efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317069759 OMB No 1545-0047 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization NATIONAL ARBOR DAY FOUNDATION D Employer identification number B Check if applicable ☐ Address change 23-7169265 ☐ Name change Doing business as ☐ Initial return ARBOR DAY FOUNDATION ☐ Final return/terminated Number and street (or P O $\,$ box if mail is not delivered to street address) 211 N 12 ST STE 501 $\,$ E Telephone number ☐ Amended return ☐ Application pending (402) 473-9551 City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE $\,$ 685081411 $\,$ G Gross receipts \$ 61,340,976 Name and address of principal officer H(a) Is this a group return for MATT HARRIS □Yes **☑**No subordinates? 211 N 12 ST STE 501 H(b) Are all subordinates LINCOLN, NE 685081411 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ARBORDAY ORG L Year of formation 1971 M State of legal domicile NE K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE PURPOSE OF THE CORPORATION SHALL BE TO ENGAGE IN EDUCATIONAL AND CHARITABLE ACTIVITIES INCLUDING OFFICALLY PROMOTING THE ANNUAL OBSERVANCE OF ARBOR DAY, INSPIRING PEOPLE TO PLANT, NURTURE, AND CELEBRATE TREES, STIMULATING A WORLD-WIDE PROGRAM OF TREE AND HORTICULTURAL PLANTING AND CARE, ADVANCING NATURE EDUCATION AND ENVIRONMENTAL Activities & Governance EDUCATION, AND MAINTAINING ARBOR DAY FARM, THE ESTATE OF ARBOR DAY'S FOUNDER, J STERLING MORTON Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 11 5 528 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a 7,585,305 b Net unrelated business taxable income from Form 990-T, line 34 7b -257,927 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 32,036,238 41,055,429 Ravenue 13,574,442 13,725,598 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 433,096 47,150 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,361,323 2,825,932 49,019,153 58,040,055 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 569.768 1.645.294 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 14,788,298 15,886,866 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶8,389,668 31,802,815 39,377,979 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 47,160,881 56,910,139 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) **19** Revenue less expenses Subtract line 18 from line 12 . 1,858,272 1,129,916 Assets or d Balances End of Year Beginning of Current Year 50,039,298 20 Total assets (Part X, line 16) . 50,392,462 21 Total liabilities (Part X, line 26) . 13,203,209 11,835,988 Net assets or fund balances Subtract line 21 from line 20 . 37,189,253 38,203,310 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-10-25 Signature of officer Date Sign Here MATT HARRIS CHIEF EXECUTIVE OFFICER Type or print name and title Print/Type preparer's name Date 2019-10-25 Preparer's signature Check \square if P00543870 **Paid** self-employed Firm's name ► HBE LLP Firm's EIN > 47-0677245 Preparer **Use Only** Firm's address ► 7140 STEPHANIE LANE PO BOX 23110 Phone no (402) 423-4343 LINCOLN, NE 685423110 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	1 990 (20	18)						Page 2					
Pá	art III	Statement of	of Program Servi	ce Accomplis	hments								
		Check If Sched	lule O contains a resp	onse or note to a	any line in this Part III			✓					
1	Briefly	describe the or	ganızatıon's mıssıon										
THE PRO	ANNUAL (GRAM OF	OBSERVANCE TREE AND HO	OF ARBOR DAY, INSP RTICULTURAL PLANTI	IRING PEOPLE T NG AND CARE, A	O PLANT, NURTURE, AI	RITABLE ACTIVITIES INCLUD ND CELEBRATE TREES, STIMU DUCATION AND ENVIRONMEN MORTON	LATING A WORLD-WIDE						
2		-	undertake any signific		- · ·	hich were not listed on	□Yes ☑N	No					
	If "Yes,	" describe thes											
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program												
	services	. □Yes ☑	No										
	If "Yes,	" describe thes	se changes on Schedu	le O									
4	Section	501(c)(3) and		ons are required	to report the amount of	largest program services, as of grants and allocations to otl							
	(Code) (Expenses \$	22.989.138	including grants of \$	1.645.294) (Revenue \$	4,763,456 }						
	`	itional Data	/ (=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			270.0722.77 (110.0110.00 \$.,,,						
4b	(Code) (Expenses \$	2,965,839	ıncludıng grants of \$) (Revenue \$	88,891)						
	See Add	itional Data											
4c	(Code) (Expenses \$	11,364,023	including grants of \$) (Revenue \$	1,380,416 }						
	See Add	itional Data											
	See Ad	dıtıonal Data T	āble able										
4d		_	es (Describe in Sched	•									
	(Expen	ses \$	4,834,369 inc	luding grants of	\$) (Revenue \$	2,211,675)						
			ice expenses ▶	42,153,3									

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 No 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 98-19? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 💆 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(u)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Nο **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14h No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, No column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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Par	Checklist of Required Schedules (continued)	- 1		
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	Yes Yes	No
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 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
6	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
7	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
В	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
4	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		No
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
7	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		No
8	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	Yes	
Pa	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>
			Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

89

0

1a

1b

If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year 7d | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

10a

10b

11a

11b

13c

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Sponsoring organizations maintaining donor advised funds.

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

c Enter the amount of reserves on hand

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

7h

8

9a

9h

12a

14a

14b

No

No

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	·	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	

10a	Did the organization have local chapters, branches, or affiliates?	10a		No
			Yes	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
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		No
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
а	The governing body?	8a	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
7a	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?	7a		No
6	Did the organization have members or stockholders?	6	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
	of officers, directors or trustees, or key employees to a management company or other person?			

	of officers, directors of trustees, of key employees to a management company of other person?	1 1		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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		No

				i
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ AL AR CA CT DC FL GA HI II	KS KY	MD	ма мі

TIA	form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , DC , FL , GA , HI , IL , , MN , MS , NH , NJ , NM , NY , NC , OK , OVA , WV , WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			

	Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se		16b		
Se 17	status with respect to such arrangements?	KS , KY		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , DC , FL , GA , HI , IL , F , MN , MS , NH , NJ , NM , NY , NC , OK , C	KS , KY		
17	status with respect to such arrangements?	KS , KY		
17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , DC , FL , GA , HI , IL , MN , MS , NH , NJ , NM , NY , NC , OK , OV A , WV , WI Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	KS , KY		
17	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed AL , AR , CA , CT , DC , FL , GA , HI , IL , MN , MS , NH , NJ , NM , NY , NC , OK , CV , WV , WI Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	KS , KY		

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

- year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations $% \left(1\right) =\left(1\right) \left(1\right) \left($ • 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 co	mpensation fro	m the	organ	ızatı	ion	and ar	ny r	elated organization	S	
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstı	itutioi	nal t	rust	ees, d	offic	ers, key employees	s, highest	
Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	any	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that pers	on (do an on on is	(C) o not e bo both	t cho ox, u or/tr	eck m inless office ustee	ore er	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) RAY EMPSON IMMEDIATE PAST CHAIR	1 00	×						0	0	0
(2) DR SCOTT JOSIAH CHAIR	1 00	Х		x				0	0	0
(3) CRAYTON WEBB TRUSTEE	1 00	X						0	0	0
(4) PRESTON COLE TRUSTEE	1 00	×						0	0	0
(5) PAT COVEY VICE CHAIR	1 00	×		x				0	0	0
(6) SUSAN HENRICKS TRUSTEE	1 00	x						0	0	0
(7) MARY DESJARDINS TRUSTEE	1 00	×						0	0	0
(8) LEAH MACSWORDS TRUSTEE	1 00	X						0	0	0
(9) DANIELLE CRUMRINE TRUSTEE	1 00	×						0	0	0
(10) KEN MUNSON TRUSTEE	1 00	х						0	0	0
(14) DOREST BUANO	1 00									

(11) ROBERT RUANO TRUSTEE Х 0 0 0 1 00 (12) LESLIE WELDON TRUSTEE 0 0 0 40.00 (13) MATT HARRIS Χ 336,445 39,432 CHIEF EXECUTIVE OFFICER 40 00 (14) DAN LAMBE Х 221.927 0 33.836 PRESIDENT 40 00 (15) GARY DEEMER TREASURER Х 158,148 0 13,312 40 00 (16) BRITT EHLERS Χ 158,093 29,164 SECRETARY 40 00 (17) WOODROW NELSON Х 179.939 0 16.665 VP MARKETING COMMUNICATION

Form 990 (2018)

1b Sub-Total

2

3

5

1

RR DONNELLEY

PO BOX 93514 CHICAGO, IL 60673 **GREENTREES LLC**

PO BOX 250 THE PLAINS, VA 20198 TAYLOR COMMUNICATION

PO BOX 71805 CHICAGO, IL 60694 DAVID MCGREGOR NURSERY

PO BOX 30451 LANSING, MI 48909

MCMINNVILLE, TN 37111

MICHIGAN DEPT OF NATURAL RESOURCES

compensation from the organization ▶ 46

d Total (add lines 1b and 1c) .

Section B. Independent Contractors

c Total from continuation sheets to Part VII, Section A

of reportable compensation from the organization > 20

line 1a? If "Yes," complete Schedule J for such individual .

Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) (F) (C) (D) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated

than one box, unless person

is both an officer and a

director/trustee)

compensation

from the

organization (W-

compensation

from related

organizations

amount of other

compensation

from the

283,476

Νo

No

No

5,669,016

5,489,694

2.334.627

1,693,601

1,071,000

Form **990** (2018)

Compensation

Yes

Yes

0

3

4

5

Description of services

TREE PLANTING, CARBON OFFSETS

LETTERSHOP

PRINTING

TREE NURSERY

TREE PLANTING

hours per

week (list

any hours

	for related organizations	a j	=	Off 5	X	·	ξ	2/1099-MISC)	(W- 2/1099- MISC)	organization and related	
	below dotted line)	Indual trustee director	stitutional Trustee	<u> </u>	employee	Highest compensated employee	mer			organizations	
(18) KAREN HOUSER	40 00				х			161,872	0	11,907	
VP SYSTEMS	···	 			``			101/072	Ĭ	11,507	
(19) ROB NICKOLAUS	40 00				Х			150,559	0	20,645	
DIRECTOR OF INFORMATION TE	•••	····						200/003	,	20,013	
(20) ADAM HOWARD	40.00										

(22) DANIEL COHN	40 00				¥		148,254	0	19,774
DIRECTOR OF COMMUNICATIONS	•••				<		140,254	9	15,774
(23) KATIE LOOS	40 00				×		145,751	0	29,007
VP VENTURES AND PARTNERSHI					^		110,731	Š	23,007
(24) AUSTIN MACKRILL	40 00				×		131.923	0	23,312
VP ARBOR DAY FARM		····			^		151,525		25,512
				\vdash		-			

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person . . .

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

>

2,063,165

'P HUMAN RESOURCES				^	132,130	0	23,11
22) DANIEL COHN	40 00			×	148,254	0	19,77
DIRECTOR OF COMMUNICATIONS				,	110,231	,	19,11
23) KATIE LOOS	40 00			×	145,751	0	29,00
'P VENTURES AND PARTNERSHI				,	113,731	, and the second	25,00
24) AUSTIN MACKRILL	40 00			×	131,923	0	23,31
'P ARBOR DAY FARM					131,323	9	25,51

(21) YINKA AKINYEMI	40 00			×	132,156	0	25,116
VP HUMAN RESOURCES		····			132,130	Ŭ	23,110
(22) DANIEL COHN	40 00			×	148,254	0	19,774
DIRECTOR OF COMMUNICATIONS		····			110,231	, and the second	13,,,,
(23) KATIE LOOS	40 00			×	145,751	0	29,007
VP VENTURES AND PARTNERSHI				^	1+3,731		25,007
(24) AUSTIN MACKRILL	40.00						

21120101101111011111011112							1
(20) ADAM HOWARD	40 00			¥	138,098	0	21,306
MISSION ENGAGEMENT DIRECTO	•••			<	130,090	0	21,300
(21) YINKA AKINYEMI	40 00			×	132,156	0	25,116
VP HUMAN RESOURCES					132,130		23,110
(22) DANIEL COHN	40 00			×	148,254	0	19,774
DIRECTOR OF COMMUNICATIONS				,	- 10/201	·	
(23) KATIE LOOS	40 00			×	145,751	0	29,007

DIRECTOR OF INFORMATION TE	•••	 			^		130,339	0	20,04.
(20) ADAM HOWARD	40 00					v	138.098	0	21,306
MISSION ENGAGEMENT DIRECTO	•••					_ ^	138,090	0	21,500
(21) YINKA AKINYEMI	40 00					×	132,156	0	25,116
VP HUMAN RESOURCES		····				^	132,130	0	25,110
(22) DANIEL COHN	40 00					×	148,254	0	19,774
DIRECTOR OF COMMUNICATIONS	,		l	l		^`	1+0,25+	Ŭ	

DIRECTOR OF INFORMATION TE		····			,		İ '
(20) ADAM HOWARD	40 00			¥	138,098	0	21,306
MISSION ENGAGEMENT DIRECTO	•••			^	130,030		21,500
(21) YINKA AKINYEMI	40 00			×	132,156	0	25,116
VP HUMAN RESOURCES		····		,,	102/100	,	
(22) DANIEL COHN	40 00			·	148,254	0	19,774
DIRECTOR OF COMMUNICATIONS	····			^	148,254		19,774
(22) KATTE LOOG							

Part	VI	П	Statement of	Revenue										
			Check if Schedul	e O contains a	a respo	onse or r	ote to any	(this Part VIII (A) revenue	Re e fu	(B) lated or xempt unction evenue	(C) Unrelated business revenue		(D) Revenue excluded from c under sections 512 - 514
10	1	La	Federated campaigi	ns	1a									
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1 b	1	4,001,333							
ora not		С	Fundraising events		1c									
, S, C			Related organizatio		1d									
13 Ja 13 Ja			Government grants (co		1e		961,603							
<u>ي</u> ک		f			_ <u></u> -									
S		•	and similar amounts no above		1f	2	6,092,493							
き		а	Noncash contribution	one included										
		9	in lines 1a - 1f \$	ons included	29	<u>,101</u>								
Cont and		h	Total. Add lines 1a-	1f			>		41,055,429					
							Business		12,000,125				\neg	
ЖIе	2	a I	LIED LODGE/A D FARM					722511	8,2	60,081	674	,776 7,5	85,305	
ver		ь : b	TREE SALES					111000	4,7	63,456	4,763	,456	\neg	
ı, Q <u>∓</u>		- C (CONFERENCE PROGRAM	lS					5	67,166	567	,166		
Ž.		٠.	ARBOR DAY YOUTH EDU					611600		88,891	88	,891	\dashv	
3		Ξ.	TREE CITY USA INCOME					722511		46,004	46	,004	\rightarrow	
ranı		٠.						900099					\longrightarrow	
Program Service Revenue		f	All other program se	rvice revenue				725 505	<u> </u>					
	9	9 T	otal. Add lines 2a–2	f		>	13,/	25,598						
			nvestment income (ir		ends, i	nterest,			366,519	9			\top	366,519
			milar amounts) . ncome from investme		· mpt b	and proc	eeds ►	-	300,31	1-			+	
					-		. •	-	14,37	5			+	14,375
				(ı) Real		(II) F	Personal						+	
	6	a (Gross rents					1						
		L	Less rental expenses	1	.35,268 0			-						
		ט	Less Tental expenses		O									
		С	Rental income or (loss)	1	.35,268			1						
		d	Net rental income or	r (loss)				4	135,26	3	135,268			
		•	Net rental income of	(ı) Securit		· ·	• ► Other				133,200		+	
	7		Gross amount	, ,		(,	oune.	1						
		ä	from sales of assets other	1,1	.58,767									
		t	than inventory											
		b	Less cost or other basis and	1,0	92,190									
		_	sales expenses		66,577			-						
			Gain or (loss) Net gain or (loss)					-	66,57	7				66,577
			Gross income from fi				>		<u>, , , , , , , , , , , , , , , , , , , </u>				+	·
ne			` <u> </u>		of									
æ			contributions reporte See Part IV, line 18		а]								
Re		ЬI	Less direct expense:	s	Ь			1						
Other Revenue		c l	Net income or (loss)	from fundrais	ing ev	ents .	· •							
Oth	9		Gross income from g See Part IV, line 19		es									
_			see rantry into 15		а	}								
		b	Less direct expense:	s	ь			1						
		c l	Net income or (loss)	from gaming	activit	ies .	· •							
	10)a(Gross sales of invent returns and allowand	ory, less										
			recarris aria anomario		a	}	4,377,608							
		ЬI	Less cost of goods s	old	b		2,208,731	1						
		c	Net income or (loss)	from sales of	invent	ory .	. •		2,168,87	7	2,168,877			
	_	_	Miscellaneous			Busin	ess Code		505.4					
	1	1a	LIST RENTAL INCOM	1E			900099	,	507,41	4				507,412
								1					\bot	
		b												
													\bot	
		С												
		_						1						
			All other revenue					_					\bot	
			Total. Add lines 11a				>		507,41	2				
	1	2 .	Total revenue. See	Instructions			. •		58,040,05	5	8,444,438	7,585	,305	954,883
	_								, , ,		, ,			orm 990 (2018)

Forr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anizations must comp	olete column (A)	
ı	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,645,294	1,645,294		
2	Grants and other assistance to domestic individuals See Part IV, line 22			,	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors, trustees, and key employees	1,479,182	528,142	737,858	213,182
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	11,680,863	7,660,413	2,710,106	1,310,344
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	316,389	130,305	176,652	9,432
9	Other employee benefits	1,476,989	847,395	543,328	86,266
10	Payroll taxes	933,443	514,815	365,750	52,878
11	Fees for services (non-employees)				
7	a Management				
ı t	o Legal	39,650	20,701	18,875	74
, ,	C Accounting	58,075		58,075	
, c	d Lobbying				
· ε	e Professional fundraising services See Part IV, line 17			·	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,591,939	1,373,468	102,070	116,401
12	Advertising and promotion	1,425,371	1,091,609	248,480	85,282
13	Office expenses	69,602	29,055	16,194	24,353
14	Information technology	762,742	255,137	488,497	19,108
15	Royalties				
16	Occupancy	150,413	106,444	43,969	
	Travel	789,955	424,945	174,865	190,145
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	39,442	39,442		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,326,862	1,655,545	221,168	450,149
23	Insurance	303,191	206,678	81,047	15,466
	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)	2.055.146	2 026 762		20.294
	a TREE PURCHASES AND SHIP	9,955,146	9,926,762	0	28,384

8,525,554

4,700,159

2,193,576

6,446,302

56,910,139

4,862,399

5,332,509

2,663,575

2,193,576

5,507,559

42,153,369

3,460,821

3,186,122

2,025,287

576,795

8,389,668

1,401,578

Form **990** (2018)

0

6,923

11,297

361,948

6,367,102

0

b PRINTING/MAILING/PHOTO

d REFORESTATION CARBON CR

25 Total functional expenses. Add lines 1 through 24e

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)

c POSTAGE

e All other expenses

. 011111 .	,,,	(2010)					raye 11
Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			-316,558	1	-1,311,299
	2	Savings and temporary cash investments .		[5,798,422	2	3,320,108
	3	Pledges and grants receivable, net	and grants receivable, net				597,771
	4	Accounts receivable, net		[2,776,817	4	4,162,186
	5	Loans and other receivables from current and for trustees, key employees, and highest compensar Part II of Schedule L	ployees Complete		5		
ssets	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and f section 501(c)(9) structions) Complete		6		
SS	8	Inventories for sale or use			2,361,497	8	4,129,434
Ř	9	Prepaid expenses and deferred charges		 	346,766	9	519,109
1	L0a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	59,150,200			
	b	Less accumulated depreciation	10b	30,413,504	28,790,335	10c	28,736,696
1	L 1	Investments—publicly traded securities .			8,197,270	11	7,837,468
1	L 2	Investments—other securities See Part IV, line			12		
1	L3	Investments—program-related See Part IV, line			13		
1	4	Intangible assets				14	

1.897.557

50.392.462

6,108,733

4,989,996

1,341,298

763.182

13.203.209

36.142.369

1,006,441

37,189,253

50,392,462

40.443

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31 32

33

34

Dags 11

2.047.825

50.039.298

6,656,929

3.753.175

692,893

732.991

11.835.988

37.135.202

1,027,665

38,203,310

50,039,298

Form **990** (2018)

40.443

Form 990 (2018)

15

16

17 18

19

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21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Other assets See Part IV, line 11 . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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

3a

3b

Yes

Yes (2018)

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

EIN: 23-7169265

Form 990, Part III, Line 4a:

TEACHES THE IMPORTANCE OF TREES

Form 990 (2018)

Software Version:

Name: NATIONAL ARBOR DAY FOUNDATION

TREES FOR AMERICA - THE FOUNDATION'S SIGNATURE PROGRAM DISTRIBUTES MILLIONS OF TREES EACH YEAR ACROSS AMERICA, HELPS REPLANT FORESTS, AND

Form 990, Part III, Line 4b: ARBOR DAY YOUTH EDUCATION - THE FOUNDATION PROMOTES ARBOR DAY, AMERICA'S OLDEST ENVIRONMENTAL HOLIDAY, AND OFFERS NATURE EDUCATION PROGRAMS TO RECONNECT CHILDREN WITH NATURE TO INSPIRE THE NEXT GENERATION OF TREE PLANTERS AND ENVIRONMENTAL STEWARDS.

Form 990, Part III, Line 4c: ARBOR DAY FARM - THIS NATIONAL HISTORIC LANDMARK IS HOME TO LIED LODGE & CONFERENCE CENTER, INNOVATIVE CONSERVATION DEMONSTRATIONS, AND THE ARBOR DAY FARM TREE ADVENTURE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Expenses \$	3,042,032	including grants of \$) (Revenue \$	1,463,237)
RAIN FOREST RESCUE					

TREE CITY USA

RAIN FOREST RESCUE) (Expenses \$	3,042,032 INCIC	dding grants or \$) (Revenue \$	1,463,237)
(Code) (Expenses \$	1.159,578 inclu	uding grants of \$) (Revenue \$	46,004)

ı	Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code) (Expenses \$	632,759	including grants of \$) (Revenue \$	567,166)
CONFEDENCE DROCKAMS					

others, the total expenses, and revenue, if any, for each program service reported.

(Code) (Revenue \$ 135,268)

) (Expenses \$ including grants of \$

GENERAL

efile GRAPHIC print - DO NOT PRO				CESS	As Filed Data -			DLN: 9	3493317069759
SCI	HED	ULE A	Du	hlic (Charity Statu	e and Dul	alic Sunn	ort	OMB No 1545-0047
	m 99		Complete	if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	tion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	2018
•		the Treasury	•	► Go to <u>i</u>	www.irs.gov/Form	<u>990</u> for the late	st information	•	Open to Public Inspection
Nam	e of th	ne organiza RBOR DAY FOU						Employer identific	cation number
								23-7169265	
	rt I rganiz				is (All organization it is (For lines 1 thro			see instructions.	
1	. ga <u>2</u>				sociation of churches	•		(A)(i).	
2		•		•	L)(A)(ii). (Attach Sch			C7(-7-	
3					ice organization desc	,		iii).	
4		·	·	•	d in conjunction with			•	inter the hospital's
_	ш	name, city,	and state	•		·			·
5			ation operated for th (iv). (Complete Par		of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local govern	nment or	governmental unit de	escribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓		ation that normally i			s support from a	governmental u	nit or from the gener	al public described in
8		A commun	ty trust described ir	section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					scribed in 170(b)(1) e instructions Enter				lege or university or a
10		from activition	ies related to its ex	empt fund ed busine		tain exceptions, a	and (2) no more	than 331/3% of its s	
11		An organiza	ation organized and	operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more publi	ly supported organi	zations d		09(a)(1) or sec	ction 509(a)(2). See section 509(a	ne purposes of one or a)(3). Check the box
a		Type I. A sorganization	supporting organizat	ion opera		ontrolled by its s	upported organi	zation(s), typically by	giving the supported inization You must
b		manageme		organiza	ervised or controlled i tion vested in the sar nd C.				
c		Type III f	unctionally integra	ated. A s	upporting organizatio				ated with, its
d		Type III n	on-functionally in integrated The org	tegrateo janizatior	•	Ization operated Ify a distribution i	ın connection wi requirement and	th its supported orga	nization(s) that is not uirement (see
e		Check this	box if the organizati	on receiv	ed a written determir	nation from the II		pe I, Type II, Type II	I functionally
f	Enter		of supported organ		integrated supporting	, organization			
g	Provi	de the follow	ing information abo	ut the su	pported organization((s)			
	(i) N	lame of supp organization		EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			1						
Tota									<u> </u>
		vork Reduc	tion Act Notice, se	e the In	structions for	Cat No 11285	SF 9	Schedule A (Form 9	90 or 990-EZ) 2018

instructions

Schedule A (Form 990 or 990-EZ) 2018

Page 2

_	Section A. Public Support	ans to quanty und	der the tests hat	ed below, pleas	e complete rait	111.)	
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") Tax revenues levied for the	29,705,785	26,230,377	28,973,547	32,036,238	41,055,429	158,001,376
	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	29,705,785	26,230,377	28,973,547	32,036,238	41,055,429	158,001,376
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						3,769,934
6	(f) Public support. Subtract line 5 from line 4						154,231,442
•	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b) 2015	(c)2016	(d) 2017	(e)2018	(f) Total
7	Amounts from line 4	29,705,785	26,230,377	28,973,547	32,036,238	41,055,429	158,001,376
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	580,836	611,225	616,786	529,744	2,182,341	4,520,932
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through						162.522.308

III If the organization fails to qualify under the tests listed below, please complete Part III.)

12 Gross receipts from related activities, etc (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14

94 900 %

15

15 Public support percentage for 2017 Schedule A, Part II, line 14 95 870 %

▶Ⅵ and stop here. The organization qualifies as a publicly supported organization

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

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

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

organization 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	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 fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	,	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	••	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

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

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

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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)

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

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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 Part VI.

9a 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 Part VI.

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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
C	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	11 c		
S	ection 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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		
	b 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 Part VI 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
	Section 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-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

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

Additional Data

Software ID: Software Version:

EIN: 23-7169265

Name: NATIONAL ARBOR DAY FOUNDATION

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

instruc	s)
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

Supplemental Financial Statements

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

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

DLN: 93493317069759 OMB No 1545-0047

Inspection Employer identification number

	me of the organization IONAL ARBOR DAY FOUNDATION				Employer ide	entification	number
IVAI	IONAL ARBOR DAT FOUNDATION				23-7169265		
Pa	rt I Organizations Maintaining Donor Advis				r Accounts.		
	Complete if the organization answered "Ye	s" on Form 990, l (a) Donor			(b)Eund	and other	accounts
1	Total number at end of year	(a) Donor	auviseu	Turius	(b)Funds	and other a	accounts
2	Aggregate value of contributions to (during year)						
- 3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso	rs in writing that the	e assets	held in donor ad	lvised funds are	the	
_	organization's property, subject to the organization's ex	clusive legal control	?				Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					mıssıble	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if th	ne organization ar	nswered	l "Yes" on Forn	n 990, Part IV		
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all th	hat apply	′)			
	\square Preservation of land for public use (e g , recreation	n or education)	☐ Pr	eservation of an	historically impe	ortant land a	area
	Protection of natural habitat		☐ Pr	eservation of a d	certified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on contr	ibution in the for		tion t the End o	of the Vear
а	Total number of conservation easements				2a	t the Life t	n the real
Ь	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	c structure included	ın (a)		2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, a	and not o	on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extingu	ushed, o	r terminated by	the organization	during the	
4	Number of states where property subject to conservatio	on easement is locat	ed 🕨				
5	Does the organization have a written policy regarding th		ng, inspe	ection, handling o	of violations,	_	_
	and enforcement of the conservation easements it holds					☐ Yes	∐ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of vio	olations,	and enforcing co	onservation ease	ements durir	ng the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violation	ns, and e	enforcing conser	vation easement	s during the	e year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$?	above satisfy the re	equireme	ents of section 1	70(h)(4)(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				and	_ NO
Par	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			er Similar As	sets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	.6 (ASC 958), not to public exhibition, ed	report i	n its revenue sta , or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items	.6 (ASC 958), to rep	ort in its	revenue statem			
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
	i)Assets included in Form 990, Part X				· <u></u>		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:						
а	Revenue included on Form 990, Part VIII, line 1	110 (A3C 330) Telat	ig to til	CJG ILGIIIS	▶ \$		
Ь	Assets included in Form 990, Part X				▶ \$		

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Coll	ections o	f Art, His	storie	cal Tı	reası	ıres, o	r Other	Similar As	ssets (cont	inued)	
3		g the organization's acq is (check all that apply)	uisition, accession	, and other	records, ch	neck a	any of	the fo	llowing 1	that are a	significant u	ise of its col	lection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4		ride a description of the XIII	organization's colle	ections and	explain ho	w the	y furtl	ner th	e organi:	zation's ex	kempt purpo	se in		
5		ng the year, did the orga ets to be sold to raise fur									ular	☐ Yes	□ N	lo
Pai	rt IV	Escrow and Cust Complete if the org X, line 21.			on Form	990,	, Part	IV, li	ine 9, o	r reporte	ed an amou	ınt on Forr	n 990,	Part
1a		ne organization an agent uded on Form 990, Part)		ın or other ıı	ntermediar	y for	contri	butior	s or oth	er assets	not	☐ Yes	□ N	lo
ь	If "Y	es," explain the arrange	ement in Part XIII	and complet	te the follo	wing	table				A	mount		_
c		inning balance		·		_				1c				_
d	Add	itions during the year								1d				_
e	Dıst	ributions during the year	-							1e				_
f	End	ing balance								1f				
2a	Dıd	the organization include	an amount on For	m 990, Part	X, line 21	, for e	escrow	or cu	ıstodıal a	account lia	ability?	☐ Yes	□м	lo
b	If "Y	es," explain the arrange	ment in Part XIII	Check here	ıf the expl	Ianatio	on has	been	provide	d in Part :	XIII			
	rt V	Endowment Fund												
				(a)Current			ıor yea				(d)Three yea		Four yea	rs back
1a	Begin	ning of year balance .	[262,342		246	5,754		237,048		244,967		237,181
b	Contr	ibutions												
c	Net ır	nvestment earnings, gair	ns, and losses		22,012		15	5,588		9,706		-7,919		7,786
d	Grant	s or scholarships												
е		expenditures for facilitiers	es											
f	Admı	nistrative expenses .												
g	End c	f year balance	[;	284,354		262	2,342		246,754		237,048		244,967
2	Prov	ride the estimated percei	ntage of the curre	nt year end	balance (lı	ne 1g	, colu	mn (a)) held a	ıs				
а	Boa	rd designated or quasi-e	ndowment 🕨 💢 8	85 000 %										
b	Perr	nanent endowment 🟲	15 000 %											
c	Tem	porarily restricted endov	wment >											
	The	percentages on lines 2a	, 2b, and 2c shoul	d equal 100	%									
3а		there endowment funds inization by	not in the possess	sion of the o	rganızatıor	n that	are h	eld an	id admin	istered fo	r the		V	No
	-	unrelated organizations						_				3a(i)	Yes	No
	• •	related organizations .			•	• •	•	•	• •			3a(ii)	103	No
b		'es" on 3a(II), are the rel		s listed as re	equired on	Sche	 dule R	? .	• •			3b		
4	Des	cribe in Part XIII the inte	ended uses of the	organızatıon	n's endown	nent f	unds						1	
Pai	rt VI	Land, Buildings,	and Equipmen	it.										
		Complete if the or										•		
	Desc	ription of property	(a) Cost or othe (Investmer		(b) Cost or	otner	Dasis (otner)	(c) Acc	cumulated o	lepreciation	(d) E	Book valu	e
1a	Land						4,49	96,807					-	1,496,807
b	Buıldı	ngs					37,24	1 1,476			16,362,640		20	0,878,836
c	Lease	hold improvements					12	25,082			59,671			65,411
d	Equip	ment					11,52	28,952			9,402,141			2,126,811

1,168,831

28,736,696

4,589,052

5,757,883

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII	Investments—Other Securities. Complete if	the organiza	tion answ	vered "Yes" on Form 990,	Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value	(c) Method Cost or end-of-y	of valuation ear market value
	al derivatives	: : :			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Complete if the organization answered 'Yes' or				
	(a) Description of investment	(b) B	ook value	(c) Method Cost or end-of-y	of valuation ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) ———					
(8)					
(9) ————					
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answer	red 'Yes' on For	m 990, Pa	rt IV, line 11d See Form 99	0, Part X, line 15
	(a) Descript				(b) Book value
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col (B) line 15)				>
Part X	Other Liabilities. Complete if the organization See Form 990, Part X, line 25.		es' on Fo	rm 990, Part IV, line 11e	or 11f.
1. (1) Federal	(a) Description of liability		(b) Bo	ook value	
ANNUITIES	PAYABLE			732,991	
(2)					
(3)					
(4)					
(5)					
(6)			_		
(7)					
(8)					
(9)					
	in (b) must equal Form 990, Part X, col (B) line 25)	>	- b!	732,991	anta that ! !!
•	or uncertain tax positions In Part XIII, provide the text 's liability for uncertain tax positions under FIN 48 (ASC			=	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c c d 2d 2.177.118 2e 2,092,872 e

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

2b

2a 2b

2c

2d

4a

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Schedule D (Form 990) 2018

Part XI

b

c

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2

Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . . .

Other (Describe in Part XIII) d Add lines 2a through 2d

3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . .

b

5 Part XIII **Supplemental Information**

Return Reference

See Additional Data Table

Add lines **4a** and **4b** Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4b

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Explanation

2,208,731

2e

3

4c

5

Page 4

60,132,927

58,040,055

58,040,055

59,118,870

2,208,731

56,910,139

56.910.139

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018			
Part XIII Supplemental Info	mation (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2018

Additional Data

Sunni	emeni	tal In	form	atio

Return Reference

PART V, LINE 4

Software Version:

EIN: 23-7169265

Name: NATIONAL ARBOR DAY FOUNDATION

LONG TERM PROGRAM CONTINUATION

Software ID:

Explanation

supplemental information						
Return Reference	Explanation					
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES THE FOUNDATION HAS HOTEL AND CONFERENCE CENTER INCOME, WHICH IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2019, THE FOUNDATION HAD NO TAX LIABILITY ON UNRELATE D BUSINESS ACTIVITY THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS					

Supplemental Information

upplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 2,208,731 INVESTMENT MANAGEMENT FEES -31,613

Sι

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 2,208,731

s

DLN: 93493317069759 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number NATIONAL ARBOR DAY FOUNDATION 23-7169265 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

CLOSED OUT

(2) (3) (4)

(5)(6) (7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV Explanation Return Reference

PART I, LINE 2 GRANT APPLICANTS ARE SCREENED BY A GRANT APPROVAL COMMITTEE FOR SUITABILITY BASED ON QUESTIONS ANSWERED IN OUR APPLICATION FORM AFTER

FUNDS HAVE BEEN DISBURSED TO ELIGIBLE APPLICANTS, A PERFORMANCE REPORT IS REQUIRED DETAILING HOW THE FUNDS WERE SPENT AND WHAT WAS ACCOMPLISHED THIS PERFORMANCE REPORT IS REVIEWED AND, IF THE GOALS HAVE BEEN MET, THE GRANT IS CLOSED OUT IF THERE ARE ANY QUESTIONS ON THE PERFORMANCE REPORT, THE COMMITTEE CONTACTS THE GRANTEE FOR ADDITIONAL INFORMATION WHEN ALL QUESTIONS HAVE BEEN ANSWERED, GRANT IS

Schedule I (Form 990) 2018

Page 2

Additional Data

(a) Name and address of

GREENSCAPE OF

JACKSONVILLE INC

1468 HENDRICKS AVENUE

JACKSONVILLE, FL 32207

Software Version: EIN: 23-7169265

(b) EIN

59-2283261

Name: NATIONAL ARBOR DAY FOUNDATION

(d) Amount of cash

organization or government		ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
COMMUNITY GREENING CORP 3384 LAKEVIEW BLVD DELRAY BEACH, FL 33445	81-3559159		58,625				ENCOURAGE AND FACILITATE THE ADOPTION OF LEADING-EDGE LEADING-EDGE

44,075

(e) Amount of non- (f) Method of valuation

(q) Description of

(h) Purpose of grant

MUNICIPAL FORESTS INCLUDING

ENCOURAGE AND

FACILITATE THE

ADOPTION OF

LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

(c) IRC section

Software ID:

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) **NEW JERSEY TREE** 22-3484753 81,150 **ENCOURAGE AND** FACILITATE THE FOUNDATION INC 576 LEESVILLE ROAD ADOPTION OF JACKSON, NJ 08527 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION** PHILADELPHIA ORCHARD 26-1075823 24,875 ENCOURAGE AND FACILITATE THE

PROJECT INC 4934 LARCHWOOD AVE ADOPTION OF PHILADELPHIA, PA 19143 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) THE PENNSYLVANIA 23-1352265 42,635 **ENCOURAGE AND** FACILITATE THE HORTICULTURAL SOCIETY 100 NO 20TH ST 5TH FLOOR ADOPTION OF PHILADELPHIA, PA 19103 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION** 58-1584758 34,175 ENCOURAGE AND FACILITATE THE ADOPTION OF

LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

TREES ATLANTA 225 CHESTER AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ATLANTA, GA 30316

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) TREES FOR HOUSTON 76-0046318 70,131 **ENCOURAGE AND** FACILITATE THE PO BOX 270477 HOUSTON, TX 77277 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

LEADING-EDGE
PRACTICES IN
MUNICIPAL FORESTS
INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

TREE TRUST 41-1291626 61,210 ENCOURAGE AND 2231 EDGEWOOD AVE S ST LOUIS PARK, MN 55426 61,000 AVE S ADOPTION OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TREE TRUST
2231 EDGEWOOD AVE S
ST LOUIS PARK, MN 55426

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) THE GREENING OF DETROIT 31-0036036 32,150 **ENCOURAGE AND** FACILITATE THE 13000 W MCNICHOLS RD DETROIT, MI 48235 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

BRIDGING THE GAP INC 43-1610645 40,000 ENCOURAGE AND 1427 W 9TH ST SUITE 201 FACILITATE THE

KANSAS CITY, MO 64101 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CITY OF MYRTLE BEACH 57-6001084 28,000 ENCOURAGE AND PO BOX 2468 FACILITATE THE MYRTLE BEACH, SC 29578 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

				INCLUDING INVENTORY, PLANTING, MAINTENANCE AND EDUCATION
PROVIDENCE NEIGHBORHOOD PLANTING PROGRAM	46-2442220	20,000		ENCOURAGE AND FACILITATE THE

PO BOX 5897 PROVIDENCE, RI 02903

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

IADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) **OPENLANDS** 36-2649603 60,000 **ENCOURAGE AND** FACILITATE THE 25 E WASHINGTON SUITE ADOPTION OF 1650 CHICAGO, IL 60602 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION** BATON ROUGE GREEN 72-1124182 30,000 ENCOURAGE AND ASSOCIATION INC FACILITATE THE

2241 CHRISTIAN ST ADOPTION OF BATON ROUGE, LA 70808 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) FRIENDS OF NORFOLK'S 54-1972879 40,000 **ENCOURAGE AND** FACILITATE THE ENVIRONMENT LLC 3500-A GRANDBY STREET ADOPTION OF NORFOLK, VA 23504 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION** TREEUTAH 87-0474797 55,080 ENCOURAGE AND STE B 121 FACILITATE THE

SALT LAKE CITY, UT 84101 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) KEEP INDIANAPOLIS 31-1005792 31,375 **ENCOURAGE AND** FACILITATE THE BEAUTIFUL INC 1029 E FLETCHER AVE STE ADOPTION OF 100 LEADING-EDGE INDIANAPOLIS, IN 46203 PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ADOPTION OF

LEADING-EDGE
PRACTICES IN
MUNICIPAL FORESTS
INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

CUYAHOGA RIVER COMMUNITY 34-1616693 45,027 INCLUDING INVENTORY, PLAN MAINTENANCE AND PLANNING FACILITATE THE

CUYAHOGA RIVER COMMUNITY
PLANNING
1299 SUPERIOR AVE E
CLEVELAND, OH 44114

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) FRIENDS OF TREES 93-0999999 30,000 **ENCOURAGE AND** FACILITATE THE 3117 NE M L KING JR BLVD PORTLAND, OR 97212 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING,

(f) Method of valuation

(g) Description of

(h) Purpose of grant

MAINTENANCE AND **EDUCATION**

MAINTENANCE AND **EDUCATION** FOREST RELIEF OF MISSOURI 43-1615929 35,348 ENCOURAGE AND 4168 JUANIATA SUITE 1 FACILITATE THE

SAINT LOUIS, MO 63116 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING,

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) **GREEN COLUMBUS** 26-1321476 27,819 **ENCOURAGE AND** FACILITATE THE PO BOX 12035 COLUMBUS, OH 43212 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING,

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LEADING-EDGE
PRACTICES IN
MUNICIPAL FORESTS
INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

TREESCHARLOTTE 46-3867007 38,750

TREESCHARLOTTE 46-3867007 CHARLOTTE, NC 28208

ADOPTION OF

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

TREESCHARLOTTE 701 TUCKASEEGEE ROA CHARLOTTE, NC 28208

(a) Name and address of

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) GROUNDWORK RHODE ISLAND 05-0397766 61,000 **ENCOURAGE AND** INC FACILITATE THE 1005 MAIN ST 1223 ADOPTION OF PAWTUCKET, RI 02860 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

LOUISVILLE GROWS INC 27-0959401 35,000 1641 PORTLAND AVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ENCOURAGE AND FACILITATE THE LOUISVILLE, KY 40203 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) NYC STREET TREE 13-3131911 20,000 **ENCOURAGE AND** FACILITATE THE CONSORTIUM 100 GOLD ST 3100 ADOPTION OF NEW YORK, NY 10038 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION** 84-6045624 50,028 ENCOURAGE AND

ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

THE PARK PEOPLE FACILITATE THE

1510 S GRANT STREET DENVER, CO 80210

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) PARKS FOUNDATION OF 20-0924393 86,750 **ENCOURAGE AND** FACILITATE THE MIAMI-DADE 275 NW 2ND STREET ADOPTION OF MIAMI, FL 33128 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS

(f) Method of valuation

(g) Description of

(h) Purpose of grant

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION** RIVERFRONT NORTH 20-2231228 35,826 ENCOURAGE AND PARTNERSHIP FACILITATE THE 3460 N DELAWARE AVE SUITE ADOPTION OF LEADING-EDGE 306 PRACTICES IN PHILADELPHIA, PA 19134 MUNICIPAL FORESTS INCLUDING

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) CITY OF CLIFTON ATTN AL 22-2940857 20,000 **ENCOURAGE AND** DUBOIS FACILITATE THE 900 CLIFTON AVENUE ADOPTION OF CLIFTON, NJ 07013 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

EDUCATION

CITY OF EASTON 24-6000693 65,350 123 SOUTH THIRD STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ENCOURAGE AND FACILITATE THE EASTON, PA 18042 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) DOWNTOWN PLAINFIELD 81-2495305 21,175 **ENCOURAGE AND** ALLIANCE FACILITATE THE PO BOX 1401 PLAINFIELD ADOPTION OF PLAINFIELD, NJ 07060 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

EDUCATION

PLANT FIVE FOR LIFE 81-5106809 24,740 ENCOURAGE AND

5918 ELWOOD ST FACILITATE THE PITTSBURGH, PA 15232 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) RELEAF MICHIGAN INC 38-2912028 60,925 **ENCOURAGE AND** FACILITATE THE 1100 N MAIN ST SUITE 105 ANN ARBOR, MI 48104 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

FUND FOR PARKS AND RECREATION IN BOSTON 1010 MASSACHUSETTS AVE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

FUND FOR PARKS AND
RECREATION IN BOSTON
1010 MASSACHUSETTS AVE
3RD FLOOR
BOSTON, MA 02118

ENCOURAGE AND
FACILITATE THE
ADOPTION OF
LEADING-EDGE
PRACTICES IN
MUNICIPAL FORESTS
INCLUDING
INVENTORY, PLANTING,
MAINTENANCE AND

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) CITY OF OAKLAND PARK 59-6000391 20,000 **ENCOURAGE AND** 3650 NE 12TH AVENUE FACILITATE THE FORT LAUDERDALE, FL 33334 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

LEADING-EDGE
PRACTICES IN
MUNICIPAL FORESTS
INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

INVENTORY, PLAN
MAINTENANCE AN
EDUCATION

CITY OF CLIFTON 57-6001015
211 NORTH BROAD STREET
CLINTON, SC 29325
ADOPTION OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CITY OF CLIFTON 211 NORTH BROAD STRE CLINTON, SC 29325

(book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) HAWAII DIVISION OF 99-0266119 34,875 **ENCOURAGE AND** FACILITATE THE FORESTRY 1151 PUNCHBOWL ST 325 ADOPTION OF HONOLULU, HI 96813 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND **EDUCATION**

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

TREES MATTER 81-0597674 20,000 ENCOURAGE AND PO BOX 2648 FACILITATE THE PHOENIX, AZ 85002 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government assistance other) YOUR CHILDREN'S TREES 47-2759212 25,000 **ENCOURAGE AND** FACILITATE THE 69 CALAVERS AVE GOLETA, CA 93117 ADOPTION OF LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

LEADING-EDGE
PRACTICES IN
MUNICIPAL FORESTS
INCLUDING

INVENTORY, PLANTING, MAINTENANCE AND EDUCATION

INVENTORY, PLAN
MAINTENANCE AN
EDUCATION

OUR CITY FOREST 77-0371911 24,875

ENCOURAGE AND
646 N KING ROAD
SAN JOSE, CA 95133

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OUR CITY FOREST 646 N KING ROAD SAN JOSE, CA 95133

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SONORA ENVIRONMENTAL 86-0767843 39,875 **ENCOURAGE AND** FACILITATE THE RESEARCH INSTITUTE INC 3202 E GRANT RD ADOPTION OF TUCSON, AZ 85716 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING,

(f) Method of valuation

(g) Description of

(h) Purpose of grant

EDUCATION

MAINTENANCE AND **EDUCATION** CITY OF MIAMI BEACH 59-6000372 29,450 ENCOURAGE AND

1700 CONVENTION CENTER FACILITATE THE DRIVE ADOPTION OF MIAMI BEACH, FL 33139 LEADING-EDGE PRACTICES IN MUNICIPAL FORESTS INCLUDING INVENTORY, PLANTING, MAINTENANCE AND

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -	DLN: 934	9331	17069	759
Sch	nedule J	Compensation Information	on on	IB No	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employ	yees, and Highest	•		
		Compensated Employees ▶ Complete if the organization answered "Yes" on Form	990, Part IV, line 23.	20	18	3
Dance	tment of the Treasury	► Attach to Form 990. For to www.irs.gov/Form990 for instructions and the			to Pul	
•	al Revenue Service	To to www.ms.igovy.rominsso		Insp	ectio	n
	me of the organiza IONAL ARBOR DAY F		Employer identificat	ion nu	ımber	
			23-7169265			
Pa	rt I Questio	ons Regarding Compensation			1	
1 a	Chark the appro	opiate box(es) if the organization provided any of the following to or for	r a parson listed on Form		Yes	No
Id		ection A, line 1a Complete Part III to provide any relevant information				
	First-class	or charter travel Housing allowance or	residence for personal use			
	_	· · · · · · · · · · · · · · · · · · ·	ss use of personal residence			
			dues or initiation fees			
	☐ Discretion	eary spending account LJ Personal services (e q	g , maid, chauffeur, chef)			
b		xes in line 1a are checked, did the organization follow a written policy r ill of the expenses described above? If "No," complete Part III to explai		1 b		
2	Did the organiza	ation require substantiation prior to reimbursing or allowing expenses in	ncurred by all	2		
	directors, truste	es, officers, including the CEO/Executive Director, regarding the items	checked in line 1a/			
3		If any, of the following the filing organization used to establish the com				
	_	EO/Executive Director Check all that apply Do not check any boxes for d organization to establish compensation of the CEO/Executive Directo				
	·	ation committee Written employment ent compensation consultant Compensation survey				1
		· · · · · · · · · · · · · · · · · · ·	d or compensation committee			
			·			
4	During the year, related organiza	, did any person listed on Form 990, Part VII, Section A, line 1a, with r ition	espect to the filing organization or a			
а	Receive a sever	ance payment or change-of-control payment?		4a		No
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan?		4b		No
c		r receive payment from, an equity-based compensation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for ea	ich item in Part III			
	Only 501(c)(3), $501(c)(4)$, and $501(c)(29)$ organizations must complete lines	s 5-9.			
5		ed on Form 990, Part VII, Section A, line 1a, did the organization pay o	r accrue any			
_		ontingent on the revenues of				No
a b	The organization Any related orga			5a 5b		No No
		5a or 5b, describe in Part III		30		110
6		ed on Form 990, Part VII, Section A, line 1a, did the organization pay ontingent on the net earnings of	r accrue any			
а	The organization	٦٦		6a		No
b	Any related orga			6 b		No
	If "Yes," on line	6a or 6b, describe in Part III				
7		ed on Form 990, Part VII, Section A, line 1a, did the organization providescribed in lines 5 and 6? If "Yes," describe in Part III	de any nonfixed	7		No
8	subject to the in	nts reported on Form 990, Part VII, paid or accured pursuant to a cont iitial contract exception described in Regulations section 53 4958-4(a)(
	ın Part III			8		No
9	If "Yes" on line 8 53 4958-6(c)?	B, did the organization also follow the rebuttable presumption procedur	e described in Regulations section	9		
For I	Danarwark Badu	ection Act Notice, see the Instructions for Form 990.	Cat No 50053T Schedule 1	/Eorn	2001	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Part II Officers, Directors, Trustees, Rey Employees, and Ting							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	≥ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	compensation and other benefits				columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
		-		+			
1							

Schedule J (Form 990) 2018					
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				
PART I, LINE 3	CEO - SALARY IS MERIT-BASED AND SET BY THE TRUSTEES AND PERIODICALLY REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT				

(1)

(1)

(1)

(1)

(1)

(1)

(1)

(1)

(1)

(1)

ionai L

DAN LAMBE

PRESIDENT

GARY DEEMER

BRITT EHLERS

VP MARKETING COMMUNICATION KAREN HOUSER

VP SYSTEMS

ROB NICKOLAUS

MISSION ENGAGEMENT

VP HUMAN RESOURCES

DIRECTOR OF INFORMATION TE

DANIEL COHN

DIRECTOR OF COMMUNICATIONS

KATIE LOOS

VP VENTURES AND PARTNERSHI

AUSTIN MACKRILL

VP ARBOR DAY FARM

DIRECTO
YINKA AKINYEMI

WOODROW NELSON

SECRETARY

TREASURER

Software ID: Software Version:

221,927

158,148

158,093

171,301

154,024

150,559

138,098

132,156

148,254

145,751

131,923

EIN: 23-7169265

Name: NATIONAL ARBOR DAY FOUNDATION

Form 990, Schedule	<u> Ј, Р</u>	art II - Officers, Di	rectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation		C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
MATT HARRIS CHIEF EXECUTIVE OFFICER	(1)	336,445	0	0	20,204	19,228	375,877	0

8,638

7,848

14,424

3,000

10,649

3,000

3,000

3,000

3,000

9,762

1,482

10,629

7,000

19,412

10,312

18,515

13,665

8,907

17,645

18,306

15,354

18,292

18,378

16,312

255,763

171,460

187,257

196,604

173,779

171,204

159,404

157,272

168,028

174,758

155,235

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317069759 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** NATIONAL ARBOR DAY FOUNDATION 23-7169265 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential . 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . Χ 29,101 FAIR MARKET VALUE 25 Other ▶ (KITCHEN EQUIPMENT) Other ▶ (_____ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2			
Part II Supplemental Info				
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.				
Return Reference	Explanation			
	Schedule M (Form 990) (2018)			

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DLN:	93493317069759	
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.						2018 Open to Public Inspection	
Name Setherofganization NATIONAL ARBOR DAY FOUNDATION					fication number		
Return Reference				Explanation			
FORM 990, PART VI, SECTION A, LINE 6	GENERAL	. NON-VOTING MEMBE	RS				

Return Explanation

FORM 990,	FORM 990 IS REVIEWED BY THE FOUNDATION'S CEO, TREASURER AND AUDIT COMMITTEE AND PROVIDED TO THE
PART VI,	BOARD OF TRUSTEES
SECTION B,	
LINE 11B	

Return Explanation
Reference

LINE 12C

FORM 990, PART VI, SECTION B.

Return Explanation
Reference

FORM 990,	CEO - SALARY IS MERIT-BASED AND SET BY THE BOARD OF TRUSTEES AND PERIODICALLY REVIEWED BY
PART VI,	AN INDEPENDENT COMPENSATION CONSULTANT EXECUTIVE TEAM MEMBERS - SALARIES ARE MERIT-BASED
SECTION B,	AND PERIODICALLY REVIEWED BY AN INDEPENDENT COMPENSATION CONSULTANT EMPLOYEES - ANNUAL PE
LINE 15	RFORMANCE REVIEWS ARE CONDUCTED COMPENSATION IS MERIT-BASED WITH GENERAL GUIDANCE PROVIDE
	D BY THE EXECUTIVE TEAM ALL SALARIES ARE PERIODICALLY CHECKED AGAINST REFERENCE RANGES CO
	MPRISED OF APPLICABLE REGIONAL AND NATIONAL DATA

Return Explanation

FORM 990, PART VI, SECTION C, LINE 18

Return Explanation

FORM 990, PART VI, STATEMENTS AVAILABLE UPON REQUEST SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	INVENTORY PURCHASES PROGRAM SERVICE EXPENSES 1,648,873 MANAGEMENT AND GENERAL EXPENSES 3 3,367 FUNDRAISING EXPENSES 245,648 TOTAL EXPENSES 1,927,888 OPERATING SUPPLIES PROGRAM SERVICE EXPENSES 838,354 MANAGEMENT AND GENERAL EXPENSES 41,548 FUNDRAISING EXPENSES 12,769 TOTAL EXPENSES 82,671 TELEPHONE AND UTILITIES PROGRAM SERVICE EXPENSES 681,993 M ANAGEMENT AND GENERAL EXPENSES 18,928 FUNDRAISING EXPENSES 66,415 TOTAL EXPENSES 767,336 SUBSIDIES FOR COMMUNITY TREE PLANTING INITIATIVES PROGRAM SERVICE EXPENSES 690,183 MAN AGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 20,915 TOTAL EXPENSES 711,098 REPAI RS AND MAINTENANCE PROGRAM SERVICE EXPENSES 384,928 MANAGEMENT AND GENERAL EXPENSES 40,0 03 FUNDRAISING EXPENSES 190,792 TOTAL EXPENSES 3615,723 BANK CHARGES PROGRAM SERVICE EXPENSES 472,040 MANAGEMENT AND GENERAL EXPENSES 615,723 BANK CHARGES PROGRAM SERVICE EXPENSES 472,040 MANAGEMENT AND GENERAL EXPENSES 35,313 FUNDRAISING EXPENSES 688 TOTAL EXPENSES 508,041 TAXES PROGRAM SERVICE EXPENSES 283,055 MANAGEMENT AND GENERAL EXPENSES 5 6,477 FUNDRAISING EXPENSES 16,936 TOTAL EXPENSES 81,469 FUNDRAISING EXPENSES 6,588 TOT AL EXPENSES 169,374 MANAGEMENT AND GENERAL EXPENSES 81,469 FUNDRAISING EXPENSES 6,588 TOT AL EXPENSES 257,431 CONTRACT LABOR PROGRAM SERVICE EXPENSES 200,852 MANAGEMENT AND GENE RAL EXPENSES 0 TUNDRAISING EXPENSES 8,527 FUNDRAISING EXPENSES 12,580 TOTAL EXPENSES 98,374 PROFESSIONAL DEVELOPMENT PROGRAM SERVICE EXPENSES 13,751 MANAGEMENT AND GENERAL EXPENSES 37,868 FUNDRAISING EXPENSES 54,394 RECOGNITION MATERIAL PROGRAM SERVICE EXPENSES 21,944 MANAGEMENT AND GENERAL EXPENSES 7,875 TOTAL EXPENSES 54,394 RECOGNITION MATERIAL PROGRAM SERVICE EXPENSES 1,505 RAIN FOREST PRESERVATION PROGRAM SERVICE EXPENSES 17,756 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,189 MANAGEMENT AND GENERAL EXPENSES 1 TOTAL EXPENSES 10 TOTAL EXPENSES 10 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,189 MANAGEMENT AND GENERAL EXPENSES 10 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 16,756

Return Explanation
Reference

LINE 2C

FORM 990, THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR PART XII,