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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public

-	F46-0000	calendar year, or tax year beginning 07/01/09, and ending 06/30		all cities to	mapsoudit
A	Check if applicable		<u> </u>	D Employe	er identification number
B □	Address change	use IRS FRIENDS OF LIBERTY STATE PARK,	INC.	D Employ	er identification number
	•	label or	INC.	- 1 4 −6	368150
ᅵ	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	
	Instial return	See P. O. BOX 3407	Noonvadile	L Telephoi	ie number
	Termination	Specific		G Gross receipt	s \$ 216,287
\Box	Amended return	tions JERSEY CITY NJ 07303-3407		G Gloss receipt	210,201
님		E. Name and address of amount officer		H(a) Is this a g	mun whim for
<u> </u>	Application pendi	ng Hame and address of principal office.		affiliates?	□ .
				H(b) Are all aff	filiates
				1	ttach a list. (see instructions)
T	Tax-exempt s	atus X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		7 "	,
J	Website. ▶	WWW.FOLSP.ORG	•	H(c) Group ex	emption number
ĸ	Type of organiza	ion X Corporation Trust Association Other ▶	L Year of formation	N	State of legal domicile
******	art i	Summary			
	1 Briefly	describe the organization's mission or most significant activities			
	TO	PRESERVE, PROTECT CONSERVE, AND PROMOTE LIBERTY S	TATE		
Š	PA	RK LOCATED AT JERSEY CITY, NEW JERSEY			
FILE					
o Ke	2 Chec	this box 🕨 🗍 if the organization discontinued its operations or disposed of more that	n 25% of its net ass	ets	
<u>ග</u> ජ	3 Numb	er of voting members of the governing body (Part VI, line 1a)		3	
Se	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	5 Total	number of employees (Part V, line 2a)		5	
Act	6 Total	number of volunteers (estimate if necessary)		6	
•		gross unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net u	nrelated business taxable income from Form 990-T, line 34	Dave 1	7b	O Current Year
	0.00-1	holoso and marks (Dark) (III has the	Pnor 1	74,356	Current Year 197,219
9	8 Contr	butions and grants (Part VIII, line 1h)		74,550	487
Revenue	9 Progr	am service revenue (Part VIII, line 2g) Iment income (Part VIII, column (A), lines 3, 4, and 7d)		392	1,249
Ą	10 Inves	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,406	17,332
	i i	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	85,154	216,287
	<u> </u>	s and similar amounts paid (Part IX, column (A), lines 1–3)			
		its paid to or for members (Part IX, column (A), line 4)			
	1	es, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
2011 Expenses	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)			
	b Total	fundraising expenses (Part IX, column (D), line 25) ► 30,864			
E S	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1	06,121	98,860
က	1	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1	06,121	98,860
₩	1	and loss supposes. Subtract line 19 from line 12		79,033	117,427
JAN Assets or	Ses	RECEIVED	Beginning of		End of Year
Section	20 Total	assets (Part X, line 16)	<u> </u>	02,822	220,712
O ¥	21 Total	liabilities (Part X, line 26) ssets or fund balances Subtract line 21 from line 20 DEC 2 7 2010		02 022	220,712
<u>Ш</u>		1(4)		02,822	220,112
ᆽᆣ	Part II	Signature block			
SCANNED si		Under penalties of penury, I declare that I have examined this return including accompanying sched and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on a	dules and statements, a all information of which i	and to the best of t preparer has any t	my knowledge knowledge
<u>ن</u> ک		Sam Pesin		16	2/18/10
S on	gn ere		-	L Date	/
П	16	Signature of officer SAM PESIN PR	ESIDENT	Date	
		Type or print name and title		··	 -
_			ite Che	eck if	Preparer's identifying number
Pa	id	Preparer's	self		(see instructions) P00301363
Pr	eparer's	Signature Vijay Sammy, CPA 1	_/ _ / _ O em	EIN D	83-0458123
	se Only	OA Persona Charles		Phone	<u> </u>
		address, and ZIP+4 Jersey City, NJ 07307			201-458-0348
NA-	v the IPS die	cuss this return with the preparer shown above? (see instructions)	<u> </u>	1 110	Yes No
		t and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DA		- mile - aparti - mile - manager - manager - mile -			

	(Expenses	\$
40	Total progr	ram

e Total program service expenses ▶

56,012

• •	.,,,,				$\overline{}$
			_	Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x	
_	complete Schedule A		1	X	├
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	┼^	\vdash
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				.
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				J.
	Schedule C, Part II		4	┼─	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5	+	₩
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				,,
	complete Schedule D, Part I		6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				l
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		_ 9	_	X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	4	X
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		1		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		1		
•	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				
•	Did the organization report an amount for other assets related 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				
•	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 addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		1	<u>: </u>	X
I2A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		1:	<u> </u>	X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?		14	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14	b	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		1	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			Ì	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		1	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<u> </u>	<u>' </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	-	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		1	3	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		1	•	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		2		X
			F	om 99	0 (2009)

Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes." complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24a 24b through 24d and complete Schedule K If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III 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) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, 28c Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X 36 organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 38 19? Note. All Form 990 filers are required to complete Schedule O

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				
			£	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1			
	U.S. Information Returns Enter -0- if not applicable	1a			ĺ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			į
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		1 1	
	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	ļ	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				ĺ
	instructions)				É
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	у			
	this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	ļ	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	погіту			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial	cial			7.7
	account)?		4a		X
b	If "Yes," enter the name of the foreign country.				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk			ĺ
	and Financial Accounts		ļ_	1	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b	 	<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng			
	Prohibited Tax Shelter Transaction?		<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		x
	organization solicit any contributions that were not tax deductible?		6a	†	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	OI	6b		ļ
	gifts were not tax deductible?		- 60	-	-
7	Organizations that may receive deductible contributions under section 170(c).	do			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	us	7a		
_	and services provided to the payor?		7b	1	\vdash
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		1.5	 	\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7c	1	
	required to file Form 8282?	7d	10	 	-
a	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers				I
0		onui	7e	İ	Ì
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	2	7f	†	
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	1	
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			<u> </u>	
h	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				\Box
o	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				1
	organization, have excess business holdings at any time during the year?		8		L
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a_		<u>L</u> .
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders	11a			I
b	Gross income from other sources (Do not net amounts due or paid to other sources against				1
~	amounts due or received from them.)	11b			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Fo	m 990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
		ر	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>x</u>
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a]	х
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				
104	with a taxable entity during the year?	16a	ĺ	x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	Ì	Ī
Sac	etion C. Disclosure		.	
17	List the states with which a copy of this Form 990 is required to be filed None			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
18	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
00	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ► SAM PESIN 75-135 LIBERTY AVE	201-79	2_1	003
	ERSEY CITY NJ 07306-5032	ZUI-19	<u>~ - 1</u>	933

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Form 990 (2009)

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. Use Schedule J-2 if additional space is needed.
- 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 See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or 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

SAM PESIN PRESIDENT MICHEL CUILLERIER VICE PRESIDE ELIZA WRIGHT VICE PRESIDE LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK SECRETARY	Average hours per week	ő Individual trustee n or director		checi Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PRESIDENT MICHEL CUILLERIER VICE PRESIDE ELIZA WRIGHT VICE PRESIDE LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK								0	0	0
MICHEL CUILLERIER VICE PRESIDE ELIZA WRIGHT VICE PRESIDE LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK								0	0	0
MICHEL CUILLERIER VICE PRESIDE ELIZA WRIGHT VICE PRESIDE LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK								<u> </u>		
VICE PRESIDE ELIZA WRIGHT VICE PRESIDE LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK					ł					
VICE PRESIDE LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK						<u> </u>		0	0	0
LINDA ROMANOWSKI ACTING TREAS ALAN POLLACK										
ACTING TREAS ALAN POLLACK					L	L		0	0	0
ALAN POLLACK										
		<u>L</u> .						0	0	0
ORODEMADY										
								0	0	0
JOHN TICHENOR										
TRUSTEE					L	$oxed{oxed}$		0	0	0
NIKKI SIRKEN										_
TRUSTEE	····		L		<u> </u>			0	0	0
DORCEY WINANT			l					_		
TRUSTEE		<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>		0	0	0
TOM PFISTER		1			1					_
TRUSTEE			_	<u> </u>	ļ	-		0	0	0
	-									
		-		-	\vdash					
			<u> </u>	-	-	\vdash	<u> </u>			
						L				
		-	T			\vdash			-	
		\vdash	\vdash	\vdash	├	\vdash	\vdash			
		<u>L</u>	<u> </u>	lacksquare	_					

more than \$100,000 in compensation from the organization ▶

DAA

									INC. 14-636 Highest Compensated E				<u>Pa</u>	ige (
(A) Name and Tr		(B) Average			((C)	yees, hat ap	ply)	(D) Reportable	(E) Reportable	_		ed	
•		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	corr fr org an	mount other opensa from the ganizate anizate	ation e tion ted	
												<u> </u>		
· - · · ·								-					<u> </u>	
									., .,_=					
			 											
1b Total		aludina hut nat li	mutad	10 1h		liator	d obo	<u> </u>	l who received more than \$1	00,000 in				
2 Total number of a reportable compe	-	-		0	ose	uste	и аво	ve)	who received more than \$1	00,000 111				
												\prod	Yes	No
employee on line 4 For any individua	: 1a? if "Yes," il listed on line	complete Scheo	lule J of rep	for s ortat	uch de co	indiv ompe	idual ensat	ion a	ee, or highest compensated and other compensation fro	m	_	3		х
ındıvıdual	sted on line 1	a receive or acc	rue co	ompe	ensat	ion f	rom a	any i	complete Schedule J for si unrelated organization for	ucn		5	_	x x
Section B. Independ														
Complete this tall compensation from	om the organiz	zation	ensate	ed in	depe	ndei	nt cor	ntrac	ctors that received more that				<u>(C)</u>	
	Name and	(A) I business address							Descrip	(B) otion of services		Com	(C) npensat	ion
				-										
2 Total number of	 independent c	contractors (inclu	ıding	but n	ot lin	nited	to th	ose	listed above) who received	<u> </u>				

Form 990 (2009) FRIENDS OF LIBERTY STATE PARK, INC. 14-6368150

Pa	rt VI	ii Staten	<u>nent of Reve</u>	nue					
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated carr	npaigns	1a					
E		Membership di	-	1b					
ᅙ		Fundraising ev		1c					
r ifs		Related organi		1d					
S, E		Government grants (10					
Sign		All other contribution	•	'6 -					
Contributions, gifts, grants and other similar amounts	•	and similar amounts		1f	197,219				
들이	_				5,885				
멸	_		ns included in lines 1a-	п ф	3,663	197,219			
	n	Total. Add line	s 1a-11		9 0.4	197,219			
Ĭ	_				Busn. Code	487	487		<u> </u>
8	2a	DONATION	N BOX		<u> </u>	40/	407		
ا <u>د</u>	Ь								
울	С				-				<u> </u>
S	d								<u> </u>
Гап	Ө				<u> </u>				
Program Service Revenue		_	am service rever	iue		405	·····		111 1111
-		Total. Add line				487			<u> </u>
	3		ome (including d	ıvıdends, ıı	nterest, and		1 040		
		other similar ai	•			1,249	1,249		
	4		vestment of tax-	exempt bo	nd proceeds				ļ
	5	Royalties							
1			(ı) Real		(ii) Personal				!
	6a	Gross Rents							<u> </u>
	b	Less rental exps							!
	C	Rental inc or (loss)							1
	_d	Net rental inco	me or (loss)		<u> </u>				ļ
	7a	Gross amount from sales of assets	(i) Securities	3	(II) Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (los	ss)						
_	8a	Gross income fro	om fundraising evei	nts					1
PIL P		(not including \$							
9		of contributions r	eported on line 1c)						
Other Reven		See Part IV, line	18	a					
the	b	Less direct ex	penses	b					1
0	С	Net income or	(loss) from fund	aising eve	nts				
			om gaming activitie						<u> </u>
		See Part IV, line		а					
	b	Less direct ex	penses	ь					
			(loss) from gam	ng activitie	s Þ				
			inventory, less					_	
		returns and all		а			,		
	ь	Less cost of g	joods sold	ь]			1
		_	(loss) from sales	of invento	iry 🕨				
			ellaneous Revenue		Busn. Code				
	11a	LUNCHEON				10,055	10,055		
	b	WALK				6,107			
	c	T-SHIRT				1,170			
	d	All other reven	nue				- , - ; <u>-</u>		1
	ě	Total. Add line			<u> </u>	17,332			
	12		e. See instructio	ns	•	216,287			0 0

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) but are not required to complete columns (B), (C), and (D).

	* All other organizations must o		(B)	(C)	<u></u>
	not include amounts reported on lines 6b,	(A) Total expenses	Program service	Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	,
_	organizations in the U S. See Part IV, line 21				······································
2	Grants and other assistance to individuals in			1	
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u></u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	1000	10.00=		<u> </u>
b	Legal	10,067	10,067		
C	Accounting	1,646	1,646		
d	Lobbying				
8	Professional fundraising services See Part IV, line 17				
f	Investment management fees				.,.
g	Other			·	
12	Advertising and promotion	200	200	4 200	
13	Office expenses	4,601	279	4,322	
14	Information technology			·- ·-	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		0.074	425	
19	Conferences, conventions, and meetings	3,806	3,371	435	
20	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization				
23	Insurance	1,955	1,245	710	
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	PLANT SUPPLIES	21,902	21,902		04 040
b	GIFTS TO LSP	21,343			21,343
С	COST OF LUNCHEON	8,036			8,036
d	WEBSITE	6,978	6,978		
0	OUTSIDE SERVICE	4,581	4,581	p = 4 =	1 40=
f	•	13,745	5,743	6,517	1,485
25		98,860	56,012	11,984	30,864
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

	art X	Balance Sheet	-	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		102,822	1	220,712
	2	Savings and temporary cash investments			2	<u> </u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tri	istoos kov			
	"	employees, and highest compensated employees Comple				
		Schedule L	ste i art ii oi	İ	5	
	6	Receivables from other disqualified persons (as defined up	nder section	, , , ,	-	·
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B				
		Part II of Schedule L	Complete		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ą	9	Prepaid expenses and deferred charges			9	·
	I	Land, buildings, and equipment: cost or			-	
	''"	other basis Complete Part VI of Schedule D	10a		1	
		Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities	1001		11	
	12	Investments—other securities See Part IV. line 11			12	
	13				13	
	١.	Investments—program-related See Part IV, line 11 Intangible assets			14	
	14	Other assets See Part IV, line 11			15	
	15			102,822	16	220,712
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	 -	102,022	17	
	1	Accounts payable and accrued expenses			18	
	18 19	Grants payable Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
w	1	Escrow or custodial account liability Complete Part IV of	Schodule D		21	
Liabilities	21 22	Payables to current and former officers, directors, trustees				
Ħ	**	employees, highest compensated employees, and disqua				
ia		persons Complete Part II of Schedule L	illieu		22	
_	22		nartine		23	
	23	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities Complete Part X of Schedule D	ues		25	
	26	Total liabilities. Add lines 17 through 25			26	
<u> </u>	120	Organizations that follow SFAS 117, check here	and			
ö		complete lines 27 through 29, and lines 33 and 34.	_ uu			
an	27	Unrestricted net assets			27	
3al	28	Temporarily restricted net assets			28	
P	29	Permanently restricted net assets			29	
٦	-	Organizations that do not follow SFAS 117, check her	e ▶ X			.
F		and complete lines 30 through 34.				
0	30	Capital stock or trust principal, or current funds			30	
ek K	31	Paid-in or capital surplus, or land, building, or equipment f	fund	1 27-12	31	
SS	32	Retained earnings, endowment, accumulated income, or		102,822	_	220,712
Net Assets or Fund Balances	33	Total net assets or fund balances	er e terret	102,822		220,712
è	34	Total liabilities and net assets/fund balances		102,822		220,712

Form **990** (2009)

огт	990 (2009) FRIENDS OF LIBERTY STATE PARK, INC. 14-6368150		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

DAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF LIBERTY STATE PARK, INC

Employer identification number 14-6368150

_Pa	IT. I	Reaso	on for Public Charity S	status (All organizations	must co	ompiete	tnis p	<u>aπ.) S</u>	<u>ee ins</u>	tructio	ons.		
The c	orgai	nization is not a	private foundation because	it is. (For lines 1 through 11, che	ck only or	ne box)							
1		A church, con	vention of churches, or associ	ciation of churches described in	section 1	70(b)(1)(<i>/</i>	A)(i).						
2	П		cribed in section 170(b)(1)(A										
3				organization described in secti	on 170(b)	(1)(A)(iii)							
4		A medical res	earch organization operated	in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospit	tal's name,		
		city, and state	!										
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scribed	ın			
		section 170(t	o)(1)(A)(iv). (Complete Part II)									
6		A federal, stat	e, or local government or gov	vernmental unit described in sec	tion 170(b)(1)(A)(v).						
7	X	An organization	on that normally receives a su	ubstantial part of its support from	a govern	mental un	it or fron	n the ge	neral pu	blic			
		described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II)									
8		A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II)								
9		An organization	on that normally receives (1)	more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership fe	ees, and	gross			
		receipts from	activities related to its exemp	t functions—subject to certain e	xceptions,	and (2) n	o more t	han 33	1/3 % of	fits			
		support from (gross investment income and	unrelated business taxable inco	me (less :	section 51	1 tax) fr	om busi	nesses				
		acquired by th	e organization after June 30,	1975 See section 509(a)(2). (0	Complete	Part III)							
10	Ц	An organization	on organized and operated ex	clusively to test for public safety	/ See sec	tion 509(a	a)(4).						
11		•	•	clusively for the benefit of, to pe				-					
				d organizations described in sec						tion			
		509(a)(3). Che		e type of supporting organization			11e thr	_					
	$\overline{}$	a U Type	<u> </u>	c Type III–Functiona			d		e III–Otl	her			
е	Ш	-		nization is not controlled directly									
		•	•	nd other than one or more public	cly suppor	ted organ	izations	describe	ea in sec	ction			
_		. , . ,	ection 509(a)(2)	to the the IDO that the	T 1 T.		111 a		_				
f		•		mination from the IRS that it is a	Type I, Ty	pe II, or I	ype III s	upportin	g				
		_	check this box		(a. af tha							Ш
g		•	· · · · ·	on accepted any gift or contributi	on from a	ly of the							
		following pers		irele edhar alema ar tagathar uu	th naraan	dooorbo	d in (ii)					Yes	No
				itrols, either alone or together wi	ui persons	GUESCIDE	:u III (II)				11g(i)	163	
		, ,	elow, the governing body of the member of a person describe the member of a person describe the member of a person describe the member of the	=							11g(ii)		
			ontrolled entity of a person de								11g(iii)		
.			ollowing information about the								(1.96)	<u> </u>	1
<u>h</u>	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
(-,		janization	(, =	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col	supp		
				above or IRC section	governing	document?		of your cort?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>								
									İ				
		·····		•	 			<u> </u>	 				
								i					
				-								-	
		<u> </u>			 				-				
Tota					I								

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

Schedule A (Form 990 or 990-EZ) 2009

ule A (Form 990 or 990-EZ) 2009 FRI	ENDS OF L	IBERTY ST	ATE PARK,	INC. 14	-6368150	Page 2
)(A)(iv) and 17	0(b)(1)(A)(vi)	
	cked the box of	on line 5, 7, or	8 of Part I.)			
				. 	· · · · · · · · · · · · · · · · · · ·	
endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
membership fees received (Do not	40,352	40,256	51,089	174,356	197,219	503,272
benefit and either paid to or expended on						
furnished by a governmental unit to the						
Total. Add lines 1 through 3	40,352	40,256	51,089	174,356	197,219	503,272
person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
						503,272
			**	···-		
endar year (or fiscal year beginning in)▶	(a) 2005					(f) Total
Amounts from line 4	40,352	40,256	51,089	174,356	197,219	503,272
Net income from unrelated business activities, whether or not the business is regularly carried on				;	0	
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
• •						503,272
						19,068
		second, third, fourtl	n, or fifth tax year a	s a section 501(c)(3)	. □
· · · · · · · · · · · · · · · · · · ·						100.00%
			1))			100.00%
dubite support percentage from 2000 contessed (1, tak in into 1)						
			, and line 14 is 33	1/3 % of filote, che	CK IIIS DOX	► X
			or 16a, and line 15	s 33 1/3 % or more	check this	• 🗀
* *				3 00 170 70 01 111070	o, oncox and	▶ □
				or 16b, and line 14	ıs 10% or	, С
					•	▶ 🗌
					nstructions	▶ 📙
	Support Schedule for Ore (Complete only if you che ion A. Public Support Indar year (or fiscal year beginning in) Gifts. grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ion B. Total Support andar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (income from related activities, etc. (income from related activities, etc. (income from paid activities, etc.) First five years. If the Form 990 is for the corganization, check this box and stop here ion C. Computation of Public Su Public support percentage for 2009 (line 6, Public support percentage from 2008 Schea 33 1/3 % support test—2009. If the organiand stop here. The organization qualifies a 33 1/3 % support test—2008. If the organiand stop here. The organization meets the "factioral circumstances test—2009 more, and if the organization meets the "factioral circumstances test—2009 more, and if the organization meets the "factioral circumstances test—2009 more, and if the organization meets the "factioral circumstances test—2009 more, and if the organization meets the "factioral circumstances test—2009 more and if the organization meet	(Complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only if you checked the box of the complete only include on the complete only included on the complete only inc	The value of services or facilities furnished by a governmental unit to the organization without charge fortal that a governmental unit or public support. Subract line 5 fom line 4 Amounts from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or not the business activities, whether or process for 2009 (line 6, column (f) divided by line 11, column (Public support bercentage from 2008 Schedule A, Part II, line 14 33 1/3 % support test—2009. If the organization did not check the box on line 13 and stop here. The organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization meets the "facts-and-circumstances" test. The organization qualifies organization did not check a box on line 13 to the organization did not check a box on line 13 to the organization did not check a box on line 13 to the organization did not check a box on line 13 to the organization did not ch	Till Support Schedule for Organizations Described in Sections 170(b)(1 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Ion A. Public Support Indar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11th exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Ion B. Total Support Indar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carriaged on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years! If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year a organization, check this box and stop here Ion C. Computation of Public Support Percentage Public support percentage from 2008 (line 6, column (f) ovided by line 11, column (f)) Public support percentage from 2008 (line 6, column (f) ovided by line 11, column (f)) Public support percentage from 2008 (line 6, column (f) ovided by line 11, column (f)) Public support test—2009. If the organization did not check the box on line 13 or 16a, and line 14 is 33 and stop here. The organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organi	Till Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 17 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Ion A. Public Support Indar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tar revenues levide for the organization's benefit and either pad to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly support of organization without charge for fiscal year beginning in) Amounts from line 4 Ion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 4 Ion B. Total Support Indar year (or fiscal year beginning in) Amounts from line 4 Ion B. Total support. Add lines 7 through 10 Gross income from unrelated business activities, whether or not the business is regularly carried on not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts firm frelated activities, etc. (see instructions) First five organization, check this box and stop here. Ionn C. Computation of Public Support Percentage Public support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, che and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test, foeck this box and stop here. The organization qualifies as a supplicly supported organization 10%-facts-and-circumstances test—2008. If the organization of calculation and in the lock the box on line 13, 16a, or 16b, and line 14 more, and if the organization meets the "facts-and-circumstances" test. The organization of	The Support Schedule for Organizations Described in Sections 170(b)(1)(A)(vi) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (distinguish, contributions, and membership fees received (Do not include any "unusual grants") (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (d) 2008 (e) 2009 (d) 2008 (e) 2009 (d) 2008 (e) 2009 (d) 2008 (e) 2009 (d) 2008 (e) 2009 (d) 2008 (e) 2009 (e) 2009 (f) 2008 (e) 2009 (f) 2008 (e) 2009 (g) 2009

FRIENDS OF LIBERTY STATE PARK, INC. Schedule A (Form 990 or 990-EZ) 2009 14-6368150 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (b) 2006 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 and 12) 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) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 15 16 % Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 FRIENDS OF LIBERTY STATE PARK, INC. 14-6368150

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE 0

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public inspection

Internal Revenue Service
Name of the organization

FRIENDS OF LIBERTY STATE PARK, INC.

Employer Identification number 14-6368150

114 0300130

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

For calendar year 2009, or tax year beginning	
For calendar year 2009, or tax year beginning	2009
Employer Identification No.	
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C Others Total	
Gross receipts 10,055 6,107 1,170 0 17 Less contributions 0 0 0 0 0 0 0 0 0 17 1,170 0 17 1,170 0 17 0 17 1,170 0 0 0 0 0 0 0 0 10 17 0 17 0 17 1,170 0 17 0 17 1,170 0 17 0 17 0 17 0 17 0 17 0 17 0 17 0 17 0 17 0 0 17 0 17 0 0 17 0 <td< td=""><td></td></td<>	
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Net income (loss) 10,055 6,107 1,170 0 17	, 332
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Description (A) LINCHEON	, 332
Description (A) LUNCHEON	
(B) WALK	
(C) T-SHIRT	
Others	
	
	
	

17,332

17,332

The Friends of Liberty State Park www.folsp.org P.O. Box 3407 Jersey City, NJ 07302 pesinliberty@earthlink.net office 201-792-1993 cell 201-341-7895

July 1, 2009 through June 30, 2010 Statement of Program Service Accomplishments

Volunteer Garden Program to Beautify Liberty State Park

We again focused on carrying out our beautification and conservation goals, by purchasing trees, plants, shrubs, flowers, and flower bulbs to beautify Liberty State Park. Over 5 million people a year visit LSP from around our state, nation and the world and therefore benefit from seeing the attractive plantings and trees throughout this urban waterfront park behind Lady Liberty and Ellis Island. The beauty of LSP has a positive impact on people's emotional, mental and spiritual health. Our volunteers planted everything, except the hundred-plus trees we funded, and also did a tremendous amount of work in weeding and tree pruning. Plantings were done throughout LSP, including around the historic CRRNJ Terminal, in the Green Park and Millennium Park areas, by the administration building and in the large children playground garden beds.

Funding of 137 Trees total in fall and spring including 100 shade trees near the Freedom Way playground and picnic area and throughout the park.

Our annual Program - Nature Lecture and Guided Walk into LSP Interior by Dr. Frank Gallagher "The Novel Plant Communities of Liberty State Park" that have developed in the CRRNJ rail yard over past 40 years. On Sat. 11/14, (Over 50 people).

Salt Marsh Clean up 4/10 (15th annual) Over 60 volunteers cleaned up LSP Salt Marsh. Organized effort in Spring to successfully save LSP shuttle bus for summer weekends.

Park Festival Participation

The Friends of LSP has LSP information tables at all major park festivals. We also cosponsor the Hudson County Earth Day Festival which several thousand people attended.

34rd Birthday Luncheon

We had our third fundraising Recognition Luncheon on May 2, 2010 and it was an inspiring gathering. We honored park leaders and got positive publicity in newspapers. Over 150 people again attended and we had positive stories in the local newspapers.

Walk for Liberty State Park 2010

We co-sponsored our 5th fundraising WALK in LSP on April 24. The Walk's purpose was to raise money to spend on park plantings, etc. and raise public awareness about LSP as a recreational resource. The event was successful as we raised funds from sponsors and from our members who walked and obtained pledges for their walk.

Mailings to our members of newsletters/postcards and informing public of events. We informed members and the public about LSP through mailings and newspapers.