## Form **990-PF**

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

MI	calendar year 20 19 or tax year beginning		•	1. 5 1 11 110 11	
Nar	me of foundation			A Employer identification	number
м	ORRIS BANK COMMUNITY FOUND	82-3684210			
	nber and street (or P O box number if mail is not delivered to street ad		Room/suite	8 Telephone number	
P	O BOX 520			4782725202	
	y or town, state or province, country, and ZIP_or foreign po	stal code		C If exemption application is pe	nding, check here
	UBLIN, GA 31040				
G C	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organizations	, check here
	Final return	Amended return		2 Foreign expensively man	ting the BSR4 test
	Address change	Name change	£ . /.	Foreign organizations mee check here and attach corr	nputation
H C	Check type of organization: X Section 501(c)(3) exe			E If private foundation stat	
		Other taxable private founda		under section 507(b)(1)(	A), check here
	air market value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in a 6	
-	rom Part II, col. (c), line 16) -\$ 112, 283. (Part I, colum	ner (specify) n (d) must be on cash basi	<u> </u>	under section 507(b)(1)(	B), check here
				(a) Adjusted not	(d) Disbursements
<u>,                                    </u>	Art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
_	1 Contributions, gifts, grants, etc., received	53,247.			(000, 000, 000, 000, 000, 000, 000, 000
i	2 Check If the foundation is not required to attach Sch. B				<del></del>
	Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
Φ	62 Net gain or (loss) from sale of assets not on line 10 , Gross sales price for all		····		
Revenu	b assets on line 6a				
Reven	7 Capital gain net income (from Part IV, line 2)	<del></del>	0.		
	O Net Short term capital gain				
•	9 Income modifications VED foss salestiss fauris. VED				
	b Less ost of goods sold	•			
	c d = 1 orothin 1/2 3/2020 19				
	11 Other income	· · · · · · · · · · · · · · · · · · ·			
į l	12 Total Add lures lathrough it 1 T	53,247.	0.	0.	·
	13 Compensation of officers, directors, trustees, etc	0.	0.	0.	0
;	14 Other employee salaries and wages				
<u> </u>	15 Pension plans, employee benefits				
	16a Legal fees				
Expens	<b>b</b> Accounting fees		- <del></del>		
EX	c Other professional fees		*****		٠.
tive	17 Interest			<del></del>	<del></del>
tra	18 Taxes 19 Depreciation and depletion				<del></del>
inis	19 Depreciation and depletion 20 Occupancy				
Administrative	21 Travel, conferences, and meetings				
and A					
		550.	0.	0.	0
perating	24 Total operating and administrative				
era	expenses. Add lines 13 through 23	550.	0.	0.	0
Ö	25 Contributions, gifts, grants paid	17,245.			17,245
	26 Total expenses and disbursements.		· · · · · · · · · · · · · · · · · · ·		
	Add lines 24 and 25	17,795.	0.	0.	17,245
	27 Subtract line 26 from line 12:				
,	Excess of revenue over exponsos and disbursements	35,452.		'	
			0.	I I	
	b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)			0.	<del></del>

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29		
	(must agree with end-of-year figure reported on prior year's return)	1	_76,831.
2	Enter amount from Part I, line 27a	2	35,452.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	112,283.
5	Decreases not included in line 2 (itemize)	[ [	0 -

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

		COMMUNI			IN	C.	8	<u>2-3684</u>	4210	Page 3
Part IV Capital Gains	and Losses	for Tax on In	vestment	Income					· · · · · · · · · · · · · · · · · · ·	
(a) List and describe 2-story brick w		operty sold (for exar mon stock, 200 shs.		te,	( <b>b)</b>	How acquired - Purchase - Donation		acquired lay, yr.)	( <b>d)</b> Date (mo., da	
1a		_		-				_		
b NO	NE									
<u>c</u> .`			<del></del>		-					
<u>d</u>					+		ļ			
<u>e</u>	// Danses	ation allaward	/=\ C=	-A	1		/b) C	 		
- (e) Gross sales price	(or al	ation allowed —— - lowable)		st or other basis – expense of sale			((e) plu:	ain or (loss) s (f) minus (	g))	
<u>a</u>				٠.	$\longrightarrow$					
b c					$\overline{}$					
d										
e										
Complete only for assets showing	ng gain in column	(h) and owned by t	he foundation	on 12/31/69.				Col. (h) gain		
(i) FMV as of 12/31/69		sted basis 12/31/69		cess of col. (1) col. (1), if any			col. (k), but i Losses	not less than (from col. (f		
<u>a</u>		<del></del>						<del></del>		
<u>b</u>					$\dashv$				<del></del>	<del></del>
d d										
e			<u> </u>				<del></del>			
2 Capital gain net income or (net ca	apital loss)	If gain, also enter	in Part I, line	7	}	2				·
3 Net short-term capital gain or (lo	•	•		•	1					
If gain, also enter in Part I, line 8,		300110113 1222(0) dir	u (o).		] [					
If (loss), enter -0- in Part I, line 8 Part V   Qualification U		n 4040(a) for	Dodugod	Tay on Not	1200	3	oomo			
<del></del>							Come	······		
(For optional use by domestic private	e roundations sub	ject to the section 4	940(a) tax on	net investment in	icome.	)				
If section 4940(d)(2) applies, leave to	his part blank.									
Was the foundation liable for the sec	tion 4942 tax on	the distributable am	ount of any ye	ar in the base per	riod?				Yes	X No
If "Yes," the foundation doesn't qualit										
1 Enter the appropriate amount in	each column for e	each year; see the in	structions bef	ore making any e	ntries.				74\	
Base period years	Adı	( <b>b)</b> usted qualifying dist	tributions	Net value of no	(c) nochar	itahle-use asse	ote	Distrib	(d) ution ratio	(-\\
Calendar year (or tax year beginni 2018	119 111) 7.63		0,000.	1101 14140 01 110	J.101147	55,50		(col. (b) divi		0164
2017			0,0001				<del>-                                     </del>		• • • •	70101
2016										
2015										
2014		······································								
2 Total of line 1, column (d)							2		.18	0164
3 Average distribution ratio for the			on line 2 by 5.0	), or by the numb	er of y	ears			1.0	0161
the foundation has been in existe							3			30164
4 Enter the net value of noncharitation	ole-use assets for	2019 from Part X, I	ine 5				4			590.
5 Multiply line 4 by line 3							5		13,	258.
6 Enter 1% of net investment incom	ne (1% of Part I, I	ine 27b)					6			0.
7 Add lines 5 and 6							7		13,	258.
8 Enter qualifying distributions from If line 8 is equal to or greater than	•	box in Part VI. line	1b. and comp	lete that nart usin	ng a 1º	6 tax rate	8		17,	245.
See the Part VI instructions.	_ ,		_,		5 <del>-</del> ''					

MORRIS BANK COMMUNITY FOUNDATION, INC.

82-3684210

		<u>-3684</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see in	struc	tion	3)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   X and enter 1%				0.
	of Part I, line 27b		-		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	,			0.
	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.
6	Credits/Payments:	<del></del>			<u> </u>
					1
					<u> </u>
	Total credits and payments. Add lines 6a through 6d				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del></del>			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>)                                    </u>			
	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11	1			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.		1 1		
c	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		<del>'''</del>	$\neg$	
٠	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .				
		İ			
٦	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1 1		
	managers. > \$			$\dashv$	X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	$\longrightarrow$	
_	If "Yes," attach a detailed description of the activities.		i I		i
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		<b></b>		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1
	By language in the governing instrument, or				- 1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			i	1
	remain in the governing instrument?		6	$\neg$	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
	· · · · · · · · · · · · · · · · · · ·			$\neg$	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			1	
	GA				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
U			0.	х	
	of each state as required by General Instruction G2 If "No," attach explanation		8b	<u>~</u>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar				_ <del></del>
40	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9	$\longrightarrow$	<u>X</u> .
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
		For	m <b>990</b> ·	-PF (	2019)

Form **990-PF** (2019)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

Form 990-PF (2019) MORRIS BANK COMMUNITY F			82-368421	.0 1	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be R	equired (continu	ued)	15.4	
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect			es X No		
(2) Influence the outcome of any specific public election (see section 4955)	; or to carry on, directly or indir			ŀ	
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos		Y6	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	tion described in section		es X No		
4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literal	ny or aducational nurnosas or		5 ZI NO		
the prevention of cruelty to children or animals?	ry, or educational purposes, or		es X No -	_	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify	under the exceptions described	·			
section 53.4945 or in a current notice regarding disaster assistance? See ins		riogaianono	N/A 5	b	
Organizations relying on a current notice regarding disaster assistance, chec					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			
expenditure responsibility for the grant?	ì	1/A 🔲 Ye	es Do		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on	_			
a personal benefit contract?		Ye	es 🗶 No 📙		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?		6	b	X
If "Yes" to 6b, file Form 8870.			. l	1	
7a At any time during the tax year, was the foundation a party to a prohibited ta		Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A 7	D	-
8 Is the foundation subject to the section 4960 tax on payment(s) of more than	1 \$ 1,000,000 in remuneration of		es X No		
excess parachute payment(s) during the year?  Part VIII Information About Officers, Directors, Trus	tees Foundation Ma		S A NO		
Paid Employees, and Contractors	itees, i oundation ma	nagers, riiginiy			
1 List all officers, directors, trustees, and foundation managers and	I their compensation.	· · · · · · · · · · · · · · · · · · ·			<del></del>
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, allowa	nces
SEE STATEMENT 2		0.	0.		0.
		1			
		-	-		
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."	<u> </u>		
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, allowa	nces
NONE					
	$\dashv$				
	-				
	$\dashv$				
Total number of other ampleyage and over \$50,000		<u> </u>			0
Total number of other employees paid over \$50,000			Form	90-PF	<u> </u>

Form 990-PF (2019) MORRIS BANK COMMUNITY FOUNDAT:		3-3684210 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
•		
	<u></u>	· -
Name - Control of the		
	<del> </del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A   Summary of Direct Charitable Activities	······································	
List the foundation's four largest direct charitable activities during the tax year. Include relevant	statistical information such as the	<u> </u>
number of organizations and other beneficiaries served, conferences convened, research paper	s produced, etc.	Expenses
1 N/A		
2		
		_
3		
		_
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
1 <u>N/A</u>		_
		$\dashv$
0		
2		$\dashv$
All other program-related investments. See instructions.		
3		
		_
· · · · · · · · · · · · · · · · · · ·	•	_
		_
		<del></del>
Total, Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T T	· · · · ·
a		1a	0.
b	Average of monthly cash balances	1b	74,711.
	Fair market value of all other assets	1c	· · · · · · · · · · · · · · · · · · ·
d	Total (add lines 1a, b, and c)	1d	74,711.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	74,711.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,121.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	73,590.
6	Minimum investment return Enter 5% of line 5	6	3,680.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	nd certain	
_	foreign organizations, check here  and do not complete this part.)	<del> </del>	2 600
1	Minimum investment return from Part X, line 6	1	3,680.
	Tax on investment income for 2019 from Part VI, line 5		
Ь	Income tax for 2019. (This does not include the tax from Part VI )	<del>  _  </del>	0.
C	Add lines 2a and 2b	2c	3,680.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	3,680.
5	Add lines 3 and 4	5	3,000.
6	Deduction from distributable amount (see instructions)	6 7	3,680.
<u></u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,000.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		4- 4-
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	17,245.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	<u> </u>	
а	Suitability test (prior IRS approval required)	3a	<del></del>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	17,245.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		-
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17,245.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	jualifies for the	section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
1 Distributable amount for 2019 from Part XI,				3,680.
			· · · · · · · · · · · · · · · · · · ·	3,000.
2 Undistributed income, if any, as of the end of 2019			0.	
a Enter amount for 2018 only		<del></del>		
b Total for prior years:	-	0.	•	
3 Excess distributions carryover, if any, to 2019:		· ·		
1				
a From 2014				
<b>b</b> From 2015		n 1	·	111
c From 2016				
d From 2017	•			
e From 2018 7, 225.				,
f Total of lines 3a through e	7,225.		1 1	
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 17,245.			_	
a Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				3,680.
e Remaining amount distributed out of corpus	13,565.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	20,790.			
b Prior years' undistributed income. Subtract	**** -			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020	•			0.
7 Amounts treated as distributions out of			1	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014	-		···	· ·
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.		**	, ,	-
Subtract lines 7 and 8 from line 6a	20,790.			
O Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017		•		
	~			
d Excess from 2018 7,225. e Excess from 2019 13,565.				
6 EVOCOO II OIII 50 13			<u> </u>	

Form 990-PF (2019) MORRIS	BANK COMMUN	ITY FOUNDAT	ION, INC.	82-36	8 <b>421</b> 0 Page 10
Part XIV   Private Operating	oundations (see in	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	t it is a private operating			
foundation, and the ruling is effective f	or 2019, enter the date of	the ruling	<b>•</b>		
b Check box to indicate whether the four	id <u>ation is a private operatir</u>	ng foundation described i	n section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,		-			
line 4, for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			1		
2/3 of minimum investment return shown in Part X, line 6, for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)	/				
(2) Support from general public					
and 5 or more exempt organizations as provided in					}
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Info			the foundation	had \$5,000 or moi	re in assets
at any time during	the year-see instri	uctions.)			
1 Information Regarding Foundation	on Managers:	•			
a List any managers of the foundation wi			ibutions received by the	foundation before the clos	e of any tax
year (but only if they have contributed	more than \$5,000). (See so	ection 507(d)(2).)			
NONE					
b List any managers of the foundation when			or an equally large portio	in of the ownership of a pa	irtnership or
other entity) of which the foundation ha	as a 10% or greater interes	SI.			
NONE		<u></u>			
2 Information Regarding Contribut					
Check here ► X if the foundation					ests for funds. If
the foundation makes gifts, grants, etc.			<del></del>		<del></del>
a The name, address, and telephone num	iber or email address of th	e person to whom applica	itions should be address	ed:	
The Control of the Co	han kanta ka ta				
<b>b</b> The form in which applications should	be submitted and informat	ion and materials they sh	ould include:		
Aniashmana de diese			······································		<del></del>
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographica	l areas, charitable fields,	kinds of institutions, or c	other factors:	

MORRIS BANK COMMUNITY FOUNDATION, INC.

82-3684210

Page 11

Page 12

MORRIS BANK COMMUNITY FOUNDATION, INC.

**Analysis of Income-Producing Activities** 

inter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)	
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code	<u> </u>	10000		<u></u>	
a ·			<del>                                     </del>			
b			<u> </u>		· ·- · ·- <u>-</u>	
c			<u> </u>			
			<u> </u>			
e			<del>                                     </del>			
g Fees and contracts from government agencies			<del> </del>			
Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:			T			
a Debt-financed property			<u> </u>			
b Not debt-financed property			1			
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other			İ			
than inventory	1					
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:				· ···		
a						
b						
c						
d						
e						
2 Subtotal. Add columns (b), (d), and (e)		0.		0.		
3 Total Add line 12, columns (b), (d), and (e)				13	0.	
See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Exe	empt	Purposes		
Line No. Explain below how each activity for which inco			contrib	outed importantly to the accon	plishment of	
▼ the foundation's exempt purposes (other than	by providing tu	nds for such purposes).			——————————————————————————————————————	
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ín	section	ndation directly or indirect 501(c) (other than section amplete the following sche	1 501(c)(3)) or in s		e or more fax-ex				Yos	X Nu
		(a) Name of org			(b) Type of o	rganization		(c) Description of r	elationship	
		N/A			J			_		
							_			
						ŀ				
Sign Here	and be	ponalties of parking, I doctare the store to store to store the store, correct, and compared to the store to			taxpayor) is based		on of which preparer		May the IRS disk roturn with the p shown below? S  X Yes	reparor
	Sign	nature of officer or trustee	1	0	Date		Title		<u> </u>	
		Print/Type prepater/s nai	me	Preparer's	signature	41	Date	Check if self- employed	PTIN	
Paid		CAL BRANTLE	SY,_CPA	CAL BE	LANTLEY,	CPA/	1/16/20		P006363	93
Preparent of the Prepar		Firm's name ► NICI	HOLS, CAU	JLEY &	ASSOCIA	TES, L	LC	Firm's EIN ► 5	8-247585	7

478-275-1163

Furm 990-PF (2019)

Firm's address ▶ 1300 BELLEVUE AVENUE

DUBLIN, GA 31021-4152

## Schedule B

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2019

Name of the organization

Employer identification number

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

· 1	MORRIS BANK COMMUNITY FOUNDATION, INC.	82-3684210
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	uon
	501(c)(3) taxable private foundation	
General Rule  X For an organizar property) from a	I (c)(7), (8), or (10) organization can check boxes for both the General Rule and its contribution filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor. Complete Parts I and II See instructions for determining	outions totaling \$5,000 or more (in money or
Special Rules		
sections 509(a)( any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II outor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2 EZ, line 1 Complete Parts I and II	I, line 13, 16a, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that in the ributions of more than \$1,000 exclusively for religious, charitable, scientific, liquelty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Don't of	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that is one exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclusive complete any of the parts unless the General Rule applies to this organizationable, etc., contributions totaling \$5,000 or more during the year	cions totaled more than \$1,000 If this box usively religious, charitable, etc.,
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Employer identification number

MORRIS	BANK	COMMUNITY	FOUNDATION,	INC.

82-3684210

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed	
(a) <sup>·</sup> No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u> .	MORRIS BANK  301 BELLEVUE AVENUE  DUBLING, GA 31021	\$\$	Person - X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
:		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Onncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Complete Part II for noncash contributions )

· Name of organization

Employer identification number

## MORRIS BANK COMMUNITY FOUNDATION, INC.

82-3684210

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$	<u> </u>	

Name of org	anization	-	Employer identification number			
MORRIS	BANK COMMUNITY FOUNDAT	ION, INC.	82-3684210			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional is	ons to organizations described in through (e) and the following line e haritable, etc., contributions of \$1,000 c	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yearty. For organizations			
(a) No.		(c) Use of gift	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now girt is need			
		(e) Transfer of g	gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
	Transfer de d'Harne, dadi ess, un		Welderson to denote the			
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
:						
		(e) Transfer of g	gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
	<u></u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of g	gift			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
	, , , , , , , , , , , , , , , , , , , ,					

FORM 990-PF	OTHER E	XPENSES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROGRAM RELATED COSTS	550.	0.	0.	0.	
TO FORM 990-PF, PG 1, LN 23	550.	0.	0.	0.	

FORM 990-PF	PART VIII - LIST TRUSTEES AND	OF OFFICERS, D	IRECTORS GERS	STATEMENT 2		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
TRACY MCSWAIN		CHAIRMAN 1.00	0.	0.	0.	
BERNICE BAKER		BOARD MEMBER 1.00	0.	0.	0.	
LUCAS COWART		BOARD MEMBER 1.00	0.	0.	0.	
MELISSA WILSON		BOARD MEMBER 1.00	0.	0.	0.	
LISA LIVINGSTON		BOARD MEMBER 1.00	0.	0.	0.	
STEVE WILLIAMS		BOARD MEMBER 1.00	0.	0.	0.	
LESLIE PENNINGTON		BOARD MEMBER 1.00	0.	0.	0.	
WHITNEY MILLER KIL	GO	EXECUTIVE DIRE	CTOR 0.	0.	0.	
TOTALS INCLUDED ON	990-PF, PAGE 6,	PART VIII	0.	0.	0.	
	·	:				