684.	29,049.	230,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BAUTISTA, PRESTON WONG VP-LEARNING AND ENGAGEMENT	(i)	199,804.	7,000.	0.	10,930.	10,324.	228,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) WESTWOOD, MEREDITH VP-SCIENCE AND CONSERVATION	(i)	173,439.	7,000.	0.	11,550.	6,970.	198,959.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NOLAN, KELLY DIR-MAJOR GIFTS	(i)	141,178.	0.	0.	9,265.	35,420.	185,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PESKE, NANCY DIR-HUMAN RESOURCES	(i)	139,531.	0.	0.	9,145.	32,846.	181,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CANNON, CHARLES DIR-CENTER FOR TREE SCIENCE	(i)	139,074.	0.	0.	8,974.	33,272.	181,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RAVICHANDRAN, SAI P DIR-INFORMATION TECHNOLOGY	(i)	130,652.	0.	0.	8,614.	35,219.	174,485.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DULCEAK, RONALD HEAD OF FACILITIES	(i)	122,590.	0.	0.	7,921.	27,892.	158,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

AN ON-SITE RESIDENCE IS PROVIDED FOR THE PRESIDENT AND CEO OF THE MORTON ARBORETUM, CURRENTLY JILL KOSKI, AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF THE MORTON ARBORETUM. THE VALUE OF THIS RESIDENCE IS NOT TREATED AS TAXABLE COMPENSATION.

PART I, LINE 7:

AS INDICATED IN SCHEDULE J, PART II, CERTAIN INDIVIDUALS RECEIVED BONUSES BASED ON THE PERFORMANCE AND FINANCIAL RESULTS OF THE ORGANIZATION. THESE BONUSES WERE APPROVED BY THE BOARD OF TRUSTEES.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE MORTON ARBORETUM** Employer identification number **36-1505770**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
THE COUNTY OF DUPAGE, A ILLINOIS	36-6006551	262668AE6	07/30/20	50554899.	SEE PART VI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	50,554,899.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	535,899.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	50,019,000.									
12 Other unspent proceeds										
13 Year of substantial completion										
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

FORM 990, SCHEDULE K, PART I, LINE A, COLUMN F:
 THE PROCEEDS OF THE BONDS WERE USED TO (I) REFUND THE OUTSTANDING SERIES 2003 BONDS ISSUED ON DECEMBER 17, 2003; (II) REFUND THE OUTSTANDING SERIES 2017 BONDS ISSUED ON MAY 18, 2017; (III) TERMINATE THE SWAP AGREEMENT ISSUED WITH THE SERIES 2017 BONDS; AND (IV) PAY CERTAIN INCURRED COSTS WITH THE AUTHORIZATION AND ISSUANCE OF THE BOND.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **THE MORTON ARBORETUM** Employer identification number **36-1505770**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	796,356.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING IN PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

THE MORTON ARBORETUM

Employer identification number

36-1505770

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONSERVATION OF TREES AND OTHER PLANTS FOR A GREENER, HEALTHIER, AND
MORE BEAUTIFUL WORLD.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS TO FOSTER ADVANCEMENTS AMONG TREE-FOCUSED GARDENS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VISITOR PROGRAMS: WELCOMED 1,054,361 VISITORS, MAINTAINING THE
INSTITUTION AS ONE OF THE MOST VISITED PUBLIC GARDENS IN NORTH AMERICA.
SERVED MEMBERSHIP OF 57,534 HOUSEHOLDS. OPEN EVERY DAY OF THE YEAR FOR
DRIVING/BICYCLING OR GUIDED TRAM TOURS. SPECIALTY GARDENS INCLUDE THE
4-ACRE CHILDREN'S GARDEN AND 1-ACRE MAZE. THE VISITOR CENTER COMPRISES
INTERPRETIVE DISPLAYS, THE ARBORETUM STORE, AND THE GINGKO RESTAURANT.
SPECIAL EVENTS AND THEMATIC EXHIBITIONS ARE OFFERED THROUGHOUT THE
YEAR. CONFERENCE AND BANQUET FACILITIES ARE AVAILABLE FOR RENTAL.
EXPENSES \$ 13,244,743. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,089,883.

FORM 990, PART VI, SECTION A, LINE 3:

THE MORTON ARBORETUM CONTRACTS WITH ARAMARK CORPORATION TO MANAGE AND
OPERATE FOOD SERVICES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY THE MORTON ARBORETUM'S ACCOUNTANTS, REVIEWED BY THE
AUDIT COMMITTEE AND DISTRIBUTED TO THE BOARD OF TRUSTEES PRIOR TO FILING.

Name of the organization THE MORTON ARBORETUM	Employer identification number 36-1505770
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FORM 990, PART VI, SECTION B, LINE 12C:

THE MORTON ARBORETUM REQUIRES THAT ALL TRUSTEES, EMPLOYEES, AND VOLUNTEERS DISCLOSE AND DECLARE ANY PERSONAL, FAMILIAL, OR BUSINESS RELATIONSHIPS, SITUATIONS, OR ACTIVITIES THAT HAVE POTENTIAL TO CREATE A CONFLICT OF INTEREST. FOR TRUSTEES AND EMPLOYEES, THE DECLARATION MUST BE RENEWED ANNUALLY AND WHEN APPLICABLE CHANGES OCCUR. THE MORTON ARBORETUM SUPPLIES A CONFLICT OF INTEREST DECLARATION FORM TO ALL TRUSTEES AND EMPLOYEES FOR THIS PURPOSE. VOLUNTEERS ARE INFORMED OF THIS POLICY AT THE ONSET OF THEIR SERVICE, IN THE PUBLISHED VOLUNTEER HANDBOOK, AND IN PERIODIC COMMUNICATIONS. FOR ALL TRUSTEES, EMPLOYEES, AND VOLUNTEERS, RELATIONSHIPS OR SITUATIONS THAT ARISE THAT MAY CREATE OR APPEAR TO CREATE CONFLICT OF INTEREST MUST BE BROUGHT TO THE ATTENTION OF THE PRESIDENT OR THE CHAIRMAN OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES INCLUDES A MARKET ANALYSIS OF COMPARABLE POSITIONS FROM PEER GARDENS AND OTHER SIMILAR ORGANIZATIONS FOR BENCHMARKING PURPOSES, AS WELL AS, AN OUTSIDE MANAGEMENT CONSULTING FIRM. THIS INFORMATION IS REVIEWED BY INTERNAL HUMAN RESOURCES PROFESSIONALS AND THE COMPENSATION AND LEADERSHIP COMMITTEE OF THE BOARD OF TRUSTEES. THE FULL BOARD REVIEWS AND APPROVES RECOMMENDATIONS OF COMPENSATION MATTERS FOR THE PRESIDENT AND CEO.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE MORTON ARBORETUM'S WEBSITE (WWW.MORTONARB.ORG) AND ANNUAL REPORT. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.