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# Form **990**

## **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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of organization of Police In the Company of Interest and Service Information Content of Police In the Company of P	Α	For th	ne 2009 ca	alendar	year, or tax year beginning, 2009, and ending				, 20	
Andersochange   Name change   Propose   Name change   N	R	heck if	annlicable	Please	C Name of organization Southern Appalachian Botanical Society		D E	mploye	r identification	number
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Name change   Biology Dept. Newberry Coll. 2100 College St.   (803 ) 321-5257   Instal return   Terminated   Name and address of principal officer   Corlege K. McMullen, President   Name and address of principal officer   Corlege K. McMullen, President   High is this a group mann for efficient   Ves   No Amendate return   Name and address of principal officer   Corlege K. McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   Biology, James Madison U., Harrisonburg, VA. 22807   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this a group mann for efficient   Ves   No McMullen, President   High is this allower.   Ves   No McMullen, President   High is this allower   Ves   No M					Number and street (or P O box if mail is not delivered to street address) Room/suite		ΕT	elephon	e number	
Terminated		Name c	hange	type	Biology Dont Nowborns Call 2100 College St		( 8	03.)	321-52	57
Terminated   Interest   Intere	Ш	nıtıal re	eturn			_	<del>\ `</del>	<del>00</del> ,	021 02	<del></del>
Application proteing   Application proteing   Application proteing   Name and address of principal officer   Conley K, McMullen, President   Biology, James Madison U., Harrisonburg, VA 22807   High protein   High p		Termina	ated	Instruc-			١.,			CE 077
Biology, James Madison U., Harrisonburg, VA. 22807   Wbb. Ave. all affiliates included?   Vers.   No. **Take-sempt status.**   Solic  (3.) ** (insert no.)   4947(a)(1) or   527   If "No. **Take ha has the estimations of the properties of the poverning body (Part VI, line 1a).   A sumber of independent voting members of the governing body (Part VI, line 1b).   A solid properties of the		Amende	ed return							
Biology, James Madison U., Harrisonburg, VA 22807   Nilb Are al aristeate mutedoct   Vers   No.   1		Application	on pending	1		H(a) Is the	s a grou	p return fo	r affiliates? <b>Yes</b>	, ☑ No
Website: ► Workw. sabs.appstate.edu   HigGlooup exemption number ►				Biolog	y, James Madison U., Harrisonburg, VA 22807	H(b) Are	all affil	liates inc	uded? 🗹 Yes	: 🗌 No
Website: ► Workw. sabs.appstate.edu   HigGlooup exemption number ►	ī	Tax-ex	empt status	s <b>7</b> 5	01(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	If "N	No," at	tach a lis	st (see instruction	ons)
Seminary   Comparison   Corporation   Inst   Association   Other   L. Year of formation   1936   M. State of legisl demicile* NC	J	Webs	ite: ▶ w∧			H(c) Group	exempt	tion numb	er 🕨	
Briefly describe the organization's mission or most significant activities: To promote botanical interest and to disseminate information concerning the flora and ecology of the southern appalachian region and the eastern United States:    Check this box							<del></del>			1C
Briefly describe the organization's mission or most significant activities: To promote botanical interest and to disseminate information concerning the flora and ecology of the southern appalachian region and the eastern United States.     United States	_				THE CONTROL OF THE CO					<del></del>
United States.  United States.  United States.  1 Check this box     If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)   3   11   4 Number of independent voting members of the governing body (Part VI, line 1b)   4   6   5 Total number of employees (Part V, line 2a)   5   0   6 Total number of volunteers (estimate if necessary)   6   300   7 Total gross unrelated business revenue from Part VIII, column (C), line 12   7a   0   b Net unrelated business taxable income from Part VIII, column (C), line 12   7a   0   7 Total gross unrelated business revenue from Part VIII, column (C), line 12   7a   0   9 Program service revenue (Part VIII, line 1b)   229,970   13,390   10 Investment income (Part VIII, line 2g)   23,746   18,848   500   11 Other revenue—Part VIII, column (A), lines 3, 4, and 7c)   (25,755)   33,239   11 Other revenue—Part VIII, column (A), lines 3, 4, and 7c)   (25,755)   33,239   12 Total revenue—and lines (Part VIII, column (A), lines 3, 4, and 7c)   (25,755)   33,239   13 Grants and similar amounts paid (Part VI), bumn (A), lines 1—3   1,300   1,600   14 Benefits paid (36) office, members (Part IX, column (A), lines 4)   0   0   0   15 Salanes, other combensation, employee benefits (Part IX, column (A), lines 5–10)   500   500   16 Total lundrasing decologies (Part IX, column (A), lines 4)   0   0   0   16 Total expenses (Part IX, column (A), lines 1)   56,495   45,346   18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)   58,295   47,446   19 Revenue less expenses. Subtract line 18 from line 12   8eginning of Current Verrent End of Verrent Part IX (Part IX, column (A), lines 25)   58,295   47,446   19 Revenue less expenses. Subtract line 18 from line 12   10   10   10   10   10   10   10	Г		Summ	iai y	To prop	note hot	anica	Linter	est and to	
United States.  United States.  2 Check this box >   If the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a).  3 11  4 Number of independent voting members of the governing body (Part VI, line 1b).  5 Total number of employees (Part V, line 2a).  6 Total number of volunteers (estimate if necessary)  7 Total gross unrelated business revenue from Part VIII, column (C), line 12.  7 Total gross unrelated business revenue from Part VIII, column (C), line 12.  8 Contributions and grants (Part VIII, line 1h).  9 Program service revenue (Part VIII, line 2g).  10 Investment income (Part VIII, line 2g).  11 Other revenue—Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—and lines 8 lize of the service of the service revenue (Part VIII, column (A), lines 3, 4, and 7d).  12 Total revenue—and lines 8 lize of the service revenue (Part VIII, column (A), lines 3, 4, and 7d).  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3).  14 Benefits paid \$30 of gro, members (Part IX, column (A), lines 1–3).  15 Salanes, other combensation, employee benefits (Part IX, column (A), lines 5–10).  16 Total expenses. Add lines 13–17 (must equal Part IX, column (A), lines 5–10).  17 Other expenses (Part IX, column (A), lines 1–6).  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).  28 Total expenses. Subtract line 18 from line 12.  29 Total liabilities (Part X, line 26).  20 Total assets (Part X, line 26).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Total liabilities (Part X, line 26).  24 Preparer's light of the description of prepare fother than officer) is based on all information of which grapare has any knowledge and belief, it is ploy defective than officer) is based on all information of which grapare has any knowledge and selection of which grapare has any knowledge and selection of the proparer's light of th		1	Briefly de	escribe	the organization's mission or most significant activities:	iote bott	ainca		sot and to	
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19   Revenue less expenses. Subtract line 18 from line 12   (24,866)   18,531							58.	295		
Beginning of Current Year   End of Year										
Part II Signature Block  Under penalties of perpyr, 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  Sign  Here  Signature of officer  Date  Preparer's  Type or print name and title  Preparer's  Signature  Preparer's  Use Only  Date  Check if Self-employed ▶ □  Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no ▶ ( )	_ <u>~ ~</u>	13	rievenue	1033 67		ginning of (				
Part II Signature Block  Under penalties of perpyr, 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  Sign  Here  Signature of officer  Date  Preparer's  Type or print name and title  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's identifying number (see instructions)  EIN  Signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no ▶ ( )	13 5				<del>-</del>	gummig or v				
Part II Signature Block  Under penalties of perpyr, 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  Sign  Here  Signature of officer  Date  Preparer's  Type or print name and title  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's identifying number (see instructions)  EIN  Signature  Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no ▶ ( )	SSe	20	Total ass	sets (Pa	ırt X, line 16)		213,			
Part II Signature Block  Under penalties of perpyr, 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  Sign  Here  Signature of officer  Date  Preparer's  Type or print name and title  Preparer's  Signature  Preparer's  Use Only  Date  Check if Self-employed ▶ □  Firm's name (or yours if self-employed), address, and ZIP + 4  Phone no ▶ ( )	¥ 5	21								
Under penalties of penury, 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					· · · · · · · · · · · · · · · · · · ·		273,	539	2	92,069
And belief, it is brief correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Charles   Check if self-employed   Che	Pa	art II	_							
Sign Here    Signature of officer			Under pe	enalties o	penury, I declare that I have examined this return, including accompanying schedule	es and state	ements	, and to	the best of my l	cnowledge
Here    Signature of officer			and belle	er, it is pr	re/dovrect, and complete Declaration of preparer (other than officer) is based on all	mormation	1 OI W		parer has any kr	
Paid Preparer's Use Only  Signature of officer  Charles N Horn  Treasurer  Date  Check if self-employed >   Firm's name (or yours if self-employed), address, and ZIP + 4  Signature of officer  Date  Check if self-employed >   EIN	Sid	n		_ / _	March 1107hr	1	14	ייין	10	ĮO –
Paid Preparer's Use Only    Charles   N Horn   Yeasurer		_	Sign	nature of	officer	Da	ate		7	
Type or print name and title  Preparer's signature  Preparer's signature  Preparer's lidentifying number (see instructions)  Preparer's Use Only  Preparer's identifying number (see instructions)  EIN ▶ :  Phone no ▶ ( )					Charles N Horn Presuce					
Preparer's signature  Preparer's signature  Date  Check if self-employed ▶ □  Preparer's identifying number (see instructions)  EIN ▶  EIN ▶  Address, and ZIP + 4			Typ	e or print				401	<del></del>	
Paid Preparer's signature  Preparer's Use Only  Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's Self-employed   EIN  Phone no  (see instructions)  (see instructions)			7 · yP	L OI PIIII		ek if	T p :	auaul = ::*:	atifican accept	
Preparer's Use Only  Firm's name (or yours if self-employed), address, and ZIP + 4  EIN  Phone no  Phone n					self-	_				
Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4  Firm's name (or yours if self-employed), address, and ZIP + 4	Pai	d	signature	~ ▶	empl	oyed ► L	4		*	
Use Only I self-employed), address, and ZIP + 4			s l							
address, and ZIP + 4 ▼ Phone no ► ( )		-	Firmsn		ours	EIN	<b>•</b>	:		
May the IRS discuss this return with the preparer shown above? (see instructions)		. Uiiiy			+ 4 🗸	Phone	no 🕨	(	)	
	Ma	y the	IRS disc	uss the	s return with the preparer shown above? (see instructions)				Yes	☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To promote botanical interest and to disseminate information concerning the flora and ecology of the southern appalachian region and the eastern United States. This is partly done through publication of a journal and newsletter.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 \$ 38,489 including grants of \$ 0 ) (Revenue \$ 8,406 ) publish scientific journal CASTANEA for distribution to members and subscribers 4 issues per year; average distribution 1050 copies per issue
4b	(Code: ) (Expenses \$ 4,551 including grants of \$ 0 ) (Revenue \$ 0 ) print and distribute newsletter CHINQUAPIN to members and potential members
	4 issues per year; avergae distribution of 1100 copies per issue
4c	(Code: ) (Expenses \$ 900 including grants of \$ 0 ) (Revenue \$ 0 ) fund graduate student research projects (Core Student Awards)  Awarded to three students in 2009
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 1,200 including grants of \$ 0 ) (Revenue \$ 0 )

Par	rt IV Checklist of Required Schedules			
		$\longrightarrow$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<b>✓</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14a		14a		_▼
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
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? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<b>✓</b>

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

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

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

Sec	tion A. Governing Body and Management	_		
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a				
	of the governing body?	7a		✓
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			1
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	ļ <u>.</u>	✓
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		<b>✓</b>
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		<b>✓</b>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		<b>/</b>
14	Does the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		-	
а	The organization's CEO, Executive Director, or top management official	15a	L	/
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<b>✓</b>
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
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 int	erest	
	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 reco	rds o	f the	
	organization: ► Charles Horn, Newberry College, 2100 College St., Newberry, SC 29108 (ph: 803-321-52	57)	. <b></b>	<b></b>

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☑ Check this box if the organization did not co		any o	cum			cer, d	irec			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Conley K. McMullen President	4			1				0	0	0
Lytton Musselman President-elect	2			1				0	0	0
Charles Horn Treasurer	10			1				0	0	500
Michael Held Membership Secretary	2			1				0	0	0
Ruth Douglas Recording Secretary	1			1				0	0	0
John Pascarella Editor-in-chief, Castanea	6			1				0	0	0
Scott Ranger editor, Chinquapin	3			1				0	0	0
Katherine Mathews member at large to council	1			✓				0	0	0
Lisa Kelly member at large to council	1			1				0	0	0
Wendy Zomlefer member at large to council	1			1				0	0	0
Howard Neufeld Past-president	2			1				0	0	0

Part VII Section A. Officers, Directors, To	ustees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (d	ontinue	1)
(A)	(B)	(C)						(D)	(E)		(F)
Name and title	Average hours per					that ap		Reportable compensation	Reportable compensation		timated ount of
	week	ndw di	nstat	Officer	Key employee		Former	from the	from related organizations		
		recto	탏	ª	a a	oyest c	욕	organization	(W-2/1099-MISC	) fr	om the
		3 5	<u>a</u>		loyer	ğ		(W-2/1099-MISC)			anization i related
		Individual trustee or director	nstitutional trustee		"	Highest compensated employee				orga	inizations
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1b Total						٠.	<b>•</b>	0		0	500
2 Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,	000 in	
reportable compensation from the organi	zation ► 0										Vaa Na
					_						Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete							oye	e, or highest of	compensated	3	.   🗸
							· ·	d other compe	neation from	1	<del></del>
4 For any individual listed on line 1a, is the the organization and related organization	sum of rep	an \$1	50.0	0007	? <i>If '</i>	"Yes,"	co.	mplete Schedu	le J for such		
ındividual										4	✓
5 Did any person listed on line 1a receive	or accrue	com	pen	satı	on	from	any	unrelated org	anization for	_	
services rendered to the organization? If Section B. Independent Contractors	res, com	piete	SCI	ieut	110	101 8	uci	r person .	<u> </u>	5	✓
Complete this table for your five highest	compensate	ed inc	lepe	ende	ent	contra	acto	ors that receive	d more than \$	100.000	of
compensation from the organization.											
(A)	4.4							(B)		(C	
Name and business a	ddress						-	Description of	services	Compe	nsation
none received more than \$100,000			_				┼				
			_			-	$\vdash$	*-	<del>-  -</del>		
							╁┈				
							$\top$			•	
2 Total number of independent contractors	(including b	ut no	t lin	nited	d to	those	list	ted above) who	received		
more than \$100,000 in compensation from	m the orga	nizati	on 🕨	<b>►</b> 0				•			

Form 9	90 (20	)09)						Page 9
Part	VIII	Statement of Revenue				(7)	(0)	(D)
,				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns	1a	0		e3- ~	- =	
Contributions, gifts, grants and other similar amounts		Membership dues	1b	11,740	, <u></u>			
ES, am		Fundraising events	1c	0	Ì			
ig ji	d	Related organizations	1d	0				
ins,	e	Government grants (contributions).	1e	0		-	:	
er is	f	All other contributions, gifts, grants,	١					
흔들		and similar amounts not included above	1f	1,650				
ŠE		Noncash contributions included in lines 1a-1			13,390		-	
	n	Total. Add lines 1a-1f	<u>·                                     </u>	Business Code	13,390			
Program Service Revenue	_	subscriptions		611710	10,442	10,442		
eve	2a	page charges, Castanea		611710	8,406	8,406		
e e	b	2			0,400	0,100		<del> </del>
Ž	C							
Š	a				-			
grar	e	All other program service revenue	 e .	· · · · · · · · · · · · · · · · · · ·	-			
<b>6</b>	g	Total. Add lines 2a-2f		▶	18,848		· <del>-</del>	
	3	Investment income (including divi						
		other similar amounts)			24,291	24,291		
	4	Income from investment of tax-exemp			0			
	5	Royalties		<u>•</u>	8,948	8,948		
		(i) Real		(II) Personal		u.		1
	6a	Gross Rents				u=		
	b	Less: rental expenses						
		Rental income or (loss)		L	_	-		
	d	· <del></del>		•	0			
	7a	Gross amount from sales of (i) Securiti	ies	(ii) Other				
		assets other than inventory		ļ	-			ļ
	b	Less. cost or other basis			2		-	
		and sales expenses .			,			
	d	Gain or (loss)		<u> </u>	0		des in .	-
•	ļ	-			-	· · · · · · · · · · · · · · · · · · ·	-	
venue	8a	Gross income from fundraisi events (not including \$						
Ş.	ľ	of contributions reported on line 1		]				-
æ		See Part IV, line 18	. a	1	- ~		-	
Other	Ь	Less: direct expenses				•	i	
ᅙ		Net income or (loss) from fundrais		events ►	0		•	
	Qo	Gross income from gaming activitie	es		- s.	:		
	34	See Part IV, line 19	. а		_ 1	~ "		
	b	Less: direct expenses,	. b					ļ,
	C	Net income or (loss) from gaming	g activ	vities ▶	0			
	10a	Gross sales of inventory, le	ess		-	-		
		returns and allowances a			ļ			
		Less. cost of goods sold						
	С	Net income or (loss) from sales of i	invent		500	500	ļ	
		Miscellaneous Revenue		Business Code				
	11a							
	b		<b>-</b> -	ļ			<del> </del>	<del> </del>
	C						<del> </del>	<del> </del>
	1	All other revenue						<del> </del>
		Total. Add lines 11a-11d Total revenue. See instructions.		📘	65,977	52,587	0	0
	112	TOTAL TEVELINE. SEE INSURCIOUS.	<u> </u>		00,517	JZ,367	·	<u> </u>

Part IX Statement of Functional Expenses

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

	Section 501(c)(3) and 50 All other organizations must complete colo	ı(c)(4) organization: umn (A) but are not	s must complete : t required to comb	ali columns. olete columns (B).	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	700	700		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	900	900		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0		-	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	500		500	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
9	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
-	Management	9,796	9,796		
	Legal	0			
	Accounting	0			
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0		· <del>-</del>	
f	Investment management fees	255		255	
g	Other	0			
12	Advertising and promotion	100	100		
13	Office expenses	1,225		1,225	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			· · · · · · · · · · · · · · · · · · ·
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	25		25	
20	Interest	0			
21	Payments to affiliates	200	200		
22	Depreciation, depletion, and amortization.	0		· · · · · · · · · · · · · · · · · · ·	<u></u>
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.)				
_	nublication evacues	33,245	33,245	<u>-                                      </u>	
a b	award	500	500	-	
С			-		
d					
е			_		
<u>2</u> 5	All other expenses  Total functional expenses. Add lines 1 through 24f	47,446	45,441	2,005	
26	Joint costs. Check here ▶ ☐ 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	<del></del>		
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing	0	1	0
1 2	Savings and temporary cash investments	189,665	2	189,479
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	C
-	Receivables from current and former officers, directors, trustees, key			
5	employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
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	0	6	0
<u>د</u> ع	Notes and loans receivable, net	0	7	0
Assets 8 8	Inventories for sale or use	0		0
8 8	Prepaid expenses and deferred charges	0	9	0
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			_
b	Less: accumulated depreciation 10b		10c	0
11	Investments—publicly traded securities	83,874	-	102,590
12	Investments—other securities. See Part IV, line 11		12	0
13	Investments-program-related. See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets. See Part IV, line 11		15	000,000
16	Total assets. Add lines 1 through 15 (must equal line 34)	273,539	-	292,069
17	Accounts payable and accrued expenses		17 18	0
18	Grants payable		19	0
19	Deferred revenue			0
20	Tax-exempt bond liabilities		20 21	<del> </del>
<u>.</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ciabilities 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
-1	persons. Complete Part II of Schedule L		22	0
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<u>_</u>
25	Other liabilities. Complete Part X of Schedule D		25	<u>0</u>
26 sepul	Total liabilities. Add lines 17 through 25	0	26	0
and of	Unrestricted net assets	•	27	
27 28 28			28	
29 29	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
or Fund Bala 28 29 29	Permanently restricted net assets			
र्ध 30	Capital stock or trust principal, or current funds	272,862	30	298,043
Net Assets 32 33	Paid-in or capital surplus, or land, building, or equipment fund	0		
S 32	Retained earnings, endowment, accumulated income, or other funds	667	32	(5,974)
₹ 33	Total net assets or fund balances	273,539	33	292,069
2 34	Total liabilities and net assets/fund balances	273,539		292,069

age	: 1	2
'age	. 7	4

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

Form **990** (2009)

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

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 58 1876613 Southern Appalachian Botanical Society Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives. (1) more than 33⅓ % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. c ☐ Type III-Functionally integrated 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (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? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes

Total

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 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not 32,238 203,559 47,746 27.992 41,867 53,716 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf . . . . . . . . . The value of services or facilities furnished by a governmental unit to the 0 0 O Ω 0 organization without charge 203.559 32.238 47,746 27.992 41.867 53,716 Total. Add lines 1 through 3 . ź. 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) 203,559 Public support. Subtract line 5 from line 4. Section B. Total Support (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ 41,867 53,716 32,238 203,559 47,746 27,992 Amounts from line 4 . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 12,112 12,649 (25,755)33.239 37,711 5,466 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets 26,938 13,168 4,106 5.468 500 50.180 (Explain in Part IV) . . . . . . 291,450 Total support. Add lines 7 through 10 . 11 253,739 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 70 14 % Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 72 15 % Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 16a 33%% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box 331/2 support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2 or more, check this 17a 10%-facts-and-circumstances test-2009. 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... b 10%-facts-and-circumstances test - 2008. 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 .

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 >

. .

Schedule A (F	orm 990 or 990-EZ) 2009				
Part III Support Schedule for Organizations Described in Section 509(a)(2)					
	(Complete only if you checke	d the box o	n line 9 of Pa	rt I.)	
Section A	A. Public Support				
Calendar	year (or fiscal year heginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2

Sec	tion A. Public Support					· · · · · · · · · · · · · · · · · · ·	
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b		<u> </u>				
8	Public support (Subtract line 7c from line 6)		=		e de la companya de l		
	tion B. Total Support		1		<del>1</del>		
Ça	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008)			ne 13, column	(f))	15	<u>%</u>
	tion D. Computation of Investme		<del></del>				
17	Investment income percentage for 200	9 (line 10c, cc	olumn (f) divide	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 2		• • •	-		18	%
19a		janization did r	not check the b	ox on line 14,	and line 15 is r		
b	33% % support tests – 2008. If the organine 18 is not more than 33% %, check this	nızatıon did not	check a box o	n line 14 or line	19a, and line 1	6 is more than	n 33⅓ %, and _
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see in	structions 🕨 🛭

Page	. 4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II, line	e 10. Other Income.
Sale of ba	ck issues of Castanea = \$430
Sale of T-	shirts, mugs and hats = \$70
Total incl	ome from other sources = \$500
•••••	

#### **SCHEDULE O** (Form 990)

## Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Inspection Employer identification number

Southern Appalachian Botanical Society	58 : 18/0013
Part III, line 4d - Statement of Program Service Accomplishments (continued)	
Windler Award for best systematic paper published in Castanea in 2008 - \$500 (Grant \$0)	)
Support of the Great Smoky Mountain Wildflower Pilgramage - \$700 (Grant \$700)	
Part VI, Section A, line 7B - The governing board (Council) selects officers to be placed of	on the ballot; subsequently
the ballot is distributed to all members for a vote. Also, all proposals for membership du	es changes must be approved
by the membership at the annual business meeting.	
Part VI, Section A, line 11A - Form 990 is sent to the president and president-elect for rev	iew prior to submission.
	•••••
Part VI, Section C, line 19. The governing documents are available to the public through	our website:
www.sabs.appstate.edu	
······································	•
······	
	•••••••••••••••••••••••••••••••••••••••