Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

and ending

Open to Public Inspection

C Name of organization D Employer identification number Check if Address change LAKE HOPATCONG FOUNDATION Name change 45-4894683 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 125 LANDING ROAD 973-663-2500 City or town, state or province, country, and ZIP or foreign postal code 914,814. G Gross receipts \$ Amende LANDING, NJ 07850 H(a) is this a group return Applica-F Name and address of principal officer: JESSICA MURPHY for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No ■ Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) If "No," attach a list. (see instructions) 4947(a)(1) or J Website: ▶ WWW.LAKEHOPATCONGFOUNDATION.ORG **H(c)** Group exemption number ▶ K Form of organization: | X | Corporation | Trust | Association | Other ▶ Year of formation: 2012 M State of legal domicile; NJ Part I Summary 1 Briefly describe the organization's mission or most significant activities: FOCUSING ON ENHANCING THE LAKE Activities & Governance HOPATCONG ENVIRONMENT AND EXPERIENCE, WITH EFFORTS THAT INCLUDE 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) 10 Number of independent voting members of the governing body (Part VI, line 1b) 9 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 11 5 Total number of volunteers (estimate if necessary) 500 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 0. **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 950,357. 865,501. Revenue Program service revenue (Part VIII, line 2g) 9,810. 4.494. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 590. 331. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 960,498 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... 870,585. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,300. 2,300. 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 197,290. 235.405. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 
77,332. 186,777. 195,136. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 386,367 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 432,841. 574,131. 437,744. 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 2,017,482. 2,578,389. 20 Total assets (Part X, line 16) 202,734. Total liabilities (Part X. line 26) <u>79,571</u> 937,911. 375,655. 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II 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. Signature of officer Date Sign JESSICA MURPHY, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid DOMINICK J. SARINELLI DOMINICK J. SARINELL 11/12/19 Self-employed P00639337 Preparer Firm's name NISIVOCCIA LLP Firm's EIN **22-1914888** Use Only Firm's address 200 VALLEY RD. SUITE 300 Phone no. (973) 328-1825 MT. ARLINGTON, NJ 07856 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes Form 990 (2018) LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018) LAKE HOPATCONG FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		l	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	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? If "Yes," complete Schedule C, Part II	4		X
5	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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_7	X	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Χ
9	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 services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	441		•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		X
4	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 in	11c		42
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
1	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Χ_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.5
	complete Schedule G, Part III	19_		X
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b_		<del> </del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

08074R01

Form 990 (2018) LAKE HOPATCONG FOU Part IV Checklist of Required Schedules (continued)

. 44	one distribution of the date o			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<del> </del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	-		
	complete Schedule L, Part II	26_	X	ļ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	_ X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			Ì
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	_30	_	X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31_		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	_	X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	30		
34		34		X_
35 2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	UUL_		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	į 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
	(gambling) winnings to prize winners?	1c	X	<u> </u>
83200	4 12-31-18	Form	990	(2018)

Form 990 (2018)

LAKE HOPATCONG FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Г. –	Τ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	Yes	No
Za	filed for the calendar year ending with or within the year covered by this return		Ì	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ĺ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country:	10		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		Ì	Ì
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[ _		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note, See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ì		
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	• • • • • • • • • • • • • • • • • • • •	14a_		_ X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L. <u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	_		***
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.	Cor-	990	/2019\

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		İ	
	organization's mailing address? If "Yes," provide the патез and addresses in Schedule О	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10 <u>a</u>		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	į		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11</u> a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Ψ.	
	in Schedule O how this was done	12c	X	_
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14_		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16:0	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		X
h	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		Ì	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NJ			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 973-663-2500			
	125 LANDING ROAD, LANDING, NJ 07850			

Check if Schedule O co	ontains a response	or note to any	/ line in this P	art 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)	liga	al IIZă		C)	mpe	ısa	(D)	(E)	(F)
Name and Title	Average			Pos	itior			Reportable	Reportable	Estimated
THE LITE THE	hours per					than		1	compensation	amount of
	week					or/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	rdire				E		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			eusa		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	gmos a	ĺ			and related
	below	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>			organizations
	line)	틸	E S	5	χ. eg	불통	5			
(1) THOMAS D. FLINN	2.00	3.5						0		0
TRUSTEE	15 00	X	_	_	-	<del> </del>	-		0.	0.
(2) MARTIN KANE	15.00	٠,		<b></b>	ļ			0.		0
CHAIRMAN & TRUSTEE	40 00	X	_	X	<del>  -</del>	╀	-		0.	0.
(3) JESSICA K. MURPHY	40.00	₹.		₩.				20 004	0.	0
EXECUTIVE DIRECTOR	2 00	X	_	Х		<del> </del>	_	30,004.		0.
(4) RICH ROMEO	2.00	x		x				0.	0.	0.
TRUSTEE & SECRETARY	2.00	_	-	Δ.		$\vdash$	_			
(5) SHERI SALAMANCA	2.00	<b>.</b>						0.	0.	0.
TRUSTEE	2.00	X	_		_	-	_			
(6) SHARON GRUBER	2.00	X		x	ĺ			0.	0.	0.
TRUSTEE & TREASURER	2.00			Λ	_	+		0.		
(7) JOHN YINGLING	2.00	X		Ì				0.	0.	0.
TRUSTEE (8) BELA SZIGETHY	2.00			-						
TRUSTEE EMERITUS	2:00	x						0.	0.	0.
(9) DONNA MACALLE-HOLLY	40.00				_					
INTERIM EXECUTIVE DIRECTOR				х				57,910.	0.	0.
THE PROPERTY OF THE PARTY OF TH						-				
					ĺ					
		1								
										· ·
		1								
						$\Box$				
							_			<u> </u>
		_		L_		_	_			
			Ĺ.,		_					
					l					

Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees.	, and	d <u>Hi</u>	ighe	st C	compensated Employe	es (continued)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					000	Reportable	Reportable		Est	imate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		am	ount	of
		week		cerar	nd a d	lirecto	or/trus	itee)	from	from related		(	other	
		(list any	ector						the	organizations	-	comp		
		hours for	or dir	به			ated		organization	(W-2/1099-MISC	;)		m th	
		related	stee	ruste			pense		(W-2/1099-MISC)			_	ınizat	
		organizations	al tru	lau		loyee	E 03 85						relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
		ine)	트	<u> =</u> _	5	- Ā	三三	굔			4			
			_	_	_		<u> </u>	<u> </u>						
			ļ											
				ļ_			-	_			$\rightarrow$			
				<u> </u>			L							
											- 1			
							_							
							<u> </u>							
											T			
											T			
											$\top$			
											Ì			
				-							_			
	Sub-total							_	87,914.		o .			0.
	Sub-total Total from continuation sheets to Part Vi								0.		j .			0.
		-							87,914.		5.			0.
	Total (add lines 1b and 1c)										J +1			<u> </u>
2		ot arrited to tri	ose	IISTE	a a	JOVE	3) WI	10 16	eceived more than \$100	,000 or reportable				0
	compensation from the organization		_		_	_	_				_		Yes	No
_	Did the consider the list of the second	-E				1-			-:		Г	-	-	-110
3	Did the organization list any former officer,													v
	line 1a? If "Yes," complete Schedule J for s										-	3		X
4	For any individual listed on line 1a, is the su											_ [	- 1	
_	and related organizations greater than \$150										}	4		X
5	Did any person listed on line 1a receive or a											_		v
_	rendered to the organization? If "Yes," com	plete Schedule	e J f	or st	ıch į	pers	son_			<u></u>		5		X
Sec	tion B. Independent Contractors							_						
1	Complete this table for your five highest co	-									ensa	tion fr	om	
	the organization. Report compensation for	th <u>e calenda</u> r y	ear e	endi	ng w	/ith (	or w	ithin		/ear.	_			
	(A)				_				(B)		00	(C)		
	Name and business	address	N	DNI	<u> </u>	_		-	Description of s	ervices		mpen	Sation	
			_	_				$\rightarrow$			_			
								_						
				_				_						
										ļ				
							_							
2	Total number of independent contractors (i	ncluding but n	ot lir	mite	d to	thos	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organi	zation 📐			_	(	)							
												orm 9	90 c	201R

45-4894683 LAKE HOPATCONG FOUNDATION Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (**D**) Revenue excluded from tax under Unrelated Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues ..... 112,659. 1c c Fundraising events d Related organizations 1d 361,815. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 391,027. g Noncash contributions included in lines 1a-1f: \$ 865,501. h Total, Add lines 1a-1f **Business Code** 4,494 900099 4.494. Program Service 2 a FLOATING CLASSROOM f All other program service revenue ..... 4,494. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 590. 590. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ...... 8 a Gross income from fundraising events (not Other Revenue including \$ 112,659. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a b Less: direct expenses b 0. c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold b c Net income or (loss) from sales of inventory \_\_\_ Business Code Miscellaneous Revenue 11 a d All other revenue

590.

870,585.

4,494.

e Total. Add lines 11a-11d

Total revenue. See instructions

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,300. 2,300 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ........ Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... 87,914. 48,927. 17,385. 21,602. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 106,380. 59,203. 21.037. 26,140. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 23,669. 13,172. 4,681. 5,816. 17,442. 9,707. 3,449. 4,286. 10 Payroll taxes Fees for services (non-employees): 11 a Management Legal 27,457. 27,457. Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees \_\_\_\_\_ Other. (If line 11g amount exceeds 10% of line 25, 26,464. 26,197. 267 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 5,985. 1,791. 198. 3,996. 12 3,452. 1,539. 1,454 459. Office expenses 13 Information technology 14 15 Royalties 14,676. 4.742. 5,817. 25,235 16 Оссыралсу 726. 4,094 3,368. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 869. 869 20 Payments to affiliates 21 3,379. 4,144. Depreciation, depletion, and amortization 17,980. 10,457. 22 13,114. 9,293. 1,050 2,771. Other expenses, Itemize expenses not covered 24 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 0.) 50,915. 50,915. a PROJECTS AND INITATIVES 6,967. 341. 5,592. 1,034. ь OUTSIDE SERVICES 6,606. 5.926. 61. 619. PRINTING AND PUBLICATIO 2,309. 425. 1,236. 648. d POSTAGE AND DELIVERY 3,689. 337. 3,352. e All other expenses 77,332. 432,841. 259,443. 96,066. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to any line in this Part	t X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		160,669.	1	359,992
2	Savings and temporary cash investments		<u>297,509.</u>	2	294,217
3	Pledges and grants receivable, net		317,829.	3	155,115
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former officers, directors,	. –			
	trustees, key employees, and highest compensated employees. Comple	- 1			
	Part II of Schedule L	I	25,000.	5	44,365
6	Loans and other receivables from other disqualified persons (as defined				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	i			
	employers and sponsoring organizations of section 501(c)(9) voluntary	J			
s	employees' beneficiary organizations (see instr). Complete Part II of Sch	h L		6	
Assets	Notes and loans receivable, net	-		7	
y As	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		62,057.	9	2,852
I -	Land, buildings, and equipment: cost or other				
,,,,	basis. Complete Part VI of Schedule D 10a 1,739	.828.			
	Less: accumulated depreciation 10b 17		1,154,418.	10c	1,721,848
11	investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,017,482.	16	2,578,389
17	Accounts payable and accrued expenses		10,187.	17	187,706
18	Grants payable			18	
19	Deferred revenue		41,546.	19	6,546
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	Loans and other payables to current and former officers, directors, trus				
	key employees, highest compensated employees, and disqualified pers				
Liabilities 23	Complete Part II of Schedule L			22	
ਤੌਂ   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties		27,838.	23	8,482
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related third				
	parties, and other liabilities not included on lines 17-24). Complete Part	X of			
	Schedule D			25	
26	Total liabilities. Add lines 17 through 25		79,571.	26	202,734
	Organizations that follow SFAS 117 (ASC 958), check here ► X	and	-		
8	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		<u>1,860,477.</u>		<u>2,359,318</u>
<u>8</u> 28	Temporarily restricted net assets		77,434.	28	<u> </u>
29	Permanently restricted net assets	<u></u> L		29	
声	Organizations that do not follow SFAS 117 (ASC 958), check here	<b>▶</b> ∟			
<u>5</u>	and complete lines 30 through 34.				
왕 30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 33 34 35 35 36 36 36 36 36 36 36 36 36 36 36 36 36	Retained earnings, endowment, accumulated income, or other funds			32	
ž 33	Total net assets or fund balances		1,937,911.	33	2,375,655
34	Total liabilities and net assets/fund balances		2,017,482.	34	2,578,389 Form <b>990</b> (2018

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

				FOUNDATION_					15- <u>4894683                                    </u>
Pa	rt I	Reason for Public	Charity Status	All organizations must c	omplete th	nis part.) S	ee instructions		
Πhe	organ	ization is not a private found	lation because it is:	(For lines 1 through 12,	check only	one box.)	1		
1		A church, convention of ch	urches, or association	on of churches describe	d in section	on 170(b)(	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90·EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in s	ection 170	D(b)(1)(A)(i	iii).		
4		A medical research organiz					-	(iii). Enter	the hospital's name,
		city, and state:	·	•					
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental ur	nit descril	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	,	·	, ,			
6		A federal, state, or local go		mental unit described in	section 1	70(b)(1)(A)	l(v).		
7	X	An organization that norma						e genera	l public described in
		section 170(b)(1)(A)(vi). (C	•					3	
8		A community trust describe		(1)(A)(vi), (Complete Par	t !!.)				
9		An agricultural research org				ed in conit	anction with a la	and-arant	t college
		or university or a non-land-							
		university:	,	,		,	,,		,
10		An organization that norma	Ily receives: (1) more	e than 33 1/3% of its sur	port from	contributi	ons, membersh	nip fees, a	and gross receipts from
		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2), (Con		,			, ,		·
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to car	ry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	rsection	509(a)(2).	See section 50	)9(a)(3). (	Check the box in
		lines 12a through 12d that	describes the type o	of supporting organization	n and con	nplete lines	s 12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustee	s of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organization	(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manag	je the sur	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally	/ integrate	ed with,
	_	its supported organization							
d		Type III non-functionally						-	
		that is not functionally int	-					an attent	iveness
		requirement (see instructi							
е		Check this box if the orga					ı Type I, Type II	, Type III	
	<b>.</b>	functionally integrated, or		nally integrated support	ing organi	zation.			
f		r the number of supported of							
g		ide the following information  Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of m	nonetary	(vi) Amount of other
	٠,	organization	()	(described on lines 1-10	in your govern	ng document?	support (see ins	•	support (see instructions)
				above (see instructions))	165	140			
							<u></u>		
									I

Schedule A (Form 990 or 990-EZ) 2018 LAKE HOPATCONG FOUNDATION 45-48940

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

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

Se	ction A. Public Support						
Cale	ndar year (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.")	426,105.	892,860.	704,341.	960,167.	869,995.	3,853,468.
2	Tax revenues levied for the organ-						
	ization'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	426,105.	892,860.	704,341.	960,167.	869,995.	3,853,468,
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					İ	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		ļ				913,364.
6	Public support. Subtract line 5 from line 4,						2 940 104
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	426,105.	892,860.	704,341.		869,995.	3,853,468.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	276.	444.	439.	331.	590.	2,080.
9	Net income from unrelated business						
	activities, whether or not the			l			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,855,548.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's				n 501(c)(3)	
	organization, check this box and stop	here	• • • • • • • • • • • • • • • • • • • •				<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	line 6, column (f) di	vided by line 11, c	olumn (f))		14	76.26 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14	,		15	78 <u>.68</u> %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2018. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organization	tion qualifies as a	publicly supported	organization		▶∟
ь	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶□
18	Private foundation, If the organization						<b>&gt;</b>
						dule A (Form 990	

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to				ļ		}
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</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 income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
_	check this box and stop here	-					,
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16_	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	1 <b>18</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	а 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see in	structions	

08074R01

## Part IV | Supporting Organizations

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

			7			
Section A	All Supr	ortina (	<b>Irgan</b>	vizatio	20	

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

	Yes	No
1		
2		
3a		
<u>3b</u>		
Зс		
_4a		
45		
_4b		
4c		
_5a		
_5b		
5c_		
	Ì	
_6		
	William Co.	
7_		
8		
9a_		
9b_		
9c		
10a		
	- 1	

Pa	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.00	110
	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	-	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	İ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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_1		
Sec	tion 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?	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_		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No_
а	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	Oh.		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI</b> .	3a		
<b>L</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	and the state of t			

Par		ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Secti	on 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		
	ion 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):			<u> </u>
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	<del></del>	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	<u> </u>	
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		
Sect	ion 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-functional	ılly integrate	ed Type III supporting org	ganization (see
	instructions)		. <u> </u>	

Schedule A (Form 990 or 990-EZ) 2018

Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			<u> </u>
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
_4_	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
_6_	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.		<u></u>	
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015	minip A. A.		
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
_ <u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
_ <u>i</u>	Carryover from 2013 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c. Breakdown of line 7:			
_8_	Excess from 2014			
-	Excess from 2015			
	E ( 0010			
	Excess from 2017			
	Excess from 2018			
<u>e</u>	LACESS HOTE 2010			

Schedule A (Form 990 or 990-EZ) 2018

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# 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 instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

Employer identification number

45-4894683 LAKE HOPATCONG FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of X No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

B32051 10-29-18

Schedule D (Form 990) 2018

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

1,721,848.

	(Form 990) 2018 LAKE HOPATO	CONG	FOUNDATIO	N	4	5-4894683	Page (
Part VII	Investments - Other Securities.						
	Complete if the organization answered "Yes"						
	otion of security or category (including name of security)	(1)	) Book value	(c) Method of va	iluation: Cost or e	nd-of-year market v	alue
	al derivatives						
	-held equity interests	<u> </u>					
(3) Other		-					
(A)		_					
(B)		-					
(C) (D)							
(E)		-					
(F)							
(G)							
(H)							
	b) must equal Form 990, Part X, col. (B) line 12.)						
	Investments - Program Related.	`					
	Complete if the organization answered "Yes"	on Form	n 990, Part IV, line	11c. See Form 990, f	Part X, line 13.		
	(a) Description of investment		) Book value			nd-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)		ļ					
(9)							
	b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX		_	000 5-111/1	444.0 5 000.5	2 13/ 15- 45		
	Complete if the organization answered "Yes"	On Forn		11d. See Form 990, F	Part X, line 15.	(b) Book va	luo
	(a)	Descrip	1001			(b) Book va	
(1)					<del></del>	<del> </del>	
(2)						<del></del>	
(4)	<del></del>						
(5)							
(6)							
(7)							
(8)							
(9)							
	ımın (b) must equal Form 990, Part X, col. (B) lin	e 15.)				·	
Part X	Other Liabilities.						
	Complete if the organization answered "Yes"	on Forn			990, Part X, line 2	25	
1	(a) Description of liability			(b) Book value			
(1) Fed	deral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	926,328.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	11,514.	1	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	44,229.	]	
е	Add lines 2a through 2d			_2e	55 <u>,74</u> 3.
3	Subtract line 2e from line 1			3	870,585.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_			
b	Other (Describe in Part XIII.)	_4b		- 1	•
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	870,585.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				100 504
1	Total expenses and losses per audited financial statements			1 +	488,584.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25;	1 - 1	11 514		
a	Donated services and use of facilities		11,514.	1 1	
b	Prior year adjustments	1 1			
C	Other losses	1 1	44,229.	-	
d	Other (Describe in Part XIII.)				55 7/2
e	Add lines 2a through 2d			2e	55,743. 432,841.
3	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	·		3	432,041.
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)			1	
	Add lines 4a and 4b			4c	0.
5				5	432,841.
	rt XIII Supplemental Information.				
	ide 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	4; Part X	line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi			·	,
PA	RT X, LINE 2:				
THI	FOUNDATION IS A NON-PROFIT CORPORATION AS	S DESC	RIBED IN S	ECTI	ON
<u>503</u>	L(C)(3) OF THE INTERNAL REVENUE CODE (THE '	"CODE"	<u>) AND, THE</u>	REFO	RE, IS
EXI	EMPT FROM FEDERAL INCOME TAXES ON INCOME TH	HAT IS	RELATED T	<u>O I</u> T	S
TAZ	K-EXEMPT PURPOSES PURSUANT TO SECTION 501()	A) OF	THE CODE.	THE :	FOUNDATION_
<u>IS</u>	ALSO EXEMPT UNDER TITLE 15 OF THE STATE OF	NEW 1	JERSEY COR	PORA	TIONS AND_
ASS.	SOCIATIONS NOT-FOR-PROFIT ACT. ACCORDINGLY	, NO P	ROVISION F	OR_F	EDERAL OR
					_
ST	ATE INCOME TAX HAS BEEN PRESENTED IN THE AC	CCOMPA	NYING FINA	NCIA	<u> </u>
STA	ATEMENTS.				
2. ~	DECLITOR BY IAM MUS SAIRINANTAN STIRA THE	א א מר כר	ONTAI DEMOTO	NTC TAT	מתרם מחד
AS	REQUIRED BY LAW, THE FOUNDATION FILES INFO	OKTATAT T	OMWT KELOK	ИО М	IIU POLU
пи	E UNITED STATES FEDERAL AND STATE OF NEW JI	ERSEV	TURTSDTCTT	ONS	ON AN
TUI	2 ANTIED SINIES LEDEVAN VAN SINIE OF NEW OI	THURST	CONTRACTOR	CTID ,	V-1 4-41

Schedule D (Form 990) 2018

832054 10-29-18

## **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								Inspection	
Name of the organization  Employer identification								ntification number		
Marie of the organizatio	LAKE HOI	D አ ጥረነ (	C FOIRD	מתד∩א	7			1 '	-4894	
Doubl Conducts							n Form 990, Part IV, I			
	complete this part		r the organizati	ion answe	reu i	62 OI	110!111 990, 1 ait 14, 1	ille ir.io	1111 JJG L2	- mera tara mer
			rough any of th	he followir	ng activ	vities	Check all that apply.			
		ea lulias ili	e				overnment grants			
	mons d email solicitations		f	_		_	nment grants			
			' <u>_</u>	Special		-				
d In-person so			9 —	_ ороола	Idilare	g	0.000			
2 a Did the organizati		r oral agree	ment with any	individual	(includ	dina o	fficers, directors, trus	stees, or		
							fundraising services?		Yes	No No
h If "Yes " list the 1	n highest paid indiv	iduals or en	ntities (fundrais	ers) pursi	ant to	agree	ements under which t	the fundra	iser is to b	oe ec
	east \$5,000 by the			- / .		~				
					1					
(i) Name and addres	es of individual				(iii) fundi	Did aiser	(iv) Gross receipts	(v) Amor	unt paid ained by)	(vi) Amount paid to (or retained by)
or entity (fun			(ii) Activity		have custody or control of from activity		`fundı	raiser	organization	
					contrib	utions?		listea ii	n col. (i)	
					Yes	No				
					_					
					<u> </u>	<u> </u>				
					-			<del>                                     </del>		
										1
					+					<del>                                     </del>
					-	_				<del> </del>
					+-	_				
					<u> </u>	<del> </del>				
					1					

............ 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

Pa	irt i	Fundraising Events. Complete if the of fundraising event contributions and gr	3		, , ,	
		O Tanada a a a a a a a a a a a a a a a a a	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			LAKE LOOP	GALA	1	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	64,932.	58,720.	27,156.	150,808.
	2	Less: Contributions	50,467.	45,079.	8,783.	104,329.
	3	Gross income (line 1 minus line 2)	14,465.	13,641.	18,373.	46,479.
	4	Cash prizes	·			
ç	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,715.	9,973.	14,250.	25,938.
irect E	7	Food and beverages				
Ω	8	Entertainment	1,200.	125.		1,325.
	9	Other direct expenses	44 550	3,543.	4,123.	19,216.
	10	Direct expense summary. Add lines 4 through		3,3231		46,479.
		Net income summary. Subtract line 10 from li				0.
Pa	rt I					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
		aross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
		N	(form that do not be seen follows		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
		ter the state(s) in which the organization condu he organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re Yes," explain:	-		year?	Yes No
	_					
			<del></del>			

Schedule G (Form 990 or 990-EZ) 2018

832082 10-03-18

<u>Sc</u> h	edule G (Form 990 or 990-EZ) 2018 LAKE HOPATCONG FOUNDATION 45	5- <u>4894</u>	1683	Page 3
	Does the organization conduct gaming activities with nonmembers?	🗖	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			_
	to administer charitable gaming?	🔲	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
а	ı The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name >			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ь	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	: If "Yes," enter name and address of the third party:			
	Name ▶			
	Address >			
16	Gaming manager information:			
	Name >		_	
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No.
Ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1e		
	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, I	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			<del></del> -
_			_	

Schedule G	3 (Form 990 or 990-FZ)	LAKE HOPATCONG	FOUNDATION	45-4894683 Page 4
Part IV	Supplemental Infor	LAKE HOPATCONG mation (continued)		
			<del></del>	
			<u> </u>	
			·	
_				
		<u> </u>		
_				
			<del></del>	
		<del></del> _		
	<u> </u>			

Schedule G (Form 990 or 990-EZ)

## **SCHEDULE L**

Department of the Treasury

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1645-0047

Open To Public

Name of the organization

Employer identification number

	L	AKE HOPA	TCONG FO	UND	ATI	ON		45	<u>-48</u>	946	8 <u>3</u>			
Part I	Excess Bene	fit Transacti	ons (section 50	1(c)(3	), secti	ion 501(c)(4), and 50	1(c)(29) organization	ns only	).					
	Complete if the o	rganization ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, P	art V, I	ine 40	)b				
1		(h) Relationship bety				ified				(d) Correcte				
(a) Nan	ne of disqualified p	erson	person and or			(0	c) Description of tran	Sacro			Ye	es	No	
								_					_	
												_	_	
2 Enter t						qualified persons dui								
section	4958 ב								\$					
3 Enter t	he amount of tax,	if any, on line 2,	above, reimburs	ed by	the or	ganization	**,-*	1	\$					
D-4 III	Loans to and	Ver From Int	oracted Pare	-one										
Part II						Dart 1/ line 200 5	Town 000 Doct IV II	na 96. 4	orif +h	o orca	nizati	30		
	•	_				, Part V, line 38a or F	-omi 990, Pan IV, III	I <del>C</del> 20, (	JI 11 LI	ie olya	unzam	J11		
	reported an amo	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	(g)		(h) App	roved	G) W	ritten	
	Name of ested person	with organization	of loan	from	the zation?	principal amount	(i) Dalarios das	e (g) in by board committee				agree	ment?	
				To	From			Yes	No	Yes	No	Yes	No	
TESSIC	A MURPHY	TRUSTEE	EDUCATIO	_	X	50,000.	44,365.	_	Х	Х		Х		
<u> </u>	21 110111 111	111001				,							<u>                                     </u>	
												_	ļ	
									<u> </u>	ļ. <u> </u>				
										!		<u> </u>		
													_	
					Ļ			<u> </u>	-					
							-	_						
								_					-	
<u> </u>		<u> </u>		<u> </u>	<u> </u>		44.265	ļ <u> </u>	<u> </u>	┼		-		
Total	Grants or As	eistanas Da	-ofiting Into	coeto	d Do	**************************************	44,365.			<u></u>		<u> </u>		
Part III														
	Complete if the					(c) Amount of	(d) Type	of	Т.	(e	Purp	ose o	f	
(a) N	ame of interested	person	(b) Relationship interested pers			assistance	assistar				assist			
			the organiza											
			<u> </u>											
<del> </del>					_									
									$\perp$					
									$\perp$					
			<u></u>						_	<del>_</del>				
								_						

SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2018

## **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

LAKE HOPATCONG FOUNDATION

Employer identification number 45-4894683

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WATER QUALITY, PUBLIC SAFETY, LAKE EDUCATION, COMMUNITY COHESIVENESS,
HISTORICAL PRESERVATION, ENVIRONMENTAL PROTECTION, PUBLIC INFORMATION,
AND ARTS AND CULTURE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE LAKE HOPATCONG FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE
ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE
THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990
HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE
INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE
ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE
GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE
FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH
MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE
ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.
FORM 990, PART VI, SECTION B, LINE 12C:

THE LAKE HOPATCONG FOUNDATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST THE BOARD MANDATES THAT POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED

IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Name of the organization  LAKE HOPATCONG FOUNDATION	Employer identification number 45-4894683
DISCUSSION ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WI	TH THE CONFLICT
UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMP	LOYEES IS REVIEWED
AND APPROVED BY THE BOARD OF TRUSTEES AN INDEPENDENT BODY	
FORM 990, PART VI, SECTION C, LINE 19:	
THE LAKE HOPATCONG FOUNDATION MAKES ITS FORM 990 AVAILABL	E FOR PUBLIC
INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL	REVENUE CODE UPON
WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 37 NOLANS	POINT PARK ROAD
LAKE HOPATCONG, NJ 07849. IN ADDITION FORM 1023 AS WELL A	S THE FINANCIAL
STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE	UPON WRITTEN
REQUEST AT THE ORGANIZATIONS OFFICE AT 125 LANDING ROAD,	LANDING, NJ 07850.
FORM 990 PART XII, LINE 2C	
THERE WAS NO CHANGE FROM THE PRIOR YEAR.	

# 2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

	U PAGE 10	Date			С		Unadiustod	Rite	Section 179	* Reduction In	Rasis For	Beginning	Current	Current Year	Ending
Asset No.	Description	Acquired	Method	Life	005>	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Expense	Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Accumulated Depreciation
-					_										
	BUILDINGS						,								
1	BUILDING	11/06/14	NC	39.00	ММ		445,617.				445,617.			0.	
2	BUILDING IMPROVEMENTS	03/25/15	NC	39.00	MM		48,294.				48,294.	:		0,	
3	BUILDING IMPROVEMENTS	01/12/16	NC	39.00	MM		329,990.				329,990.			0.	
4	TRAIN STATION & ROOF RESTORATION	12/31/17	NC NC	39.00	MIM		330,517.				330,517.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						1,154,418.				1,154,418.	0.		0.	0.
:	OTHER	!		ļ									E		
5	(D)SOFTWARE - PHONE APP	05/13/13	3 SL	3.00		16	27,210.				27,210.	27,210.		0.	27,210.
6	TRAIN STATION & ROOF RESTORATION	12/31/18	B NC	39,00	о ну	4	415,476.				415,476.			0.	
7	FURNITURE	11/13/1	8 SL	7.00		16	6,403.		į		6,403.			137,	137.
8	EQUIPMENT	08/09/1	8 SL	5.00		16	16,181.				16,181.			301,	301.
9	VEHICLES	03/19/1	8 SL	7.00		16	147,350.				147,350.			17,542.	17,542.
	* 990 PAGE 10 TOTAL OTHER						612,620.				612,620.	27,210.		17,980	45,190.
	* GRAND TOTAL 990 PAGE 10 DEPR						1,767,038.				1,767,038.	27,210.		17,980	45,190.
	CURRENT YEAR ACTIVITY	***													
	BEGINNING BALANCE						1,181,628.			0.	1,181,628.	27,210.			27,210.
	ACQUISITIONS						585,410.			0.	585,410,	0.			17,980.

990

828111 04-01-18

<sup>(</sup>D) · Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Cocy	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	DISPOSITIONS						27,210.			0.	27,210.	27,210.			27,210.
	ENDING BALANCE ENDING ACCUM DEPR LESS						1,739,828.			0.	1,739,828.	0.			17,980.
	DISPOSITIONS											17,980.			
	ENDING BOOK VALUE											1,721,848.			
															:

Name(s) shown on return

**Depreciation and Amortization** (Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury

Department of the Treasury

(99) Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Sequence No. 179 Identifying number

	E HOPATCONG FOUNDA		179 Note; If you		RM 990 P. sted property, o		V before	45-4894683 you complete Part I.
	laximum amount (see instructions)						4	1,000,000.
	otal cost of section 179 property place							
	preshold cost of section 179 property	_	2,500,000.					
	eduction in limitation. Subtract line 3							
	ollar limitation for tax year. Subtract line 4 from lin	_						
6	(a) Description of p				ness use only)	(c) Elected		
	sted property. Enter the amount fron				7			
	otal elected cost of section 179 prop	8						
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the s	-					_	
	ection 179 expense deduction. Add I							
	arryover of disallowed deduction to 2					***************************************	12_	
	Don't use Part II or Part III below for				🗾 13			
Par					e listed propert	v )		
	pecial depreciation allowance for qua							
	•					•		
	e tax year							
	roperty subject to section 168(f)(1) el		17 000					
Par	ther depreciation (including ACRS)	16	17,980.					
Fai	MACRS Depreciation (Don't	include listed pro						
				tion A				
	ACRS deductions for assets placed					_	17_	
18 If y	rou are electing to group any assets placed in ser						<u> </u>	
	Section B - Assets		(c) Basis for		Using the Gene	erai Deprecia	ition Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a _	3-year property	_	<u></u>			<b>+</b>		
<u>b</u>	5-year property							
c	7-year property							
d_	10-year property							
e	15-year property	_						
f	20-year property	_						
<u>g</u>	25-year property				25 yrs.		S/L	
_	Residential rental property	/			27.5 yrs.	MM	S/L	
h					27.5 yrs.	MM	S/L	
	Non-city Release and	/			39 yrs.	MM	S/L_	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets I	Placed in Service	During 2018	Tax Year Us	sing the Altern	ative Deprec	iation Sys	tem
20a	Class life						S/L	
b	12-year	7			12 yrs.		S/L	
C	30-year	/.			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par								
	sted property. Enter amount from line	e 28					21	
	otal. Add amounts from line 12, lines							
Er	nter here and on the appropriate lines	s of your return. P	artnerships an	d S corpora			22	17,980.
	or assets shown above and placed in ortion of the basis attributable to sec			enter the	23			

Form 4562 (2018)	L <u>A</u> KI	<u>HOPAT</u>	CONG	FOU.	<u>JNDA</u>	TION					<u>45</u>	<u>-4894</u>	<u>.683</u>	Page :
	erty (Include au it, recreation, or			ner vehi	cles, c	ertain aird	craft, ar	nd propert	y used f	or				
	y vehicle for wh			standa	rd mile	age rate	or dedu	ucting leas	se exper	ise. com	nolete o	nlv 24a.		
24b, columns	s (a) through (c)	of Section A	, all of S	ection E	3, and 9	Section (	if appl	licable.						
	- Depreciation				aution:	: See the	instruc	tions for li	mits for	passen	ger auto	mobiles.	<u>)                                    </u>	
24a Do you have evidence to	support the bus	in <u>ess/investme</u>	nt use cl	aimed?_		Yes	No	24b If "Y	es," is t	h <u>e evid</u> e	nce wri	tten?	Yes	No
(a)	(b) Date	(c)		(d)		(e)		(f)		(g)		(h)		(i)
Type of property (list vehicles first)	placed in	Business/ investment		Cost or	I 0	lasis for dep business/inv		Recovery period		thod/ vention		reciation luction		ected ion 179
(list veriloles liist)	service	use percentaç	je   Ot	her basis	<u> </u>	use on	ly)	penou		vention	060			ost
25 Special depreciation a	llowance for qu	alified listed	property	placed	l in ser	vice durir	ig the ta	ax year an	d					
used more than 50%					<u></u>		<u></u>		<u></u>	. 25			ļ <u>.</u>	
26 Property used more th	nan 50% in a qu	alified busine	ess use:											
		9	6											
		9	6											
		9	6											
27 Property used 50% or	less in a qualifi	ed business	use:											
	_ ; ;	9	6						S/L-					
		9	6					L	S/L					
		9	6						S/L -					
28 Add amounts in colum	ın (h), iines 25 tl	hrough 27. Er	nter here	and or	n line 2	1, page 1				_28			l	
29 Add amounts in colum												29		
		s	ection E	3 - Infor	rmatio	n on Use	of Veh	icles						
Complete this section for	vehicles used by	y a sole prop	rietor, pa	artner, c	or other	r "more th	nan 5%	owner," o	or related	d persor	ı. If you	provided	l vehicle	s
to your employees, first ar	swer the quest	ions in Sectio	on C to s	ee if yo	u meet	an exce	ption to	completi	ng this s	ection f	or those	vehicles	š.	
			(a	a)		(b)		(c)	(6	d)		(e)	(	f)
30 Total business/investmen	nt miles driven du	ring the	Veh	iicle	V	Vehicle		ehicle	_ Vel	nicle	Ve	hicle	Vel	nicle
year (don't include comm	uting miles)													
31 Total commuting miles														
32 Total other personal (n	oncommuting)	miles												
driven														
33 Total miles driven duri														
Add lines 30 through 3											Ì			
34 Was the vehicle availa			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used														
than 5% owner or rela	ted person?													
36 Is another vehicle avai														
use?														
	Section C -	Questions fo	or Empl	oyers W	Vho Pro	ovide Ve	hicles f	for Use by	Their E	Employe	es			
Answer these questions to												ren't		
more than 5% owners or re	elated persons.													
37 Do you maintain a writ	ten policy state	ment that pro	hibits a	ll persor	nal use	of vehicl	es, incl	uding con	ımuting,	by you	r		Yes	No
employees?														
38 Do you maintain a writ	ten policy state	ment that pro	hibits p	ersonal	use of	vehicles,	except	t commuti	ng, by y	our				
employees? See the ir	structions for v	ehicles used	by corp	orate of	fficers,	directors	, or 1%	or more o	wners					
39 Do you treat all use of	vehicles by emp	ployees as pe	ersonal u	ıse?										
40 Do you provide more t	han five vehicle	s to your emp	oloyees,	obtain	informa	ation from	ı your e	mployees	about					
the use of the vehicles				_										
41 Do you meet the requi	rements concer	ning qualified	automo											
Note: If your answer to														
Part VI Amortization														
(a)			(b)		(c)			(d)		(e)			(f)	
Description	of costs		mortization regins		Amortiza amou			Code section		Amortizat period or pero		Ал fo	nortization r this year	
42 Amortization of costs t	hat begins duri			r:			_							
			-, 1											
			:											
43 Amortization of costs t	hat began befo	re your 2018	tax yea								43			
44 Total Add amounts in											44			

816252 12-26-18