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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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PLANT SALES (event type)	DENISE LANE GARDEN EVENT (event type)	NONE (total number)	
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				
	2 Cash prizes				
Direct Expenses	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)

Name of the organization

Employer identification number
91-6067917

NORTHWEST HORTICULTURAL SOCIETY

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?

- 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
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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								<input type="checkbox"/>	
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		91-6001537		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

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

Schedule I (Form 990) (2010)

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 SOCIETY

Employer 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).