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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public

<u> </u>	For th	ie 2016 calen	dar year, or tax y	ear beginni	ng Jul	1	, 201	6, and	enain	<b>g</b> De	ec 31		, 2016		
В	Check if	f applicable	C Name of organiza	ation May	Arboret	um Soci	ety				D Em	ployer id	tentification ni	ımber	
	Ad	dress change	Doing business a	s							88	3-020	05838		
	□ <sub>Na</sub>	ime change	Number and stre	et (or PO box if	mail is not deli	vered to street a	ddress)	i	Room/s	uite	E Tel	ephone n	umber		
	Н	tial return	P.O. Box 6	225							<i>(</i> -	775)	785-41	53	
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code								<del>                                     </del>	, , , ,	700 11				
	H	nended return	Reno  F Name and addre	no of nanounal off		-	N/	. 05.		H(a) is ti			subordinates?	Yes	XNo
	Ар	plication pending				_	_		l l		all subordina			Yes	No No
			Lynn Bethel					NV 89	حَث	If 'N	i ali subordini lo,' attach a l	ist (see i	nstructions)	res	Шмо
<u></u>	Tax-	exempt status	X 501(c)(3)	501(c) (	) ▼ (ıɾ	nsert no )	4947(a)(1)	or !	527						
J	Web	bsite: ► ww	w.mayarbor	etumsocı	ety.or	g				H(c) Gro	oup exemptio	n numbe	r <b>&gt;</b>		
K	Form	of organization	X Corporation	Trust A	Association	Other ►		L Year of	formatio	n 19	84	M State	of legal domicil	e NV	
Pă	říli 🎏	Summar	v			•									
,- <i>x</i> -			e the organizatio	n's mission o	r most sigr	nficant activi	ties	To se	rve	as a	demo	nstr	ation g	arden	1,
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Activities &	4		dependent voting	-									,		9
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	8	Contributions	and grants (Part	VIII. line 1h).						-		,537		,013,	
Revenue	1		ice revenue (Part									,213			596.
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တ္ဆ	15	Salaries, othe	er compensation,	employee be	netits (Part VIA)		( <del>/)</del> ), lines5	-10)							
2	16a	Professional f	fundraising fees (	Part IX, colür	ณฑ์ (A), line	11e)	· · ·   v/s								
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Net Assets Fund Balan	20		(Part X, line 16)			• • • • • •				<u> </u>	42	, 623	5. 5	,030,	<u> 155.</u>
Ž,	21	l otal liabilitie	s (Part X, line 26)											-	
			fund balances S	ubtract line 2	1 from line	20					42	, 623	5. 5	,030,	155.
P	artilli	Signatu	re Block 🦯	)						_					
Und	er penali	ties of perjury, I de	clare that I have examinate (other than officer)	ned this return, in	cluding accom	panying schedu	les and statem	ents, and t	o the be	st of my l	knowledge ar	nd belief,	it is true, согтес	t, and	
com	plete De	eclaration of prepai	rer (other than officer) i	s based on all info	ormation of wh	uch preparer has	any knowledg	е				1.	1_		
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Si	an	Signatu	re of officer								Date			/	
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US	se On	IIY Firm's addr	ess 5250 S	VIRGIN	VIRGINIA ST STE 220 Firm's EIN ► 88-04077			7 <u>88</u>							
_			RENO				NV 895				Phone r	10 (7	775) 32:	2-833°	7
Ma	y the I	RS discuss th	s return with the	oreparer show	vn above?	(see instruc	tions)						X Y	es	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

Form	990 (2016)	May Arbore	tum Soc	iety			88-0205	838	Page 2
Pari	Stat	tement of Prog	ram Serv	ice Accomp					
	Chec	k if Schedule O con	itains a resp	onse or note to	any line in this Part I	<u> </u>	<u>.</u> <u></u> .	<u> </u>	· · · · <u> </u>
1	•	ribe the organization							
		e_as_a_demor					<b>-</b>	<b>-</b>	
	educati	onal resourc	ce, and	<u>botanical</u>	<u>research fa</u>	<u>cility for </u>	the community		
	See Form 9	90, Page 2, Part III,	Line 1 (con	tinued)			<u>:</u> _	<b>-</b>	
					<u> </u>				
2	-				vices during the year			<b>-</b>	
								Yes	X No
		cribe these new sen					_	<del></del>	
3					changes in how it co	nducts, any prograi	m services?	Yes	X No
	•	cribe these changes							
4	Section 501	e organization's prog (c)(3) and 501(c)(4) e, if any, for each pro	organizatio	ns are required	ints for each of its threat to report the amount	ee largest program of grants and alloc	services, as measured lations to others, the tota	l expenses	es ,
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40	(Code	) (Expense	s \$		including grants of	S	) (Revenue \$		)
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		<b></b>							
	1 Other progr	am services (Descri	he in Schoo	tule () )			<u>.</u>		
40	(Expenses	\$		including grants	s of \$	\	venue \$		)
	·	am service expense			,198.	7 (146			.,
BAA		and control expense.	-	29	TEEA0102 11/16/16			Form	990 (2016)

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . Х 3 Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х Part I. . . 6 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Χ 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Χ Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 109 If 'Yes,' complete Schedule X 11 a 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. X 11 c Χ 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 Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . . Χ 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Χ 11 f Χ 12a Χ 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . Х 14a 14b Χ Χ 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 

Form 990 (2016)

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یک ر	onedkilot of required contaction (continued)		Yes	No
20	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule'I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J </i>	23		Х
24	a 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 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
	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 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		
25	a 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		Х
	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		Х
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		Х
27		27		Х
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)	,		
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	Х	
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O	38		х

Form 990 (2016) May Arboretum Society

Panty Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · · </u>	· · ·	<u>:                                    </u>
4.	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1.342	Yes	No
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			歌
•	(gambling) winnings to prize winners?	1 c		Х
2 8	a 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 2 a 0			
ı	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		微学	A Niger
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
ı	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
1	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)		200	
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
(	c if 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 :	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
J	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).		100	
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and		200	i neri
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file  Form 8282?	7.0		X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c	Direction of the contract of t	Marin
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	<del></del>		
,	as required?	7 g		
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7 h	187 J. S.	٠, , ١
•	organization have excess business holdings at any time during the year?	8	tid.al.	= -2-
٩	Sponsoring organizations maintaining donor advised funds.		<b>***</b>	意味が、
٠,	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	<u> </u>	-
	Section 501(c)(7) organizations. Enter			SHEET.
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11				
	a 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)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	4	100	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	3	100	4
	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	**		<b>新</b>
ı	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			
,	c Enter the amount of reserves on hand		<b>34.0</b>	
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
		-	200	0046

Par	Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below		d for				
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	7					
	Check if Schedule O contains a response or note to any line in this Part VI			. X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1 a	Enter the number of voting members of the governing body at the end of the tax year   1a   9						
	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						
t	Enter the number of voting members included in line 1a, above, who 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		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its governing documents						
	since the prior Form 990 was filed?	4		X			
5							
6							
7 a	7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more						
	members of the governing body?	7 a		X			
t	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	stockholders, or persons other than the governing body?	7 b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
	The governing body?	8 a	Х				
t	Each committee with authority to act on behalf of the governing body?	8 b	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 Revenue	ie Co	ode )				
			Yes	No			
10 a	Did the organization have local chapters, branches, or affiliates?	10a		X			
k	If 'Yes,' dtd 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?	10 b					
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X			
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13 · · · · · · · · · · · · · · · · · ·	12a	Х				
k	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		v				
13	Did the organization have a written whistleblower policy?	12 c	_X				
14	Did the organization have a written document retention and destruction policy?	14		$\frac{x}{X}$			
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		<del>-^</del>			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	- · · · · · · · · · · · · · · · · · · ·	15a		X			
t	<u> </u>	15b		X			
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)		İ	1			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		J 			
t	olf '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						
		16 b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶		- <b>-</b> -				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at for public inspection. Indicate how you made these available. Check all that apply	vailab	le				
44	Own website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	to					
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	Rodney Dimmitt P.O. Box 6225 Reno NV 89513 (77	5) 7	85-4	153			

Form	990 (2016)	Mav	Arboretum	Society	7

88-0205838

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

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

- 1 a 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, 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than one box, unless person is both an officer and a (B) (D) (A) (F) Average hours Reportable Reportable Estimated compensation from related organizations (W-2/1099-MISC) amount of other compensation from the director/trustee) compensation from per week the organization (W-2/1099-MISC) Key employee employee nstitutional trustee ndividual trustee Highest compensated (list any hours for related organization and related organiza tions below dotted (1) Lynn Bethel 10.00 Χ Χ President 0. 0. (2) Susan Campau 3.00 Х Χ Secretary 0. 0. 0. 5.00 (3) Rodney Dimmitt Х Χ Treasurer 0. 0. 0. (4) Valerie Ellis 3.00 Х Membership Chair 0. 0. 0. (5) Bill Carlos 3.00 Χ Endowment Committee Chair 0. 0. 0. 1.00 (6) Lenita Powers Х Director 0. 0. 0. (7) Susan Mullen 1.00 Χ 0. 0. 0. (9) (10)(11)(12)(13)

(14)

compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A)

(B)

(C)

Compensation

Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

TEEA0108 11/16/16

Form 990 (2016)

	1990 (2016) May Arboretum Society		<del></del>	88-0205838	Page 9
Par	t VIII Statement of Revenue				
	Check if Schedule O contains a response or note to	to any line in this Part VIII .  (A)  Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a				
irar	b Membership dues 1 b 3,	000.			
, Ē	c Fundraising events 1 c 7,	666.			
# Z	d Related organizations 1 d				
S, E	e Government grants (contributions) 1 e				
8 2	f All other contributions gifts grants and		ŀ		
듍	f All other contributions, gifts, grants, and similar amounts not included above 1f 5,003,	327.			
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$ 5,000,				
a G	h Total. Add lines 1a-1f				
ne	Business (				
Program Service Revenue	2a				
æ	b				
Ş	С				
Ş	d				
Ē	e				
ğ	f All other program service revenue	596.	596.	0.	0.
ď	g Total. Add lines 2a-2f	▶ 596.		<del></del>	
	3 Investment income (including dividends, interest and				
	other similar amounts)	2,304.	2,304.	0.	0.
	4 Income from investment of tax-exempt bond proceed				
	5 Royalties				
	(i) Real (ii) Pers	onal			
	6 a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Oth	ner			
	assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
			·		
골	8 a Gross income from fundraising events (not including. \$ 7,666.		İ		
ě	(not including. \$ 7,666. of contributions reported on line 1c)				
æ	See Part IV, line 18 a				
Other Revenue	b Less direct expenses b				
돚	c Net income or (loss) from fundraising events	•	-		
O					
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	▶			
	10 a Gross sales of inventory, less returns		-		
		746.			
	b Less cost of goods sold b	287.			
	c Net income or (loss) from sales of inventory		1,459.	0.	0.
	Miscellaneous Revenue Business C	~/.05.	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	11a				
	b				
	С				
	d All other revenue				
	e Total Add lines 11a-11d	<b>•</b>			

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Do n 6b, 7	not include amounts reported on lines rb, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
•	organizations and domestic governments See Part IV, line 21					
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,100.	1,100.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	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)					
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					
11	Fees for services (non-employees)					
а	Management					
t	Legal					
c	Accounting					
c	Lobbying					
е	Professional fundraising services See Part IV, line 17 .					
f	Investment management fees					
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)					
12	Advertising and promotion		421.	0.	136.	
13	Office expenses		391.	0.	0.	
14	Information technology					
15	Royalties					
16	Occupancy		<del>_</del> .			
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	138.	138.	0.	0.	
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance				· · · · · · · · · · · · · · · · · · ·	
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 line 24e expenses on Schedule O)					
a	Supplies	22,311.	20,825.	0.	1,486.	
	Pank fees		208.	0.	0.	
	P.O. box		9.	0.	0.	
	Membership expense		81.	0.	0.	
e	All other expenses	6,025.	6,025.	0.	0.	
	Total functional expenses Add lines 1 through 24e	30,820.	29,198.	0.	1,622.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here  if following SOP 98-2 (ASC 958-720).					

88-0205838 Page 11 Form 990 (2016) May Arboretum Society Part X **Balance Sheet** (B) (A) End of year Beginning of year 17,434. 1 11,662. 25,189 2 16,193. 3 4 Loans and other receivables from current and former officers, directors 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges . . . . . . . . . 9 Land, buildings, and equipment cost or other basis 10 a 10 a b Less accumulated depreciation . . . . . . . . . . . . . 10 b 10 c 11 11 5,002,300. Investments - other securities See Part IV, line 11 . . . . . . . . 12 12 Investments - program-related See Part IV, line 11 . . . . . . . . . 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . . . . . . . . . . 42,623 16 5,030,155 16 17 17 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 21 Loans and other payables to current and former officers, directors, trustees. 22 key employees, highest compensated employees, and disqualified persons 22 23 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 Total liabilities. Add lines 17 through 25............. 0 26 0 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. 27 <u>42,6</u>23 27 5,030,155 28 28 29 Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. þ

BAA

Net Assets

30

31

32

33

34

5,030,155.

30

31

32

33

34

42,623

42,623.

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . . . . . . . . . . .

Retained earnings, endowment, accumulated income, or other funds. . . . . . . . .

Form 990 (2016) May Arboretum Society	<u>88-020583</u>	8	Page 1	12
<u>PartiXI</u> Reconciliation of Net Assets	-			
Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>		<u></u> [	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	5,01	18,352	-
2 Total expenses (must equal Part IX, column (A), line 25)	2		30,820	
3 Revenue less expenses Subtract line 2 from line 1	3		37,532	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		12,623	
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	6			
7 Investment expenses				
8 Prior period adjustments	<del></del>			
9 Other changes in net assets or fund balances (explain in Schedule O)	9		_	
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
column (B)).	· · ·   10	5,03	<u>30,155</u>	•
Partixiii Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		[	
			Yes No	2
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		_ [화기점	* * " -	-
If the organization changed its method of accounting from a prior year or checked 'Other,' explain		***	,	
ın Schedule O		- (2)	· · · · · · · · · · · · · · · · · · ·	
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>.</b>	. 2a	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	7. ng	3	
separate basis, consolidated basis, or both			<u> ]</u>	٠
Separate basis Consolidated basis Both consolidated and separate basis				
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	X	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	!	'.	.	
Separate basis Consolidated basis Both consolidated and separate basis		1		
				_
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit, 	. 2 c		
If the organization changed either its oversight process or selection process during the tay year explain				_
in Schedule O				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	. 3a	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	"		_
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. зь		
BAA			990 (2016	 3)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

88-0205838 May Arboretum Society Part | Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (IV) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing Yes No (B) (D) <u>(E)</u> Total

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	19,955.	22,899.	23,078.	23,749.	12,289.	101,970.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	19,955.	22,899.	23,078.	23,749.	12,289.	101,970.
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					- "	101,970.
Sec	tion B. Total Support	_					
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	19,955.	22,899.	23,078.	23,749.	12,289.	101,970.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				8.	2,304.	2,312.
9	Net income from unrelated business activities, whether or not the business is regularly carried on					2,001.	<u></u>
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			·	16,870.	1,746.	18,616.
11	Total support. Add lines 7 through 10						122,898.
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization top here	on's first, second, th	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14		6 (line 6, column (f)	divided by line 11,	, column (f))		14	82.97 %
15	Public support percentage from 20	115 Schedule A, Pa	ırt II, line 14		• • • • • • • • • •	15	99.59 %
16a	33-1/3% support test—2016. If the and stop here. The organization q	ne organization did Jualifies as a public	not check the box of ly supported organ	on line 13, and line ization	e 14 is 33-1/3% or	more, check this bo	x ►  X
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did r qualifies as a public	not check a box on cly supported organ	line 13 or 16a, and exation	d line 15 is 33-1/3%	6 or more, check th	is box
17a	10%-facts-and-circumstances te or more, and if the organization metholographication meets the 'facts-a	st—2016. If the orgets the 'facts-and- ind-circumstances'	ganization did not c circumstances' test test The organizat	heck a box on line t, check this box ai tion qualifies as a p	: 13, 16a, or 16b, a nd <b>stop here</b> . Expl publicly supported	nd line 14 is 10% ain in Part VI how organization	▶ []
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstances' facts-and-circumstances to the organization meets the 'facts-and-circumstances' facts-and-circumstances to the organization meets the or	eets the 'facts-and- circumstances' test	circumstances' test The organization	t, check this box ar qualifies as a publ	nd <b>stop here.</b> Expl icly supported orga	aın ın Part VI how ti anızatıon	ne ►
18	Private foundation. If the organize	ation did not check	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see instruction	s ▶ 🗍
5							<del></del>

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

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

Sec	tion A. Public Support	· ·	<u> </u>				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any 'unusùal 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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						· · · · · ·
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						<u> </u>
Sec	tion B. Total Support					<u> </u>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)				-		
14	First five years. If the Form 990 is organization, check this box and st	for the organizati	on's first, second, t	hird, fourth, or fifth	n tax year as a sect	ion 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pul	olic Support P	ercentage				
15	Public support percentage for 2016						ફ
16	Public support percentage from 20	15 Schedule A, Pa	art III, line 15	<u></u>		16	ક
Sec	tion D. Computation of Inv				<del></del>	<u></u>	
17	Investment income percentage for				))	17	
18	Investment income percentage from		-	= :	• •	<u> </u>	90
	33-1/3% support tests—2016. If the is not more than 33-1/3%, check the	ne organization did	not check the box	on line 14, and lir	ne 15 is more than	33-1/3%, and line 17	7
b	33-1/3% support tests—2015. If the line 18 is not more than 33-1/3%, c	ne organization did	not check a box o	n line 14 or line 19	9a, and line 16 is m	ore than 33-1/3% a	nd 🗀
20	Private foundation. If the organiza	ation did not check	a box on line 14, 1	l9a, or 19b, check	this box and see i	nstructions	▶ Ħ

Partily Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	tion A. All Supporting Organizations		Yes	No
			163	140
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below			
t	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 <b>Part VI</b> when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
5a	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes  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 <b>Part VI</b> , 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	4c		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		4
t	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		**
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'	7		
8	complete Part I of Schedule L. (Form 990 or 990-EZ)	8		
9 <i>a</i>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
t	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations) If 'Yes,' answer 10b below	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Pa	個V、 Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		_
	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		
Sec	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove 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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			<u> </u>
<u> </u>	tion of Type is 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		
Sec	tion D. All Type III Supporting Organizations			
-	tion of All Type in oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<del> </del> ,
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)			
	the organization maintained a close and continuous working relationship with the supported organization(s)	_2		<u> </u>
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 regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		—
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
;	The organization satisfied the Activities Test Complete line 2 below			
١	The organization is the parent of each of its supported organizations. Complete line 3 below			
1	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction).	ons)		
2	Activities Test Answer (a) and (b) below.		Yes	No
i	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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	· · · - · ·	
I	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.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
1	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		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizat	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust o instructions. All other Type III non-functionally integrated supporting organizations	n Nov 20	), 1970 (explain in Part \	VI) See gh E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1 b		
-	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	_ 1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally integra (see instructions)	ated Type	e III supporting organizat	tion
BAA			Schedule A (F	orm 990 or 990-EZ) 2010

Page 6

Par	t v   Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	tions (continuea)	
Sect	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	s of supported organization	ons,	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets	<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			-
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ation is responsive (provi	de details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b				
С	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
— h	Applied to 2016 distributable amount			
$\overline{}_{i}$	Carryover from 2011 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2016 from Section D, line 7			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7			
a		<del>                                     </del>	<del>                                     </del>	
	Excess from 2013		<del> </del>	-
	Excess from 2014		1	<u> </u>
	Excess from 2015			-
	Excess from 2016			
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Schedule A (Form 990 or 990-EZ) 2016

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

Pt II Ln 10

Other Income Part II, Line 10 Description: Promotional sales 2015: 490. 2016: 125. Description: Plant sales 2015: 13981. 2016: 11. Description: Art & nature in the garden 2015: 2399. 2016: 1610.

#### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

	May Arboretum Society	88-0205838
See.	Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts
<u>Rai</u>	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	as of Accounts.
	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(b) I dilab dila ottor dobbatilo
2	Aggregate value of contributions to (during year)	<del>_</del>
3	Aggregate value of grants from (during year)	<del></del>
J .4	Aggregate value at end of year	
4		
5	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can lead to charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos impermissible private benefit?	se conferring
Pai	Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
		a historically important land area
	Protection of natural habitat Preservation of	a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a conservation easement on the
	last day of the tax year	Resided 11-14-14-15-15-15-15-15-15-15-15-15-15-15-15-15-
	Table with a state of a second transfer of a second	Held at the End of the Tax Year
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (a)	2 c
•	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	of violations,
	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	inservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser►\$	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(ii)?	70(h)(4)(B)(i) Yes No
	In Part XIII, describe how the organization reports conservation easements in its revenue and experinctude, if applicable, the text of the footnote to the organization's financial statements that describe conservation easements	s the organization's accounting for
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	Other Similar Assets.
1 :	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue sta art, historical treasures, or other similar assets held for public exhibition, education, or research in fu in Part XIII, the text of the footnote to its financial statements that describes these items	
1	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items	ent and balance sheet works of art, erance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for finan amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
;	a Revenue included on Form 990, Part VIII, line 1	
1	<b>b</b> Assets included in Form 990, Part X	

f Administrative expenses							
g End of year balance	5,003,360.	10,059.					
2 Provide the estimated percentage	of the current year end ba	lance (line 1g, colur	mn (a)) held as				
a Board designated or quasi-endown	nent ► 100.0	0 %					
<b>b</b> Permanent endowment ►	0.00%						
c Temporarily restricted endowment	0.00 %	3					
The percentages on lines 2a, 2b, a	nd 2c should equal 100%						
3 a Are there endowment funds not in	the possession of the ora	anization that are he	eld and administered	I for the			
organization by				. 10, 110	[	Yes	No
(i) unrelated organizations					3a(i)	Х	
(ii) related organizations					3a(ii)		Y

12,888.

2,830.

1.

Part VII Land, Buildings, and Equipment.

1 a Beginning of year balance . . .

b Contributions . . . . . . . . . .

d Grants or scholarships . . . . .e Other expenditures for facilities

and programs . . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			TORREST AND AND THE	
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total, Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10c)		

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4 Describe in Part XIII the intended uses of the organization's endowment funds

10,059

2,301.

9,000.

5,000,000.

Schedule D (Form 990) 2016

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b See Form 990, Part X, line 12  (c) Method of valuation Cost or end-of-year market value
1) Financial derivatives	<u> </u>	(c) manager valuation cost of one or year market value
2) Closely-held equity interests		
3) Other		
A)		
3)	-	
<del></del>	·	
	·	
<u> </u>		
F)		
5) 		
<del>1</del> )		
I)		
otal (Column (b) must equal Form 990, Part X, column (B) line 12)▶		
		Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	-	
(9) (10) Otal (Column (h) must equal Form (00) Part V, column (D) less 12.)		
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶		
(10) otal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.		Part IV, line 11d See Form 990, Part X, line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered "  (a) De		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
ptal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1)	Yes' on Form 990,	
(10)  patal. (Column (b) must equal Form 990, Part X, column (B) line 13)  Part IX Other Assets.  Complete if the organization answered (a) De (1)  (2)	Yes' on Form 990,	
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered "  (a) De  (1)  (2)  (3)	Yes' on Form 990,	
(10)  Part IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)	Yes' on Form 990,	
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered "  (a) De  (1)  (2)  (3)  (4)  (5)	Yes' on Form 990,	
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6)	Yes' on Form 990,	
10)  total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7)	Yes' on Form 990,	
10)  total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990,	
10)  total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990,	
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, escription	(b) Book value
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered " (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Datal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.	Yes' on Form 990, escription	(b) Book value
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered " (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Datal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F	Yes' on Form 990, escription	(b) Book value
table (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  otal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability	Yes' on Form 990, escription	(b) Book value
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Dotal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability  (1) Federal income taxes	Yes' on Form 990, escription	(b) Book value
10)  Intal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  Intal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability  (1) Federal income taxes  (2)	Yes' on Form 990, escription	(b) Book value
10)  Intal. (Column (b) must equal Form 990, Part X, column (B) line 13)▶  Part IX Other Assets.  Complete if the organization answered " (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Intal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.  Complete if the organization answered "Yes" on F  (a) Description of liability (1) Federal income taxes (2) (3)	Yes' on Form 990, escription	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Otal. (Column (b) must equal Form 990, Part X, column (B) II Part X  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4)	Yes' on Form 990, escription	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) otal. (Column (b) must equal Form 990, Part X, column (B) II Part X Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' on Form 990, escription	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  otal. (Column (b) must equal Form 990, Part X, column (B) II  Part X Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)	Yes' on Form 990, escription	(b) Book value
Other Assets. Complete if the organization answered (a) De (1)  (2) (3) (4) (5) (6) (7) (8) (9) 10) Otal. (Column (b) must equal Form 990, Part X, column (B) Ine 13) •  Complete if the organization answered (a) De (1)  Otal. (Column (b) must equal Form 990, Part X, column (B) Ine (1)  Part X Other Liabilities. Complete if the organization answered (Yes' on Form (1)  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Yes' on Form 990, escription	(b) Book value
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10) Datal. (Column (b) must equal Form 990, Part X, column (B) II Part X  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' on Form 990, escription	(b) Book value
Complete if the organization answered (a) Description of liability  Complete if the organization answered (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Yes' on Form 990, escription	(b) Book value
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Datal. (Column (b) must equal Form 990, Part X, column (B) II Part X  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) 10)	Yes' on Form 990, escription	(b) Book value
10)  Datal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) 10)  Datal. (Column (b) must equal Form 990, Part X, column (B) II Part X  Other Liabilities.  Complete if the organization answered 'Yes' on F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' on Form 990, escription  Ine 15)  Form 990, Part IV, line 1  (b) Book value	(b) Book value

Part XIII | Supplemental Information.

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

> Endowment fund was initially set up with Community Foundation of Western Nevada. Monthly reporting could not be obtained so 82,170 shares of AbbVie inc. are currently being held by Computershare Trust Company until the May Arborterum Society Endowment Fund is established. Earnings from the fund will help fund future operations of the arboretum in perpetuity.

Pt V, Line 4

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

May Arboretum Society

Employer identification number

88-0205838

4	(a) Name of disquali	fied person	(b) Re			en disqualified anization (c) Description of transaction						(d) Con	rected
٠	(a) Name of disquain	ned person		personal	id Organizai	1011						Yes	No
(1)													
(2)													
(3)		·-		_									
(4)			<u> </u>	_									L.,
(5)									-				
(6)		_	J										
se	ction 4958			`		squalified persons du							
3 E	iter the amount of	tax, if any, on li	ne 2, above, re	ımburse	d by the	organization	<del> </del>		.►\$				
Part I	Complete if the	ind/or From ne organization reported an am	answered 'Yes	s' on Foi	m 990-E	Z, Part V, line 38a o 5, 6, or 22	r Form 990, Part IV	, line 20	5; or if	the			
(a) Nam	e of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa from organi		(e) Original principal amount	(f) Balance due	(g) In o	default?	(h) App by boa comm	ard or	(i) Wr agreer	
				То	From			Yes	No	Yes	No	Yes	No

,	with organization	of loan	from	the zation?	principal amount		(8,		by bo	ard or	agreer	nent?
			То	From		İ	Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)		_										
(4)												
(5)											l	
(6)		, i										
(7)												
(8)												
(9)							[					
(10)												
Total					▶\$							

## Partell Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 May Arboretum Society

Partiv Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, lir	e 28a. 28b	), or 28c
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		(e) Sharing of organization's revenues?	
				Yes	No	
(1) Tim and Julie Gregory	Brother in-law to current Treasurer	5,000,000.	Donation of stock to Organization		X	
(2)						
(3)						
(4)				i		
(5)						
(6)						
(7)		•				
(8)						
(9)						
(10)						

Provide additional information provide additional information for responses to questions on Schedule L (see instructions).

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

May	May Arboretum Society 88-0205838										
Par	Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	(d) Method of determining noncash contribution am		ing mounts			
1	Art — Works of art										
2	Art - Historical treasures							<u></u>			
3	Art — Fractional interests										
4	Books and publications			<del></del>	_						
5	Clothing and household goods				<u> </u>						
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	X	82,170	5,000,000	New You	k Sto	ck Exc	change			
10	Securities - Closely held stock										
11	Securities — Partnership, LLC, or trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution — Historic structures	_									
14	Qualified conservation contribution — Other				<del> </del>						
15	Real estate — Residential	-			<del>                                     </del>						
16	Real estate – Commercial				<del>                                     </del>						
17	Real estate — Other		-		<del> </del> -						
18	Collectibles				<u> </u>	_					
19	Food inventory				<del>                                     </del>						
20	Drugs and medical supplies				<del> </del>						
21	Taxidermy				<del>                                     </del>						
22	Historical artifacts				<u> </u>						
23	Scientific specimens							<del></del>			
	Archeological artifacts										
25	-				<del>                                     </del>						
26		_			1	-					
-	odioi (										
	,============,				<del> </del> -						
	Other	al		<u> </u>	<del>                                     </del>						
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A	auring the ta Acknowledge	ement	for which the	29						
					20		Yes	No			
							1 63	No			
30a	During the year, did the organization receive by contit must hold for at least three years from the date of t				nat						
	for exempt purposes for the entire holding period? $% \left( 1\right) =\left( 1\right) \left(					30 a		X			
b	If 'Yes,' describe the arrangement in Part II										
•											
-	l2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							X			
	If 'Yes,' describe in Part II					]					
33	If the organization didn't report an amount in column describe in Part II	(c) for a type	e of property for which co	olumn (a) is checked,							
BAA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2016)										

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

#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

May Arboretum Society

88-0205838

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We have not provided complete copy of Form 990 to all of the Board members since the annual report covers income and expenses in some detail and the organization was required to file Form 990-N in the past. We have a Conflict of Interest Policy that we all sign and review

Pt VI, Line 12c

Pt VI, Line 11b

e 12c annually.