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Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization

**Employer identification number**  
**91-6067917**

## NORTHWEST HORTICULTURAL SOCIETY

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this section.

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 PLANT SALES (event type)	(b) Event #2 DENISE LANE GARDEN EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	80,297.	8,741.		89,038.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	80,297.	8,741.		89,038.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	60,854.	2,256.		63,110.
10 Direct expense summary Add lines 4 through 9 in column (d)				► ( 63,110 )
11 Net income summary Combine line 3, column (d), and line 10				► 25,928.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				► ( )
8 Net gaming income summary. Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party.

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information.

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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**SCHEDULE I**  
(Form 990)

**2010**

Open to Public  
Inspection

OMB No 1555-0047

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

Name of the organization

**NORTHWEST HORTICULTURAL SOCIETY**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ►

1 (a) Name and address of organization or government **(b) EIN** **(c) IRC section if applicable** **(d) Amount of cash grant** **(e) Amount of non-cash assistance** **(f) Method of valuation (book, FMV, appraisal, other)** **(g) Description of non-cash assistance** **(h) Purpose of grant or assistance**

ELISABETH C MILLER HORTICULTURAL LIBRARY, UNIVERSITY OF WASHINGTON - BOX 354115 - SEATTLE, WA 98195 **911-6001537** **501(C)(3)** **21,798.** **445.COST** **BOOKS** **TO PROVIDE SUPPORT FOR HORTICULTURAL EDUCATION IN THE NORTHWEST.**

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

3 Enter total number of other organizations

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

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

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ, or to provide any additional information.  
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

**NORTHWEST HORTICULTURAL SOCIETY**

Employer identification number  
**91-6067917**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

EDUCATION TO THE NORTHWEST GARDENING COMMUNITY THROUGH CLASSES, TOURS,

SYMPOSIUMS, WORKSHOPS, PLANT SALES, PUBLICATIONS AND THROUGH

SCHOLARSHIP GRANTS. TO PROVIDE FURTHER EDUCATIONAL SUPPORT OF

NORTHWEST HORTICULTURE THROUGH THE SUPPORT OF THE ELISABETH C MILLER

HORTICULTURAL LIBRARY. TO PROVIDE FURTHER INSPIRATIONAL SUPPORT

THROUGH THE SUPPORT OF RELATED HORTICULTURAL ORGANIZATIONS AND

HORTICULTURAL PROJECTS IN THE NORTHWEST.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

EDUCATIONAL SUPPORT OF NORTHWEST HORTICULTURE THROUGH THE SUPPORT OF

THE ELISABETH C MILLER HORTICULTURAL LIBRARY. TO PROVIDE FURTHER

INSPIRATIONAL SUPPORT THROUGH THE SUPPORT OF RELATED HORTICULTURAL

ORGANIZATIONS AND HORTICULTURAL PROJECTS IN THE NORTHWEST.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

EDUCATIONAL SCHOLARSHIP AWARDED.

EXPENSES \$ 3,000. INCLUDING GRANTS OF \$ 3,000. REVENUE \$ 0.

**FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 DRAFT IS REVIEWED BY**

THE BUSINESS MANAGER, AND THE TREASURER SERVING WHEN THE TAX RETURN IS

PREPARED. THEN, DEPENDING ON AVAILABILITY AND SCHEDULING, THE DRAFT RETURN

IS REVIEWED BY LEADERSHIP OF THE NHS BOARD OF DIRECTORS. FORM 990 IS

DISTRIBUTED FOR INFORMATIONAL PURPOSES TO ALL MEMBERS OF THE BOARD OF

DIRECTORS, IF REQUESTED.

Name of the organization

NORTHWEST HORTICULTURAL SOCIETYEmployer identification number  
91-6067917

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, BOARD MEMBERS, EMPLOYEES AND ANY OTHER PERSONS IDENTIFIED BY THE BOARD OF DIRECTORS ("BOD") AS EXERCISING SUBSTANTIAL INFLUENCE OVER THE OPERATIONS OF NORTHWEST HORTICULTURAL SOCIETY ("NHS") ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ("COI") ON AN ANNUAL BASIS. NEW BOARD MEMBERS ARE ASKED TO IMMEDIATELY SUBMIT THEIR COI FORMS. NHS REVIEWS AND RETAINS THE COMPLETED COI FORMS AND INVESTIGATES IDENTIFIED CONFLICTS. THE NHS PRESIDENT INVESTIGATES AND DISCLOSES TO THE BOD ALL COIS REPORTED UNDER THIS POLICY. THE BOD EVALUATES DISCLOSURES AND MATERIAL FACTS RELATING TO THE TRANSACTION OR ARRANGEMENT GIVING RISE TO THE POTENTIAL COI TO DETERMINE WHETHER AN ACTUAL COI EXISTS AND TO DEVELOP ALTERNATIVES TO REMOVE THE CONFLICT FROM THE TRANSACTION OR ARRANGEMENT. THE INDIVIDUAL WHO HAS THE ACTUAL OR POTENTIAL COI SHALL NOT BE PRESENT FOR THIS DISCUSSION UNLESS REQUIRED TO MAKE A PRESENTATION, PROVIDE ADDITIONAL FACTS OR ANSWER QUESTIONS. RESOLUTION TO A DISCLOSED CONFLICT WILL BE BASED ON THE SPECIFIC FACTS AND CIRCUMSTANCES OF THE SITUATION.

FORM 990, PART VI, SECTION C, LINE 19: ALL APPLICABLE TAX FORMS - FORMS 1023 AND 990 ARE AVAILABLE UPON REQUEST IN OUR OFFICE. ALL OF THESE DOCUMENTS MAY ALSO BE REQUESTED VIA OUR WEBSITE AT [HTTP://WWW.NORTHWESTHORT.ORG](http://WWW.NORTHWESTHORT.ORG).