efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 2018 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. Open to Public ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 C Name of organization D Employer identification number **B** Check if applicable: FRIENDS OF THE FRELINGHUYSEN Address change ARBORETUM 22-2077760 Name change Initial return Doing business as return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Amended return PO BOX 1295 (973) 326-7603 Application pending City or town, state or province, country, and ZIP or foreign postal code MORRISTOWN, NJ  $\,$  07960  $\,$ **G** Gross receipts \$ 296.851 Name and address of principal officer: **H(a)** Is this a group return for HEATHER EMELANDER subordinates? PO BOX 1295 **H(b)** Are all subordinates MORRISTOWN, NJ 07960 included? Tax-exempt status: 501(c)(3) If "No," attach a list. (see instructions) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ **H(c)** Group exemption number ▶ Website: ► WWW.ARBORETUMFRIENDS.ORG L Year of formation: 1973 M State of legal domicile: NJ **K** Form of organization: Corporation Trust Association Part I Su<u>mmary</u> 1 Briefly describe the organization's mission or most significant activities: TO FOSTER AND ENCOURAGE PUBLIC AWARENESS AND AN INTEREST IN HORTICULTURE AND THE FRELINGHUYSEN ARBORETUM. DEVELOP AND SPONSOR YOUTH AND ADULT EDUCATION PROGRAMS Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 11 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 2 6 209 Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 47,600 45,068 169,686 Program service revenue (Part VIII, line 2g) . 54,773 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 2,347 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,493 45,537 11 134,552 262,638 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 22,044 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-50,648 33,258 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) 15,250 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . 123,405 207,206 262,508 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 174,053 Revenue less expenses. Subtract line 18 from line 12 . -39,501 Assets or d Balances **Beginning of Current End of Year** 307,668 307,798 Total assets (Part X, line 16) . . Total liabilities (Part X, line 26) . . . . Net assets or fund balances. Subtract line 21 from line 20 . 307,668 307,798 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 2020-03-12 Signature of officer Sign HEATHER EMELANDER PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if THOMAS R DARTNELL CPAPFS THOMAS R DARTNELL CPAPFS **Paid** self-employed Firm's name NISIVOCCIA LLP Firm's EIN 🕨 22-1914888 **Preparer** Firm's address > 200 VALLEY RD SUITE 300 Phone no. (973) 328-1825 **Use Only** MT ARLINGTON, NJ 07856 May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form**990**(2018) Cat. No. 11282Y

| Form               | 990 (2018)   |  |   |   |   | Page <b>2</b>                   |
|--------------------|--|--|---|---|---|---------------------------------|
| Par                | Stateme  | ent of Program Servi                           | ce Accomp                               | lishments   |   |                                 |
|                    | Check if S   | chedule O contains a respo                     | nse or note t                           | o any line in this Part I                                     | II  |                                 |
| 1                  | Briefly describe t                                 | he organization's mission:                     |   |   |   |                                 |
| TO A<br>AWA<br>HOR | SSIST THE MORI<br>RENESS AND INT<br>FICULTURE LIBR | RIS COUNTY PARKS COM<br>TEREST IN THESE FACILI | IMISSION IN<br>TIES, ASSIS<br>JECTS AND | I DEVELOPING ITS HO<br>ST THE COMMISSION<br>EDUCATIONAL PROGR | ATED IN 1973 AS A NON-P<br>DRTICULTURE FACILITIES,<br>IN THE FORMATION OF AN<br>AMS THAT WILL PROVIDE<br>L WORLD. | TO STIMULATE PUBLIC OUTSTANDING |
| 2                  | _  | ion undertake any significa<br>90 or 990-EZ?   | nt program se                           | ervices during the year                                       | which were not listed on  | ⊤Yes V No                       |
|                    | If "Yes," describe                                 | these new services on Sc                       | hedule O.                               |   |   |                                 |
| 3                  | Did the organizat services?                        | ion cease conducting, or m                     | ake significar                          | nt changes in how it con                                      | ducts, any program  | Yes V No                        |
|                    | If "Yes," describe                                 | these changes on Schedu                        | ile O.                                  |   |   |                                 |
| 4                  | expenses. Section                                  |  | organizations                           | are required to report  | ee largest program services, a<br>the amount of grants and allo   |                                 |
| 4a                 | (Code:<br>EDUCATIONAL HORT                         | ) (Expenses \$<br>TCULTURE PROGRAMS            | 197,967                                 | including grants of \$  | 16,044 ) (Revenue \$  | 164,544 )                       |
| 4b                 | (Code:<br>AWARDS AND SCHOOL                        | ) (Expenses \$<br>LARSHIPS                     | 7,887                                   | including grants of \$  | 6,000 ) (Revenue \$   | 5,142 )                         |
| 4c                 | (Code:   | ) (Expenses \$                                 |   | including grants of \$  | ) (Revenue \$   | )                               |
|                    |  |  |   |   |   |                                 |
|                    |  |  |   |   |   |                                 |
|                    |  |  |   |   |   |                                 |
| 4d                 | Other program s                                    | ervices (Describe in Sched                     | lule O.)                                |   |   |                                 |
|                    | (Expenses \$                                       | inclu  | ıding grants d                          | of \$   | ) (Revenue \$   | )                               |
|                    |  |  |   |   |   |                                 |

Section 501(c)(3) organizations.

VIII, IX, or X as applicable.

If "Yes," complete Schedule D, Part X 5

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Form 990 (2018)

| Par | t IV Checklist of Required Schedules  |   |     |    |
|-----|---|---|-----|----|
|     |   |   | Yes | No |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                                 | 2 |     | Νo |

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐒 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 😼 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII.

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? If "Yes," complete Schedule D, Part VII 🐿 . . . . . . . c 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? If "Yes," complete Schedule D, Part VIII 🐒 . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 👺 . . . . . . . . . . . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🐒

**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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

If "Yes," complete Schedule D, Part III 🐿 . . . . . . . . . . . . . . . .

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year? 

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

**20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

right to provide advice on the distribution or investment of amounts in such funds or accounts?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Page 3

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Form 990 (2018)

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20a

Yes

Yes

Yes

| b   | the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception:  | 24b |    |
|-----|--|-----|----|
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a | No |
| 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?  If "Yes." complete Schedule L. Part I | 25b | No |

|     | to derease any tax-exempt bonds?  | 240 |    |
|-----|---|-----|----|
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |    |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a | No |
| 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? If "Yes," complete Schedule L, Part I       | 25b | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26  | No |
| 27  | Did the organization provide a grant or other assistance to an officer director trustee key employee substantial  |     |    |

|    | Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a | No |
|----|--|-----|----|
| 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? If "Yes," complete Schedule L, Part I  | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26  | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27  | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |     |    |
| а  | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  |     |    |
|    | Part IV  | 28a | No |
| b  | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,   |     |    |

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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28h

28c

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Νo

Νo

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Nο

Nο

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Form 990 (2018)

| orm     | 990 (2018)  |          |     | Page       |
|---------|---|----------|-----|------------|
| Pai     | <b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V   |          |     | г          |
|         | Check it schedule o contains a response of note to any line in this part v  | • •      | Yes | . No       |
| 1a      | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11  |          | 163 | 140        |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0  |          |     |            |
| c       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable   |          | V   |            |
| 2a      | gaming (gambling) winnings to prize winners?  | 1c       | Yes |            |
|         | Tax Statements, filed for the calendar year ending with or within the year covered  |          |     |            |
| b       | by this return  | 2b       | Yes |            |
|         | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | _        |     |            |
|         | Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O             | 3a<br>3b |     | No         |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   | 30       |     |            |
|         | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a       |     | Νo         |
| b       | If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts   |          |     |            |
|         | (FBAR).   |          |     |            |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |     | Νο         |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |     | Νo         |
| c       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |     |            |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  | 6a       |     | Νο         |
| b       | organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts |          |     |            |
|         | were not tax deductible?  | 6b       |     |            |
| 7       | Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and                        | 7a       |     | Νο         |
| а       | services provided to the payor?   | /a       |     | IN O       |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |     |            |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |     | Νo         |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year   |          |     |            |
| e       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7-       |     | NI -       |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7e<br>7f |     | N o<br>N o |
|         | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     |            |
| h       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |     |            |
| 8       | Sponsoring organizations maintaining donor advised funds.   |          |     |            |
|         | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8        |     |            |
| 9a      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a       |     |            |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b       |     |            |
| 10      | Section 501(c)(7) organizations. Enter:   |          |     |            |
|         | Initiation fees and capital contributions included on Part VIII, line 12 10a  |          |     |            |
| ь<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:  |          |     |            |
|         | Gross income from members or shareholders   |          |     |            |
| b       | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |          |     |            |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a      |     |            |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the  |          |     |            |
| 13      | year.  Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |            |
| а       | 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.                         | 13a      |     |            |
| b       | Enter the amount of reserves the organization is required to maintain by the states   |          |     |            |
|         | in which the organization is licensed to issue qualified health plans   |          |     |            |
|         | Enter the amount of reserves on hand  | 14a      |     | Νo         |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b      |     |            |

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|-----|---|--------|-------------|----------|-------|---------|--------|
| art | For each "Yes" response to lines 2 through 7b below, and for a "No' describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI | See in | structions  | s. , , , | or 10 | Db belo | w,<br> |
| Se  | ction A. Governing Body and Management  |        |             |          |       |         |        |
|     |   |        |             |          |       | Yes     | No     |
|     | Enter the number of voting members of the governing body at the end of the tax year   | 1a     | İ           | 1 1      |       |         |        |
|     | 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 in Schedule O.   |        |             |          |       |         |        |
|     | Enter the number of voting members included in line 1a, above, who are independent  | 1b     | i           | 11       |       |         |        |
|     | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?  |        |             |          | 2     |         | No     |
| 3   | Did the organization delegate control over management duties customarily performed  | d by o | r under the | direct   |       |         |        |

3

4 Yes 5

Did the organization have members or stockholders? . . .

Nο Νo

7a

Νo Νo

supervision of officers, directors or trustees, or key employees to a management company or other person? .

Nο

Did the organization make any significant changes to its governing documents since the prior Form 990 was 

Did the organization become aware during the year of a significant diversion of the organization's assets? . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 

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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . .

Did the organization have a written document retention and destruction policy? . . . .

Did the organization have a written whistleblower policy? . . . . . . . . . . . .

▶ERIN RANTAS PO BOX 1295 MORRISTOWN,NJ07960(973) 326-7603

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

**b** Each committee with authority to act on behalf of the governing body?

**10a** Did the organization have local chapters, branches, or affiliates? . .

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

Yes Yes Νo No 10a Νo 10b

11a Yes 12a Yes 12b Yes 12c Yes 13 Yes 14 Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

Section C. Disclosure

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16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a **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? . . . . . . . . . . . . . . . . . .

Νo

Νo

List the States with which a copy of this Form 990 is required to be filed

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O) Describe in 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.

State the name, address, and telephone number of the person who possesses the organization's books and records:

15a

15b

16a

16b

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

compensated employees; and former such persons.

| compensated employees; and former such pe  Check this box if neither the organization n |   | organiz              | ation                  | cor                      | npe                         | nsate | d an     | ny current officer,   | director, or truste   | e.   |
|---|---|----------------------|------------------------|--------------------------|-----------------------------|-------|----------|---|---|--|
| (A)<br>Name and Title   | (B) Average hours per week (list any hours for related organizations below dotted line) | Posi<br>more<br>pers | ition<br>than<br>on is | (C)<br>(do<br>one<br>bot | not<br>bo:<br>h ar<br>or/ti | chec  | k<br>ess | (D) Reportable compensation from the organization (W- 2/1099- MISC) | Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| (1) JUDY SNOW   | 25.00   | х                    |                        | Х                        |                             | Ď     |          | 0   | 0   | 0  |
| PRESIDENT (2) ERIN RANTAS TREASURER   | 5.00  | х                    |                        | Х                        |                             |       |          | 0   | 0   | 0  |
| (3) PAM VENANZI SECRETARY   | 4.00  | х                    |                        | Х                        |                             |       |          | 0   | 0   | 0  |
| (4) LARISA BOHENSKY  VOTING MEMBER  | 4.00  | Х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (5) KAREN CURRY VOTING MEMBER   | 4.00  | х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (6) HEATHER EMELANDER VICE PRESIDENT  | 15.00   | х                    |                        | Х                        |                             |       |          | 0   | 0   | 0  |
| (7) SALLY HEMSEN VOTING MEMBER  | 4.00  | х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (8) ILONA ONTSCHERENKI VOTING MEMBER  | 4.00  | х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (9) DIANA PROPPER  VOTING MEMBER  | 4.00  | Х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (10) HUGH MERRITT  VOTING MEMBER  |   | х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (11) CAROLLE HUBER  VOTING MEMBER   |   | х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (12) PAM POSNOCK  VOTING MEMBER   | 4.00  | Х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| (13) MARIE QUINN  VOTING MEMBER   |   | Х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
| VOTING MEMBER   | 4.00  | Х                    |                        |                          |                             |       |          | 0   | 0   | 0  |
|   |   |                      |                        |                          |                             |       |          |   |   |  |
|   | 1   | ĺ                    | 1 .                    | 1                        | ı                           | 1     | 1        | 1   |   | İ  |

|                           |  | a recnone               | e or note to | any line in this Par | + \/TTT                                 |                                |  |
|---------------------------|--|-------------------------|--------------|----------------------|---|--------------------------------|--|
|                           | Check if Schedule O contains   | a respons               | e or note to | (A) Total revenue    | (B)<br>Related or<br>exempt<br>function | (C) Unrelated business revenue | ( <b>D)</b> Revenue excluded from tax under sectio |
|                           | <b>1a</b> Federated campaigns  | 1a                      |              |                      | revenue                                 |                                | 512-514  |
|                           | <b>b</b> Membership dues   | 1b                      | 43,155       |                      |   |                                |  |
| ts                        | c Fundraising events d Related organizations   | 1c 1d                   |              |                      |   |                                |  |
| onu                       | e Government grants (contributions)  | 1e                      |              |                      |   |                                |  |
| Am                        | _  |                         |              |                      |   |                                |  |
| and Other Similar Amounts | f All other contributions, gifts, grants, and similar amounts not included above  9 Noncash contributions included in lines 1a-1f:\$ | 1f                      | 1,913        | 45,068               |   |                                |  |
|                           | <b>h Total.</b> Add lines 1a-1f  |                         | ness Code    | 45,068               |   |                                |  |
|                           | 2a HORTICULTURE PROGRAMS   | 6                       | 11600        | 164,544              | 164,544                                 |                                |  |
| 0                         | <b>b</b> AWARDS & SCHOLARSHIP  | 6                       | 11600        | 5,142                | 5,142                                   |                                |  |
|                           | c  | -                       |              |                      |   |                                |  |
|                           | de   | _                       |              |                      |   |                                |  |
|                           | f All other program service revenue  | <u>.</u>                |              |                      |   |                                |  |
|                           | g Total.Add lines 2a-2f  |                         | 169,686      |                      |   |                                |  |
|                           | 3 Investment income (including div   | idends, int             | erest, and   |                      |   |                                | _  |
|                           | other  |                         |              | 2,34                 | 17                                      |                                | 2,   |
|                           | 49incline afform the stment of tax-ex<br>5 Royalties   |                         | d proceeds   |                      |   |                                |  |
|                           | (i) Rea  |                         | ii) Personal |                      |   |                                |  |
|                           | <b>6a</b> Gross rents  |                         |              |                      |   |                                |  |
|                           | <b>b</b> Less: rental expenses   |                         |              |                      |   |                                |  |
|                           |  |                         |              |                      |   |                                |  |
|                           | c Rental income or (loss)  |                         |              |                      |   |                                |  |
|                           | <b>d</b> Net rental income or (loss) .   |                         | •            |                      |   |                                |  |
|                           | (i) Securi   | ties                    | (ii) Other   |                      |   |                                |  |
|                           | 7a Gross amount from sales of assets other than inventory  |                         |              |                      |   |                                |  |
|                           | <b>b</b> Less: cost or other basis and   |                         |              |                      |   |                                |  |
|                           | sales expenses   |                         |              |                      |   |                                |  |
|                           | C Gain or (loss) d Net gain or (loss)  |                         |              |                      |   |                                |  |
|                           | 8a Gross income from fundraising   |                         | •            |                      |   |                                |  |
|                           | events (not including \$ of contributions reported on line 1c).  | a                       | 79,7         | 50                   |   |                                |  |
|                           | See Part IV, line 18 b Less: direct expenses   | . ь                     | 34,2         | 13                   |   |                                |  |
|                           | <b>c</b> Net income or (loss) from fundra  | nising even             | its          | 45,53                | 37                                      |                                | 45,  |
|                           | <b>9a</b> Gross income from gaming activ   | ities.                  | •            |                      |   |                                |  |
|                           | See Part IV, line 19   |                         |              |                      |   |                                |  |
|                           | h I ann dianat amanan  | a<br>                   |              | _                    |   |                                |  |
|                           | <ul><li>b Less: direct expenses</li><li>c Net income or (loss) from gamin</li></ul>  | I                       | S            |                      |   |                                |  |
|                           | <b>10a</b> Gross sales of inventory, less returns and allowances   |                         |              |                      |   |                                |  |
|                           | <b>b</b> Less: cost of goods sold  | a                       |              |                      |   |                                |  |
|                           | c Net income or (loss) from sales  | <b>b</b><br>of inventor | ry           |                      |   |                                |  |
|                           |  |                         | <b>•</b>     |                      |   |                                |  |
|                           | Miscellaneous Revenue  | Вι                      | usiness Cod  | e                    |   |                                |  |
|                           | 11a  |                         |              |                      |   |                                |  |
|                           | <b>L</b>   | ı                       |              |                      |   |                                |  |
|                           | b  |                         |              |                      |   |                                |  |
|                           |  | 1                       |              |                      |   |                                |  |
|                           | С  |                         |              |                      |   | 1                              |  |
|                           |  |                         |              |                      |   |                                |  |
|                           | <b>d</b> All other revenue   |                         |              |                      |   |                                |  |

Form 990 (2018) Page **10** 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 (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 16,044 16,044 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 6,000 6,000 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 28,080 14,040 5,616 8,424 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits .

10 Payroll taxes . . .

**c** Accounting . . **d** Lobbying . .

**b** Legal .

11 Fees for services (non-employees):
 a Management . . . . . . .

f Investment management fees .

12 Advertising and promotion .

13 Office expenses . .14 Information technology15 Royalties . .16 Occupancy . . .

Interest .

23 Insurance . .

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule

Payments of travel or entertainment expenses for any

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list

federal, state, or local public officials .

22 Depreciation, depletion, and amortization .

**19** Conferences, conventions, and meetings

Payments to affiliates . . . .

line 24e expenses on Schedule O.)

**b** EDUCATIONAL NEWSLETTERS

c MEMBERSHIP DEVELOPMENT

d AWARDS AND SCHOLARSHIPS

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here if following SOP 98-2 (ASC 958-720).

e All other expenses

a EDUCATIONAL PROGRAMS

5,178

7.972

17,800

3.124

10,906

174

147

9,365

140,757

8,834

4,082

1.887

2,158

262,508

2,589

7.537

4,683

140,757

8,834

2,857

1,887

626

205.854

1,036

7.972

17,800

1.562

2,468

174

147

1,872

1,225

1.532

41.404

1,553

1.562

901

2,810

15,250

Form 990 (2018)

| For         | n 99     | 0 (2018)   |                    |  |                                 |     | Page <b>1</b> 1           |
|-------------|----------|--|--------------------|--|---------------------------------|-----|---------------------------|
| Pa          | irt X    | Balance Sheet  |                    |  |                                 |     |                           |
|             |          | Check if Schedule O contains a response or   | note t             | o any line in this Part IX               |                                 |     | <u> </u>                  |
|             |          |  |                    |  | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|             | 1        | Cash-non-interest-bearing  |                    |  | 104,056                         | 1   | 100,725                   |
|             | 2        | Savings and temporary cash investments   |                    |  | 203,612                         | 2   | 205,960                   |
|             | 3        | Pledges and grants receivable, net   |                    |  |                                 | 3   |                           |
|             | 4        | Accounts receivable, net   |                    |  |                                 | 4   |                           |
|             | 5        | Loans and other receivables from current and   |                    |  |                                 |     |                           |
|             | 6        | trustees, key employees, and highest compe<br>Part II of Schedule L<br>Loans and other receivables from other disqu<br>under section 4958(f)(1)), persons described  | alified<br>I in se | persons (as defined ction 4958(c)(3)(B), |                                 | 5   |                           |
|             |          | and contributing employers and sponsoring of (9) voluntary employees' beneficiary organizations.   | _                  | ` ,                                      |                                 | 6   |                           |
| ets         | 7        | Complete Part II of Schedule L<br>Notes and loans receivable, net  |                    |  |                                 | 7   |                           |
| ssets       | 8        | Inventories for sale or use  |                    |  |                                 | 8   |                           |
| A           | 9        | Prepaid expenses and deferred charges .  |                    |  |                                 | 9   |                           |
|             | 10a      | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10a                | 6,706                                    |                                 |     |                           |
|             | b        | · . · . · . · . · . · . · . · . · . · .  | 10b                | 5,593                                    | 0                               | 10c | 1,113                     |
|             | 11       | Investments—publicly traded securities .   | 105                | 0,000                                    |                                 | 11  | 1,110                     |
|             | 12       | Investments—other securities. See Part IV, I   |                    |  | 12                              |     |                           |
|             | 13       | Investments—program-related. See Part IV,  |                    | 13                                       |                                 |     |                           |
|             | 14       | Intangible assets  |                    | 14                                       |                                 |     |                           |
|             | 15       | Other assets. See Part IV, line 11   |                    | 15                                       |                                 |     |                           |
|             |          | <b>Total assets.</b> Add lines 1 through 15 (must eq   | 307,668            | 16                                       | 307,798                         |     |                           |
|             | 16       | Accounts payable and accrued expenses .  | uai III            | le 34)                                   | 307,000                         | 17  | 307,730                   |
|             |          |  |                    | 18                                       |                                 |     |                           |
|             | 18       | Grants payable   |                    |  |                                 | 19  | 1                         |
|             | 19       | Deferred revenue   |                    |  |                                 |     | _                         |
|             | 20       | Tax-exempt bond liabilities  | <br>               | + TV - f C-b - dul- D                    |                                 | 20  |                           |
| es          | 21       | Escrow or custodial account liability. Comple  |                    |  |                                 | 21  |                           |
| Liabilities | 22       | Loans and other payables to current and form trustees, key employees, highest compensations of the compensations o |                    |  |                                 |     |                           |
| n.          |          | disqualified mplete Part II of Schedule L .  |                    |  |                                 | 22  |                           |
|             | 23       | Secured mortgages and notes payable to unr   | elated             | third parties                            |                                 | 23  |                           |
|             | 24       | Unsecured notes and loans payable to unrela  | ted th             | ird parties                              |                                 | 24  |                           |
|             | 25       | Other liabilities (including federal income tax<br>parties, and other liabilities not included on<br>Complete Part X of Schedule D   |                    |  | 25                              |     |                           |
|             | 26       | <b>Total liabilities.</b> Add lines 17 through 25 .  |                    |  | 0                               | 26  | 0                         |
| 5           |          | Organizations that follow SFAS 117 (ASC 958  | ), che             | ck here 🕨 🔽 and                          |                                 |     |                           |
| Balances    | 27       | complete lines 27 through 29, and lines 33 and Unrestricted net assets   | i 34.              |  | 302,350                         | 27  | 304,597                   |
| ala         | 28       | Temporarily restricted net assets  |                    | <del> </del>                             | 5,318                           | 28  | 3,201                     |
| d E         | 29<br>29 | Permanently restricted net assets  |                    | <del> </del>                             | 0,010                           | 29  | 0,201                     |
| Fund        |          | Organizations that do not follow SFAS 117 (A   | SC 05              | 8) shock have b                          |                                 | 23  |                           |
| F           |          | and complete lines 30 through 34.  | 3C 95              | о), спеск пеге                           |                                 |     |                           |
| ts or       | 30       | Capital stock or trust principal, or current fun   |                    |  |                                 | 30  |                           |
| Assets      | 31       | Paid-in or capital surplus, or land, building or   |                    |  |                                 | 31  |                           |
|             | 32       | Retained earnings, endowment, accumulated i  | ncome              | e, or other funds                        |                                 | 32  |                           |
| Net         | 33       | Total net assets or fund balances  |                    | _  | 307,668                         | 33  | 307,798                   |
| _           | 34       | Total liabilities and het assets/fund balances   |                    |  | 307,668                         | 34  | 307,798                   |

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

| Form 990 (2018)                          | Page 13        |
|--|----------------|
| Additional Data                          | Return to Form |
| Software ID:                             |                |
| Software Version:                        |                |
| Form 990, Special Condition Description: |                |
| Special Condition Description            |                |

| efi   | le Pu                 | blic Visua                             | l Rende                      | r Object                           | Id: 001 - Submiss  | sion: 2015-0  | 01-16                               | T   | IN: 20-5478191  |
|---|-----------------------|--|------------------------------|------------------------------------|--|---|-------------------------------------|---|---|
| SCHEDULE A (Form 990 or 990EZ) Department of the Treasury |                       |  |                              | Complete if the                    | c Charity Statu<br>e organization is a sec<br>4947(a)(1) nonexo<br>Attach to Form                  | tion 501(c)(3)<br>empt charitable<br>990 or Form 99 | organization or<br>trust.<br>90-EZ. | ort<br>a section                                  | OMB No. 1545-0047  2018  Open to Public               |
| Interna   | l Revenue             | e Service                              | •                            | Information a                      | bout Schedule A (Forn<br>www.irs.c   | n 990 or 990-E2<br>10v/form990.                     | Z) and its instru                   | ctions is at                                      | Inspection  |
| FRIEN   |                       | n <b>e organizat</b> i<br>THE FRELINGH |                              |                                    |  |   |                                     | Employer identific                                | cation number   |
|   | <b>rt I</b><br>organi |  |                              |                                    | <b>Status</b> (All organiza<br>ause it is: (For lines 1  |   |                                     | art.) See instructi                               | ons.  |
| 1   |                       | A church,                              | convention                   | of churches, o                     | or association of churc  | ches described                                      | in <b>section 170(</b> l            | b)(1)(A)(i).                                      |   |
| 2   |                       | A school d                             | escribed ir                  | section 170(l                      | <b>)(1)(A)(ii).</b> (Attach S  | Schedule E.)  |                                     |   |   |
| 3   |                       | A hospital                             | or a coope                   | erative hospital                   | service organization   | described in <b>se</b>                              | ction 170(b)(1)                     | )(A)(iii).  |   |
| 4   |                       |  |                              | rganization ope<br>, and state:    | erated in conjunction v  | with a hospital                                     | described in <b>sec</b>             | ction 170(b)(1)(A)(i                              | ii). Enter the  |
| 5   |                       | 170(b)(1)                              | ( <b>A)(iv).</b> (C          | omplete Part I                     | •  | ,   | , ,                                 |   | described in <b>section</b>                           |
| 6   |                       |  |                              | _                                  | t or governmental uni  |   |                                     |   |   |
| 7<br>8  |                       | described                              | in <b>section</b>            | 170(b)(1)(A)(                      | ves a substantial part ovi). (Complete Part II.<br>tion 170(b)(1)(A)(vi)                           | .)  | _                                   | ntal unit or from the                             | general public  |
| 9   |                       |  | •                            |                                    | ves: (1) more than 33  | , ,   | •                                   | ributions mambarsh                                | in fees, and aross                                    |
| ,   |                       | receipts fro                           | om activition<br>om gross in | es related to it<br>nvestment inco | s exempt functions—some and unrelated bus<br>1975. See <b>section 509</b> (                        | ubject to certai<br>siness taxable i                | n exceptions, a<br>ncome (less sec  | nd (2) no more than                               | 33 1/3% of its  |
| 10  |                       | An organiz                             | ation orga                   | nized and oper                     | ated exclusively to tes  | t for public safe                                   | ety. See <b>section</b>             | 1 509(a)(4).                                      |   |
| 11  |                       | one or mor                             | e publicly                   | supported orga                     | ated exclusively for the<br>anizations described in<br>at describes the type o                     | n section 509(a                                     | )(1) or section                     | 509(a)(2). See <b>secti</b>                       | on <b>509(a)(3).</b> Check                            |
| а   |                       | supported                              | organizatio                  | on(s) the power                    | perated, supervised, or<br>to regularly appoint o<br>art IV, Sections A and                        | or elect a major                                    |                                     |   |   |
| b   |                       | manageme                               | nt of the s                  |                                    |  |   |                                     |   | by having control or<br>d organization(s). <b>You</b> |
| С   |                       |  | •                            | -                                  | supporting organization ructions). <b>You must co</b>  |   | ,                                   | ,   | egrated with, its                                     |
| d   |                       | not functio                            | nally integ                  | rated. The org                     | <ul><li>d. A supporting organi<br/>anization generally mu<br/>ete Part IV, Sections A</li></ul>    | ust satisfy a dis                                   | tribution requir                    |   |   |
| е   |                       |  |                              |                                    | eceived a written deter<br>ally integrated suppor  |   |                                     | is a Type I, Type II,                             | Type III functionally                                 |
| f   | Ente                  |  |                              | -                                  | ons  |   |                                     |   |   |
| <u>g</u>  |                       |  | following                    | information ab                     | out the supported orga   | 1   | v)                                  | (12)  | (vi)  |
| Nam   | ne of s               | (i)<br>upported org                    | ganization                   | (II)EIN                            | Type of organization<br>(described on lines<br>1- 9 above or IRC<br>section (see<br>instructions)) | Is the organiz                                      | vation listed in ng document?       | (v) Amount of monetary support (see instructions) | Amount of other support (see instructions)            |
|   |                       |  |                              |                                    |  |   |                                     |   |   |
|   |                       |  |                              |                                    |  |   |                                     |   |   |
| Tota  | ı                     |  |                              |                                    |  |   |                                     |   |   |
| For I   | Panerv                | vork Reducti                           | ion Act Not                  | tice see the In                    | structions for Form 99   | 00 or 990F7.  | Cat. No. 1128                       | 35F Schedule                                      | A (Form 990 or 990-EZ) 2018                           |

assets (Explain in Part VI.). . **Total support** Add lines 7 through

organization . . . . .

supported organization . . . .

1 0.

12

15

355,248

951,256

98.570 %

99.120 %

14

15

Schedule A (Form 990 or 990-EZ) 2018

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 organiza   | ition rails to qu | alify under the | tests listed bei | ow, piease con   | npiete Part III. | )         |
|---|---|-------------------|-----------------|------------------|------------------|------------------|-----------|
|   | Section A. Public Support   |                   |                 |                  |                  |                  |           |
| C | alendar year  | (a)2010           | <b>(b)</b> 2011 | <b>(c)</b> 2012  | (d)2013          | <b>(e)</b> 2018  | (f)Total  |
| ( | or fiscal year beginning in) 🕨  | (4)2010           | (0)2011         | (6)2012          | (u)2013          | (6)2010          | (1) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 74,368            | 72,466          | 110,427          | 47,850           | 45,068           | 350,179   |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                   |                 |                  |                  |                  |           |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge   |                   |                 |                  |                  |                  |           |
| 4 | <b>Total.</b> Add lines 1 through 3   | 74,368            | 72,466          | 110,427          | 47,850           | 45,068           | 350,179   |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                   |                 |                  |                  |                  |           |
| 6 | Public support. Subtract line 5 from line 4.  |                   |                 |                  |                  |                  | 350,179   |
| _ | Section B. Total Support  | 1                 |                 | T                | 1                |                  | T         |
|   | alendar year<br>or fiscal year beginning in)  | (a)2010           | <b>(b)</b> 2011 | (c)2012          | ( <b>d)</b> 2013 | (e)2018          | (f)Total  |
| 7 |   | 74,368            | 72,466          | 110,427          | 47,850           | 45,068           | 350,179   |
| 8 |   | 677               | ,               | ,                | ,                |                  | 5,069     |
| 9 |   |                   |                 |                  |                  |                  |           |

| 8  | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar sources | 677 | 614 | 745 | 686 | 2,347 |   |
|----|---|-----|-----|-----|-----|-------|---|
| 9  | Net income from unrelated business activities, whether or not the business is regularly carried on                                      |     |     |     |     |       |   |
| 10 | Other income. Do not include gain   |     |     |     |     |       | _ |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . .

and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . .

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Public support percentage for 2013 Schedule A, Part II, line 14 . . . . . . . . . . . .

Section C. Computation of Public Support Percentage

| Sche | dule A (Form 990 or 990-EZ) 2018                                       |                   |                    |                    |                     |                 | Page <b>3</b>      |
|------|--|-------------------|--------------------|--------------------|---------------------|-----------------|--------------------|
| P    | Support Schedule f<br>(Complete only if you<br>II. If the organization | checked the b     | oox on line 9 o    | f Part I or if the | e organization f    |                 | y under Part       |
| Se   | ection A. Public Support   |                   | ,                  |                    | , ,                 | ,               |                    |
| Cale | ndar year  | (a)2010           | <b>(b)</b> 2011    | (c)2012            | (d)2013             | <b>(e)</b> 2018 | (f)Total           |
| -    | iscal year beginning in) 🕨   | (a)2010           | ( <b>b)</b> 2011   | (6)2012            | (u)2013             | (e)2010         | (1)Total           |
| 1    | Gifts, grants, contributions, and                                      |                   |                    |                    |                     |                 |                    |
|      | membership fees received. (Do not                                      |                   |                    |                    |                     |                 |                    |
| _    | include any "unusual grants.") .<br>Gross receipts from admissions,    |                   |                    |                    |                     |                 |                    |
| 2    | merchandise sold or services   |                   |                    |                    |                     |                 |                    |
|      | performed, or facilities furnished in                                  |                   |                    |                    |                     |                 |                    |
|      | any activity that is related to the                                    |                   |                    |                    |                     |                 |                    |
|      | organization's tax-exempt purpose                                      |                   |                    |                    |                     |                 |                    |
| _    | Gross receipts from activities that                                    |                   |                    |                    |                     |                 |                    |
| 3    | are not an unrelated trade or  |                   |                    |                    |                     |                 |                    |
|      | business under section 513   |                   |                    |                    |                     |                 |                    |
| 4    | Tax revenues levied for the  |                   |                    |                    |                     |                 |                    |
|      | organization's benefit and either                                      |                   |                    |                    |                     |                 |                    |
|      | paid to or expended on its behalf                                      |                   |                    |                    |                     |                 |                    |
| 5    | The value of services or facilities                                    |                   |                    |                    |                     |                 |                    |
| •    | furnished by a governmental unit to                                    |                   |                    |                    |                     |                 |                    |
|      | the organization without charge  |                   |                    |                    |                     |                 |                    |
| 6    | <b>Total.</b> Add lines 1 through 5.                                   |                   |                    |                    |                     |                 |                    |
| 7a   | Amounts included on lines 1, 2,  |                   |                    |                    |                     |                 |                    |
|      | and 3 received from disqualified persons                               |                   |                    |                    |                     |                 |                    |
| ь    | Amounts included on lines 2 and 3                                      |                   |                    |                    |                     |                 |                    |
|      | received from other than   |                   |                    |                    |                     |                 |                    |
|      | disqualified persons that exceed                                       |                   |                    |                    |                     |                 |                    |
|      | the greater of \$5,000 or 1% of the                                    |                   |                    |                    |                     |                 |                    |
|      | amount on line 13 for the year.  Add lines 7a and 7b                   | <b>-</b>          |                    |                    |                     |                 |                    |
| R    | Public support (Subtract line 7c                                       |                   |                    |                    |                     |                 |                    |
| Ū    | from line 6.)  |                   |                    |                    |                     |                 |                    |
| Se   | ection B. Total Support  |                   |                    |                    |                     |                 |                    |
|      | ndar year  | (a)2010           | <b>(b)</b> 2011    | (c)2012            | ( <b>d)</b> 2013    | <b>(e)</b> 2018 | (f)Total           |
| -    | iscal year beginning in)   |                   | ( )                | (-)                |                     | ( )             | ( )                |
| 9    | Amounts from line 6 Gross income from interest,                        |                   |                    |                    |                     |                 |                    |
| 10a  | dividends, payments received on  |                   |                    |                    |                     |                 |                    |
|      | securities loans, rents, royalties                                     |                   |                    |                    |                     |                 |                    |
|      | and income from similar sources  |                   |                    |                    |                     |                 |                    |
| _    |  |                   |                    |                    |                     |                 |                    |
| b    | Unrelated business taxable income (less section 511 taxes) from        |                   |                    |                    |                     |                 |                    |
|      | businesses acquired after June 30,                                     |                   |                    |                    |                     |                 |                    |
|      | 1975.  |                   |                    |                    |                     |                 |                    |
| c    | Add lines 10a and 10b.   |                   |                    |                    |                     |                 |                    |
| 11   | Net income from unrelated  |                   |                    |                    |                     |                 |                    |
|      | business activities not included in                                    |                   |                    |                    |                     |                 |                    |
|      | line 10b, whether or not the business is regularly carried on.         |                   |                    |                    |                     |                 |                    |
| 12   | Other income. Do not include gain                                      |                   |                    |                    |                     |                 |                    |
|      | or loss from the sale of capital                                       |                   |                    |                    |                     |                 |                    |
|      | assets (Explain in Part VI.)   |                   |                    |                    |                     |                 |                    |
| 13   | Total support. (Add lines 9, 10c,                                      |                   |                    |                    |                     |                 |                    |
| 14   | 11, and 12.) <b>First five years.</b> If the Form 990 is f             | or the organizati | on's first, second | third fourth or    | r fifth tax vear as | a section 501/c | )(3) organization  |
| 14   | check this box and <b>stop here</b>                                    |                   |                    |                    |                     |                 |                    |
| Se   | ection C. Computation of Pub   |                   |                    |                    |                     |                 |                    |
| 15   | Public support percentage for 2018                                     |                   |                    | 13, column (f)) .  |                     | 15              |                    |
| 16   | Public support percentage from 201                                     | .3 Schedule A, P  | art III, line 15 . |                    |                     | 16              |                    |
|      | ection D. Computation of Inve  |                   |                    |                    |                     | <u> </u>        |                    |
| 17   | Investment income percentage for                                       |                   |                    |                    | ın (f))             | . 17            |                    |
| 18   | Investment income percentage from                                      | •                 |                    | -                  |                     | 18              |                    |
|      | 33 1/3% support tests—2018. If the                                     | organization did  | not check the bo   | ox on line 14, and | l line 15 is more t |                 | d line 17 is       |
|      | more than 33 1/3%, check this  |                   |                    |                    |                     |                 | -                  |
| b    | 33 1/3% support tests—2013. If the                                     | organization did  | not check a box    | on line 14 or line | e 19a, and line 16  | is more than 3  | 3 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 . . . . . . . .

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

was described in section 509(a)(1) or (2).

organization's organizing document?

"Yes," complete Part II of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

whether the organization had excess business holdings).

"Yes," answer b below.

you checked 11a or 11b in Part I, answer (b) and (c) below.

complete

and (c) below.

made the determination.

Page 4

No

## Part IV Supporting Org (Complete only if you checked

| 3 | aı | n | ıza | t | IO | )  |
|---|----|---|-----|---|----|----|
| d | а  | b | ox  | 0 | n  | ۱i |

Part I, complete Sections A a

describe the designation. If historic and continuing relationship, explain.

| aı | niza | itic | ons |
|----|------|------|-----|
| а  | box  | on   | lin |
|    |      |      |     |

Sections A and

e 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of

If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,

Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b)

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If

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)

Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,

supervised by or in connection with its supported organizations. 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)? If "Yes," explain in Part VI what controls the organization used to ensure that

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

| and C. If you checked | 11c of Part I, complete | Sections A, D, and | d E. If you checked |  |  |  |
|-----------------------|-------------------------|--------------------|---------------------|--|--|--|
| and complete Part V.) |                         |                    |                     |  |  |  |
| nizations             |                         |                    |                     |  |  |  |
|                       |                         |                    |                     |  |  |  |

| omp | plete Sections A and D, and complete Part V.)   |   |
|-----|---|---|
| Se  | ection A. All Supporting Organizations  |   |
|     |   | ١ |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? |   |

|   | Yes |   |
|---|-----|---|
|   |     |   |
|   |     |   |
|   |     | Н |
| 1 |     |   |

2

За

3b

**3**c

4a

4b

4c

5a

**5**c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990 or 990-EZ) 2018

| Sche | edule A (Form 990 or 990-EZ) 2018  |        | Р    | age <b>5</b> |
|------|--|--------|------|--------------|
| Pai  | t IV Supporting Organizations (continued)  |        |      |              |
|      |  |        | Yes  | No           |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |        |      |              |
| а    |  |        |      |              |
|      | governing body of a supported organization?  | 11a    |      |              |
| b    | A family member of a person described in (a) above?  | 11b    |      |              |
| С    | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c    |      |              |
| Se   | ection B. Type I Supporting Organizations  |        |      |              |
|      | Section B. Type I Supporting Organizations   |        | Yes  | No           |
| 1    | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly  |        |      |              |
|      | appoint or elect at least a majority of the organization's 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 |        |      |              |
|      | directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied  |        |      |              |
|      | to such powers during the tax year.  | 1      |      |              |
| 2    | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain 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.  | 2      |      |              |
| Se   | ection C. Type II Supporting Organizations   |        |      |              |
|      |  |        | Yes  | No           |
| 1    | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or  |        |      |              |
|      | trustees of each of the organization's supported organization(s)? 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).   |        |      |              |
|      |  |        |      |              |
|      |  | 1      |      |              |
| Se   | ection D. All Type III Supporting Organizations  |        |      |              |
|      |  |        | Yes  | No           |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |        |      |              |
|      | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the                  |        |      |              |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   |        |      |              |
|      |  | 1      |      |              |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the             |        |      |              |
|      | organization maintained a close and continuous working relationship with the supported organization(s).  |        |      |              |
|      |  | 2      |      |              |
| 3    | By reason of the relationship described in (2), 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   | 3      |      |              |
|      | regard.  |        |      |              |
| _    | ection E. Type III Functionally-Integrated Supporting Organizations  |        |      |              |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst  | ructio | ns): |              |
| ā    |  |        |      |              |
| t    |  |        |      |              |
| C    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions)  | (see   |      |              |
|      |  |        |      |              |
| 2    | Activities Test. Answer (a) and (b) below.   |        | Yes  | No           |
| a    | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the   |        |      |              |
|      | supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those</b>  |        |      |              |
|      | 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.   | 2a     |      |              |
| t    | Did the activities described in (a) 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.   | 2b     |      |              |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.   | 2      |      |              |
| ā    | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .   | 3a     |      |              |
| Ŀ    | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of  |        |      |              |
| _    | its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b     |      |              |
|      |  |        |      |              |

(B) Current Year

Page 6

| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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 |                |                             |  |  |  |

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) Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

c Fair market value of other non-exempt-use assets

a Average monthly value of securities

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

Subtract line 2 from line 1d

see instructions).

Multiply line 5 by .035

Enter 85% of line 1

Enter greater of line 2 or line 3 Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

e Discount claimed for blockage or other factors (explain in detail in Part VI):

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,

Acquisition indebtedness applicable to non-exempt use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Section B - Minimum Asset Amount

short tax year or assets held for part of year):

1 Aggregate fair market value of all non-exempt-use assets (see instructions for

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

8 (A) Prior Year 1

7

1a

1b

1c

1d

2

3

4

5

6 7

1

2

4

5

| Current Year |
|--------------|
|              |
|              |
|              |
|              |

Schedule A (Form 990 or 990-EZ) 2018

| Current Year |
|--------------|
|              |
|              |
|              |
|              |
|              |
|              |
|              |

Schedule A (Form 990 or 990-EZ) (2018)

7 Excess distributions carryover to 2015. Add lines

**a** From 2010. . . . . . **b** From 2011. . . . . .

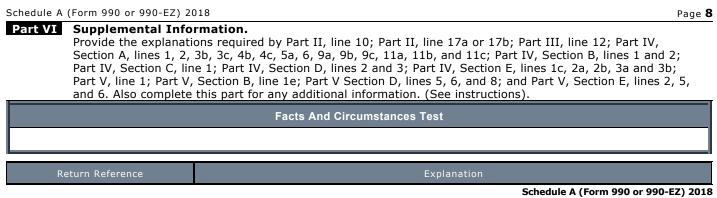
**c** From 2012. . . . . .

**d** From 2013. . . . . . e From 2018. . . . . . Χ

Χ

Χ

3j and 4c. 8 Breakdown of line 7:



efile Public Visual Render **ObjectId: 001 - Submission: 2015-01-16**  TIN: 20-5478191

OMB No. 1545-0047

Supplemental Financial Statements

SCHEDULE D

Department of the Treasury

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization FRIENDS OF THE FREI INGHUYSEN ARBORFTUM 22-2077760 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year . . . . Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) 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? . . . . . . . . . . . . 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 Yes Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV line Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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: 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 SFAS 116 (ASC 958) relating to these items:

Cat. No. 52283D

Page **2** 

| а    | Public exhibition   |               |                | d ┌       | Loan      | or eycha  | ange pro  | arams           |                       |           |
|------|---|---------------|----------------|-----------|-----------|-----------|-----------|-----------------|-----------------------|-----------|
|      | and the extribition   |               |                |           |           |           |           | -               |                       |           |
| b    | Scholarly research  |               |                | e         | Othei     | r         |           |                 |                       |           |
| С    | Preservation for future generations   |               |                |           |           |           |           |                 |                       |           |
| 4    | Provide a description of the organization's Part XIII.                                  | collections   | and explain l  | how the   | y furth   | er the or | ganizati  | on's exempt p   | urpose in             |           |
| 5    | During the year, did the organization solic assets to be sold to raise funds rather tha |               |                |           |           |           |           |                 | Yes No                |           |
| Pa   | rt IV Escrow and Custodial Arrai  |               |                |           |           |           | _         | _               |                       |           |
|      | Complete if the organization and Part X, line 21.                                       | iswered "\    | Yes" to Forr   | n 990,    | Part I    | V, line   | 9, or re  | ported an a     | mount on Form 99      | €0,       |
| 1a   | Is the organization an agent, trustee, cust included on Form 990, Part X?               |               |                | ,         |           |           |           |                 | ☐ Yes ☐ No            |           |
|      |   |               |                |           |           |           |           |                 |                       |           |
| b    | If "Yes," explain the arrangement in Part   | XIII and cor  | mplete the fo  | llowing   | table:    |           |           | Ar              | mount                 |           |
| C    | Beginning balance   |               |                |           |           |           | 1c        |                 |                       |           |
| d    | Additions during the year   |               |                |           |           |           | 1d        |                 |                       |           |
| е    | Distributions during the year   |               |                |           |           |           | 1e        |                 |                       |           |
| f    | Ending balance  |               |                |           |           |           | 1f        |                 |                       |           |
| 2a   | Did the organization include an amount or   | ı Form 990,   | Part X, line   | 21, for   | escrow    | or custo  | dial acco | ount liability? | Yes No                |           |
| b    | If "Yes," explain the arrangement in Part   | VIII Chack    | horo if the o  | vnlanat   | ion hac   | hoon nr   | ovidad i  | n Dart VIII     | г                     | -         |
|      | irt V Endowment Funds. Complete   |               |                |           |           |           |           |                 |                       |           |
| Fε   | Endowment Funds: Complete   |               |                | (b)Prior  |           |           |           | (d)Three yea    |                       | ack       |
| 1a   | Beginning of year balance   | (4)           |                | (-)       | 7         | (-,       | ,         |                 | (9) 55 7 55 5         |           |
|      | Contributions   |               |                |           |           |           |           |                 |                       |           |
| c    | Net investment earnings, gains, and losses  | ;             |                |           |           |           |           |                 |                       |           |
|      |   | ı             | i              |           | 1         |           |           | 1               | 1                     |           |
| d    | Grants or scholarships  |               |                |           |           |           |           |                 |                       |           |
| е    | Other expenditures for facilities and programs  |               |                |           |           |           |           |                 |                       |           |
| f    | Administrative expenses   |               |                |           |           |           |           |                 |                       |           |
| g    | End of year balance   |               |                |           |           |           |           |                 |                       |           |
| 2    | Provide the estimated percentage of the c   | urrent year   | end balance    | (line 1g  | , colum   | nn (a)) h | eld as:   |                 |                       |           |
| а    | Board designated or quasi-endowment   |               |                |           |           |           |           |                 |                       |           |
| b    | Permanent endowment   |               |                |           |           |           |           |                 |                       |           |
| C    | Temporarily restricted endowment  |               |                |           |           |           |           |                 |                       |           |
| 2-   | The percentages in lines 2a, 2b, and 2c s   | -             |                |           |           |           |           |                 |                       |           |
| 3a   | Are there endowment funds not in the pos organization by:                               | session or ti | ne organizati  | on that   | are nei   | u anu ac  | ımınıster | ed for the      | Yes N                 | lo        |
|      | (i) unrelated organizations   |               |                |           |           |           |           |                 | 3a(i)                 |           |
|      | (ii) related organizations  |               |                |           |           |           |           |                 | 3a(ii)                | _         |
| b    | If "Yes" to 3a(ii), are the related organiza  | tions listed  | as required of | on Sche   | dule R?   | •         |           |                 | 3b                    |           |
| 4    | Describe in Part XIII the intended uses of  | the organiz   | zation's endo  | wment     | funds.    |           |           |                 |                       |           |
| Pa   | rt VI Land, Buildings, and Equip  | nent.         |                |           |           |           |           |                 |                       |           |
|      | Complete if the organization ar   |               |                |           |           |           |           |                 |                       |           |
|      | Description of property (a) Cost or of (investri  |               | (b)Cost or o   | ther basi | s (other) | (c)Acc    | cumulated | depreciation    | <b>(d)</b> Book value |           |
| 1a   | Land  |               |                |           |           |           |           |                 |                       |           |
| b    | Buildings   |               |                |           |           |           |           |                 |                       | , <u></u> |
| c    | Leasehold improvements  |               |                |           |           |           |           |                 |                       | , <u></u> |
| d    | Equipment   |               |                |           | 6,706     | 5         |           | 5,593           |                       | 1,113     |
|      | Other   |               |                |           |           |           |           |                 |                       | , <u></u> |
| Tota | al. Add lines 1a through 1e.(Column (d) must  | equal Form    | 990, Part X, c | olumn (   | B), line  | 10(c).)   |           | •               |                       | 1,113     |

| Sche  | dule D (Form 990) 2018                     |  |  |  |  | Page <b>4</b>   |
|-------|--|--|--|--|--|---|
| Pa    |  | Revenue per Audited Financial Sta<br>anization answered 'Yes' to Form 990, I   |  |  | per R  | eturn   |
| 1     | Total revenue, gains, and other            | er support per audited financial statements  |  |  | 1  | 296,851   |
| 2     | Amounts included on line 1 bu              | ut not on Form 990, Part VIII, line 12:  |  |  |  |   |
| а     | Net unrealized gains (losses)              | on investments   | 2a   |  |  |   |
| b     | Donated services and use of f              | acilities  | 2b   |  |  |   |
| С     | Recoveries of prior year grant             | s  | 2c   |  |  |   |
| d     | Other (Describe in Part XIII.)             |  | 2d   | 34,213   | 3  |   |
|       |  |  |  |  |  |   |
| е     | Add lines <b>2a</b> through <b>2d</b>      |  |  |  | 2e   | 34,213  |
| 3     | Subtract line $\bf 2e$ from line $\bf 1$ . |  |  |  | 3  | 262,638   |
| 4     | Amounts included on Form 99                | 0, Part VIII, line 12, but not on line 1:  | ń  | 1  |  |   |
| а     | Investment expenses not incl               | uded on Form 990, Part VIII, line 7b .   | 4a   |  |  |   |
| b     | Other (Describe in Part XIII.)             |  | 4b   |  |  |   |
| С     | Add lines 4a and 4b                        |  |  |  | 4c   | 0   |
| 5     |  | <b>1 4c.</b> (This must equal Form 990, Part I, line   |  |  | 5  | 262,638   |
| Pai   |  | Expenses per Audited Financial St<br>anization answered 'Yes' to Form 990, I   |  |  | es per   | Return.   |
| 1     |  | r audited financial statements   |  |  | 1  | 296,721   |
| 2     | Amounts included on line 1 bu              | it not on Form 990, Part IX, line 25:  |  |  |  | · · · · · · · · · · · · · · · · · · ·   |
| а     | Donated services and use of f              | acilities  | 2a   |  |  |   |
| b     | Prior year adjustments                     |  | 2b   |  |  |   |
| С     | Other losses                               |  | 2c   |  |  |   |
| d     | Other (Describe in Part XIII.)             |  | 2d   | 34,213   | 3  |   |
|       |  |  |  | ,  |  |   |
| е     | Add lines 2a through 2d                    |  |  |  | 2e   | 34,213  |
| 3     | Subtract line ${f 2e}$ from line ${f 1}$ . |  |  |  | 3  | 262,508   |
| 4     | Amounts included on Form 99                | 0, Part IX, line 25, but not on line 1:  |  |  |  |   |
| а     | Investment expenses not incl               | uded on Form 990, Part VIII, line 7b   | 4a   |  |  |   |
| b     | Other (Describe in Part XIII.)             |  | 4b   |  |  |   |
|       |  |  |  | •  |  |   |
| С     | Add lines 4a and 4b                        |  |  |  | 4c   | 0   |
| 5     | Total expenses. Add lines <b>3</b> a       | nd <b>4c.</b> (This must equal Form 990, Part I, line  | e 18.)   |  | 5  | 262,508   |
| Pa    | rt XIII Supplemental I                     | nformation   |  |  |  |   |
|       |  | or Part II, lines 3, 5, and 9; Part III, lines 1a  |  |  |  |   |
| _,    | Return Reference                           | The All, miles 2d and 18. Allso complete this po   |  | olanation  | normaen  |   |
| PAR'  | ΓX, LINE 2:                                | FOFA IS A NOT-FOR-PROFIT CORPORA   |  |  | M INCO   | ME TAXES UNDER  |
| · AIX | . A, LINE 2.                               | SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE AS OTHER THAN A EXEMPT UNDER TITLE 15 OF THE STATI ASSOCIATIONS NOT-FOR-PROFIT ACT. STATE INCOME TAX HAS BEEN PRESEN FOFA FOLLOWS THE PROVISIONS OF FAMILIAN RECOGNITION THRESHOLD | REVE<br>PRIVA<br>E OF N<br>ACCO<br>ITED I<br>ASB A | NUE CODE AND CLASS TE FOUNDATION. THE NEW JERSEY, CORPOR PRDINGLY, NO PROVIS N THE ACCOMPANYIN SC, INCOME TAXES. T | SIFIED I<br>E ORGA<br>ATIONS<br>SION FO<br>G FINA<br>THE STA | BY THE INTERNAL NIZATION IS ALSO AND OR FEDERAL OR NCIAL STATEMENTS. NDARD PRESCRIBES |

| Return Reference         | Explanation  |
|--------------------------|--|
| PART X, LINE 2:          | FOFA IS A NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF NEW JERSEY, CORPORATIONS AND ASSOCIATIONS NOT-FOR-PROFIT ACT. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. FOFA FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX POSITIONS. IN ASSESSING THE REALIZABILITY OF TAX BENEFITS, MANAGEMENT CONSIDERS WHETHER IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF ANY TAX POSITION WILL NOT BE REALIZED. THE ULTIMATE REALIZATION OF SUCH TAX POSITIONS IS DEPENDENT UPON THE GENERATION OF FUTURE INCOME. MANAGEMENT CONSIDERS PROJECTED FUTURE INCOME AND TAX PLANNING STRATEGIES IN MAKING THIS ASSESSMENT. FOFA DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED MAY 31,2019. HOWEVER, THE FOFA IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES. FOFA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. AS REQUIRED BY LAW, THE FOFA FILES INFORMATIONAL RETURNS WITH BOTH THE FEDERAL AND NEW JERSEY STATE GOVERNMENTS ON AN ANNUAL BASIS - FORM 990 WITH THE INTERNAL REVENUE SERVICE, AND FORM CRIJON WITH THE STATE. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THESE AUTHORITIES WITHIN CERTAIN STATUTOR |
| PART XI, LINE 2D - OTHER | DIRECT EXPENSES FROM FUNDRAISING 34,213.   |

- OTHER DIRECT EXPENSES FROM FUNDRAISING 34,213.

Schedule D (Form 990) 2018

| efile Public Visual I   | Render ObjectIo                                       | d: 001 - Submi   | ission: 2015-01-16   |   |                      | TIN: 20-5478191   |
|---|---|--|--|---|----------------------|---|
| SCHEDULE G  | Sup   | plemental Ir   | nformation Rega  | arding  |                      | OMB No. 1545-0047                                       |
| (Form 990 or 990-EZ)  |   | _  | r Gaming Activi  |   |                      | 2018  |
|   |   | •  | es" to Form 990, Part IV, lines<br>than \$15,000 on Form 990-EZ, |   | f the                | Open to Public  |
| Department of the Treasury Internal Revenue Service           | ► Information about So                                |  | orm 990 or Form 990-EZ.  990-EZ) and its instructions is         | at www.irs.gov/1                              | form990.             | Inspection  |
| Name of the organization<br>FRIENDS OF THE FRELI<br>ARBORETUM | NGHUYSEN  |  |  |   | Employer ide         | entification number                                     |
| Part I Fundraisin   | ng Activities.Comple                                  | ete if the organi  | zation answered "Yes   | " to Form 99                                  | 00, Part IV          | , line 17.  |
| Form 990-E  | Z filers are not requi                                | red to complete  | this part.   |   |                      |   |
|   | -   | ds through any of  | the following activities.  |   |                      |   |
| <b>a</b> Mail solicitations                                   |   |  | e Solicitation of n  | -   | -                    |   |
| <b>b</b> Internet and ema                                     | ail solicitations                                     |  | <b>f</b> Solicitation of g                                       | overnment gr                                  | ants                 |   |
| <b>c</b> Phone solicitatio                                    | ons   |  | <b>g</b> Special fundrais  | sing events                                   |                      |   |
| <b>d</b> In-person solicit                                    | ations  |  |  |   |                      |   |
| or key employees lis  | sted in Form 990, Part V                              | 'II) or entity in co   | y individual (including of<br>nnection with professior           | nal fundraising                               |                      | es No   |
| b if Yes, list the ten to be compensated                      | highest paid individuals<br>at least \$5,000 by the o | or entities (fundr<br>rganization.   | aisers) pursuant to agre   | ements under                                  | which the f          | undraiser is  |
| (i) Name and address<br>individual<br>or entity (fundraiser)  |   | (iii) Did<br>fundraiser have<br>custody or<br>control of<br>contributions? | (iv) Gross receipts<br>from activity                             | (v) Amoun<br>(or retain<br>fundraiser<br>col. | ned by)<br>listed in | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |   | Yes No   |  |   |                      |   |
| 1   |   |  |  |   |                      |   |
| 2   |   |  |  |   |                      |   |
| 3   |   |  |  |   |                      |   |
| 4   |   |  |  |   |                      |   |
| 5   |   |  |  |   |                      |   |
| 6   |   |  |  |   |                      |   |
| 7   |   |  |  |   |                      |   |
| 8   |   |  |  |   |                      |   |
| 9   |   |  |  |   |                      |   |
| 10  |   |  |  |   |                      |   |
| Total   |   |  |  |   |                      |   |
| 3 List all states in which registration or licensi            |   | istered or licensed  | d to solicit contributions                                       | or has been n                                 | otified it is        | exempt from   |
| -   | =======================================               | =======================================                                    | :==========  | :=======                                      | ========             | :=========  |
| For Danorwork Bodustics A                                     | st Notice see the Instruc                             | tions for Form 000   | 000 E7 Cat II  | No E0092H                                     | Sahadula C           | (Form 000 or 000-E7) 2019                               |

Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported

|                     | events with gross receipts gr                                    | eater than \$5,000.   |   |                         |  |
|---------------------|--|---|---|-------------------------|--|
|                     |  | <b>(a)</b> Event #1   | <b>(b)</b> Event #2                                 | (c)Other events         | (d) Total events (add col. (a) through         |
| Revenue             |  | (event type)  | (event type)  | (total number)          | col. <b>(c)</b> )                              |
|                     | 1 Gross receipts   | 49,306  | 30,444  |                         | 79,750   |
|                     | <b>2</b> Less: Contributions                                     | 0   | 0   |                         |  |
|                     | 3 Gross income (line 1 minus line 2)                             | 49,306  | 30,444  |                         | 79,750   |
|                     | 4 Cash prizes  |   |   |                         |  |
| "                   | 5 Noncash prizes   |   |   |                         |  |
| JSes                | 6 Rent/facility costs  |   |   |                         |  |
| Kper                | <b>7</b> Food and beverages                                      |   |   |                         |  |
| m<br>to             | 8 Entertainment  |   |   |                         |  |
| Direct Expenses     | 9 Other direct expenses  | 31,207  | 3,006   |                         | 34,213   |
| -                   | <b>10</b> Direct expense summary. Add lines 4                    | through 9 in column (d  | )   |                         | 34,213   |
|                     | <b>11</b> Net income summary. Subtract line 10                   | ) from line 3, column (d  | )   |                         | 45,537   |
| Par                 | <b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, line |   | "Yes" to Form 990, Pa                               | art IV, line 19, or rep | orted more than                                |
| Revenue             |  | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive<br>bingo | (c) Other gaming        | (d) Total gaming (add col.(a) through col.(c)) |
| ~                   |  |   |   |                         |  |
|                     | 1 Gross revenue  |   |   |                         |  |
|                     | 1 Gross revenue  |   |   |                         |  |
|                     |  |   |   |                         |  |
|                     | 2 Cash prizes  |   |   |                         |  |
| Direct Expenses Re  | 2 Cash prizes  | 31,207  | 3,006   |                         | 34,213   |
|                     | 2 Cash prizes  | 31,207<br>Yes%_   | 3,006<br>Yes%_                                      | Yes%_                   | 34,213   |
|                     | 2 Cash prizes  |   |   | 1                       | 34,213   |
|                     | 2 Cash prizes  | Yes% No   | Yes%  No  | Yes%                    | 34,213   |
|                     | 2 Cash prizes  | Yes% No through 5 in column (d  | Yes%  No  | Yes% No                 | 34,213   |
|                     | 2 Cash prizes  | Yes%_ No through 5 in column (dit line 7 from line 1, column  | Yes%  | Yes% No                 |  |
| Direct Expenses     | 2 Cash prizes  | Yes %  No  through 5 in column (did the first | Yes   | Yes                     | 34,213   |
| a o Direct Expenses | 2 Cash prizes  | Yes %  No  through 5 in column (did the 1, column in the | Yes % No No   | Yes%_ No                | ☐Yes ☐No                                       |
| a o Direct Expenses | 2 Cash prizes  | Yes %  No  through 5 in column (did the first from line 1, column to conducts gaming argaming activities in each censes revoked, suspenses  | Yes%No  No  Imm (d)                                 | Yes% No                 | ☐Yes ☐No                                       |

| Sche | edule G (Form 990 or 990-EZ) 2018                                    | 8   |  | Page 3                                  |
|------|--|---|--|---|
| 11   | Does the organization conduct gar                                    | ning activities with nonmer                       | mbers?   | · Yes No                                |
| 12   |  |   | or a member of a partnership or other entity   | . Yes No                                |
| 13   | Indicate the percentage of gaming                                    |   |  |   |
| а    | The organization's facility  |   |  | <b>3a</b> %                             |
| b    | An outside facility  |   | 1  | <b>3b</b> %                             |
| 14   | Enter the name and address of the                                    | person who prepares the                           | organization's gaming/special events books and   | records:                                |
|      | Name 🚩   |   |  |   |
|      | Address  |   |  |   |
| 15a  | _  | • •   | whom the organization receives gaming  | · Yes No                                |
| b    | If "Yes," enter the amount of gami amount of gaming revenue retained |   | organization  s and th   | e                                       |
| С    | If "Yes," enter name and address of                                  | 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:   |   |  |   |
| а    | •  | state law to make charitab                        | le distributions from the gaming proceeds to   |   |
|      | retain the state gaming license?                                     |   |  | . Yes No                                |
| b    |  | •   | stributed to other exempt organizations or spent   |   |
| Pa   |  | nation. Provide the explor, 15b, 15c, 16, and 17b | lanations required by Part I, line 2b, colur<br>o, as applicable. Also complete this part to | . , . , , , , , , , , , , , , , , , , , |
|      | Return Reference   |   | Explanation  |   |
| C.:  | dul- 0 (F 000 - 000 ET) 2012   |   |  |   |
|      | dule G (Form 990 or 990-EZ) 2018<br>Iditional Data                   |   |  | Dotum to Form                           |
|      |  |   |  | Return to Form                          |
|      |  | Softwa  | re ID:   |   |
|      |  | Software Ve                                       | rsion:   |   |

efile Public Visual Render ObjectId: 001 - Submission: 2015-01-16 TIN: 20-5478191 OMB No. 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** FRIENDS OF THE FRELINGHUYSEN 22-2077760 ARBORETUM Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) (1) MORRIS COUNTY PARK 501 (C) (3) 16,044 DONATIONS COMMISSION 300 MENDHAM ROAD MORRISTOWN, NJ 07960 (1) (2) (3)(4) (5)

(6)(7) (8) (9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 

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

Schedule I (Form 990) 2018

(7)

Part IV

Return Reference

Explanation

efile Public Visual Render

ObjectId: 001 - Submission: 2015-01-16

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

TIN: 20-5478191 OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization FRIENDS OF THE FRELINGHUYSEN ARBORETUM

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

| Return Reference  AT THE JUNE 12, 2018 ANNUAL MEETING OF THE MEMBERSHIP OF THE FRIENDS OF THE FRELINGHUYSEN ARBORETUM AN ART VI.  ARENDED AND RESTATED CERTIFICATE OF INCORPORATION WAS VOTED ON AND ADOPTED BY A QUORUM OF FIVE ECTION A.  NE 4  HUNDRED AND RESTATED CERTIFICATE OF INCORPORATION WAS VOTED ON AND ADOPTED BY A QUORUM OF FIVE HUNDRED AND RIST PROSENT AT SAID MEETING. THE RESTANDING BY PROXY VOTED IN FAVOR AND NONE VOTED AGAINST. THE TOTAL NUMBER OF MEMBERS PRISE SHITLED TO VOTE ON THE ADOPTION OF THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION WAS NINE HUNDRED THIRTY. FIVE (95), THE CERTIFICATE OF ADOPTION WAS SUBSEQUENTLY FILED WITH THE NEW JEESEY STORY DIVISION OF REVENUE IN TRENTON, NI ON JUNE 27, 2018. THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION WAS RILED ON JULY 12, 2018 WITH THE NEW JEESEY STATE TEASURER CHANGES IN LICU. DE 1. THE PURPOSE OF THE PERIORS OF THE FREILINGHUYSEN ARBORETUM (THE CORPORATION) IS TO PROMOTE PUBLIC AWARENESS OF HORTICULTURE, CULTURAL LANDSCAPES, AND THE NATURE WORLD THENDOES THE PREVIOUR SERVEY STATE TEASURER CHANGES IN LICU. DE 1. THE PURPOSE OF THE CORPORATION AND THE NATURE CONTINUES. TO FURTHER THE DEVELOPMENT OF HORTICULTURE AND RESEARCH FACILITIES AT MORRIS COUNTY PARK COMMISSIONS HORTICULTURE, STATE ADDRESS OF HORTICULTURE, CULTURAL AND RESEARCH FACILITIES AT MORRIS COUNTY PARK COMMISSIONS HORTICULTURE. STEED SET ADDRESS OF THE CORPORATION AND THE NATURE OF THE PURPOSE OF RECORDING THE CONTINUE SET AND ADDRESS OF PERSONS, ORGANIZATIONS, AND ENTITIES TO THE CORPORATION AND IN ITS MISSION 3. THE NAME AND POST OFFICE ADDRESS OF THE CORPORATIONS OF THE CORPORATIONS OF THE CORPORATION AND ITS MISSION 3. THE NAME AND POST OFFICE ADDRESS OF THE CORPORATIONS OF THE DURBLIC SENSING AND THE SAID CORPORATION MAY BE SERVED SI. JAMES WYSE, ESQ. COUGHLIN DUFFY LUP P.O. BOX 1917 360 MOUNT KEMBLE AVENUE MORRISTOMY. NO 1956-1917 4. THE BOARD OF TRUSTEES SHALL END COMPARISON OF TRUSTEES SHALL END CONTINUES TO THE STAND OF THE DUBBLE SET ADDRESS OF THE CORPORATIONS OF |
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| ART VI,  AMENDED AND RESTATED CERTIFICATE OF INCORPORATION WAS VOTED ON AND ADOPTED BY A QUORUM OF FIVE ECTION A, HUNDRED AND NINE (509) MEMBERS PRESENT ETHER IN PERSON OR BY PROXY. ALL MEMBERS PRESENT AT SAID MEETING IN PERSON AND BY PROXY VOTED IN FAVOR AND NONE VOTED AGAINST. THE TOTAL NUMBER OF MEMBERS ENTITLED TO VOTE ON THE ADOPTION OF THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION WAS NUMB. HUNDRED THIRTY- FIVE (939). THE CERTIFICATE OF ADOPTION WAS SUBSEQUENTLY FILED WITH THE NEW JESSEY DIVISION OF REVENUE IN TRENTON, NJ ON JUNE 27, 2018. THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION WAS FILED ON JULY 12, 2018 WITH THE NEW JESSEY STATE TREASURER. CHANGES IN CILIDE: 1 THE PURPOSE OF THE FRIENDS OF THE FRELINGHUYSEN ARBORETUM (THE CORPORATION) IS TO: PROMOTE PUBLIC AWARENESS OF HORTICULTURAL LANDSCAPES, AND THE NATURAL WORLD THROUGH STEWAREDSHIP. SPONSORSHIP OF PROJECTS, AND EDUCATIONAL OPPORTUNITIES. TO PURTHER THE DEVELOPMENT OF HORTICULTURE AND RESSEARCH FACILITIES AT MORRIS COUNTY PARK COMMISSION'S HORTICULTURAL SITES. 2. THE CORPORATION HAD VOTING MEMBERS. IT WILL NO LONGER HAVE VOTING MEMBERS FROM AND AFTER THE FILING DATE. THE BOARD OF TRUSTEES STABLISHED CATEGORIES OF MEMBERSHIP WITHOUT VOTING RICHTS FOR THE PURPOSE OF RECOGNIZING THE CONTRIBUTIONS OF PERSONS, ORGANIZATIONS, AND ENTITIES TO THE CORPORATION AND ITS MISSION. 3. THE NAME AND POST OFFICE ADDRESS OF THE CORPORATIONS CURRENT REGISTERED AGENT UPON WHOM PROCESS AGAINST THE SAID CORPORATION MAY BE SERVED IS: JAMES WYSE, ESG. COUGHLIN DUFFY LIP P.O. BOX 1917 3500 MOUNT KEMBLE AVENUE MORRISTOWN, NJ 07963-1917 4. THE BOARD OF TRUSTEES SHALL CONSIST OF AT LEAST SIX (6) TRUSTEES AND NO MORE THAN FITTEER (11)S TRUSTEES. SHALL BE CLASSIFIED INTO THREE (2) GROUPS SERVING STAGGERED THREE YEAR FINAN FITTEER (11)S TRUSTEES. SHALL BE CLASSIFIED INTO THREE (3) GROUPS SERVING STAGGERED THREE YEAR IT AND FITTEE THAN FITTEER IN THE BOARD OF THE GEORGE GRISSWOLD FROUNTS STATED AND CONTROLATION. FITHER STANDIOR OF THE STANDIOR OF THE STANDIOR |
| ART VI, FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE  |
| THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.  |
| ORM 990, ART VI, ECTION B, INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, THE GOVERNING BODY AND MANAGEMENT WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT.  |
| ORM 990, THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE ON THE ORGANIZATIONS WEBSITE AT WWW.ARBORETUMFRIENDS.ORG AND UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 353 EAST HANOVER AVE., MORRIS TOWNSHIP, NJ 07962. IN ADDITION THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.   |
| ORM 990, ART XII, INE 1: FOFA USES THE MODIFIED CASH BASIS OF ACCOUNTING FOR FINANCIAL STATEMENT PURPOSES, WHICH IS A COMPREHENSIVE BASIS OF ACCOUNTING OTHER THAN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA (US GAAP). CONSEQUENTLY, CERTAIN REVENUES AND THE RELATED ASSETS ARE RECOGNIZED WHEN COLLECTED RATHER THAN WHEN EARNED, AND CERTAIN EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN THE OBLIGATION IS INCURRED. MODIFICATIONS TO THE CASH BASIS OF ACCOUNTING INCLUDE RECORDING PROPERTY AND EQUIPMENT AND DEPRECIATION ON PROPERTY AND EQUIPMENT.  |
| ORM 990, ORM |