

# Public Disclosure Copy

## Form 990

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

Open to Public  
Inspection

<b>A</b> For the <b>2024</b> calendar year, or tax year beginning		and ending	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>THE MORTON ARBORETUM</b>		<b>D</b> Employer identification number  36-1505770
	Doing business as		<b>E</b> Telephone number  630-968-0074
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4100 ILLINOIS ROUTE 53</b>		
	City or town, state or province, country, and ZIP or foreign postal code <b>LISLE, IL 60532-1293</b>		
	<b>F</b> Name and address of principal officer: <b>MICHAEL M. REESE</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>164,624,205.</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: <b>WWW.MORTONARB.ORG</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1922</b> <b>M</b> State of legal domicile: <b>IL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>COLLECT, STUDY, DISPLAY AND GROW TREES; TO ENCOURAGE THE PLANTING AND CONSERVATION OF TREES.</b>		
	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) ..... <b>22</b>		
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>22</b>		
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) ..... <b>561</b>		
	6	Total number of volunteers (estimate if necessary) ..... <b>1157</b>		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>382,847.</b>		
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>67,185.</b>			
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h) ..... <b>18,150,596.</b>	<b>Prior Year</b>	<b>Current Year</b>
	9	Program service revenue (Part VIII, line 2g) ..... <b>10,675,996.</b>	<b>18,150,596.</b>	<b>19,759,730.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>7,791,466.</b>	<b>10,675,996.</b>	<b>10,584,870.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>8,531,224.</b>	<b>7,791,466.</b>	<b>17,359,675.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>45,149,282.</b>	<b>8,531,224.</b>	<b>10,089,441.</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>982,437.</b>	<b>45,149,282.</b>	<b>57,793,716.</b>
<b>Expenses</b>	14	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>	<b>982,437.</b>	<b>1,465,749.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>25,791,158.</b>	<b>0.</b>	<b>0.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>146,144.</b>	<b>25,791,158.</b>	<b>28,091,465.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>3,983,389.</b>	<b>146,144.</b>	<b>158,060.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>25,281,457.</b>	<b>3,983,389.</b>	<b>28,571,346.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>52,201,196.</b>	<b>25,281,457.</b>	<b>28,571,346.</b>
<b>Net Assets or Fund Balances</b>	19	Revenue less expenses. Subtract line 18 from line 12 ..... <b>-7,051,914.</b>	<b>52,201,196.</b>	<b>58,286,620.</b>
	20	Total assets (Part X, line 16) ..... <b>354,910,949.</b>	<b>-7,051,914.</b>	<b>-492,904.</b>
	21	Total liabilities (Part X, line 26) ..... <b>57,374,055.</b>	<b>354,910,949.</b>	<b>367,601,821.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>297,536,894.</b>	<b>57,374,055.</b>	<b>57,379,664.</b>
			<b>Beginning of Current Year</b>	<b>End of Year</b>
			<b>354,910,949.</b>	<b>367,601,821.</b>
			<b>57,374,055.</b>	<b>57,379,664.</b>
			<b>297,536,894.</b>	<b>310,222,157.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date	
	<b>MICHAEL M. REESE, VICE PRESIDENT OF FINANCE</b>			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	<b>LU ANN TRAPP</b>	<b>LU ANN TRAPP</b>	<b>10/30/25</b>	<b>P01506476</b>
	Firm's name	Firm's EIN		
	<b>PLANTE &amp; MORAN, PLLC</b>	<b>33-1498605</b>		
	Firm's address	Phone no. (312) 207-1040		
	<b>10 S. RIVERSIDE PLAZA, 9TH FLOOR</b>			
	<b>CHICAGO, IL 60606</b>			

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 ☒**1** Briefly describe the organization's mission:

TO COLLECT, STUDY, DISPLAY, AND CONSERVE TREES AND OTHER PLANTS FROM  
AROUND THE WORLD TO INSPIRE LEARNING, FOSTER ENJOYMENT, BENEFIT  
COMMUNITIES, ENCOURAGE ACTION, AND ENHANCE THE ENVIRONMENT.

**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 ☒ 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 ☒ 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 \$ 19,220,812. 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 106,714 SPECIMENS REPRESENTING 4,067 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 \$ 4,242,937. including grants of \$ ) (Revenue \$ 1,227,139.)  
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. BASED IN 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  
117,000 ITEMS, CONTAINS PUBLICATIONS ON BOTANY, HORTICULTURE, NATURAL  
HISTORY, AND ECOLOGY; BOTANICAL ARTWORKS; RARE BOOKS, PERIODICALS, AND  
CATALOGS; INFORMATION IS ALSO ACCESSIBLE ONLINE. THE PLANT CLINIC  
ANSWERS INQUIRIES ABOUT PLANT SELECTION AND CARE.

**4c** (Code: ) (Expenses \$ 8,654,692. including grants of \$ 1,465,749.) (Revenue \$ )  
SCIENCE AND CONSERVATION: THE CENTER FOR TREE SCIENCE GENERATES AND  
COMMUNICATES THE SCIENTIFIC KNOWLEDGE AND TECHNICAL EXPERTISE NECESSARY  
TO UNDERSTAND AND SUSTAIN TREES AND THEIR ECOSYSTEMS, IN ALL THEIR  
DIVERSITY, IN BUILT ENVIRONMENTS, NATURAL LANDSCAPES, AND LIVING  
COLLECTIONS. THE ARBORETUM HOUSES RESEARCH LABS AND A HERBARIUM WITH A  
COLLECTION OF 216,500 DRIED SPECIMENS FOR BOTANICAL RESEARCH. THROUGH  
THE GLOBAL TREE CONSERVATION PROGRAMS, THE ARBORETUM LEADS PARTNERSHIPS  
AND ASSISTS EFFORTS TO PREVENT TREE EXTINCTION AND SECURE THREATENED  
TREE SPECIES, WITH A FOCUS ON OAKS. THE CHICAGO REGION TREES  
INITIATIVE DEVELOPS STRATEGIES FOR URBAN TREE AND FOREST IMPROVEMENT,  
ADVOCATING FOR TREES IN COMMUNITIES THROUGHOUT THE CHICAGO REGION AND  
THE STATE OF ILLINOIS. ARBNET, FACILITATED BY THE MORTON ARBORETUM, IS

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 15,995,796. including grants of \$ ) (Revenue \$ 19,570,342.)

**4e** Total program service expenses 48,114,237.

Form 990 (2024)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b> X	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b>	X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b> X	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	178
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 561		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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**

	1a	22	1b	22	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		22		22		
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.						
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent						
<b>2</b> 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
<b>3</b> 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	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						X
<b>6</b> Did the organization have members or stockholders?						X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
<b>a</b> The governing body?					X	
<b>b</b> Each committee with authority to act on behalf of the governing body?					X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</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.		
<b>16a</b> 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>b</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?		

**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  
**MICHAEL M. REESE - 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) KOSKI, JILL PRESIDENT AND CEO	40.00			X				565,997.	0.	65,544.
(2) DONNELLY, GERARD SPECIAL ADVISOR	30.00				X			234,998.	0.	54,068.
(3) LAVIRE, ALICIA VP-MARKETING AND GUEST EXPERIENCE	40.00			X				242,459.	0.	40,557.
(4) SPIESS, KATHLEEN VP-DEVELOPMENT	40.00			X				247,048.	0.	31,715.
(5) BACHTELL, KRIS VP-COLLECTIONS AND HORTICULTURE	40.00			X				215,561.	0.	58,043.
(6) BAUTISTA, PRESTON WONG VP-LEARNING AND ENGAGEMENT	40.00			X				222,344.	0.	31,773.
(7) BAILEY, NARISSA VP - PEOPLE AND CULTURE	40.00			X				199,264.	0.	38,608.
(8) FAWLEY, JAMES VP-FINANCE AND CFO (THRU 4/2024)	40.00			X				209,326.	0.	10,529.
(9) WESTWOOD, MEREDITH VP-SCIENCE AND CONSERVATION	40.00			X				199,010.	0.	16,144.
(10) REESE, MICHAEL M VP- FINANCE (STARTING 9/2024)	40.00			X				170,423.	0.	35,792.
(11) NOLAN, KELLY DIR-MAJOR GIFTS	40.00				X			155,222.	0.	48,590.
(12) MIDGLEY, MEGHAN DIR-CENTER FOR TREE SCIENCE	40.00					X		146,941.	0.	29,718.
(13) COSNER, ANNA C DIR-GUEST REVENUE PROGRAMS	40.00				X			157,731.	0.	18,700.
(14) DULCEAK, RONALD DIR-FACILITIES	40.00					X		137,274.	0.	37,446.
(15) GORTNER, VINCENT DIR-GUEST EXPERIENCE AND SAFETY	40.00					X		135,018.	0.	38,960.
(16) HIPPI, ANDREW L DIR-HERBARIUM AND SENIOR SCIENTIST	40.00					X		136,813.	0.	36,241.
(17) RAVICHANDRAN, SAI P DIR-INFORMATION TECHNOLOGY	40.00					X		147,471.	0.	25,539.

**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) STOVALL-LEONARD, DEREK CFO (7/2024-9/2024)	40.00			X				53,746.	0.	5,626.
(19) ROBERT J. SCHILLERSTROM CHAIR	8.00	X		X				0.	0.	0.
(20) ANNA CAROLINE BALL VICE CHAIR	8.00	X		X				0.	0.	0.
(21) E. JAMES DONDLINGER TREASURER	8.00	X		X				0.	0.	0.
(22) JAMAL J. SCOTT SECRETARY	8.00	X		X				0.	0.	0.
(23) KELLY POWERS BARIA TRUSTEE	8.00	X						0.	0.	0.
(24) ROBERT A. BARTLETT, JR. TRUSTEE	8.00	X						0.	0.	0.
(25) PAT A. BASU TRUSTEE	8.00	X						0.	0.	0.
(26) WALTER W. BECKY II TRUSTEE	8.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								3,576,646.	0.	623,593.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								3,576,646.	0.	623,593.

**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

39

- 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* .....
- 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* .....
- 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* .....

	Yes	No
3		X
4	X	
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
INTELLIGENT LIGHTING CREATIONS, INC., 2461 EAST OAKTON STREET, ARLINGTON HEIGHTS, IL	EXHIBITION CONTRACTOR	1,172,470.
ARAMARK CORPORATION 27310 NETWORK PLACE, CHICAGO, IL 60673	FOOD SERVICE CONTRACTOR	1,111,408.
REED HILDERBRAND LLC 130 BISHOP ALLEN DRIVE, CAMBRIDGE, MA 02139	SITE PLANNING CONSULTANT	838,391.
BASIS GLOBAL TECHNOLOGIES, INC, 11 EAST MADISON, 6TH FLOOR, CHICAGO, IL 60602	ADVERTISING CONTRACTOR	649,238.
IMPERIAL SERVICE SYSTEMS, INC PO BOX 2938, GLEN ELLYN, IL 60138	JANATORIAL SERVICE CONTRACTOR	557,800.

**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

31

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

**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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
(27) BARBARA J. BRADFORD TRUSTEE	8.00	X						0.	0.	0.
(28) CHRISTOPHER B. BURKE TRUSTEE	8.00	X						0.	0.	0.
(29) MARY L. BURKE TRUSTEE	8.00	X						0.	0.	0.
(30) MICHAEL CAHILL TRUSTEE	8.00	X						0.	0.	0.
(31) TRISHA L. CONLEY TRUSTEE	8.00	X						0.	0.	0.
(32) ROBERT L. FEALY TRUSTEE	8.00	X						0.	0.	0.
(33) ASHESH GOEL TRUSTEE	8.00	X						0.	0.	0.
(34) MARK C. GOSSETT TRUSTEE	8.00	X						0.	0.	0.
(35) TROY D. HAMMOND TRUSTEE	8.00	X						0.	0.	0.
(36) MATT HARRIS TRUSTEE	8.00	X						0.	0.	0.
(37) ANDREW O. JOHNSON TRUSTEE	8.00	X						0.	0.	0.
(38) ROBERT E. KRESS TRUSTEE	8.00	X						0.	0.	0.
(39) CHARLES P. MCQUAID TRUSTEE	8.00	X						0.	0.	0.
(40) MILAN MRKSICH TRUSTEE	8.00	X						0.	0.	0.
(41) CURTIS X. REED TRUSTEE	8.00	X						0.	0.	0.
(42) STEPHEN C. VAN ARSDELL TRUSTEE	8.00	X						0.	0.	0.
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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>	6,447,434.			
	<b>c</b>	Fundraising events .....	<b>1c</b>	632,928.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	4,114,035.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	8,565,333.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 486,952.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		19,759,730.			
<b>Program Service Revenue</b>	<b>2 a</b>	VISITOR EVENTS	Business Code	713990	6,395,347.	6,395,347.	
	<b>b</b>	ADMISSIONS		713990	2,962,384.	2,962,384.	
	<b>c</b>	EDUCATION		713990	1,227,139.	1,227,139.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		10,584,870.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		3,433,631.		382,847.
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real	1,721,640.			
<b>b</b>		Less: rental expenses ...	(ii) Personal	0.			
<b>c</b>		Rental income or (loss) .....		1,721,640.			
<b>d</b>		Net rental income or (loss) .....		1,721,640.	1,721,640.		
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities	117,051,481.	6,450.		
<b>b</b>		Less: cost or other basis and sales expenses .....	(ii) Other	103,131,887.	0.		
<b>c</b>		Gain or (loss) .....		13,919,594.	6,450.		
<b>d</b>		Net gain or (loss) .....		13,926,044.			13926044.
<b>8 a</b>		Gross income from fundraising events (not including \$ 632,928. of contributions reported on line 1c). See Part IV, line 18 .....		67,600.			
<b>b</b>		Less: direct expenses .....		190,770.			
<b>c</b>		Net income or (loss) from fundraising events .....		-123,170.			-123,170.
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		11,998,803.				
<b>b</b>	Less: cost of goods sold .....		3,507,832.				
<b>c</b>	Net income or (loss) from sales of inventory .....		8,490,971.	8,490,971.			
<b>Miscellaneous Revenue</b>	<b>11 a</b>		Business Code				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		57,793,716.	20797481.	382,847.	16853658.

**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

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,141,395.	1,141,395.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	324,354.	324,354.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	3,338,873.	1,202,322.	1,643,975.	492,576.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	19,542,752.	16,209,643.	1,689,024.	1,644,085.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,168,762.	969,424.	101,013.	98,325.
<b>9</b> Other employee benefits	2,340,864.	1,941,619.	202,314.	196,931.
<b>10</b> Payroll taxes	1,700,214.	1,410,234.	146,945.	143,035.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	539,475.	539,475.		
<b>b</b> Legal	92,970.	400.	92,570.	
<b>c</b> Accounting	923,779.	475,409.	200,138.	248,232.
<b>d</b> Lobbying	181,193.		181,193.	
<b>e</b> Professional fundraising services. See Part IV, line 17	158,060.			158,060.
<b>f</b> Investment management fees	813,639.	813,639.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,139,996.	5,555,019.	327,059.	257,918.
<b>12</b> Advertising and promotion	668,561.	661,055.	7,464.	42.
<b>13</b> Office expenses	602,932.	169,213.	7,248.	426,471.
<b>14</b> Information technology	1,147,299.		1,147,299.	
<b>15</b> Royalties				
<b>16</b> Occupancy	2,396,333.	2,392,627.	1,152.	2,554.
<b>17</b> Travel	502,310.	374,331.	109,592.	18,387.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	359,775.	112,117.	93,960.	153,698.
<b>20</b> Interest	1,564,474.	1,564,474.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,331,409.	3,331,409.		
<b>23</b> Insurance	830,309.	824,577.		5,732.
<b>24</b> 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.)				
<b>a CONTRACT SERVICES</b>	3,866,956.	3,866,956.		
<b>b SUPPLIES</b>	3,440,352.	3,353,175.	-462.	87,639.
<b>c EQUIPMENT RENTAL AND MA</b>	541,143.	530,598.		10,545.
<b>d UNRELATED BUSINESS INCO</b>	16,897.		16,897.	
<b>e All other expenses</b>	611,544.	350,772.	221,613.	39,159.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	58,286,620.	48,114,237.	6,188,994.	3,983,389.
<b>26 Joint costs.</b> 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) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,446,819.	<b>1</b>	346,709.
	<b>2</b> Savings and temporary cash investments .....	3,179,714.	<b>2</b>	13,940,010.
	<b>3</b> Pledges and grants receivable, net .....	1,981,631.	<b>3</b>	1,972,764.
	<b>4</b> Accounts receivable, net .....	293,725.	<b>4</b>	316,015.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	458,443.	<b>8</b>	463,920.
	<b>9</b> Prepaid expenses and deferred charges .....	1,041,980.	<b>9</b>	748,875.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 123,147,979.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 63,325,935.	<b>10c</b>	59,822,044.
	<b>11</b> Investments - publicly traded securities .....	169,205,720.	<b>11</b>	167,722,973.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	113,093,868.	<b>12</b>	122,268,511.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	354,910,949.	<b>16</b>	367,601,821.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,419,344.	<b>17</b>	2,835,572.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,825,122.	<b>19</b>	3,448,379.
	<b>20</b> Tax-exempt bond liabilities .....	50,129,589.	<b>20</b>	50,159,713.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	1,000,000.	<b>24</b>	936,000.
	<b>25</b> 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 .....		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	57,374,055.	<b>26</b>	57,379,664.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	284,601,079.	<b>27</b>	272,151,087.
	<b>28</b> Net assets with donor restrictions .....	12,935,815.	<b>28</b>	38,071,070.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	297,536,894.	<b>32</b>	310,222,157.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	354,910,949.	<b>33</b>	367,601,821.

Form 990 (2024)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,793,716.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	58,286,620.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-492,904.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	297,536,894.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	13,178,165.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	2.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	310,222,157.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> 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.	<b>2c</b>	<b>X</b>
<b>3a</b> 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>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	<b>X</b>

Form 990 (2024)

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

**Open to Public Inspection**

Name of the organization

THE MORTON ARBORETUM

Employer identification number	
--------------------------------	--

36-1505770

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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).

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		
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11866757.	30966947.	20701829.	18150596.	19759730.	101445859
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11866757.	30966947.	20701829.	18150596.	19759730.	101445859
<b>5</b> 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) .....						3153317.
<b>6 Public support.</b> Subtract line 5 from line 4.						98292542.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	11866757.	30966947.	20701829.	18150596.	19759730.	101445859
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4095361.	4676777.	4945899.	5253755.	5155271.	24127063.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	74,435.		22,664.	12,731.	67,185.	177,015.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						125749937
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	86,872,242.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	78.17 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	76.02 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>

Schedule A (Form 990) 2024

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** 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 - 2023.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? If "No," describe in <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2024

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

## Part VI

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

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

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

Employer identification number

THE MORTON ARBORETUM

36-1505770

**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>		\$ <u>1,235,334.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>410,271.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>1,497,533.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

36-1505770

## Part II

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

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

**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)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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

36-1505770

**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 EINs 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) 2024

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN 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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		181,193.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			181,193.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."

<b>1</b> Dues, assessments, and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.

HIRED A 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

**Part IV** Supplemental Information *(continued)*

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.

HIRED A CONSULTANT TO ASSIST THE ORGANIZATION IN LOBBYING AND CONSULTING BEFORE THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES, ILLINOIS GENERAL ASSEMBLY, GOVERNOR'S OFFICE, AND ANY OTHER AGENCY, OFFICE, OR COMMITTEE AS DEEMED APPROPRIATE OR PERTINENT. THIS INCLUDES FACILITATING MEETINGS, DRAFTING AND EXECUTING A LEGISLATIVE AGENDA, ANALYZING AND REVIEWING RULES, LEGISLATION, AND OTHER CODES TO CREATE A SOLUTION TO THE ORGANIZATION'S ISSUES.

SCHEDULE D  
(Form 990)

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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 on line 2a	2c
d Number of conservation easements included on line 2c 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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 \$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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

d ☒ Loan or exchange program

b ☒ Scholarly research

e ☒ Other CLASSROOM EDUCATION

c ☒ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization 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 in 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	35,041,100.	38,612,001.	41,457,094.	34,192,842.	29,190,829.
b Contributions	794,740.	1,410,999.	3,837,589.	2,730,131.	2,799,396.
c Net investment earnings, gains, and losses	3,430,134.	4,092,944.	-3,591,101.	5,787,579.	3,147,511.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,200,521.	9,074,844.	3,091,581.	1,253,458.	944,894.
f Administrative expenses					
g End of year balance	37,065,451.	35,041,100.	38,612,001.	41,457,094.	34,192,842.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 68.0000 %

b Permanent endowment 22.0000 %

c Term endowment 10.0000 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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		61,654,204.	22,827,376.	38,826,828.
c Leasehold improvements				
d Equipment		10,636,548.	8,449,110.	2,187,438.
e Other		44,405,594.	32,049,449.	12,356,145.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				59,822,044.

Schedule D (Form 990) (Rev. 12-2024)

**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	82,326,634.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	39,941,877.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	122,268,511.	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

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

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 ... ☒

Schedule D (Form 990) (Rev. 12-2024)

**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	44,132,644.
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	44,132,644.
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	13,661,073.
c	Add lines 4a and 4b	4c	13,661,073.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	57,793,717.

**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	61,165,134.
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	3,692,152.
e	Add lines 2a through 2d	2e	3,692,152.
3	Subtract line 2e from line 1	3	57,472,982.
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	813,638.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	813,638.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	58,286,620.

**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 COLLECTIONS - THE ARBORETUM ENCOMPASSES 1700 ACRES OF PLANT COLLECTIONS AND GARDENS AMID NATURAL LANDSCAPES OF WOODLANDS, PRAIRIE, LAKES, AND STREAMS. A RICH DIVERSITY OF TREES, SHRUBS, AND OTHER PLANTS THAT ARE EVALUATED FOR THEIR SUITABILITY IN THE MIDWESTERN UNITED STATES. THESE LIVING COLLECTIONS INCLUDE 106,714 SPECIMENS REPRESENTING 4,067 DIFFERENT KINDS OF PLANTS. ARRANGED BY GEOGRAPHIC, TAXONOMIC, AND OTHER SPECIAL GROUPS, 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 TO THE MARKETPLACE.

LIBRARY COLLECTION - THE STERLING MORTON LIBRARY COLLECTION, WITH 117,000 ITEMS, CONTAINS PUBLICATIONS ON BOTANY, HORTICULTURE, NATURAL HISTORY, AND ECOLOGY; BOTANICAL ARTWORKS; RARE BOOKS, PERIODICALS, AND CATALOGS; INFORMATION IS ALSO ACCESSIBLE ONLINE.

**Part XIII** Supplemental Information (continued)**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:**

COST OF SALES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	-3,507,832.
FUNDRAISING EXPENSES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	-190,770.
NET INCOME FROM INVESTMENTS-INCLUDED IN OTHER CHANGES ON THE FINANCIAL STMTS	3,433,631.
NET REALIZED GAINS ON INVESTMENTS-INCLUDED IN OTHER CHANGES ON FIN. STMTS	13,926,044.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	13,661,073.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

COST OF SALES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	3,507,832.
FUNDRAISING EXPENSES -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	190,770.
GAIN ON SALE OF ASSETS -INCLUDED IN EXPENSES ON THE FINANCIAL STATEMENTS	-6,450.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,692,152.

**SCHEDULE F  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**THE MORTON ARBORETUM**

**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
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS	INVESTMENTS	46,690,680.
NORTH AMERICA			INVESTMENTS	INVESTMENTS	4,091,504.
EUROPE			INVESTMENTS	INVESTMENTS	11,087,763.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	134,823.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	17,634.
NORTH AMERICA			PROGRAM SERVICES	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	180,220.
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	ARBNET GRANT	2,500.
SUB-SAHARAN AFRICA			PROGRAM SERVICES	ARBNET GRANT	1,678.
<b>3 a Subtotal</b> .....	0	0			62,206,802.
<b>b Total from continuation sheets to Part I</b> .....	0	0			8,373.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			62,215,175.

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

Schedule F (Form 990) (Rev. 12-2024)

(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	SPEAKER SPONSOR - TRAVEL	1,639.
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	ARBNET GRANT	4,234.
NORTH AMERICA			PROGRAM SERVICES	ARBNET GRANT	2,500.
Totals					8,373.

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	17,000.	WIRE TRANSFER	0.		FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	26,981.	WIRE TRANSFER	0.		FMV
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	13,675.	WIRE TRANSFER	0.		FMV
		EAST ASIA AND THE PACIFIC	CONFERENCE SPONSORSHIP	9,270.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	21,368.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	46,900.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA AND THE CARIBBEAN	GLOBAL TREE CONSERVATION RESEARCH SUPPORT	33,951.	WIRE TRANSFER	0.		FMV

**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 .....

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

**7**

Part III can be duplicated if additional space is needed.

Schedule F (Form 990) (Rev. 12-2024)

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) (Rev. 12-2024)

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.

SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] 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? [X] 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.

Table with 6 columns: (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. Rows include LEMASTER MARKETING GROUP, INC., LAMARCA HEINRICH STRATEGIC CONSULTING, and MARTS & LUNDY INC.

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 NONE	(d) Total events (add col. (a) through col. (c))
		GALA			
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	700,528.			700,528.
	2 Less: Contributions .....	632,928.			632,928.
	3 Gross income (line 1 minus line 2) .....	67,600.			67,600.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	9,157.			9,157.
	6 Rent/facility costs .....				
	7 Food and beverages .....	95,810.			95,810.
	8 Entertainment .....	14,100.			14,100.
	9 Other direct expenses .....	71,703.			71,703.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				190,770.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				-123,170.	

**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 .....				
	2 Cash prizes .....				
Direct Expenses	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 the 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

(I) NAME OF FUNDRAISER: MARTS & LUNDY INC

(I) ADDRESS OF FUNDRAISER: 160 CHUBB AVE, SUITE 303, LYNDHURST, NJ 07071

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	--

[illegible]

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE NE ATLANTA, GA 30309	58-1313284	501(C)(3)	5,650.	0.			MANAGING GENETIC DIVERSITY IN BOTANIC GARDEN COLLECTIONS
BELVIDERE TOWNSHIP PARK DISTRICT 1006 WEST LINCOLN AVENUE BELVIDERE, IL 61008	36-6005793	GOVT	27,933.	0.			URBAN AND COMMUNITY FORESTRY
CHICAGO HORTICULTURAL SOCIETY 1000 LAKE COOK ROAD GLENCOE, IL 60022	36-2225482	501(C)(3)	70,494.	0.			MANAGING GENETIC DIVERSITY IN BOTANIC GARDEN COLLECTIONS
CITY OF BELVIDERE 401 WHITNEY BLVD BELVIDERE, IL 61008	36-6005792	GOVT	11,162.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF BLUE ISLAND 13051 GREENWOOD AVENUE BLUE ISLAND, IL 60406	36-6005798	GOVT	22,460.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF CHICAGO PO BOX 71630 CHICAGO, IL 60694	36-6005820	GOVT	75,000.	0.			COOPERATIVE FORESTRY ASSISTANCE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **48.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (Rev. 12-2024)

**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 COLLINSVILLE 10 GATEWAY DRIVE COLLINSVILLE, IL 62234	37-6001398	GOVT	10,049.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF MOLINE 3635 4TH AVE MOLINE, IL 61265	36-6005999	GOVT	6,000.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF NAPERVILLE 400 S EAGLE ST NAPERVILLE, IL 60540	36-6006013	GOVT	30,000.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF OTTAWA 301 W MADISON STREET OTTAWA, IL 61350	36-6006037	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF ROCKFORD CUSTOMER SERVICE CENTER, 1ST FLOOR 425 EAST STATE STREET - ROCKFORD, IL 6110	36-6006082	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF WEST CHICAGO 475 MAIN ST WEST CHICAGO, IL 60185	36-6006144	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
CRYSTAL LAKE PARK DISTRICT 1 E CRYSTAL LAKE AVE CRYSTAL LAKE, IL 60014	36-6005841	GOVT	15,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF DEER PARK 23680 W CUBA ROAD DEER PARK, IL 60010	36-2789608	GOVT	15,000.	0.			URBAN AND COMMUNITY FORESTRY SUPPORT IN CHICAGO REGION
DEERFIELD PARK DISTRICT 836 JEWETT PARK DR DEERFIELD, IL 60015	36-6008337	GOVT	11,250.	0.			URBAN AND COMMUNITY FORESTRY

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
FAITH IN PLACE 1100 E 55TH ST, AC-1 CHICAGO, IL 60615	36-4540756	501(C)(3)	16,382.	0.			COOPERATIVE FORESTRY ASSISTANCE
FOREST PRESERVE DISTRICT OF COOK COUNTY - 536 N. HARLEM AVENUE - RIVER FOREST, IL 60305	36-6006543	GOVT	55,000.	0.			URBAN AND COMMUNITY FORESTRY SUPPORT IN CHICAGO REGION
FOREST PRESERVE DISTRICT OF DUPAGE COUNTY - 3S580 NAPERVILLE ROAD - WHEATON, IL 60189	36-6006552	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY SUPPORT IN CHICAGO REGION
UNITED STATES GEOLOGICAL SURVEY 12201 SUNRISE VLY DR RESTON, VA 20192	53-0196958	GOVT	10,928.	0.			DIMENSIONS US-CHINA: COLLABORATIVE RESEARCH
GLENCOE PARK DISTRICT 999 GREEN BAY ROAD GLENCOE, IL 60022	36-6005902	GOVT	7,250.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF GRAYSLAKE 10 S SEYMOUR AVENUE GRAYSLAKE, IL 60030	36-6005911	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
HAWTHORN WOODS 2 LAGOON DRIVE HAWTHORN WOODS, IL 60047	36-2726116	GOVT	40,000.	0.			URBAN AND COMMUNITY FORESTRY SUPPORT IN CHICAGO REGION
HENRY E HUNTINGTON LIBRARY AND ART GALLERY - 1151 OXFORD ROAD - SAN MARINO, GA 91108	95-1644589	501(C)(3)	18,324.	0.			MANAGING GENETIC DIVERSITY IN BOTANIC GARDEN COLLECTIONS
VILLAGE OF LAKE BLUFF 40 E CENTER AVE LAKE BLUFF, IL 60044	36-6005956	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY

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
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM ROAD EAST LANSING, MI 48824	38-6005984	GOVT	7,402.	0.			FOREST HEALTH PROGRAM
OPENLANDS 25 E WASHINGTON ST., SUITE 1650 CHICAGO, IL 60602	36-2649603	501(C)(3)	51,414.	0.			EXPANDING TREE CANOPY TO REDUCE STORMWATER IMPACTS
OSWEGOLAND PARK DISTRICT 313 E WASHINGTON ST OSWEGO, IL 60543	36-6009398	GOVT	13,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF PALATINE 200 EAST WOOD STREET PALATINE, IL 60067	36-6006038	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY SUPPORT IN CHICAGO REGION
PROSPECT HEIGHTS PARK DISTRICT 110 WEST CAMP MCDONALD RD PROSPECT HEIGHTS, IL 60070	36-2643018	GOVT	10,500.	0.			URBAN AND COMMUNITY FORESTRY
ROSELLE PARK DISTRICT 555 WEST BRYN MAWR ROSELLE, IL 60172	36-2589191	GOVT	73,443.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF SCHILLER PARK 9526 IRVING PARK ROAD SCHILLER PARK, IL 60176	36-6006096	GOVT	10,000.	0.			URBAN AND COMMUNITY FORESTRY
CITY OF SPRINGFIELD 300 S 7TH STREET SPRINGFIELD, IL 62701	37-6002037	GOVT	24,750.	0.			URBAN AND COMMUNITY FORESTRY
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN - OFFICE FOR RESEARCH & SPONSORED PROGRAMS - MILWAUKEE, WI 53278	39-6006492	GOVT	23,960.	0.			FOREST HEALTH PROGRAM

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 TROUT VALLEY PO BOX 621 CARY, IL 60013	36-4092424	GOVT	11,738.	0.			URBAN AND COMMUNITY FORESTRY SUPPORT IN CHICAGO REGION
VILLAGE OF ALSIP 12221 ORCHARD ST ALSIP, IL 60803	36-6005767	GOVT	13,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF BANNOCKBURN 2275 TELEGRAPH ROAD BANNOCKBURN, IL 60015	36-6005781	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF BECKEMEYER PO BOX 278 BECKEMEYER, IL 62219	37-1011989	GOVT	27,331.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF BROOKFIELD 8820 BROOKFIELD AVE BROOKFIELD, IL 60513	36-6005807	GOVT	18,500.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF BUFFALO GROVE 50 RAUPP BLVD BUFFALO GROVE, IL 60089	36-2525051	GOVT	11,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF DEERFIELD 850 WAUKEGAN RD DEERFIELD, IL 60015	36-6005842	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF GLENDALE HEIGHTS 300 CIVIC CENTER PLAZA GLENDALE HEIGHTS, IL 60139	36-6009547	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF HILLSIDE 425 HILLSIDE AVE HILLSIDE, IL 60162	36-6005929	GOVT	19,784.	0.			URBAN AND COMMUNITY FORESTRY

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 MOKENA 11004 CARPENTER ST MOKENA, IL 60448	36-6009004	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF OSWEGO 100 PARKERS MILL OSWEGO, IL 60543	36-6006036	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF RIVER FOREST 400 PARK AVENUE RIVER FOREST, IL 60305	36-6006070	GOVT	7,651.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF WESTCHESTER 10300 W ROOSEVELT ROAD WESTCHESTER, IL 60154	36-6006142	GOVT	40,000.	0.			URBAN AND COMMUNITY FORESTRY
VILLAGE OF WESTERN SPRINGS 10300 W ROOSEVELT ROAD WESTCHESTER, IL 60154	36-6006142	GOVT	25,000.	0.			URBAN AND COMMUNITY FORESTRY
WINNEBAGO COUNTY FOREST PRESERVE DISTRICT - 5500 NORTHROCK DRIVE - ROCKFORD, IL 61103	36-6005676	GOVT	5,042.	0.			URBAN AND COMMUNITY FORESTRY

**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

**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, GRANTEEES ARE ASKED TO REPORT ON PROJECT PROGRESS USING A TEMPLATE PROVIDED IN 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 COMPLETION OF ALL PHASES OF THE GRANT PROJECTS.

SCHEDULE J  
(Form 990)

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

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

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

Schedule J (Form 990) (Rev. 12-2024)

**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) KOSKI, JILL	(i)	520,492.	45,505.	0.	23,782.	41,762.	631,541.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNELLY, GERARD	(i)	234,998.	0.	0.	54,068.	0.	289,066.	0.
SPECIAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAVIRE, ALICIA	(i)	242,459.	0.	0.	13,786.	26,771.	283,016.	0.
VP-MARKETING AND GUEST EXPERIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SPIESS, KATHLEEN	(i)	247,048.	0.	0.	12,756.	18,959.	278,763.	0.
VP-DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BACHTELL, KRIS	(i)	215,561.	0.	0.	27,209.	30,834.	273,604.	0.
VP-COLLECTIONS AND HORTICULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BAUTISTA, PRESTON WONG	(i)	222,344.	0.	0.	20,789.	10,984.	254,117.	0.
VP-LEARNING AND ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) BAILEY, NARISSA	(i)	199,264.	0.	0.	12,185.	26,423.	237,872.	0.
VP - PEOPLE AND CULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) FAWLEY, JAMES	(i)	55,765.	0.	153,561.	2,976.	7,553.	219,855.	0.
VP-FINANCE AND CFO (THRU 4/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WESTWOOD, MEREDITH	(i)	199,010.	0.	0.	12,061.	4,083.	215,154.	0.
VP-SCIENCE AND CONSERVATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) REESE, MICHAEL M	(i)	170,423.	0.	0.	10,474.	25,318.	206,215.	0.
VP- FINANCE (STARTING 9/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NOLAN, KELLY	(i)	155,222.	0.	0.	10,207.	38,383.	203,812.	0.
DIR-MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MIDGLEY, MEGHAN	(i)	146,941.	0.	0.	9,095.	20,623.	176,659.	0.
DIR-CENTER FOR TREE SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) COSNER, ANNA C	(i)	127,415.	0.	30,316.	7,160.	11,540.	176,431.	0.
DIR-GUEST REVENUE PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DULCEAK, RONALD	(i)	137,274.	0.	0.	8,769.	28,677.	174,720.	0.
DIR-FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) GORTNER, VINCENT	(i)	135,018.	0.	0.	8,632.	30,328.	173,978.	0.
DIR-GUEST EXPERIENCE AND SAFETY	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HIPPI, ANDREW L	(i)	136,813.	0.	0.	8,670.	27,571.	173,054.	0.
DIR-HERBARIUM AND SENIOR SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.

**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.

[illegible]

**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 4A:**

AS INDICATED IN SCHEDULE J, PART II, THE PRIOR VICE PRESIDENT AND CFO RECEIVED A SEVERANCE/CHANGE OF CONTROL PAYMENT BASED ON 10 YEARS OF SERVICE TO THE ORGANIZATION. THIS AMOUNT WAS PAID AS A LUMP SUM AND WAS APPROVED BY THE PRESIDENT.

AS INDICATED ON FORM 990, PART VII, THE PRIOR CFO RECEIVED A SEVERANCE/CHANGE OF CONTROL PAYMENT BASED ON 3 MONTHS OF SERVICE TO THE ORGANIZATION. THIS AMOUNT WAS PAID AS A LUMP SUM AND WAS APPROVED BY THE PRESIDENT.

AS INDICATED IN SCHEDULE J, PART II, THE PRIOR DIRECTOR OF GUEST REVENUE PROGRAMS RECEIVED A SEVERANCE/CHANGE OF CONTROL PAYMENT BASED ON 12 YEARS OF SERVICE TO THE ORGANIZATION. THIS AMOUNT WAS PAID AS A LUMP SUM AND WAS APPROVED BY THE PRESIDENT.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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
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							

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

Schedule K (Form 990) (Rev. 12-2024)

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		<b>X</b>						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		<b>X</b>						
<b>d</b> 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? ...								
<b>4</b> 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 .....	%		%		%		%	
<b>5</b> 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 .....	%		%		%		%	
<b>6</b> Total of lines 4 and 5 .....	%		%		%		%	
<b>7</b> Does the bond issue meet the private security or payment test? .....		<b>X</b>						
<b>8a</b> 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?		<b>X</b>						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....	%		%		%		%	
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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? .....	<b>X</b>							

**Part IV Arbitrage**

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

**Part IV** Arbitrage (continued)

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

**Part V** Procedures To Undertake Corrective Action

	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? .....	<b>X</b>							

**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)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public  
Inspection

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	19	486,952.	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

30a During the year, did the organization receive by contribution any property reported on 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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2024

## Part II

### Supplemental Information.

**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)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE MORTON ARBORETUM

Employer identification number

36-1505770

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

AN INTERACTIVE PROFESSIONAL COMMUNITY OF ARBORETA AND AN ARBORETUM  
ACCREDITATION PROGRAM THAT FOSTERS ADVANCEMENTS AMONG TREE-FOCUSED  
GARDENS.

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

VISITOR PROGRAMS: WELCOMED 1,156,732 VISITORS, MAINTAINING THE  
INSTITUTION AS ONE OF THE MOST VISITED PUBLIC GARDENS IN NORTH AMERICA.  
SERVED MEMBERSHIP OF 55,269 HOUSEHOLDS. OPEN EVERY DAY OF THE YEAR THE  
ARBORETUM FEATURES 16 MILES OF HIKING TRAILS AND 9 MILES OF PAVED ROADS  
FOR DRIVING, BICYCLING, OR GUIDED TRAM TOURS. SPECIALTY GARDENS INCLUDE  
THE GRAND GARDEN, 4-ACRE CHILDREN'S GARDEN, 1-ACRE MAZE GARDEN. THE  
VISITOR CENTER HOUSES 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 \$ 15,995,796. INCLUDING GRANTS OF \$ 0. REVENUE \$ 19,570,342.

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

THE MORTON ARBORETUM CONTRACTS WITH ARAMARK CORPORATION TO MANAGE AND  
OPERATE FOOD SERVICES AND EFFECTIVE 11/19/2024 ROOM RENTAL 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.

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 THE 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](http://WWW.MORTONARB.ORG)) AND ANNUAL REPORT. GOVERNING DOCUMENTS AND

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ILLUMINATION - EXHIBITION:

PROGRAM SERVICE EXPENSES	1,566,782.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,566,782.

SCIENCE AND CONSERVATION SUPPORT:

PROGRAM SERVICE EXPENSES	1,290,560.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,290,560.

SITE PLANNING:

PROGRAM SERVICE EXPENSES	1,010,441.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,010,441.

OTHER - EXHIBITION SUPPORT:

PROGRAM SERVICE EXPENSES	559,202.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	559,202.

COLLECTIONS SUPPORT:

PROGRAM SERVICE EXPENSES	462,875.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	462,875.

OTHER:

PROGRAM SERVICE EXPENSES	665,159.
MANAGEMENT AND GENERAL EXPENSES	327,059.
FUNDRAISING EXPENSES	257,918.
TOTAL EXPENSES	1,250,136.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	6,139,996.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING	2.
----------	----