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Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

Inspection

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

Open to Public

OMB No 1545-0047

	FUI	the 2009 calendar year, or tax year beginning and ending	ıg		
В	Check	Please Use IRS		D Employer identific	cation number
٢	Ad	dress label or Element de Notice Dient Conicte Ton			
ř		print or reprint or type bring business As		59-26	676375
ř	Inst	Ital  See Number and street (or P.O. box if mail is not delivered to street address) Room	/cuito	E Telephone number	
Ī	Те	Trin- Specific D O Borr 279	Jaulie	(321	
Ī	⊟ate An	tended tions		G Gross receipts \$	212,157.
ř		Plica-		H(a) Is this a group re	
_	pe	F Name and address of principal officer:Daphne Lambright		for affiliates?	Yes X No
		PO BOX 278, Melborne, FL 32902		H(b) Are all affiliates incl	
	Tax	exempt status			list. (see instructions)
.1		site: Www.fnps.org		H(c) Group exemption	
			Year		State of legal domicile: FL
	art	Summary	, rour	or tormation. 2500 [18]	Otato or logar dormono, 1 22
_	14	Briefly describe the organization's mission or most significant activities To prom	ote	the preserv	vation.
	<u> </u>	conservation, and restoration of the native			
9	2				
	3 3			3	56
Ċ	5 4			4	56
9	5			5	0
į	6			6	289
4	5 7	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
<		b Net unrelated business taxable income from Form 990-T, line 34		7b	0.
_				Prior Year	Current Year
	, 8	Contributions and grants-Part-VIII. (ine 4h)		152,468.	142,710.
	9	1 ° RECEIVED' 1		72,221.	62,019.
20	9	1 F 1QI		6,605.	4,893.
© 2010	Ē   1	OLDO FOLDO		3,562.	2,535.
$\approx$	12	Ι΄ Ι	234,856.	212,157.	
<u> </u>	10		14,028.	18,030.	
00	14	I OGDEN. OT 11"			
	וע	a Professional fundraising fees (Part IX, column (A), line 11e)			
	2	b Total fundraising expenses (Part IX, column (D), line 25) 5, 420.			
	ŭ   <sub>17</sub>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		205,886.	214,339.
	18			219,914.	232,369.
,,	19			14,942.	<20,212.
o E	Balances		Be	ginning of Current Year	End of Year
sets	ᇣ 2	Total assets (Part X, line 16)		254,191.	238,366.
i As	<b>삜</b> 2	Total liabilities (Part X, line 26)		12,022.	11,564.
Net /	<u> 된</u> 2	Net assets or fund balances Subtract line 21 from line 20		242,169.	226,802.
1	art	II Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno	ments, a	and to the best of my knowledg	ge and belief, it is true, correct,
		0 , 1 5 , .			1 2 -
S	gn	Naphri Jambugh		Septemi	ber 27, 2010_
Н	ere	Signature of officer /		Date /	,
		Daphne Lambright, Treasurer			
_		Type or print name and title	106	and the Land	
P	aid	Preparer's Date	sel	(see ins	er's identifying number structions)
_	epare	signature   09/22/1	U) em		
	se Onl	y yours if Hershkowitz & Kunitzer, P. A.		EIN ►	
-		self-employed) 5039 Central Avenue			7071 244 4462
_		ZIP+4		Phone no. ► (	
M	ay th	e IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2009) Florida Native Plant Society, Inc. 59-	2676375	Page 2
	III Statement of Program Service Accomplishments	<del></del>	
	Briefly describe the organization's mission:		
	To promote the preservation, conservation, and restoration	<u>of the</u>	
	native plants and native plant communities of Florida.		
	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	∟ Yes	X No
	If "Yes," describe these new services on Schedule O	<u></u>	T.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L]Yes	X No
	If "Yes," describe these changes on Schedule O		
	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		
40	(Code ) (Expenses \$ 109,983. including grants of \$ ) (Revenue	•	
	Chapter Support - 2,937 members receive support for field t	·	,
	monthly education programs and presentations to civic and b		
	groups. This includes publication of a bimonthly newsletter		hel
	Minor, and a quarterly magazine, The Palmetto, which are bo		
	members.	/CII DCIIC	
	III CAMBEL D		
	-2.00		
4b	(Code ) (Expenses \$ 69,804 • including grants of \$ ) (Revenue	\$ 62,	019.)
	Educational Conference - 341 participants in sessions and w	vorkshops	on
	native plant communities and the cultural history of flora,		
	trips lead by expert biologists.		,
			<del></del>
4-	(Code: ) (Expenses \$ 18,030 • including grants of \$ ) (Revenue		······
	(Code: ) (Expenses \$ 18,030. including grants of \$ ) (Revenue Research Grants - 2,937 members plus others benefit benefit		, e
	research involving Florida native plant communities and the		
	history of flora.	, ourouru	
	iniscory or rioru.		
			-
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ▶\$ 197,817.		
		Earm Q	QU (SUUS)

Part IV	Checklist	of Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		X
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	X	<u> </u>
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			ļ
	as applicable	11	X	<u> </u>
•	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			1
•	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	İ	İ	1
	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	12	х	1
404	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	<u>'</u>		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	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? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
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		X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 Form	GON	<u>X</u> (2009)
		1 0111		(とりひろ)

			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	<u> </u>	
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	X	
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			v
	Schedule J	23		<u>X</u>
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			x
	Schedule K. If "No", go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del> -
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	any tax-exempt bonds?	24c		
	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 with a	24d		_
ZJa		25a		х
<b>.</b>	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		- 21
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
2.	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	<u></u>		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Ì	l
	Schedule N, Part II	32	L	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Ì
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		}	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ļ	l	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	38_	000 A	(2000)
		LOCK	-	- 24 H H 1L11

Form 990 (2009) Florida Native Plant Society, Inc.

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	1a	2		1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ıble gamıng			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ļ				
	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	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	this return?	3a		<u>X</u>
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	autho	rıty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	int)?	4a_		<u>X</u>
b	If "Yes," enter the name of the foreign country				1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		<u>X</u> _
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b_	ļ	<u>X</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding	Prohibited			1
	Tax Shelter Transaction?			5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit	_		v
	any contributions that were not tax deductible?			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu-	tions	or gifts	Ch		
_	were not tax deductible?			6b		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).		a and convoca			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	good	s and services	7a		x
_	provided to the payor?			7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rea	nured	7.0	<del> </del> -	
C	to file Form 8282?	145 10	40.104	7c		x
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	perso	nal			
Ĭ	benefit contract?	-		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g				7g	<u> </u>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as r	equired?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or					
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess b	usiness holdings			
	at any time during the year?			8	<u> </u>	<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			_		
а	Did the organization make any taxable distributions under section 4966?			9a	ļ	
b	<del>-</del>			9b		$\vdash$
10	Section 501(c)(7) organizations. Enter.	-مدا	1			ł
a	·	10a		1		
_ b	• •	10b	<u> </u>	1		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a	.1			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	114	<u> </u>	1		
D	amounts due or received from them.)	11b	.1			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1.	
<u>D</u>	in 100, Until the amount of tax exempt interest received of accreded during the year		·+·	Forn	990	(2009)

Form 990 (2009) Florida Native Plant Society, Inc. 59-2676375 Page
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.

ec.	tion A. Governing Body and Management		I T	
	Enter the number of voting members of the governing body		Yes	No
_				
ь	·	쒸		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
_	officer, director, trustee, or key employee?	2		Λ.
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			v
_	of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_ <u>~</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			v
	governing body?	7a		X
	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			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	<u>X</u>
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r	
			Yes	No
0a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	X	
1	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	ļ	_X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>2</b> a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	<u> </u>	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	-		İ
	ın Schedule O how this is done	12c	ļ	
13	Does the organization have a written whistleblower policy?	13	ļ	X
14	Does the organization have a written document retention and destruction policy?	14_		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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization .	15b	ļ	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	į		
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		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		ł	
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
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.	ole for		
	public inspection. Indicate how you make these available Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	, and fin	ancial	
	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 organic	zation	<b>_</b>	
	Hershkowitz & Kunitzer, P.A 727-344-1463			_
	5039 Central Avenue, St. Petersburg, FL 33710-8240			
_		Forr	n <b>990</b>	(20

932008 02-04-10

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

X Check this box if the organization did not compensate any current officer, director, or trustee

Employees, and Independent Contractors

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	mpensate an	y cu	Heil	LOII	icei	, une	CLU	i, or trustee		
(A)	(B)			(C	<b>(</b> )			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(ct	neck	all	that	app	ly)	compensation	compensation	amount of
	per	ctor						from the	from related organizations	other compensation
	week	or dire	a.			E E		organization	(W-2/1099-MISC)	from the
		stee	truste		به		ĺ	(W-2/1099-MISC)	(,	organization
		ual tri	non		ploye	E a	١.	·		and related
		Individual trustee or director	Institutional trustee	Officer	Кеу еп	Highest compensated employee	Forme			organizations
Ann Redmond										
President	10.00	x		x				0.	0.	0.
Eugene Kelly										!
Past President	10.00	$ \mathbf{x} $		X				0.	0.	0.
Steve Woodmansee									-	-
Vice President of Financ	10.00	X		x	1			0.	0.	0.
Peg Lindsay										
Secretary	10.00	X		X				0.	0.	0.
Daphne Lambright										
Treasurer	10.00	X		X		1		0.	0.	0.
Jackie Rolly										
Vice President of Admini	10.00	X		X				0.	0.	0.
Rick Joyce										
Director at Large 3	5.00	X			<u> </u>			0.	0.	0.
Terry Zinn										_
Director at Large 4	5.00	X				<u> </u>	<u> </u>	0.	0.	0.
Debbie Springer									_	_
Director at Large 5	5.00	X	ļ			_		0.	0.	0.
Martha Steuart					ļ		İ			١ .
Director at Large 6	5.00	X	_			_		0.	0.	0.
Anne Moore										
Director at Large 2	5.00	X	<u> </u>	ļ	₩	$\perp$	-	0.	0.	0.
Carrie Reinhardt-Adams,				l						
Director at Large 1	5.00	X	<u> </u>	<del> </del>	╄		₩	0.	0.	0.
Sue Dingwell				1	1					
Communications Committee	5.00	X	ļ	—	<del> </del>	-	-	0.	0.	0.
Bob Egolf										
Publications Sub Committ	5.00	X	<u> </u>	<u> </u>	<b>-</b>	-	}_	0.	0.	0.
Jenny Welch		l	ļ							
Conference Committee Cha	5.00	X	-	╁	$\vdash$	+	$\vdash$	0.	0.	0.
Annie Schmidt									^	0
Conservation Committee C	5.00	X	$\vdash$	╀	+	+	$\vdash$	0.	0.	0.
Kari Ruder	E 00	\ •						0.	_0.	0.
Education Outreach Commi	5.00	Į Ā.		J	1	1		<u> </u>		Form <b>990</b> (2009)
022007 02 04 10										1 01111 222 (2003)

932007 02-04-10

Section A. Officers, Directors, Tru		nplo	oyee			High	est			—т			
· (A)	(B)	ļ		(0	-			(D)	(E)		_	(F)	
Name and title	Average	,,		Posi			. s. A	Reportable	Reportable	_		timate lount d	
	hours per	⊢∸	nece	anı	mai	app	iy)	compensation from	compensation from related		-	other	)1
	week	ndividual trustee or director						the	organizations			pensat	tion
		9	8			zated		organization	(W-2/1099-MIS		•	om the	
		ustee	trust		8	bens	i	(W-2/1099-MISC)			orga	anızatı	on
		lual tr	nstitutional trustee	١.,	ng o	yee	_			ŀ		d relate	
		JA Pu	Institu	Officer	Key employee	Highest compensated employee	E E			ĺ	orga	ınızatıc	วทร
Ray Wunderlich III		├	<del>-</del>	_		-	-					_	
Finance Development Comm	5.00	v						0.		0.			0.
James Couillard	3.00	^	$\vdash$			$\vdash$		· · · · · · · · · · · · · · · · · · ·					<u> </u>
Landscape Awards Committ	5.00	v	1	1				0.		0.			0.
Shirley Denton	3.00				1	1							
Membership Committee Cha	5.00	$ _{\mathbf{x}}$		ļ				0.		0.			0.
Anne Cox	3.00	1		H	<u> </u>	+	┢	1		-			
Public Lands Mgmt Commit	5.00	x	Ì					0.		0.			0.
Paul Schmalzer	3.00		i -	<u> </u>			<del> </del>						
Science Committeee Chair	5.00	x						0.		0.			0.
DOTORIO COMMITTO COCCO CHATT	3.00	-			<del>                                     </del>	+	$\vdash$		·	<u> </u>			<del></del>
							ļ			ļ			
				T		$\vdash$	<del>                                     </del>			$\neg$			
							İ						
				$\vdash$		T	1						
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				T	1	$\vdash$	T						
	İ										i		
			<del>                                     </del>	<u> </u>	1	1							
											r		
1b Total	•					▶		0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportabl	e			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director or tru	ıste	e, ke	y en	nplo	yee,	or h	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual	'								l	_3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atio	n an	d ot	her compensation from	the organization	İ			
and related organizations greater than \$15	0,000? If "Yes	, " cc	mpl	ete :	Sch	edul	e J	for such individual			4		X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	tion	from	an	y un	relat	ted organization for serv	rices rendered to				
the organization? If "Yes," complete Sched	ule J for such	pers	son_								5		X
Section B. Independent Contractors	· · · - · · · · · · · · · · · · · · · ·												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of com	pens	ation f	rom	
the organization NONE													
(A) Name and business							- 1	( <b>B)</b> Description of s	2024000	_	Ompe	C) ncatio	n
Name and business	addiess							Description of	Sel vices		Onipe	iisatio	
				-				-					
	<del></del>							<del></del>					
							—						
									•				
2 Total number of independent contractors (	including but i	not l	mite	nd to	the	se i	ster	d above) who received r	nore than				
\$100,000 in compensation from the organi						0		, 1					
wroojooo ii oomponeelon nom me organi								· · · · · ·			Form	<b>990</b> (	2009)

		(2009) Flori	<u>.da Nativ</u>	<u>re Plant</u>	<u>Society, I</u>	nc	<u>59-2676</u>	375 Page <b>9</b>
Pai	rt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
흔	ŧ	Membership dues	1b	122,000.				
S, g	(	Fundraising events	1c					
ar gir	(	d Related organizations	. 1d		-			
ξĒ	•	Government grants (contribut	tions) 1e					
ti S	f	All other contributions, gifts, gran	its, and					
Contributions, gifts, grants and other similar amounts		sımılar amounts not ıncluded abo	ve <b>1f</b>	20,710.				
<b>a</b> 5	ç	Noncash contributions included in lines	s 1a-1f \$					
Q @		Total. Add lines 1a-1f		<u> </u>	142,710.			<u> </u>
				Business Code				
9	2 8	Annual Conferen	ice	900099	62,019.	62,019.		
E &	t	<b></b>						
n S	•	·				-		
Program Service Revenue	•	d		ļ				
ě	•							• • • • • • • • • • • • • • • • • • • •
_	1	All other program service reve	enue .		62,019.			
$\rightarrow$	3	Total. Add lines 2a-2f	duudondo intor	oot and	62,013.			
	3	Investment income (including other similar amounts)	dividends, inter	est, and	4,893.			4,893.
ŀ	4	Income from investment of ta	x-exempt bond i	proceeds	±,055.	-		1,0551
	5	Royalties	ix exempt bond [	brocccus	2,328.			2,328.
	Ŭ	, io faille	(ı) Real	(II) Personal	2,5253			
	6 :	a Gross Rents	W. Tara					
	- :	b Less rental expenses			1	1		
		c Rental income or (loss)			1		ſ	
İ		d Net rental income or (loss)		<b>&gt;</b>				
	7 8	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory				1	ļ	
j	١	b Less cost or other basis						
1		and sales expenses						
l	(	c Gain or (loss)		<u> </u>				
l		d Net gain or (loss)		<u> </u>			-	
Other Revenue	8	a Gross income from fundraisin including \$	ng events (not of					
e e		contributions reported on line	e 1c). See				1	
<u>.</u>		Part IV, line 18	а	ı <u> </u>			1	:
훗	1	b Less. direct expenses	t				1	
~		c Net income or (loss) from fun-	-	<u> </u>				
	9	a Gross income from gaming a	ctivities See				·	
		Part IV, line 19	a				1	
1		b Less. direct expenses	t	· L			Į	
		c Net income or (loss) from gan		<b>P</b>				
	10	a Gross sales of inventory, less						
		and allowances	a		-			
		b Less cost of goods sold	t an of inventors	·			İ	
ł	-	Net income or (loss) from sale Miscellaneous Revenue		Business Code		-		<del></del>
	11	a Awards	<u></u>	900099	165.	165.	İ	
		ь Miscellaneous I	Revenue	900099	42.			
		- <u></u>					-	
		d All other revenue						
		e Total. Add lines 11a-11d		<b></b>	207.			
	12	Total revenue. See instructions.			212,157.		0.	
93200	)9  - 10					-		Form <b>990</b> (2009)

Part IX Statement of Functional Expenses

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

	All other organizations must compl				· ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</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	11,405.	11,405.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22	6,625.	6,625.		
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				<del></del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	-			
10	Payroll taxes				<u> </u>
11	Fees for services (non-employees).				
а	Management				<del></del>
b	Legal	5 455		9 155	
С		7,175.		7,175.	
d	, ,				
е	Professional fundraising services. See Part IV, line 17	-			
f	Investment management fees	FO 136	AF 11A	10 216	2 706
g		59,136.	45,114.	10,316.	3,706.
12	Advertising and promotion	3,593.	3,593.	499.	1,714.
13	Office expenses	14,139.	11,926.	433.	1,/14.
14	Information technology				
15	Royalties				<del></del>
16	Occupancy	2,256.	869.	1,387.	
17	Travel	2,230.	003.	1,307.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	69,804.	69,804.		
19	Interest	09,004.	07,004.		
20	Payments to affiliates	30,422.	30,422.	-	
21 22	Depreciation, depletion, and amortization	JUL 301.	201220		
23	Insurance	5,665.		5,665.	
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.)	3,000			
а	Dalaska Maralakan Dan [	16,790.	16,790.		
b	26 7 2 77 2 1 2 1 2 1 2 1 2	3,013.		3,013.	
c	Malankana and Communica	1,615.	969.	646.	
d	<u> </u>	360.		360.	
e	Dura and subsendabless	300.	300.		
f	All other expenses	71.		71.	
25	Total functional expenses. Add lines 1 through 24f	232,369.	197,817.	29,132.	5,420.
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				Form <b>990</b> (2000)

				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments	Ĺ	181,468.	2	165,653
	3	Pledges and grants receivable, net		3	·	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, tro	ustees, key			
ŀ		employees, and highest compensated employees. Comple	ete Part II		-	
		of Schedule L			5 _	
	6	Receivables from other disqualified persons (as defined un	nder 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		10,257.	9	5,401
.	10a	Land, buildings, and equipment, cost or other				
		basis. Complete Part VI of Schedule D 10a	2,785.			
	b	Less: accumulated depreciation 10b	2,785.	0.	10c	0
	11	Investments - publicly traded securities	,	56,991.	11	61,837
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11	ľ		13	
l l	14	Intangible assets		7.5-1	14	
	15	Other assets See Part IV, line 11		5,475.	15	5,475
	16	Total assets. Add lines 1 through 15 (must equal line 34)		254,191.	16	238,366
-	17	Accounts payable and accrued expenses		12,022.	17	11,564
	18	Grants payable			18	
- 1	19	Deferred revenue			19	
1	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
2	22	Payables to current and former officers, directors, trustee	Г			
	_	highest compensated employees, and disqualified persor				
i		of Schedule L			22	
- [,	23	Secured mortgages and notes payable to unrelated third	parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities Complete Part X of Schedule D		· · · · · · · · · · · · · · · · · · ·	25	
	26	Total liabilities. Add lines 17 through 25		12,022.	26	11,564
1		Organizations that follow SFAS 117, check here	X and complete			
,		lines 27 through 29, and lines 33 and 34.				
2	27	Unrestricted net assets		163,773.	27	141,414
	28	Temporarily restricted net assets			28	
3	29	Permanently restricted net assets		78,396.	29	85,388
5		Organizations that do not follow SFAS 117, check here	e ▶ 🔲 and 📑			<del></del>
5		complete lines 30 through 34.				
מבו שפום הוות הפומנים	30	Capital stock or trust principal, or current funds			30	
200	31	Paid-in or capital surplus, or land, building, or equipment	fund	· · ·	31	
5	32	Retained earnings, endowment, accumulated income, or	T T	· · · · · · · · · · · · · · · · · · ·	32	
	33	Total net assets or fund balances		242,169.	33	226,802
- 1	34	Total liabilities and net assets/fund balances		254,191.	34	238,366

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

932012 02-04-10

3b

Form 990 (2009)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

2009

Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I	Reason		ty Status (All organiz				t.) See inst	ructions		2010	<del>, , ,</del>
Ь			_	pecause it is (For lines 1						_		
1			•	s, or association of church	•	•	-	•				
2	Ħ			0(b)(1)(A)(ii). (Attach Sc		indea iii se	Cuon 170	(0)(1)(~)(1)	•			
3	Ħ			al service organization (		ın section	170/h)/1\	ΔΥιιι				
4	Ħ	•	•	perated in conjunction					hV 1V AViii	) Enter th	e hospital'	s name.
•		city, and state		poratod in conjunction		pilai doooi			(2)(1)()()()	<b>,,, _</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
5		•		penefit of a college or ur	niversity ov	wned or on	erated by	a governr	nental unit	describe	d ın	
·		-	(b)(1)(A)(iv). (Comple					g				
6					t describer	d in section	n 170(h)(	ινανω				
7	$\mathbf{x}$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•	لمما	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				eives (1) more than 33 1			rom contri	hutions m	embershir	n fees, an	d aross rec	eints from
•		_		nctions - subject to certa								
				axable income (less sect								
			509(a)(2). (Complete			.x,	0111000000	aoquiiou b	y ino orga	meanon a		0, 10, 0.
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ı,			
11	一	•	•	perated exclusively for the	•	•			•	out the r	ourposes o	f one or
• •		•		itions described in secti		•			_			
			• • •	organization and compl		•		-,		-,,-,,		
		a Type		Type II		e III - Func		tegrated		d	Type III · C	ther
е	$\Box$	• •		t the organization is not			-	•	more disc		* -	
Ū				han one or more publicly								
f				ten determination from								,,
•			rganization, check th			at 10 a 1 ,	po ., .,po	, ,				
g			-	rganization accepted ar	ny aift or c	ontribution	from any	of the follo	owing pers	ons?		
9		_		rectly controls, either al								Yes No
				upported organization?	.cc c. tog	,04107 41111	polocino		() (	,	11g(i)	135 135
		-	• •	n described in (i) above?	•						11g(ii)	
		. ,	· ·	person described in (i)		e?					11g(iii)	
h		• •	•	about the supported or							<u></u>	•
•	•		one many	алоги и саррона и	<b>9</b>	(-)						
	Mama	of supported	/ii\ EIN	(iii) Type of	(iv) Is the	organization	(v) Did vo	u notify the	(vi) Is	the	(vii) Am	ount of
(I		anization	(ii) EIN	organization		sted in your		tion in col.	organizatio	on in col.	sup	
	0.9	acat.o		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organız U.S	.2		
				(see instructions))	Yes	No	Yes	No	Yes	No		
			}									
												<u></u>
						l						
					-							
Tot	al				<u> </u>	<u> </u>		<u> </u>				
		Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for			Schedul	e A (Forn	n 990 or 99	0-EZ) 2009

932021 02-08-10

Form 990 or 990-EZ.

Inc. 59-2676375 Page 2 Schedule A (Form 990 or 990 EZ) 2009 Florida Native Plant Society, 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 (e) 2009 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received (Do not 113,225. 131,418. 152,468. 142,710. include any "unusual grants.") 108,568. 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 108,568. 113,225. 131,418. 152,468. 142,710. 648,389. 4 Total, Add lines 1 through 3 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) 648,389. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 108,568. 113,225. 131,418. 152,468. 142,710. 648,389. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 5,724 7,473 8,436 6,605. 4,893. 33,131. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital 2.535 1,625 4.110 .773 11,702. assets (Explain in Part IV) 1,659 693,222. 11 Total support. Add lines 7 through 10 278,317. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 93.53 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 93.46 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 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

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

P	art III Support Schedule for C	)rganizations	Described in	Section 509(a	(Complete only	ıf you c	hecked the bo	ox on line 9 of Part I.)
Se	ction A. Public Support				•			
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(6	e) 2009	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not				ļ			
	include any "unusual grants.")			· · · · · · · · · · · · · · · · · · ·				·
2	Gross receipts from admissions,			İ				
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose					ļ		
3	Gross receipts from activities that							
	are not an unrelated trade or bus-				•			
	iness under section 513							
4	Tax revenues levied for the organ-			İ		}		
	ızatıon's benefit and either paid to					1		
	or expended on its behalf					<u> </u>		
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge	···				<u> </u>		
6	Total. Add lines 1 through 5							
7:	a Amounts included on lines 1, 2, and							
	3 received from disqualified persons					<u> </u>		
1	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				İ			
	amount on line 13 for the year					ļ		
	c Add lines 7a and 7b					L		
	Public support (Subtract line 7c from line 6)			]		<u> </u>		
	ction B. Total Support	<u> </u>		T	1	1 .		107.1
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	- (	e) 2009	(f) Total
_	Amounts from line 6					<del> </del>		
10	a Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources				ļ	1		
	b Unrelated business taxable income							
	(less section 511 taxes) from businesses					1		
	acquired after June 30, 1975					<del> </del>	<del></del>	
	c Add lines 10a and 10b			<u> </u>	<u> </u>	<del> </del> -		
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is		1					
40	regularly carried on Other income Do not include gain					-		-
12	or loss from the sale of capital					1		
	assets (Explain in Part IV)			ļ		╁		
	Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>				( )(0)	
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501	(c)(3) organi	zation,
<u></u>	check this box and stop here	io Support Do	roontogo					
_	ction C. Computation of Publ			(6)		145		%
	Public support percentage for 2009 (			column (i))		15 16		
<u>16</u>	Public support percentage from 2008 ction D. Computation of Inve			· · · · · · · · · · · · · · · · · · ·		110 1		
					·	17		%
	Investment income percentage for 20			ine 13, column (i))		18		% %
18	Investment income percentage from a 33 1/3% support tests - 2009. If the			on line 14, and lin	e 15 is more than		% and line	
19	a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a						, o, and into	<b></b>
	b 33 1/3% support tests - 2008. If the						an 33 1/3%	and -
	line 18 is not more than 33 1/3%, cho							
20	Private foundation. If the organization							<b>▶</b> □
<u> 20</u>	THE TO THE TOTAL THE OTHER TERMS	C.C. HOL OHOOK A						90 or 990-EZ) 2009

My

### Schedule D

(Form 990)

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Employer identification number

	Florida Native Pla	ant Society, Inc.	59-267637	5
Par			s or Accounts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b) Funds and other accounts	3
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 advis	sed funds	
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes .	No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?		Yes	No_
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" to Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply)		
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an his	storically important land area	
	Protection of natural habitat	Preservation of a cert	tified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	llified conservation contribution in the form	of a conservation easement on the	last
	day of the tax year.		1	
			Held at the End of the T	ax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	Amerikana na alambah na (a)	2b	
С	Number of conservation easements on a certified historic st	` '	2c	
d	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, r year ▶	eleased, extinguished, or terminated by the	e organization during the tax	
4	Number of states where property subject to conservation e	easement is located		
5	Does the organization have a written policy regarding the property			
	violations, and enforcement of the conservation easements		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting			
7	Amount of expenses incurred in monitoring, inspecting, and			_
8	Does each conservation easement reported on line 2(d) abo	_		
	and section 170(h)(4)(B)(ii)?	·	Yes	No
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expens	e statement, and balance sheet, an	d
	include, if applicable, the text of the footnote to the organiz			
	conservation easements.			_
Pa	t III Organizations Maintaining Collections		Other Similar Assets.	
	Complete if the organization answered "Yes" to Forr	m 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, n			
	treasures, or other similar assets held for public exhibition,		ublic service, provide, in Part XIV, th	е техт от
	the footnote to its financial statements that describes these			
þ	If the organization elected, as permitted under SFAS 116, to			
	or other similar assets held for public exhibition, education,	, or research in turtherance of public servic	e, provide the following amounts re	aung 10
	these items  (i) Payanta mellidad in Form 900. Red VIII. Inc. 1		<b>L</b> \$	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
^	(ii) Assets included in Form 990, Part X	reacures or other similar assets for financia	al dain provide	
2	If the organization received or held works of art, historical ti the following amounts required to be reported under SFAS		ai gail, provide	
_	Revenues included in Form 990, Part VIII, line 1	Tro relating to these terms.	<b>&gt;</b> \$	
a b	Assets included in Form 990, Part X		► \$ ► \$	
D	ABSOLO MOINGON IN LOUIN GOO! Latt V		· ·	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		Native Pla							<u> 76375</u>	•	ge <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical	Treas	ures, or	Other:	<u>Similar</u>	Asset	S (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	he follov	wing that a	ire a signi	ficant use	of its c	ollection	items	3
	(check all that apply)										
а	Public exhibition	d	Loan or	exchang	e program	s					
b	Scholarly research	е	Other_								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they furth	er the or	ganization	's exemp	t purpose	ın Part	XIV		
5	During the year, did the organization solicit o	r receive donations of	of art, historical i	reasures	s, or other	sımılar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization'	s collect	ion?				Yes		No
Par	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if organizatio	n answe	red "Yes"	to Form 9	90, Part I	IV, line 9	), or		
	reported an amount on Form 990, Par	t X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribu	tions or	other asse	ts not inc	luded		_		
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table <sup>.</sup>								
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
<b>2</b> a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
b_	If "Yes," explain the arrangement in Part XIV										
Par	rt V Endowment Funds. Complete	f the organization an	swered "Yes" to	Form 9	90, Part IV	, line 10					
		(a) Current year	(b) Prior year	(c)	Two years	back (d)	Three yea	rs back	(e) Four	years l	back_
1a	Beginning of year balance	78,396.	70,85	8.							
b	Contributions	6,992.	4,71	0.		<u> </u>					
С	Net investment earnings, gains, and losses	4,395.	2,82	8.							
d	Grants or scholarships	4,395.		0.							
е	Other expenditures for facilities	1		ļ							
	and programs										
f	Administrative expenses										
g	End of year balance	85,388.	78,39	6.							
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment	.00	_%								
b	Permanent endowment ► 100.00	%									
С	Term endowment ►00	%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are he	ld and a	dministere	d for the	organızat	tion	_		
	by									Yes	No
	(i) unrelated organizations								3a(i)		<u>X</u> _
	(ii) related organizations								3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?						3b		
4	Describe in Part XIV the intended uses of the										
Pai	rt VI Investments - Land, Building	gs, and Equipm	ent. See Form	990, Par	t X, line 10	).					
	Description of investment	(a) Cost or o		Cost or o	ther		umulated		(d) Book	: value	Э
		basis (investi	ment) ba	isis (othe	er)	depre	ciation				
1a	Land										
b	Buildings										
C	Leasehold improvements						_				
d	Equipment							_			
е	Other	<u> </u>		2,	78 <u>5.</u>		2,78	<u>5. </u>			<u>0.</u>
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, column (B), l	ne 10(c)	)	•		<u> </u>			0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 Florida National Part VII Investments - Other Securities. S	tive Plant	Society,	Inc.	59	<u>-2676375</u>	Page 3			
(a) Description of security or category	ee Form 990, Part X,	line 12		(c) Method of valua	ation				
(including name of security)	(b) Book value	e	Cos	Cost or end-of-year market value					
Financial derivatives				<del></del>					
Closely-held equity interests									
Other	<del></del>								
	<u> </u>								
	-		_						
				<del></del>					
	<del></del>			<del></del>					
	<u> </u>			- <del>-</del>	_				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)									
Part VIII Investments - Program Related.	See Form 990. Part X	(, line 13			**	_			
	1			(c) Method of valua	ation:				
(a) Description of investment type	(b) Book valu	e	Cos	st or end-of-year mar	ket value				
				<u></u> -					
			_						
				· · · · · · · · · · · · · · · · · · ·					
					· · · -				
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)									
Part IX Other Assets. See Form 990, Part X, Im					(h) Dook w	-			
(a	) Description				(b) Book va	alue			
				· <del></del>	<del></del>				
	<del></del>			· <u>·</u>					
	-								
				<del></del> .	-				
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15.)			<b>&gt;</b>					
Part X Other Liabilities. See Form 990, Part >	(, line 25								
1 (a) Description of liability		(b) Amou	unt						
Federal income taxes									
		-		-					
		-							
		<del>                                     </del>	···	-					
	<del></del>	-		-					
		<del> </del>		-					
T. 1.1 (O-1	251			1					
Total. (Column (b) must equal Form 990, Part X, col (B) In		zotionia financiali	ntatama=*	s that reports the arr	ganization's list-i	ıtv for			
2. FIN 48 Footnote. In Part XIV, provide the text of the fo	oundle to the organi	Zauon S imancial !	staterrierit:	a mar reports the or	garnzation S liabli	y 101			
uncertain tax positions under FIN 48 932053 02-01-10				Sch	nedule D (Form 9	990) 2009			

$\overline{}$	dule D (Form 990) 2009 Florida Native Plant Soc				6/63/5 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited I	Financial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		212,157.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		232,369.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<u>&lt;20,212.</u> >
4	Net unrealized gains (losses) on investments		4	_	4,846.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		<u> </u>
9	Total adjustments (net) Add lines 4 through 8		9		4,845.
10 Do:	Excess or (deficit) for the year per audited financial statements. Combine lines of XII Reconciliation of Revenue per Audited Financial State		10	Octurn	<15,367.>
٠		ments with	nevenue per r		106 500
1	Total revenue, gains, and other support per audited financial statements			1	186,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	4 045		
a	Net unrealized gains on investments	2a	4,845	4	
þ	Donated services and use of facilities	2b		-	
С.	Recoveries of prior year grants	2c		-	
đ	,	2d	• • • • • • • • • • • • • • • • • • • •	-	4 O 4 E
е	Add lines 2a through 2d			2e	4,845.
3	Subtract line 2e from line 1			3	161,733.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20 422	-	
b	Other (Describe in Part XIV)	4b	30,422	7	20 422
-	Add lines 4a and 4b			4c	30,422. 212,157.
D <sub>2</sub>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) rt XIII Reconciliation of Expenses per Audited Financial State	ements With	Evnenses ne		
		ements with	Expenses per		201,947.
1	Total expenses and losses per audited financial statements			1	201,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما			
a	Donated services and use of facilities	2a	<del></del>	-	
b	Prior year adjustments	2b	<del></del>	-	
C		2c		┨	
d	,	2d		2e	0.
e				3	201,947.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1			-	201/34/6
•	the state of the s	امدا			
a		4a 4b	30,422	┥ !	
D	Other (Describe in Part XIV)	40	30,422	T . I	30,422.
	Add lines 4a and 4b			4c 5	232 369
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information				232,303.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part II, lines 3, 5, and 9, Part III, lines 3, 5, and 9, a	art III lines 1a ar	nd 4 Part IV lines	 1b and 2t	o: Part V. line 4. Part
	ie 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also c				
,	o 2, 1 art Ai, into 0, 1 art Aii, into 23 arts 45, arts 1 art Aii, into 23 arts 45 7 acc 5	ompioto tino pai	it to provide any a		
	11 At A 12 A 12 A 12 A 12 A 12 A 12 A 12				
<u>Pa</u>	rt XI, Line 8 - Other Adjustments:	· · ·			
Ro	unding: -1.				
_					
<u>Pa</u>	rt XII, Line 4b - Other Adjustments:				<del></del>
<u>Du</u>	es for Chapter Support	<del></del>			
Ro	unding				
				Schedu	ile D (Form 990) 2009

Schedule D (Form 990) 2009 Florida Native Plant Society,	Inc. 59-2676375 Page 5
Schedule D (Form 990) 2009 Florida Native Plant Society,  Part XIV Supplemental Information (continued)	
•	
Part XIII, Line 4b - Other Adjustments:	
Dues for Chapter Support	
Rounding	

**2** Schedule I (Form 990) 2009 **Employer identification number** × 59-2676375 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient 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

(d) Method of valuation (book, recipient received more than \$5,000. Check this box if applicable is a sestion or government assistance or government assistance or government assistance or government or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance or government assistance are grant as a signature or government assistance are grant as a signature or government assistance are grant as a signature or government as a signature or g Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Inc. Florida Native Plant Society, Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance cntena used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I, Part I, Line 2: Grants are typically issued in conjunction with Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance a local chapter who reports back to the Board of Directors. 22 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

932102 02-02-10

Page 2

59-2676375

Florida Native Plant Society, Inc.

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization  Florida Native Plant Society, Inc.	Employer identification number 59-2676375
Form 990, Part I, Line 1, Description of Organization M	ission:
communities of Florida.	
Form 990, Part VI, Section B, line 11: The Florida Nation	ve Plant Society
Treasurer reviews the Form 990 before it is filed.	
Form 990, Part VI, Section C, Line 19: Upon written requested informative Plant Society will provide the requested informations.	

## **Florida Native Plant Society**

(A Non-Profit Organization) Financial Statements

For the Years Ended December 31, 2009 and 2008

## Florida Native Plant Society

### Table of Contents

	Page Number
Independent Accountant's Report	1
Financial Statements:	
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Statement of Activities for the Year Ended December 31, 2009	3
Statement of Activities for the Year Ended December 31, 2008	4
Statements of Cash Flows	5
Statement of Functional Expenses for the Year Ended December 31, 200	9 6
Statement of Functional Expenses for the Year Ended December 31, 200	08 7
Notes to Financial Statements	8

Ella W. Boll, CPA, P.A.



817 HANOVER AVENUE WINTER PARK, FLORIDA 32789-1733 (407) 599-9779 · (407) 599-9799 FAX ellacpa@mindspring.com ginger.about.taxes@hotmail.com

### INDEPENDENT ACCOUNTANT'S REPORT

July 14, 2010

To the Board of Directors of Florida Native Plant Society

I have audited the accompanying statements of financial position of Florida Native Plant Society (a non-profit organization) as of December 31, 2009 and 2008, and the related statements of activities, cash flows, and functional expenses for the years then ended These financial statements are the responsibility of the Organization's management. My responsibility is to express an opinion on these financial statements based on my audit.

I conducted my audit in accordance with auditing standards generally accepted in the United States of America Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosure in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audit provides a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Florida Native Plant Society as of December 31, 2009 and 2008, and the results of its activities, cash flows, and functional expenses for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Certified Public Accountant

Ella W Boll, CPA, P.A.

## Florida Native Plant Society Statements of Financial Position

December 31, 2009 and 2008

	2009			2008
<u>Assets</u>				
Current Assets:				
Cash and Cash Equivalents	\$	142,102	\$	160,063
Prepaid Expenses	<del></del>	5,401		10,257
Total Current Assets		147,503		170,320
Other Assets:				
Endowment Fund				
Cash and Cash Equivalents		23,551		21,405
Marketable Securities		61,837		56,991
Total Endowment Fund		85,388		78,396
Illustrations by Wes Jurgens		5,475		5,475
Total Other Assets		90,863		83,871
Office Equipment and Software				
Total Assets		238,366	\$	254,191
Liabilities and Net Assets				
Current Liabilities:				
Accounts Payable	\$	3,366	\$	4,045
Deposits		700		1,225
Chapter Support Payable		7,498		6,752
Total Current Liabilities	<u> </u>	11,564		12,022
Net Assets:				
Unrestricted Net Assets		141,414		163,773
Temporarily Restricted Net Assets		-		, -
Permanently Restricted Net Assets		85,388		78,396
Total Net Assets		226,802		242,169
Total Liabilities and Net Assets	\$	238,366	\$	254,191

# Florida Native Plant Society <u>Statement of Activities</u>

For the Year ended December 31, 2009

	Unre	estricted	Temporarily Restricted		-		 Total
Revenues, Gains and Other Support:							
Membership Dues	\$	91,576	\$	-	\$	-	\$ 91,576
Conference Income		62,020		-		-	62,020
Contributions		3,111		-		6,992	10,103
Interest and Dividend Income		2,663		2,230		-	4,893
Investment Gains (Losses)		2,681		2,165		-	4,846
Other Income		13,142		-		-	13,142
Total Revenues, Gains and Other Support		175,193		4,395		6,992	 186,580
Expenses and Losses:							
Membership Expenses		51,381		-		-	51,381
Conference Expenses		69,804		-		-	69,804
Education		6,877		-		-	6,877
General and Management Expenses		29,132		-		-	29,132
Palmetto Expenses		16,790		-		-	16,790
Fund Raising		5,420		-		-	5,420
Government Policy Expense		3,642		-		-	3,642
Landscape Awards		1,878		-		-	1,878
Research and Conservation Expenses		5,473		-		-	5,473
Grants for Research		7,155	_	4,395		<u>-</u>	 11,550
Total Expenses and Losses		197,552		4,395			 201,947
Change in Net Assets		(22,359)		-		6,992	(15,367)
Net Assets at Beginning of Year		163,773			<del></del>	78,396	 242,169
Net Assets at End of Year	\$	141,414	\$	-	\$	85,388	\$ 226,802

## Florida Native Plant Society Statement of Activities

For the Year ended December 31, 2008

	Unr	estricted	Temporarily Restricted		•			Total
Revenues, Gains and Other Support:								
Membership Dues	\$	93,011	\$	-	\$	-	\$	93,011
Conference Income		72,221		-		-		72,221
Contributions		2,617		-		4,710		7,327
Interest and Dividend Income		3,777		2,828		-		6,605
Investment Gains (Losses)		(6,538)		(2,828)		-		(9,366)
Other Income		24,548				-		24,548
Total Revenues, Gains and Other Support		189,636			4,710			194,346
Expenses and Losses:								
Membership Expenses		47,078		-		-		47,078
Conference Expenses		53,635		-		-		53,635
Education		6,624		-		-		6,624
General and Management Expenses		40,914		-		-		40,914
Palmetto Expenses		19,101		-		-		19,101
Fund Raising		5,731		-		-		5,731
Government Policy Expense		3,200		-		-		3,200
Landscape Awards		-		-		-		-
Research and Conservation Expenses		5,000		-		-		5,000
Grants for Research		7,486				-		7,486
Total Expenses and Losses		188,769		<del></del>				188,769
Change in Net Assets		867		-		4,710		5,577
Net Assets at Beginning of Year		162,906		<u> </u>		73,686		236,592
Net Assets at End of Year	_\$_	163,773	_\$_	_		78,396	<u>\$</u>	242,169

### Florida Native Plant Society Statements of Cash Flows

### For the Year Ended December 31, 2009 and 2008

		2009	 2008
Cash Flows from Operating Activities:			
Change in Net Assets	\$	(15,367)	\$ 5,577
Adjustments to Reconcile Change in Net Assets			
to Net Cash Provided by Operations:			
Depreciation and Amortization		~	-
(Increase) Decrease in Prepaid Expenses		4,856	(965)
Increase (Decrease) in Accounts Payable		(679)	(2,460)
Increase (Decrease) in Chapter Support Payable		746	(264)
Increase (Decrease) in Deposits		(525)	(800)
Total Adjustments	<del></del>	4,398	 (4,489)
Net Cash Provided (Used) by Operations		(10,969)	 1,088
Cash Flows from Investment Activities:			
Purchase of Investments		-	-
Transfer of Endowment Funds Held in General or			
Temporarily Restricted Funds		(4,846)	(9,366)
Investment Gains		4,846	 9,366
Net Cash Provided (Used) by Investment Activities			 
Cash Flows from Financing Activities:			
Proceeds from Contributions Restricted for Investment			
in Endowment		(6,992)	 (4,710)
Net Cash Provided (Used) by Financing Activities		(6,992)	 (4,710)
Lawrence (Dannesse) in Cook and Cook Forminglants		(17.061)	(2 (22)
Increase (Decrease) in Cash and Cash Equivalents		(17,961)	(3,622)
Cash and Cash Equivalents at Beginning of Year		160,063	 163,685
Cash and Cash Equivalents at End of Year		142,102	 160,063

# Florida Native Plant Society Statement of Functional Expenses For the Year Ended December 31, 2009

	 Total	Membership & Chapter Support	Education		eneral and nagement	The	Palmetto	Fun	d Raising	vernment Policy		servation Research
Services and Professional												
Fees	\$ 95,808	\$ 37,552	\$ 25,977	\$	17,491	\$	6,774	\$	3,706	\$ 3,266	\$	1,042
Meals and Rooms	37,026	-	33,362		3,014		-		-	-		650
Printing and Promotion	16,977	1,116	7,506		-		7,573		782	-		-
Postage	11,499	6,829	930		329		2,443		932	-		36
Insurance	5,665	-	-		5,665		-		-	-		-
Supplies and Other	4,822	112	4,588		122		-		-	-		-
Telephone Expense	646	-	-		646		-		-	-		-
Donations	4,780	-	100		-		-		-	-		4,680
Storage	360	-	-		360		-		-	-		-
Miscellaneous	2,744	-	2,744		-		-		-	-		-
Travel	3,406	170	1,474		1,386		-		-	376		•
Awards	8,098	-	-		-		-		-	-		8,098
Registration and Dues	71	-	-		71		-		-	-		-
Bank Charges	3,850	3,802	-		48		-		-	-		-
Chapter Grants	 1,800	1,800_								 -		
Total	 197,552	\$ 51,381	\$ 76,681	<u>\$</u>	29,132		16,790	<u>\$</u>	5,420	 3,642	<u>\$</u>	14,506

# Florida Native Plant Society Statement of Functional Expenses For the Year Ended December 31, 2008

	Tot	al	Membership & Chapter Support	Education	General and Management	The Palmetto	Fund Raising	Government Policy	Conservation and Research
Services and Professional									
Fees	\$ 95	,078	\$ 33,564	\$ 17,100	\$ 28,208	\$ 9,006	\$ 4,000	\$ 3,200	\$ -
Meals and Rooms	22	,336	-	19.932	2,404	-	-	-	-
Printing and Promotion	13	,138	1,740	1,818	1,427	7,340	813	-	-
Postage	13	,012	7,456	1,308	575	2,755	918	-	-
Insurance	4	,027	-	-	4,027	-	-	~	-
Supplies and Other	16	,029	83	14,745	1,201	-	-	-	-
Telephone Expense		564	-	33	531	-	-	-	-
Donations	5	,000	-	-	-	-	-	-	5,000
Storage		360	-	-	360	-	-	-	-
Miscellaneous	5	,043	-	5,043	-	-	•	-	-
Travel	2	,370	-	280	2,090	-	+	-	-
Awards	7	,486	-	-	-	-	-	=	7,486
Registration and Dues		61	-	-	61	-	-	-	-
Bank Charges	2	2,722	2,692	-	30	-	-	-	-
Chapter Grants	1	,543_	1,543			<del></del>			<del>-</del>
Total	\$ 188	3,769_	\$ 47,078	\$ 60,259	\$ 40,914	\$ 19,101	\$ 5,731	\$ 3,200	\$ 12,486

### Note 1 - Summary of Significant Accounting Policies

<u>Purpose of Non-Profit Organization:</u> Florida Native Plant Society (the Organization) is a tax-exempt entity incorporated in 1986 to promote the preservation, conservation and restoration of the native plants and native plant communities of Florida. To this end, the Organization holds an annual educational conference, workshops and seminars, and other educational programs and services available to the general public, and provides informative newsletters to members.

Classification of Gifts as Restricted or Unrestricted: The Organization reports gifts of cash and other assets, including equipment, as restricted support if they are received with donor stipulations that limit the use of the donated assets. When the donor restriction ends or purpose of the restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restriction. If there are no donor imposed restrictions on the contribution, it is recorded as unrestricted.

<u>Cash and Cash Equivalents:</u> Cash and Cash Equivalents include all monies in banks and highly liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

<u>Investments</u>. Investments in marketable securities with readily determinable fair values and all investments in debt securities are reported at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Investment income and gains restricted by a donor are reported as increases in unrestricted net assets if the restrictions are met (either by passage of time or by use) in the reporting period in which the income and gains are recognized.

<u>Property and Equipment:</u> Property and equipment are stated at cost or donated value. Expenditures for maintenance and repairs are charged to expense as incurred.

Depreciation is provided using the accelerated methods available for income tax purposes that does not vary materially from the depreciation that would have been computed over the estimated useful lives of the assets

<u>Income Taxes:</u> The Organization is a public charity, exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision has been made for income taxes in the financial statements.

<u>Use of Estimates:</u> The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### Note 2 – Office Equipment and Software:

Office equipment and software consists of various pieces of equipment and software that cost a total of \$2,785 and \$2,785 at December 31, 2009 and 2008, and had accumulated depreciation of \$2,785 and \$2,785 at December 31, 2009 and 2008, respectively. The useful lives of the equipment and software range from 5 to 7 years. Depreciation expense of \$0 was included in general and management expenses for the years ended December 31, 2009 and 2008.

### Note 3 - Marketable Securities:

Marketable securities held by the Organization for the Endowment Fund consist of a fund that primarily holds index funds of corporate and Treasury bonds, plus U.S Stocks. It is a fund of funds designed to have a conservative allocation that meets short to medium term goals where the investor is seeking consistent income. It maintains an asset mix of roughly 20% stocks, 60% bonds and 20% short-term cash reserves

The marketable securities are stated as fair value. The fair values and unrealized appreciation (depreciation) at December 31, 2009 and 2008 are summarized as follows.

	D	ecember 3	1, 2009	,	December 1	31, 2008 .
			Unrealized			Unrealized
		Fair	Appreciation		Fair	Appreciation
	Cost	<u>Value</u>	(Depreciation)	Cost	<u>Value</u>	(Depreciation)
Investments restricted to:						
Permanent Endowment	<u>\$59,672</u>	<u>\$61,837</u>	<u>\$ 2,165</u>	<u>\$59,672</u>	<u>\$56,991</u>	<u>\$ (2,681)</u>

The following schedule summarizes the investment return and its classification in the statement of activities for the years ended:

		Dec	cember 31, 20	<u> </u>		Dec	<u>cember 31, 20</u>	008
	Temporarily					Temporarily		
•	Unrest	ricted	Restricted	<u>Total</u>	<u>Unre</u> :	stricted	Restricted	<u>Total</u>
Interest/Dividend Income Net Realized and Unrealized	\$	0	\$ 1,934	\$ 1,934	\$	0	\$2,536	\$2,536
Gains (Losses)		<u> 581</u>	2,165	4,846	<u>(6</u>	,538)	(2,828)	<u>(9,366)</u>
Total Investment Return	\$ 2.0	<u> 581</u>	<u>\$ 4,099</u>	<u>\$ 6,780</u>	<u>\$(6</u>	,538)	<u>\$( 292)</u>	<u>\$(6,830)</u>

In addition, interest income is earned by the Prime Money Market fund of the Endowment Fund. For the years ended December 31, 2009 and 2008, respectively, interest from this account of \$72 and \$292 was included in temporarily restricted net assets. The Prime Money Market account is classified as cash or cash equivalents. Also, since the average balance of funds belonging to the endowment fund held in the unrestricted fund bank account during the year was around \$8,131, the interest reclassified to temporarily restricted interest income was computed based on the average rate of return of the funds held in both the endowment fund investment securities and the prime money market account of the endowment fund. The amount of additional interest reported as temporarily restricted earnings was \$224

Because the earnings of the Endowment Fund are restricted to use for research, the investment income and investment gains or losses are temporarily restricted until used for that purpose. If the investment losses reduce the temporarily restricted assets to zero, the balance reduces the unrestricted net assets. Subsequent gains are reported as increases in the net unrestricted assets until the total amount of the gains offset the amount of the losses.

### Note 3 – Marketable Securities (Continued):

In the year ended December 31, 2009, the investment had unrealized gains of \$4,846. Of this amount, \$2,681 was reported as unrestricted since this was the balance necessary to restore the valuation of the investment account to its historical cost basis. The remaining \$2,165 of the unrealized gain was reported as an increase in temporarily restricted net assets

For the year ended December 31, 2008, the unrealized loss on the fund was \$9,366. This was recorded as a decrease of \$2,828 in temporarily restricted net assets and a decrease of \$6,538 in unrestricted net assets.

At December 31, 2009, due to cash held in the unrestricted fund bank account belonging to the endowment fund, the fair market value of the investments held in the endowment investment account and the endowment money market account were \$8,272 less than the amount required to be permanently maintained in the endowment fund. The investment losses for the year ended December 31, 2008 and the cash held in the unrestricted fund bank account caused the fair market value of the funds to fall \$6,538 below the amount required to be permanently maintained in the endowment fund at that date. Since the Organization has adequate funds in cash and cash equivalents in the unrestricted net assets, these amounts have been reclassified on the financial statements into the cash and cash equivalents of the Endowment Fund.

### Note 4 – Fair Value Measurements:

The following methods and assumptions were used by the Organization in estimating its fair value disclosures for financial instruments.

- Cash and cash equivalents: The carrying amounts reported in the statement of financial position approximate the fair values because of the short maturities of those instruments.
- Endowment investment. The fair value of the investment is based on quoted market prices for that instrument.

Fair values of assets measured on a recurring basis at December 31, 2009 and 2008 are as follows:

	<u>Fair Value Mea</u>	surements at Reporting Date Using
	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)
Marketable Securities	<u>\$61,837</u>	<u>\$61,837</u>

#### Note 5 – Net Assets:

Classifications of net assets are separated into three categories: unrestricted, temporarily restricted, and permanently restricted to provide relevant information about liquidity and financial flexibility.

### Note 6 - Temporarily Restricted Net Assets

Temporarily restricted net assets include the earnings of the Endowment Fund until authorized by the Board for use to fund research. Recommendations for grants are made to the Board by the Science Chair. During the year ended December 31, 2009, grants totaling \$11,550 were approved for research with \$4,395 paid out of the Endowment Fund's accumulated earnings. The balance of \$7,155 was paid out of unrestricted net asset funds since the accumulated earnings were exhausted. In the year ended December 31, 2008, research grants of \$7,486 were funded by unrestricted net assets only since there were no accumulated earnings available in the Endowment Fund.

At the end of December 31, 2009 and 2008 there were no funds remaining in temporarily restricted net assets.

### Note 7 - Permanently Restricted Net Assets:

Permanently restricted net assets include the Endowment Fund. This fund was established in 1990 to fund research on native plants. The fund is permanently restricted with the investment earnings to be used at the discretion of the Science Chair to fund research. The Organization is allowed to choose a suitable investment for the funds donated. The funds have been invested in the Vanguard Life Strategy Fund and the Vanguard Prime Money Market Fund. See Note 3 above for further information regarding these funds.

At December 31, 2009, \$8,272 had not been reimbursed to the General Fund for amounts paid by the General Fund on behalf of the Endowment Fund for grants and contributions not yet transferred to the endowment money market account or investments. At December 31, 2008, \$1,593 in the unrestricted net assets money market account was due to the Endowment Fund. This is in addition to the \$6,538 set aside to adjust the Endowment Fund to the amount required to be permanently maintained.

Assets held in the Endowment Fund consist of the following:

<u> 2009</u>	<u>2008</u>
\$ 8,272	\$ 8,131
15,279	13,274
61,837	<u>56,991</u>
85,388	78,396
0	0
<u>\$ 85,388</u>	<u>\$ 78,396</u>
	\$ 8,272 15,279 <u>61,837</u>

#### Note 8 - Unrestricted Net Assets:

Unrestricted net assets generally include both unrestricted and any board restricted net assets. At December 31, 2009 and 2008 there were no board restricted assets.

### Note 9 – Concentration of Credit Risk:

The Organization has funds in a bank in excess of FDIC insurance limits. The amount varies throughout the year as they are primarily operating funds. The balance in excess of the limits was approximately \$50,374 and \$68,196 at December 31, 2009 and 2008 respectively.

Form 8868 (Rev\*April 2009) Department of the Treasur,

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545 1709

Uspartment of the Treasu ,
Internal Revenue Service File a separate application for each return

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 (8 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 filling of this form, visit www.vs.gov/able and click on e-file for Charities & Nonprofits.  Type or print  The but call to file and click on e-file for Charities & Nonprofits.  Type or print  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file and click on e-file for Charities & Nonprofits.  The but call to file form 990-T. Instead.  The books are in the care of the foliation file form 990-T. Instead.  Telephone No.	Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
Florida Native Plant Society, Inc.    S9-2676375		•	rplete	▶ □
noted below (8 months for a corporation required to file Form 990-T). However, you cannot file Form 890s belotronically if (1) you want the additional not automatic) amonth extension or (2) you file Form 990s. (609, or 8870, group returns, or a composite or consolidated Form 990s. Instead. (700 must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visal **ex** vs. goy/elide and cloks on e-the for Charters & Nonprofits.    Name of Exempt Organization			extens	sion of time
Name of Exempt Organization   Semptor	noted bek not autor rou must	ow (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron natic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or co submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file	ically if nsolida	(1) you want the additional ted Form 990-T. Instead.
Number, street, and room or suite no. If a P O. box, see instructions P.O. Box 278  Check type of return to be filed (file a separate application for each return):    Form 990	ype or		Empl	oyer identification number
Number, street, and room or suite no. If a P O. box, see instructions   P.O. Box 278   City, town or post office, state, and ZIP code. For a foreign address, see instructions   Me1bourne, FL 32902-0278   Check type of return to be filed (file a separate application for each return):    Form 990		Florida Native Plant Society, Inc.	5	9-2676375
City, town or post office, state, and ZIP code. For a foreign address, see instructions  Melbourne, FL 32902-0278  Check type of return to be filed (file a separate application for each return):  X Form 990	lus cale for ling your	·		
Form 990				
Form 990 BL Form 990 T (sec 401(a) or 408(a) trust) Form 5227 Form 990 EZ Form 990-T (trust other than above) Form 6069 Form 990 PF Form 1041-A Form 8970  Hershkowitz & Kunitzer, P.A.  The books are in the care of 5039 Central Avenue - St. Petersburg, FL 33710-8240  Telephone No. 727-344-1463 FAX No 727-343-3539  If the organization does not have an office or place of business in the United States, check this box If this is for the whole group, 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 this 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 trequest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until August 15, 2010 to file the exempt organization return for the organization named above. The extension is for the organization's return for.  X calendar year 2009 or Tax year beginning and ending and ending and ending 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  If this application is for Form 990 PF or 990-T, enter any refundable credits and estimated tax payments made, include any pnor year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	Check ty	pe of return to be filed (file a separate application for each return):		
The books are in the care of   5039 Central Avenue - St. Petersburg, FL 33710-8240  Telephone No.  727-344-1463 FAX No  727-343-3539  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 this is for part of the group, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If this is for part of the group, check this box  If the group of the group, check this box  If the group of the group of the extension will cover   1 request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  August 15, 2010	For	n 990 BL Form 990 T (sec. 401(a) or 408(a) trust) Form 52 n 990 EZ Form 990-T (trust other than above) Form 60	227 069	
August 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for.    X   Calendar year 2009   Or   Oracle	Teleph If the c	oks are in the care of   5039 Central Avenue - St. Petersburg, Forme No.   727-344-1463 FAX No   727-343-3539  rganization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	 Is Is for	the whole group, check this
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  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.  Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required.	ıs fo	August 15, 2010 , to file the exempt organization return for the organization named a rithe organization's return for.  X calendar year 2009 or		The extension
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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.  Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required.		•	3a	\$
tax payments made, Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required.		· · · · · · · · · · · · · · · · · · ·	~	<b></b>
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deposit with ITO coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			[	
See instructions. 3c \$ N/A				. 37/3
Eaution. 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.  HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  Form 8868 (Rev. 4-20		t you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-E	O for payment instructions

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 filting 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 astended due date for inline the original form of a P.O. Box 278  City, town or post office, state, and ZIP code For a foreign address, see instructions  Melbourne, FL 32902-0278  Check type of return to be filed (File a separate application for each return).  X Form 990 Form 990-EZ Form 990 T (sec. 401(a) or 408(a) trust) Form 1041 A Form 5227 Form 5227 Form 5227	Page 2
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 filting 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 astended due to the automatic of the print sate of things the return See Instructions.  P.O. Box 278  City, town or post office, state, and ZIP code For a foreign address, see instructions  Melbourne, FL 32902-0278  Check type of return to be filed (File a separate application for each return).  X Form 990  Form 990-EZ  Form 990 T (sec. 401(a) or 408(a) trust)  Form 1041 A  Form 5227  Form 5227	X
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File by the axtended due date for liting the refurn See Instructions.  City, town or post office, state, and ZIP code For a foreign address, see instructions  Melbourne, FL 32902-0278  Check type of return to be filed (File a separate application for each return).  X Form 990  Form 990-EZ  Form 990 T (sec. 401(a) or 408(a) trust)  Form 1041 A  Form 5227  Form 5227	number
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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.	~. <u> </u>
Hershkowitz & Kunitzer, P.A.	
The books are in the care of ► 5039 Central Avenue - St. Petersburg, FL 33710-8240 Telephone No ► 727-344-1463  FAX No. ► 727-343-3539  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)	
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 fi	for
4   request an additional 3-month extension of time until   November 15, 2010	
5 For calendar year 2009, 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	ng period
7 State in detail why you need the extension	
See Statement 1	
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 \$	<del></del>
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/	<u>/A</u>
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 beling the structure, correct, and companying and companying schedules.	dief,
Signature 120 D Title C.P.A. Date > 816-10	`
Signature P. A. Date 076/2	,

Form 8688

Explanation for Extension

Statement

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### Explanation

Additional time is needed to prepare a complete and accurate Form 990. At the time of this filing, the audit has not been completed. It is anticipated that the audit will be completed on or around 9/30/10. This will allow us adequate time for the preparation of the Form 990 on or before 11/15/10.