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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

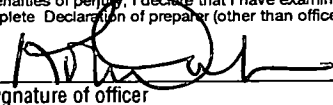

2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print type See Specific Instructions	C Name of organization		D Employer identification number
		HORTICULTURAL RESEARCH INSTITUTE, INC.		52-1052547
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1000 VERMONT AVENUE, NW 300		
		City or town, state or country, and ZIP + 4		E Telephone number
		WASHINGTON, DC 20005-4914		(202) 789-2900
		F Name and address of principal officer: ROBERT DOLIBOIS 1000 VT AVENUE, NW, WASHINGTON, DC 20005		G Gross receipts \$ 2,377,979.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
J Website: WWW.HRIRESEARCH.ORG				
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1975		M State of legal domicile DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: HORTICULTURAL RESEARCH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20	
	5 Total number of employees (Part V, line 2a)	0	
	6 Total number of volunteers (estimate if necessary)	21	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 740,852.	Current Year 308,651.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	783,230.	423,232.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11d)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,524,082.	731,883.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	350,000.	547,328.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,000.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 101,793.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	326,953.	583,646.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	706,953.	1,130,974.
	19 Revenue less expenses. Subtract line 18 from line 12	817,129.	<399,091.>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 11,731,951.	End of Year 8,834,213.
	21 Total liabilities (Part X, line 26)	92,731.	273,914.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,639,220.	8,560,299.

Part II Signature Block

Sign Here Preparer's Use Only	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  ROBERT DOLIBOIS, EXECUTIVE DIRECTOR Type or print name and title	Date 12/14/09
Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 RUBINO & MCGEEHIN, CHARTERED 6903 ROCKLEDGE DRIVE, SUITE 1200 BETHESDA, MD 20817	Date 12/14/09	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no ▶ 301-564-3636

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

12 915

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:
TO DIRECT, FUND, PROMOTE, AND COMMUNICATE HORTICULTURAL RESEARCH WHICH INCREASES THE QUALITY AND VALUE OF PLANTS, IMPROVES THE PRODUCTIVITY AND PROFITABILITY OF THE NURSERY AND LANDSCAPE INDUSTRY, AND PROTECTS AND ENHANCES THE ENVIRONMENT.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes", describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes", describe these changes on Schedule O
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 794,896. including grants of \$ 547,328.) (Revenue \$)
RESEARCH PROJECTS AND STUDENT SCHOLARSHIPS THAT FOCUS ON GREEN INDUSTRY PRIORITY ISSUES RESULTING IN PROBLEM SOLVING SOLUTIONS AND TECHNIQUES, INCLUDING STUDENT EDUCATION.

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e **Total program service expenses** ▶ \$ **794,896.** (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: <u>N/A</u>		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter: <u>N/A</u>		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year: <u>N/A</u>		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?	X	
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		X
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **DC**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ROBERT DOLIBOIS - 202-789-2900**
1000 VERMONT AVENUE, NW, #300, WASHINGTON, DC 20005-4914

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE MEZITT PRESIDENT	1.00	X		X				0.	0.	0.
JOHN BRAILSFORD, JR. PRESIDENT ELECT	1.00	X		X				0.	0.	0.
GEORGE BEAR TRUSTEE	1.00	X		X				0.	0.	0.
DAN BATSON TRUSTEE	1.00	X		X				0.	0.	0.
THOMAS DEMALINE IMMEDIATE PAST PRESIDENT	1.00	X		X				0.	0.	0.
CHRISTINE HETZ PHILLIPS TRUSTEE	1.00	X						0.	0.	0.
JAMES D. MCBRATNEY TRUSTEE	1.00	X						0.	0.	0.
W.D. WELLS, JR TRUSTEE	1.00	X						0.	0.	0.
PAYTON PARSONS TRUSTEE	1.00	X						0.	0.	0.
STEPHEN HICKS TRUSTEE	1.00	X						0.	0.	0.
DONALD E. MCCORKLE, SR TRUSTEE	1.00	X						0.	0.	0.
HARVEY COTTEN TRUSTEE	1.00	X						0.	0.	0.
ROBERT COUCH TRUSTEE	1.00	X						0.	0.	0.
BERNARD DE WIT TRUSTEE	1.00	X						0.	0.	0.
TERRI MCENANEY TRUSTEE	1.00	X						0.	0.	0.
PETER SCARFF TRUSTEE	1.00	X						0.	0.	0.
DAN NELSON TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN KELLER TRUSTEE	1.00	X						0.	0.	0.
CAROLYN MCGILL TRUSTEE	1.00	X						0.	0.	0.
WILLIAM VAN BELLE TRUSTEE	1.00	X						0.	0.	0.
ROBERT DOLIBOIS EXEC. DIRECTOR/SECRETARY	4.00			X				0.	275,478.	50,907.
1b Total								0.	275,478.	50,907.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN NURSERY & LANDSCAPE ASSOCIATION, 1000 VERMONT AVE, NW STE 300, WASHINGTON,	MANAGEMENT FEES	122,000.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	156,034.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	152,617.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		308,651.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			367,865.		367,865.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real		(ii) Personal			
	7 a	(i) Securities		(ii) Other			
	8 a	(i) Securities		(ii) Other			
	9 a	(i) Securities		(ii) Other			
	10 a	(i) Securities		(ii) Other			
Miscellaneous Revenue				Business Code			
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			731,883.	0.	0.	423,232.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	525,206.	525,206.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,122.	22,122.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	122,000.	61,000.	30,500.	30,500.
b Legal	15,607.		15,607.	
c Accounting	48,123.		48,123.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	69,363.		69,363.	
g Other	162,562.	103,383.	3,299.	55,880.
12 Advertising and promotion	15,413.			15,413.
13 Office expenses	5,861.	4,712.	1,149.	
14 Information technology	54,000.	54,000.		
15 Royalties				
16 Occupancy				
17 Travel	20,801.	20,801.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	578.	578.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT	66,244.		66,244.	
b MISCELLANEOUS	3,094.	3,094.		
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,130,974.	794,896.	234,285.	101,793.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	204,316.	2	92,673.
	3 Pledges and grants receivable, net	805,054.	3	668,517.
	4 Accounts receivable, net	14,700.	4	20,239.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	11 Investments - publicly traded securities	10,707,881.	11	8,052,784.
	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)	11,731,951.	16	8,834,213.	
Liabilities	17 Accounts payable and accrued expenses	92,731.	17	270,204.
	18 Grants payable		18	
	19 Deferred revenue		19	3,710.
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	92,731.	26	273,914.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	149,900.	27	<942,305.>
	28 Temporarily restricted net assets	2,074,978.	28	34,535.
	29 Permanently restricted net assets	9,414,342.	29	9,468,069.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,639,220.	33	8,560,299.
	34 Total liabilities and net assets/fund balances	11,731,951.	34	8,834,213.

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number

52-1052547

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
---------------	---

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	184,791.	503,774.	359,602.	740,852.	308,651.	2,097,670.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	184,791.	503,774.	359,602.	740,852.	308,651.	2,097,670.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,658.
6 Public Support. Subtract line 5 from line 4						2,087,012.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	184,791.	503,774.	359,602.	740,852.	308,651.	2,097,670.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	138,078.	215,377.	585,417.	843,373.	367,865.	2,150,110.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						4,247,780.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	49.13	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008Open to Public
Inspection

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number

52-1052547

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,366,332.				
b Contributions	119,971.				
c Investment earnings or losses	<1,935,134.>				
d Grants or scholarships	399,123.				
e Other expenditures for facilities and programs	422,564.				
f Administrative expenses					
g End of year balance	8729482.				

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ <8.46> %

b Permanent endowment ▶ 108.46 %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

0.

Schedule D (Form 990) 2008

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)		5	

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)		5	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: TO SUPPORT HORTICULTURE RESEARCH

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

► **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**
► **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number
52-1052547

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA STATE UNIVERSITY 3609 ASB AMES, IA 50011-3609	42-6004224	501(C)(3)	24,000.	0.			EVALUATION AND COMMERCIALIZATION OF BIOPLASTIC POTS
LANDSCAPE PLANT DEVELOPMENT CENTER PO BOX 444 MOUND, MN 55364	41-1790582	501(C)(3)	38,000.	0.			DEVELOPING THE LANDSCAPE POTENTIAL OF NATIVE PLANTS
UNIVERSITY OF MINNESOTA 450 MCNAMARA ALUMNI CTR 200 OAK ST MINNEAPOLIS, MN 55455	41-6007513 MN		15,000.	0.			DEVELOPMENT AND TESTING OF NON-INVASIVE EUONYMUS ALATUS AND BUDDLEIA DAVIDII
CORNELL UNIVERSITY PO BOX 22 ITHACA, NY 14853	15-0532082	501(C)(3)	18,000.	0.			REDUCING OVER-WINTERING COSTS OF CONTAINERIZED PLANT PRODUCTION: MAXIMIZING ROOT
AUBURN UNIVERSITY 310 SAMFORD HALL AUBURN, AL 36849-5408	63-6000724	SECTION 115	65,000.	0.			BLOCK GRANT: DEVELOPMENT OF ALTERNATIVE CONTAINER SUBSTRATES
WILDFLOWER DONOR INC 4801 LA CROSSE AVE AUSTIN, TX 78749	74-2245311	501(C)(3)	20,000.	0.			THE GRANT SUPPORTS THE SUSTAINABLE SITES INITIATIVE WHICH HAS DRAFTED SPECIFIC

2 Enter total number of section 501(c)(3) and government organizations

10.

3 Enter total number of other organizations

8.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
HORTICULTURAL RESEARCH SCHOLARSHIPS	5	12,000.	0.		
HORTICULTURAL RESEARCH GRANT	1	10,122.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: GRANT APPLICATION CRITERIA SPECIFICALLY SEEKS

BUDGET OUTLINE OF RESEARCH PROJECTS. THESE FUNDS WILL BE PAID FOLLOWING

THE SIGNATURE OF A FINANCIAL AID AGREEMENT BY BOTH PARTIES. FUNDS MAY BE

USED ONLY FOR THE DIRECT COSTS OF THE PROJECT, AND THE RESEARCHER SHALL NOT

USE FUNDS TO PAY FOR GENERAL OR ADMINISTRATIVE EXPENSES. RESEARCHERS MUST

COMPLETE REPORTING SUMMARY OF PROJECT OUTCOMES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CORNELL UNIVERSITY

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047
2008

Open to Public
Inspection

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number

52-1052547

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA G018 MCCARTHY HALL D GAINESVILLE, FL 32607	59-6002052	SECTION 115	25,000.	0.			WEB-BASED DECISION SUPPORT MODEL FOR CONTAINER PRODUCTION
UNIVERSITY OF MARYLAND 2108 PLANT SCIENCES BUILDING COLLEGE PARK, MD 20742-4452	52-6002033	MD	36,500.	0.			DEPLOYMENT OF WIRELESS SENSOR NETWORKS FOR REAL TIME WATER AND NUTRIENT MANAGEMENT AND ONLINE IDENTIFICATION OF
WASHINGTON STATE UNIVERSITY CASHIERS OFFICE SPS PO BOX 641027 PULLMAN, WA 99164-1027	91-6001108	SECTION 115	158,205.	0.			CHRISTMAS TREES WITH SUPERIOR NEEDLE RETENTION AND THE CREATION OF AN INTERACTIVE IMPACTS OF
COLORADO STATE UNIVERSITY 6015 CAMPUS DELIVERY-OSP FORT COLLINS, CO 80523-6015	84-6000545	SECTION 115	16,000.	0.			SALTS AND SURFACTANTS IN RECYCLED WASTEWATER ON LANDSCAPE PLANTS
CAL POLY CORPORATION 1 GRAND AVE BLDG 38 RM 102 SAN LUIS OBISPO, CA 93420-0830	95-1648180	501(C)(3)	23,500.	0.			IMPLEMENTATION OF RFID SYSTEM USING CONTAINERS AND TAGS TO IMPROVE NURSERY PRODUCTION
OHIO STATE UNIVERSITY 256 HOWLETT HALL 2001 FYPPE CT COLUMBUS, OH 43210-1096	31-6025986	SECTION 115	15,000.	0.			EVALUATION OF THE INVASIVE AND NOXIOUS WEED SPECIES PROPAGULE-BANK IN OHIO NURSERIES
UNIVERSITY OF CALIFORNIA 1127 HINDERAKER HALL RIVERSIDE, CA 92521-0217	95-6006142	501(C)(3)	25,000.	0.			DEVELOPMENT OF NEW TECHNOLOGIES FOR THE DETECTION OF PHYTOPHTHORA IN ORNAMENTAL NURSERIES
SOUTHERN NURSERY ASSOCIATION 1827 POWERS FERRY RD BLD 4 STE 100 ATLANTA, GA 30339-5621	62-0726669	501(C)(6)	10,000.	0.			SNA RESEARCH CONFERENCE

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008**Open to Public
Inspection**

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.Employer identification number
52-1052547**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS AGRICULTURE EXPERIMENT TX A&M AGRILIFE CONTRACTS PO BOX 2147 TAMU - COLLEGE STATION, TX 77843-2147	74-2648747	TX	5,000.	0.			THE SUSTAINABLE SITES INITIATIVE HAS DRAFTED SPECIFIC MEASURABLE PERFORMANCE BENCHMARKS
OREGON STATE UNIVERSITY PO BOX 1086 CORVALLIS, OR 97309-2086	48-1278540	SECTION 115	11,000.	0.			THE THREE OBJECTIVES OF THIS PROJECT ARE TO DETERMINE THE EXTENT OF NITROGEN AND PHOSPHORUS
MISSISSIPPI STATE UNIVERSITY PO BOX 6156 MISSISSIPPI, MS 39762	64-6000819	501(C)(3)	10,000.	0.			DEVELOPMENT OF ALTERNATIVE CONTAINER SUBSTRATES
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7214 2701 SULLIVAN DR RALEIGH, NC 27695-7214	56-6000756	SECTION 115	10,000.	0.			BREEDING NEW NURSERY CROPS

2 Enter total number of Section 501(c)(3) and government organizations**3** Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: REDUCING OVER-WINTERING COSTS OF
CONTAINERIZED PLANT PRODUCTION: MAXIMIZING ROOT HARDINESS, MEDIA
SELECTION AND INSULATION IN THE NURSERY

NAME OF ORGANIZATION OR GOVERNMENT: WILDFLOWER DONOR INC

(H) PURPOSE OF GRANT OR ASSISTANCE: THE GRANT SUPPORTS THE SUSTAINABLE
SITES INITIATIVE WHICH HAS DRAFTED SPECIFIC MEASURABLE PERFORMANCE
BENCHMARKS AND A RATING SYSTEM THAT CAN BE USED TO ASSESS SITE
SUSTAINABILITY. THIS ALLOWS THE GREEN INDUSTRY TO ASSESS THE PRODUCTS
AND PRACTICES WITHIN THEIR INDUSTRY USING AN OBJECTIVE MEASURE IN ORDER
TO DEMONSTRATE THEIR LEADERSHIP IN SUSTAINABLE ENVIRONMENTAL DESIGN.
ADDITIONALLY, THIS BUILDS THE MARKET FOR NATIVE AND ADAPTED PLANTS.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: DEPLOYMENT OF WIRELESS SENSOR
NETWORKS FOR REAL TIME WATER AND NUTRIENT MANAGEMENT AND ONLINE ACCESS
FOR THE JOURNAL OF ENVIRONMENTAL HORTICULTURE

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFICATION OF CHRISTMAS TREES
WITH SUPERIOR NEEDLE RETENTION AND THE CREATION OF AN ADVANCED SYSTEM TO
SUSTAIN EXPORT MARKETS OF FRUITS AND NUT TREES.

NAME OF ORGANIZATION OR GOVERNMENT: CAL POLY CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENTATION OF RFID SYSTEM USING
CONTAINERS AND TAGS TO IMPROVE NURSERY PRODUCTION EFFICIENCY

NAME OF ORGANIZATION OR GOVERNMENT: OHIO STATE UNIVERSITY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EVALUATION OF THE INVASIVE AND NOXIOUS WEED SPECIES PROPAGULE-BANK IN OHIO NURSERIES, LANDSCAPES AND NATURAL AREAS.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS AGRICULTURE EXPERIMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: THE SUSTAINABLE SITES INITIATIVE HAS DRAFTED SPECIFIC MEASURABLE PERFORMANCE BENCHMARKS AND A RATING SYSTEM THAT CAN BE USED TO ASSESS SITE SUSTAINABILITY. THIS ALLOWS THE GREEN INDUSTRY TO ASSESS THE PRODUCTS AND PRACTICES WITHIN THEIR INDUSTRY USING AN OBJECTIVE MEASURE IN ORDER TO DEMONSTRATE THEIR LEADERSHIP IN SUSTAINABLE ENVIRONMENTAL DESIGN. ADDITIONALLY, THIS BUILDS THE MARKET FOR NATIVE AND ADAPTED PLANTS.

NAME OF ORGANIZATION OR GOVERNMENT: OREGON STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: THE THREE OBJECTIVES OF THIS PROJECT ARE TO DETERMINE THE EXTENT OF NITROGEN AND PHOSPHORUS RELEASE FROM CRF THROUGHOUT THE WINTER MONTHS IN A CLIMATE WITH A MILD WINTER, TO EVALUATE THE UPTAKE OF NUTRIENTS OF DECIDUOUS AND EVERGREEN PLANTS THROUGHOUT WINTER MONTHS IN A MILD CLIMATE, AND TO ASSESS THE ENVIRONMENTAL IMPACT OF NITROGEN AND PHOSPHORUS RELEASE OF THE TWO PRIMARY CONTROLLED RELEASE OF FERTILIZERS USED IN A MILD CLIMATE THROUGHOUT THE WINTER MONTHS.

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number

52-1052547

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III.**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed
----------------	--

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE
RELATED ORGANIZATIONS METHODS WHICH INCLUDE APPROVAL BY THE BOARD, WRITTEN
EMPLOYMENT CONTRACT AND COMPENSATION SURVEY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number
52-1052547

FORM 990, PART VI, SECTION A, LINE 3: MANAGEMENT FEES WERE PAID FOR STAFF SERVICES PROVIDED TO HRI: FOR THE INDIVIDUAL RESPONSIBLE FOR THE DAY-TO-DAY OPERATIONS OF HRI AS WELL AS FINANCIAL SUPPORT SERVICES PROVIDED FOR HRI.

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION WAS MERGED WITH THE HORTICULTURAL RESEARCH INSTITUTE, INC. RESULTING IN A NAME CHANGE FROM THE HORTICULTURAL RESEARCH INSTITUTE ENDOWMENT FUND, INC. TO THE HORTICULTURAL RESEARCH INSTITUTE, INC.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE FILING. THE BOARD OF TRUSTEES REVIEWS THE 990 AT THE FALL BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY.

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

FORM 990, PART VI, SECTION A, LINE 1A
THE BOARD OF TRUSTEES OF THE FUND DELEGATES CONTROL TO AN EXECUTIVE COMMITTEE WHICH CONSISTS OF THOSE TRUSTEES THAT ARE OFFICERS OF THE FUND. THE COMMITTEE IS AUTHORIZED TO EXERCISE THE POWERS OF THE BOARD BETWEEN MEETINGS.

PART VII, SECTION A, COLUMN B

THE EXECUTIVE DIRECTOR ALSO SPENT 36 HOURS PER WEEK WORKING FOR THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number

52-1052547

RELATED ORGANIZATION AMERICAN NURSERY AND LANDSCAPE ASSOCIATION.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**
▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No. 1545-0047

2008**Open to Public
Inspection****Name of the organization**

HORTICULTURAL RESEARCH INSTITUTE, INC.

Employer identification number
52-1052547**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
AMERICAN NURSERY & LANDSCAPE ASSOCIATION - 52-1005854, 1000 VERMONT AVE, NW STE 300, WASHINGTON, DC 20005-4914	HORTICULTURAL TRADE ASSOCIATION	DISTRICT OF COLUMBIA	501(C)(6)	N/A	N/A
HORTICULTURAL RESEARCH INSTITUTE, INC. - 52-0781862, 1000 VERMONT AVE, NW STE 300, WASHINGTON, DC 20005-4914	HORTICULTURAL RESEARCH	MARYLAND	501(C)(6)	N/A	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule R (Form 990) 2008**

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) AMERICAN NURSERY & LANDSCAPE ASSOCIATION	O	188,518.
(2)		
(3)		
(4)		
(5)		
(6)		

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Nonprofit Corporation Act have been complied with and accordingly, this **CERTIFICATE OF AMENDMENT** is hereby issued to:

HORTICULTURAL RESEARCH INSTITUTE ENDOWMENT FUND, INC.

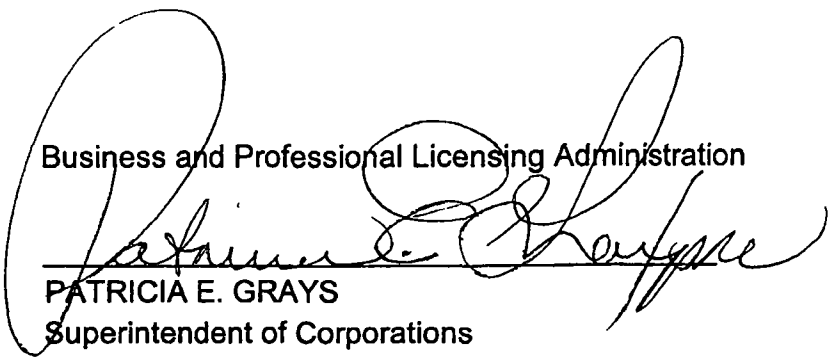
Name Changed To

HORTICULTURAL RESEARCH INSTITUTE, INC.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of the **31st** day of **December, 2008**.

LINDA K. ARGO
Director

Business and Professional Licensing Administration


PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

Adrian M. Fenty
Mayor

ARTICLES OF AMENDMENT TO
ARTICLES OF INCORPORATION
OF
THE HORTICULTURAL RESEARCH INSTITUTE ENDOWMENT FUND, INC.

TO:
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
BUSINESS AND PROFESSIONAL LICENSING ADMINISTRATION
CORPORATIONS DIVISION
941 NORTH CAPITOL STREET, N.E.
WASHINGTON, D C. 20002

Pursuant to the provisions of the District of Columbia non-profit Corporation Act, the undersigned adopts the following Articles of Amendment to its Articles of Incorporation:

FIRST: The name of the corporation is the Horticultural Research Institute Endowment Fund, Inc.

SECOND: The following amendment of the Articles of Incorporation was adopted by the Corporation in the manner prescribed by the District of Columbia Non-profit Corporation Act:

AMENDING ARTICLE ONE AS FOLLOWS:

The name of the corporation is the Horticultural Research Institute, Inc.

THIRD: The amendment was adopted at a meeting of the Board of Director held on July 13, 2008, and received the vote of a majority of the Directors in office, there being no members having voting rights in respect thereof.

Date: 12/9/08

Horticultural Research Institute Endowment Fund, Inc.

By R Wayne Meyer
Its President or Vice President

ATTEST: [Signature]
Its Secretary or Assistant Secretary

(Corporate Seal)

FILE COPY
12/31/08

Patty,

The management fees are amounts paid to ANLA. The Memorandum of Understanding provides a description of services that were being provided though it is effective January 1, 2009. As a result I added ANLA as an independent contractor and entered the amount paid per Schedule R in Part VII, Section B.

Mike

**MEMORANDUM OF UNDERSTANDING
BETWEEN
HORTICULTURAL RESEARCH INSTITUTE
AND
AMERICAN NURSERY & LANDSCAPE ASSOCIATION**

This Memorandum of Understanding (MOU) between Horticultural Research Institute, a District of Columbia non-profit organization recognized under Section 501(c)(3) of the Internal Revenue Code (HRI) and American Nursery & Landscape Association, a District of Columbia non-profit organization recognized under Section 501(c)(6) of the Internal Revenue Code, is effective January 1, 2009.

- A. **PAYMENT AND AMOUNT OF ADMINISTRATION FEE.** HRI pays to ANLA an annual Administrative Fee on a quarterly basis. HRI proposes the amount, adjusted on a calendar-year basis (HRI's fiscal year), to the ANLA Board of Directors, based on HRI leadership's general understanding of the value of ANLA staff services and overhead provided by ANLA. The amount proposed is reviewed and approved each year by ANLA leadership as part of the annual budget process (Finance Committee, Board of Directors, and Senate). The parties recognize that the amount paid to ANLA is not based on a formula or intended to cover all of ANLA's direct or indirect costs that are allocable to HRI activities, such that ANLA helps underwrite HRI's contribution to the nursery and landscape industry.
- B. **STAFF SERVICES PROVIDED TO HRI.** ANLA employs all staff required to support HRI activities, including the following:
- i. The ANLA chief staff executive serves as the Secretary of HRI
 - ii. Any other staff officers appointed in accordance with the HRI bylaws
 - iii. The ANLA chief staff executive is responsible for the day-to-day operations of HRI and responsible for hiring and firing of all employees of ANLA
 - iv. Management of all extramural research funding initiatives
 - v. Volunteer leadership administration, including the Executive Committee and the Board of Trustees, supporting the duties of the Secretary as set forth in the HRI Bylaws

- vi. Written reports to the ANLA Board of Directors on behalf of the HRI Board of Trustees
 - vii. Endowment Fund administration
 - viii. Scholarship administration
 - ix. Financial support services for the HRI Treasurer, including:
 - payroll, benefits, and taxes
 - accounts payable
 - accounts receivable
 - cash flow management
 - authorization of funds transfers
 - bank statement review
 - assistance with tax returns, audits, and financial statements
 - bookkeeping services
 - x. Meeting planning and logistical support
 - xi. Marketing and public relations
 - xii. Website administration
 - xiii. Administration of the Journal of Environmental Horticulture
 - xiv. Membership development and communications administration
- C. OFFICE SPACE. ANLA maintains office space for the operations of HRI and pays all overhead expenses required to provide the services listed in this MOU, including rent, repairs, utilities, telephone, furniture, computers, copiers, faxes, copy paper (but not HRI letterhead materials, envelopes, etc.), and other office equipment needed for HRI activities. ?
- D. ALLOCATION AND PAYMENT OF EXPENSES. As noted above, there is no allocation of ANLA expenses required to support the HRI activities listed above. To the greatest extent possible, HRI pays all direct costs incurred to conduct its activities (e.g., Website, marketing, membership communications, Journal of Environmental Horticulture, letterhead, etc.) and reimburses ANLA for any direct costs not paid directly by HRI as soon as possible, but no less than quarterly.

- E. **TERM.** The term of this MOU is three years and effective from JANUARY 1, 2009, through DECEMBER 31, 2011 ("Term"). This Term shall automatically be extended in three (3) year increments, unless written notice is provided by either party no less than 180 days prior to the expiration of the Term.
- F. **TERMINATION:** In the event that one of the parties is in default as defined below, the non-breaching party may, in its sole reasonable discretion, immediately terminate this MOU without penalty by giving the breaching party written notice of such termination, which shall not excuse breaches of this MOU which may have already occurred. Default on the part of a party shall include, without being limited to, the occurrence of the following events:
- i. Failure by the party to comply with any of the provisions of this MOU in a satisfactory manner as reasonably determined by the other party; and failure to cure such violation within thirty (30) calendar days after receipt of written notice of said violation;
 - ii. Filing by the party of a voluntary petition under any bankruptcy, reorganization, insolvency, or any other law for the relief of, or relating to debtors; the filing against the party of an involuntary petition in bankruptcy or a receiver or trustee is appointed to take possession of the party's property, any of the party's property is subjected to levy, seizure, assignment, application or sale for or by any creditor or governmental agency, and such action is not dismissed within thirty (30) calendar days thereafter; or the party becomes insolvent; or
 - iii. Dissolution of the party voluntarily, involuntarily, or by operation of law

G. MISCELLANEOUS PROVISIONS

- i. **DUTIES UPON TERMINATION OR NON-RENEWAL.** Upon termination or non-renewal of this MOU for any reason, HRI shall cease using ANLA office space, employees, and other facilities within thirty (30) days of such termination or non-renewal.
- ii. **HRI MISSION.** HRI shall operate in such a manner that its activities support the mission and operations of ANLA.
- iii. **INSURANCE.** To the extent practicable, ANLA and HRI agree that HRI shall be an additional insured party on any and all insurance policies maintained by ANLA, including but not limited to directors and officers insurance and general liability insurance.

- iv. **INTELLECTUAL PROPERTY:** This MOU does not include any sharing of the intellectual property of the parties.
- v. **INDEMNIFICATION:** Each party agrees to defend, indemnify and hold harmless the other party, its officers, directors, employees, and agents from and against any and all claims, demands, actions, causes of action, penalties, judgments and liabilities (including court costs and reasonable attorney's fees) based upon or arising out of any act, omission, negligence, misconduct, or breach of any material condition of this MOU by the other party, its subcontractors, or their respective employees, representatives, servants, agents, invitees, licensees or contractors.
- vi. **ASSIGNMENT:** Neither this MOU nor any interest in this MOU may be assigned or transferred by either party without the prior written authorization of the other party. Violation of this Section shall constitute a material violation of this MOU.
- vii. **SURVIVAL OF RIGHTS AND OBLIGATIONS:** ANLA and HRI agree that all rights and obligations provided in this MOU which do not expressly terminate pursuant to this MOU, shall survive beyond the Term of this MOU and shall remain in full force and effect in perpetuity.
- viii. **FORCE MAJEURE:** Either party may terminate or suspend its obligations under this MOU if such obligations are delayed, prevented, or rendered impractical by any of the following events to the extent such event is beyond the reasonable control of the party whose performance is delayed, prevented, or rendered impractical: Fire; flood; earthquake; civil commotion; insurrection; Act of God; labor disputes; strikes; war; epidemic; any law, ordinance, rule, or regulation which becomes effective after the date of the execution of this MOU, or other exigent circumstance or emergency making it inadvisable, impracticable, illegal, or impossible to perform its obligations hereunder. The non-performing party shall not be liable to the other for delay or failure to perform its obligations, except there shall be a pro rata reduction in the consideration which would otherwise be payable or due under this MOU.
- ix. **WAIVER:** The waiver of a breach of any of the terms hereof or of any default hereunder, shall not be deemed a waiver of any subsequent breach or default, whether of the same or similar nature, and shall not in any way affect the other terms hereof. No waiver or modification shall be valid or binding unless in writing and signed by the waiving party.
- x. **HEADINGS NOT CONTROLLING:** Headings used in this MOU are for reference purposes only and shall not be deemed as part of this MOU.
- xi. **MERGER:** This MOU represents the entire agreement of the parties and supersedes any other understanding of the parties concerning the subject matter herein. There are no other representations, covenants, arrangements, or understandings, either written

or oral, between the parties relating to the subject matter which are not fully expressed herein or have been relied upon in entering into this MOU. This MOU may be modified only by the written consent of both parties.

- xii. **SEVERABILITY:** All provisions of this MOU shall be severable and no provision shall be affected by the invalidity of any other provision to the extent that such invalidity does not also render such other provision invalid. In the event of the invalidity of any provision of this MOU, it shall be interpreted and enforced as if all provisions thereby rendered invalid were not contained herein. If any provision of this MOU shall be susceptible of two interpretations, one of which would render the provision invalid and the other of which would cause the provision to be valid, such provision shall be deemed to have the meaning which would cause it to be valid.
- xiii. **NOTICE:** All notices required under this MOU shall be considered given when deposited in the U.S. mail, certified, return receipt requested, addressed to the respective parties as follows. Notice shall also be required to be given by telephone and electronic mail on the same date as deposited in the mail. Notice given by mail alone shall not be sufficient.
 - a. **ANLA:**
 - Via mail to: InCorp Services, Inc.
1090 Vermont Ave., NW
Suite 910
Washington, DC 20005
 - Via email/phone to: bdolibois@anla.org
202-741-4845
 - b. **HRI:**
 - Via mail to: InCorp Services, Inc.
1090 Vermont Ave., NW
Suite 910
Washington, DC 20005
 - Via email/phone to: mteffeu@anla.org
202-741-4855
- xiv. **BINDING MEDIATION & ARBITRATION:** In addition to and prior to arbitration, the parties shall endeavor to settle disputes by non-binding mediation in accordance with the Commercial Industry Mediation Rules of the American Arbitration Association currently in effect unless the parties mutually agree otherwise. Demand for mediation shall be filed in writing with the other party to this MOU and with the American Arbitration Association. A demand for mediation shall be made within a

reasonable time after the claim, dispute, or other matter in question has arisen. In no event shall the demand for mediation be made after the date when institution or legal or equitable proceedings based on such claim, dispute, or other matter in question would be barred by the applicable statute of limitations.

- a. Should there remain a dispute between the parties following the conclusion of such mediation, the parties agree to settle such dispute or controversy arising out of or relating to this MOU by arbitration in Washington, DC by a panel of three arbitrators in accordance with the commercial arbitration rules of the American Arbitration Association. Judgment on any award may be entered in any Court having jurisdiction thereof.
- xv. **GOVERNING LAW:** The validity, construction, operation and effect of any and all of the terms and provisions of this MOU and any addenda or amendment attached hereto, shall be determined and enforced in accordance with the laws of the District of Columbia without giving effect to principles of conflicts of law thereunder.

IN WITNESS WHEREOF, the parties have executed this MOU by their duly authorized representatives.

HORTICULTURAL RESEARCH INSTITUTE:


By: JOHN BRAILSFORD, PRESIDENT

7/14/09
Date

AMERICAN NURSERY & LANDSCAPE ASSOCIATION:


By: GREG SCHAAN, PRESIDENT

9/16/09
Date

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization HORTICULTURAL RESEARCH INSTITUTE ENDOWMENT FUND, INC.	Employer identification number 52-1052547
	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 VERMONT AVENUE, NW, NO. 300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005-4914	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
☐ Form 990-PF
☐ Form 990-T (trust other than above)
☐ Form 4720
☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**ENDOWMENT FUND - 1000 VERMONT AVENUE, NW, #300 -**

- The books are in the care of **WASHINGTON, DC 20005-4914**
Telephone No. **202-789-2900** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**
- 5 For calendar year **2008**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED TO GATHER THE NECESSARY INFORMATION FROM
EXTERNAL THIRD PARTIES TO ALLOW FOR A COMPLETE AND ACCURATE FILING.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Xatree D. Mally** Title **C.P.A.**Date **7/10/09**

Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization HORTICULTURAL RESEARCH INSTITUTE ENDOWMENT FUND, INC.	Employer identification number 52-1052547
	Number, street, and room or suite no. If a P.O. box, see instructions. 1000 VERMONT AVENUE, NW, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005-4914	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

ENDOWMENT FUND - 1000 VERMONT AVENUE, NW, #300 -

- The books are in the care of ► **WASHINGTON, DC 20005-4914**

Telephone No. ► **202-789-2900**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2008** or
► ☐ tax year beginning , and ending .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 4-2009)