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# Form 990

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

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

	A	For the	2011 cale	endar year, or tax year begini			n <u>d ending</u>			, 20
	В	Check if a	applicable	C Name of organization Souther	ern Appalachian Botanio	al Society			D Employe	er identification number
	П	Address		Doing Business As						58-1876613
	$\vec{\Box}$		-	Number and street (or P O box	of mail is not delivered to str	eet address)	Room/suite		E Telephor	ne number
	믐	Name ch	_	1						803-321-5257
	片	Initial retu	ırn	Biology Dept , Newberry Co						003-321-3237
	Ш	Terminate	ed	City or town, state or country, a	and ZIP + 4					
		Amended		Newberry, SC 29108					<b>G</b> Gross re	<del></del>
		Application	on pending	F Name and address of principal	officer Dr. Charles Hot	rn, Treasurer		H(a) is this	a group return i	for affiliates? 🔲 Yes 🗹 No
				same as above				H(b) Are a	l affiliates in	ncluded? Ves 🗌 No
		Tax-exem	npt status	✓ 501(c)(3)	1(c) ( ) ◀ (insert no ) [	4947(a)(1) or	527	If "N	lo," attach a	list (see instructions)
	1	Website:		p://www.sabs.appstate.edu/	-13.1			H(c) Group	exemption	number >
	ĸ				sociation ☐ Other ►	L Yea	r of formation			of legal domicile NC
	_	art I	Summ			·				
	-			escribe the organization's n	nission or most signific	ant activities:	To prom	nte hotani	cal interes	st and to
				nate information concerning						
	မွ	.	uisseiiii	late information concerning	the nora and ecology of	·····	ppaiacina	ir region a	id the cas	tern onico states.
	an	} -								
	en	j						Al	050/ - 6	· · · · · · · · · · · · · · · · · · ·
	Activities & Governance			ns box ▶ ☐ if the organizat					1 1	
8	æ	1		of voting members of the g						
	es			of independent voting mem						
6	Ž	5	Total nur	mber of individuals employe			-		5	0
	ct	6	Total nur	mber of volunteers (estimate	e if necessary)				6	
~~·	`	7a '	Total unr	elated business revenue fro	om Part VIII, column (C	), line 12 .			7a	0
JUN 119 2012		b	Net unrel	lated business taxable inco	me from Form 990-T,	line 34		<u>.</u>	7b	0
5								Prior Ye	ar	Current Year
	ø,	8	Contribut	tions and grants (Part VIII, I	line 1h)				22,529	19,267
(F.A)	ž	1		service revenue (Part VIII, I			$ abla$		21,593	24,587
等	Revenue	l l	-	ent income (Part VIII, colum	<del>-</del>				17,789	1,681
	œ			venue (Part VIII, column (A),					15,067	17,370
				enue—add lines 8 through 1					76,978	62,905
Ø		<del>\</del>		nd similar amounts paid (Pa					3,200	2,200
		1		paid to or for members (Pa		•		<del></del>	0,200	2,200
		1					_	-		2.500
	Ses	1		other compensation, employ					2,000	2,500
	Expenses	1		onal fundraising fees (Part I	• •	•	· ·		0	0
	×	1		draising expenses (Part IX,						·····
	_			penses (Part IX, colu <del>mn (A)</del>			· ·	<del></del>	51,898	49,319
		1	-	penses. Add lines 13-17 (m	·	mn (A), line 25)	) ·		57,098	54,019
			Revenue	less expenses. Subtract lin	ne 18 from line 12 .				19,880	8,886
	sets or			rets (Part V. line 16)	MAY 2 1 2012	Ö .si	Be	ginning of Cu	rrent Year	End of Year
	sets	20	Total ass	sets (Part X, line 16) 🄼 .		<u>(</u>			311,949	320,835
	Net Ass Fund Bal	21	Total liab	oilities (Part X, line 26)		.≌			0	0
	뿔	22	Net asset	ts or fund balances. Subtra	Complete from line 20	1	🗆		311,949	320,835
	Pa	art II	Signat	ture Block			•			
	Un	der penalt	es of perju	ry, I declare that I have examined t	this return, including accomp	panying schedules	and stateme	ents, and to t	ne best of m	ny knowledge and belief, it is
				lete Declaration of preparer (other						,
			$\overline{}$	Krala	11 Hour	•	_		14	May 7812_
	Sig	ın İ	Sign	ature of officer	e v v			Da	te	1012
	He		1	Charles N	1 Hours	Treasur	-01			,
			Type	or print name and title		1000	Er			
			<del></del>	pe preparer's name	Preparer's signature		Date	-		PTIN
	Pa	id	Filloty	pe preparer s name	Freparer 5 Signature		Date		Check [	if
	Pr	eparer	·						self-emp	pioyea
		e Only		ame 🕨				Firm	ı's EIN ►	
			Firm's a	ddress ▶				Pho	ne no	
	Ma	y the IR	S discus	s this return with the prepar	rer shown above? (see	instructions)		<u></u>	<u> </u>	🗌 Yes 🗌 No
	For	Paperw	ork Redu	ction Act Notice, see the sep	parate instructions.	· · ·	Cat No	11282Y		Form <b>990</b> (2011)

art		Statement of Program Service Accomplishments		
	D :- 4	Check if Schedule O contains a response to any question in this Part III	<u></u>	<u>. V</u>
1	Briet	ily describe the organization's mission: romote botanical interest and to disseminate information concerning the flora and ecology of the southern		
	Ann	alachian region and the eastern United States This is partly done through publication of a journal and newsletter	 r.	
2		the organization undertake any significant program services during the year which were not listed on the		
	•		_] Yes 〔	<b>☑</b> No
_		es," describe these new services on Schedule O.		
3		the organization cease conducting, or make significant changes in how it conducts, any program	7v [	7) N.a
		es," describe these changes on Schedule O.	res	∡) NO
4		es, describe these changes on scriedule o. cribe the organization's program service accomplishments for each of its three largest program services, a	as measi	ired by
_	expe	enses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	the amo	ount of
	gran	ts and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Cod	le: ) (Expenses \$ 44,416 including grants of \$ 0 ) (Revenue \$	0	
	publ	ish scientific journal CASTANEA for distribution to members and subscribers		
	4 iss	sues per year; average distribution 1050 copies per issue		
				s No saured by amount of
4b	(Cod	le: ) (Expenses \$ 3,888 including grants of \$ 0 ) (Revenue \$	0	)
	print	t and distribute newsletter CHINQUAPIN to members and potential members		
	4 133	ues per year; average distribution of 1000 copies per issue	•	
		······································		
4c	(Cod	e:) (Expenses \$ 1,000 including grants of \$ 0 ) (Revenue \$	0	)
	fund	graduate student research projects (Core Student Awards)		•
	Awa	rded to five students in 2011		
			•••••	
	0	(December 2)		
4d		r program services (Describe in Schedule O.) enses \$ 1,500 including grants of \$ 700 ) (Revenue \$ 0 )		
4e		enses \$ 1,500 including grants of \$ 700 ) (Revenue \$ 0 )  I program service expenses > 50.804		

<sup>2</sup> art	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	√	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2_		1
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	-	<b>✓</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	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	11b		1
	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	11c		<b>✓</b>
	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	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		<b>√</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>✓</b>
•	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<b>✓</b>
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, Parts III and IV	16		<b>✓</b>
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 (see instructions)	17		<b>√</b>
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		<b>✓</b>
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		<b>✓</b>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>✓</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		· ·
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<i>y</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>√</u>
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		<b>√</b>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>√</b>
36	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>✓</b>
Ji	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	37	<b>✓</b>	•
			. 000	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<del></del>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Í . l		
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return  2a -0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		•
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		7
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	'		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<b>V</b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 82827	7c		✓
ď	If "Yes," indicate the number of Forms 8282 filed during the year	1 1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		/
9	Sponsoring organizations maintaining donor advised funds.			Ť
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	.		
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11 a	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part		and	for a	"No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI		struct	ions.
Secti	ion A. Governing Body and Management			
	1 .		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	1	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	,	
40	Database and Cathan have been been broaden broaden as a ##Pata-0	40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		<del>  •</del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Ť
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
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?		i	
а	The organization's CEO, Executive Director, or top management official	15a	ĺ	1
b	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶ none			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  Upon request	501(	c)(3)s	only)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	rest p	oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Charles Horn, Treasurer; Newberry College, 2100 College Street, Newberry, SC 29108 (ph: 803-321-		<del>;</del>	

Part VII	Compensation of Officers, D	irectors, Trustee:	s, Key Employees	, Highest Compensated	l Employees, and
	Independent Contractors				

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. 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 neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee
	]			(6	C)					
(A)	(B)	l			ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week (describe	익호	٦	♀	िङ	ã'È	5	from the	related organizations	other compensation
	hours for	l e i	<b>1</b>	Officer	Ye	p j	Former	organization	(W-2/1099-MISC)	from the
	related organizations	Individual trustee or director	ğ	,	Key employee	e c	7	(W-2/1099-MISC)		organization and related
	in Schedule	Stri	Ţ		yee	mg			1	organizations
	O)	e	Institutional trustee			Highest compensated employee				
		ļ	•	L	<u>L</u> .	<u> </u>	<u> </u>			
(1) Lytton Musselman										
President	4			1	ļ			0	0	0
(2) Wendy Zomlefer										
President-elect	2			1				o	0	o
(3) Charles Horn										
Treasurer	10			✓			<u> </u>	0	0	500
(4) Michael Held	]						}			
Membership Secretary	3			✓				0	0	0
(5) Ruth Douglas										
Recording Secretary	1			✓			L	0	0	0
(6) John Pascarella	]				ĺ			[		
Editor-ın-Chief, Castanea	6			✓				0	0	2,000
(7) Dan Pittillo										-
editor, Chinquapin	3			✓				0	0	0
(8) Christina Small										
member at large to Council	1			✓				0	0	0
(9) Mac Alford	]					ł	ļ	1		
member at large to Council	11			✓				0	0	0
(10) Edgar Lickey	]									
member at large to Council	1			✓	<u> </u>		<u> </u>	0	0	0
(11)										_
(12)	<del>                                     </del>									
					L					
(13)	-					! !				_
(14)					-					
		l	1			ŀ	l	1	i	

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	/ees			lighes	st C	ompensated E	mployees	continu	ued)	
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck is pe	rson Irect	than o	an tee)	(D)  Reportable compensation from	(E) Reportation compensation related	n from	Esti amo	(F) mated ount of ther
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-N		fro orga and	ensation in the nization related nizations
(15)												_	
(16)													
(17)					_				-	.,			
(18)				_							_		
(19)													
(20)													
(21)											-		
(22)													
(23)										·			
(24)													
(25)										-,			
1b c	Sub-total	VII, Sectio	n A				•	<u> </u>	0		0		2,500
<u>d</u>	Total (add lines 1b and 1c)	not limited	to th				above	) W	ho received me	ore than \$1	00,000	0 of	2,500
3	Did the organization list any former of employee on line 1a? If "Yes," complete 8	ficer, direc	tor, o					mp	loyee, or high	· ·	nsated	d 3	Yes No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual												/
5	Did any person listed on line 1a receive of for services rendered to the organization?								•	ation or inc			1
Section	on B. Independent Contractors								·				
1	Complete this table for your five highest of compensation from the organization. Repyear.												on's tax
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation
none	received more than \$100,000												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who	ļ.,:·	,	

Part	VIII	Statement of Revenue					
i- la	· p要 华		5	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c	0 17,700 0				
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	0	, , , , , , , , , , , , , , , , , , ,		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Sontribu and Oth	g h	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f. \$ Total. Add lines 1a-1f	1,567	19,267		: 3 : 1 : 1 : 1	t
enne	2a	subscriptions	Business Code 611710	7,844	7,844	<u>.                                    </u>	,
ce Rev	b	page charges	611710	16,743	16,743		
Program Service Revenue	d e						
Progra	f g	All other program service revenue .  Total. Add lines 2a-2f		24,587			
	3	Investment income (including dividend other similar amounts)  Income from investment of tax-exempt to	•	1,681	1,681		
	<b>4</b> 5	Royalties		17,883	17,883		
	6a b	Gross rents . Less: rental expenses		. *		i	,
	c d	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of (i) Securities		0	0	1	
	7a b	assets other than inventory Less cost or other basis	(,,, c				
	c	and sales expenses .  Gain or (loss)		, (1) t			
•	d	Net gain or (loss)	>	0	0		
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,		The second secon
Other I	1	See Part IV, line 18	a	,			N <sub>1</sub>
		Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19	events >	- 0			
		Less: direct expenses I Net income or (loss) from gaming ac Gross sales of inventory, less	tivities ►	  0	0		
		returns and allowances	1,765	(513)	(513)		
	110	Miscellaneous Revenue	Business Code	(313)	(313)		
	11a b						
	d	All other revenue					
	12	Total. Add lines 11a–11d Total revenue. See instructions		62,905			

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	700	700		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,800	1,800		
3	Grants and other assistance to governments,	1,800	1,800	<u> </u>	
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,500	0	2,500	
6	Compensation not included above, to disqualified			<u> </u>	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o	0	0	
7	Other salaries and wages	0	0	0	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o	o	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	-
11	Fees for services (non-employees):				
а	Management	8,000	8,000	o	
b	Legal	0	0	0	
С	Accounting	0	0	0	
d	Lobbying	0	0	0	
е	Professional fundraising services. See Part IV, line 17	0	· ·		
f	Investment management fees	250	0	250	
g	Other	5	0	5	
12	Advertising and promotion	0	0	0	
13	Office expenses	831	0	831	
14	Information technology	0	0	0	
15	Royalties	0	0	0	
16	Occupancy	0	0	0	
17 18	Travel			0	<u> </u>
10	for any federal, state, or local public officials	o	0	0	
19	Conferences, conventions, and meetings .	1,291	0	1,291	
20	Interest	0	0	0	<del></del>
21	Payments to affiliates	200	200	0	
22	Depreciation, depletion, and amortization .	0		0	
23	Insurance	0	0	0	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column		'		
	(A) amount, list line 24e expenses on Schedule O.)				
а	publications	38,304	38,304	0	
b	award expenses	138		138	
C					
d					
e	All other expenses  Total functional expenses. Add lines 1 through 24e				
25		54,019	49,004	5,015	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    ☐ if following SOP 98-2 (ASC 958-720)	ļ			
	following SOP 98-2 (ASC 958-720)				

		(A)		(B)
		Beginning of year	_	End of year
	ash—non-interest-bearing	194,286	2	211,2
		154,200		211,2
	edges and grants receivable, net	0	4	<del></del>
	counts receivable, net	-		
	eceivables from current and former officers, directors, trustees, key		* .	i.
	inployees, and highest compensated employees. Complete Part II of			
	hedule L	0	5	
	eceivables from other disqualified persons (as defined under section	, +		
	58(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	nployers and sponsoring organizations of section 501(c)(9) voluntary	the at annual term to the his		
1	nployees' beneficiary organizations (see instructions)	0	6	
1	otes and loans receivable, net	0	_7_	· <u> </u>
0 """	ventories for sale or use		8	
	epaid expenses and deferred charges	0	9	
	nd, buildings, and equipment: cost or		17 4	
	ner basis Complete Part VI of Schedule D 10a	3 1 B	'	1
	ss. accumulated depreciation 10b	0	10c	
	restments—publicly traded securities	117,663	11	109,
	vestments-other securities. See Part IV, line 11	0	12	
<b>13</b> inv	vestments-program-related. See Part IV, line 11	0	13	
14 Inta	angible assets	0	14	
15 Oth	her assets. See Part IV, line 11	0	15	
16 To	tal assets. Add lines 1 through 15 (must equal line 34)	311,949	16	320,
17 Ac	counts payable and accrued expenses	0	17	
18 Gra	ants payable	0	18	
	ferred revenue	0	19	
<b>20</b> Tax	x-exempt bond liabilities	0	20	
21 Esc	crow or custodial account liability. Complete Part IV of Schedule D.	0	21	
22 Pay	yables to current and former officers, directors, trustees, key		,	
	ployees, highest compensated employees, and disqualified persons.			
Co	omplete Part II of Schedule L	o	22	
23 Sec	cured mortgages and notes payable to unrelated third parties	0	23	
	secured notes and loans payable to unrelated third parties	0	24	
1	her liabilities (including federal income tax, payables to related third			
par	rties, and other liabilities not included on lines 17-24). Complete Part X	o		
of S	Schedule D		25	
26 Tot	tal liabilities. Add lines 17 through 25	0	26	
Org	ganizations that follow SFAS 117, check here ▶ □ and complete	(1,1)		· · · · · · · · · · · · · · · · · · ·
line	es 27 through 29, and lines 33 and 34.	'		1
<b>27</b> Uni	restricted net assets		27	-
	mporarily restricted net assets		28	
	rmanently restricted net assets		29	
	ganizations that do not follow SFAS 117, check here ▶ 🗸 and			
	mplete lines 30 through 34.		1	
30 Ca	pital stock or trust principal, or current funds	311,949	30	320,8
	id-in or capital surplus, or land, building, or equipment fund	011,545	31	320,0
	tained earnings, endowment, accumulated income, or other funds.	0	32	
	tal net assets or fund balances	311,949	33	320,8
	tal liabilities and net assets/fund balances	311,949		320,8
		0.1,040	<u> </u>	Form <b>990</b> (

Form 9	90 (2011)		Pi	age IZ			
Par	Reconciliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI						
	Oncorr it contocano o contraino a respentes to any question and a management						
1	Total revenue (must equal Part VIII, column (A), line 12)		6	2,905			
2	Total expenses (must equal Part IX, column (A), line 25)		5	4,019			
3	Revenue less expenses. Subtract line 2 from line 1			8,886			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Other changes in net assets or fund balances (explain in Schedule O)			0			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	-					
	column (B))		32	0,835			
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII	<u></u>					
			Yes	No			
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other If the organization changed its method of accounting from a prior year or checked "Other," explain i Schedule O.	n line					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	. 2a	<u> </u>	✓			
b	Were the organization's financial statements audited by an independent accountant?			✓			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	I .					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	n					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	€ .					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	า					
	the Single Audit Act and OMB Circular A-133?	. 3a		1			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	1				
		For	m 990	(2011)			

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

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No 1545-0047

Open to Public Inspection

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

(D)

(E)

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	41,867	53,716	32,238	44,122	43,855	215,798
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	o	o	0
•	The value of services or facilities				<del>-</del>		
3	furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	41,867	53,716	32,238	44,122	43,855	215,798
5	The portion of total contributions by		, i	ا,ا ـ د			
J	each person (other than a governmental unit or publicly supported organization) included on			il' a rigilal		ger katakan in 1	
	line 1 that exceeds 2% of the amount	10 10 g 1 g 1 g 1 g 1 g 1 g 1 g 1 g 1 g	a diga	Part Property of Property (Property of Property of Pro		9 8 8 9 9 9	•
•	shown on line 11, column (f)	1	to a patrolar	141 3 771	in the second	1 1 1 1	215,798
6	Public support. Subtract line 5 from line 4.	1	'	1	. H1	<u> </u>	215,796
	on B. Total Support	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	dar year (or fiscal year beginning in)  Amounts from line 4	41,867	53,716	32,238	44,122	43,855	215,798
7	Gross income from interest, dividends,	41,007	30,710	52,250	77,122	10,000	210,700
8	payments received on securities loans, rents, royalties and income from similar sources	12,649	(25,755)	33,239	31,576	22,157	73,866
9	Net income from unrelated business activities, whether or not the business is regularly carried on	o	0	0	o	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	4,106	5,468	500	1,280	1,252	12,606
11	Total support. Add lines 7 through 10	1,100			1,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	302,270
12	Gross receipts from related activities, etc.	: (see instruction	ons)		<del></del>	12	228,404
13	First five years. If the Form 990 is for the			d, third, fourth	i, or fifth tax ye	ear as a sectio	
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2011 (line	6, column (f) di	vided by line 1	1, column (f))		14	71 %
15	Public support percentage from 2010 Sc	hedule A, Part	II, line 14 .			15	69 %
16a	331/3% support test-2011. If the organi				d line 14 is 33¹	13% or more, c	
	box and stop here. The organization qua	•		-			. ▶ 🗷
b	331/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						Explain ın
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization					op here	
18							
	instructions						

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
1	Gifts, grants, contributions, and membership fees		}	j				
	received. (Do not include any "unusual grants.")						L	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose		<u>-</u>					
3	Gross receipts from activities that are not an				ĺ			
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid	}	1	}	}			
	to 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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3							
/ a	received from disqualified persons .							
	Amounts included on lines 2 and 3							
b	received from other than disqualified				[		"	
	persons that exceed the greater of \$5,000		•					
	or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
8	Public support (Subtract line 7c from		1 1 1 1 1	4. §		11 . 1		
	line 6.)		34,5	" ," ',				
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total	
9	Amounts from line 6				<u> </u>			
10a	·							
	payments received on securities loans, rents,							
	royalties and income from similar sources .				_			
b	Unrelated business taxable income (less					İ		
	section 511 taxes) from businesses acquired after June 30, 1975		i					
_				<del></del>				
C	Add lines 10a and 10b					-		
11	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or	ļ						
12	loss from the sale of capital assets	,				Ì		
	(Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)							
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>	<u></u>	▶ 🗆	
	on C. Computation of Public Suppor							
15	Public support percentage for 2011 (line						<u>%</u>	
16	Public support percentage from 2010 Sch			· · · · ·	<u> </u>	16	%	
	on D. Computation of Investment In			v line 12 police		17		
17								
10	· · · · · · · · · · · · · · · · · · ·	Schodula A	Dart III linn 17			1 10	0/	
18 10a	Investment income percentage from 2010					18 ore than 331/29	% and line	
18 19a	Investment income percentage from 2010 331/3% support tests—2011. If the organ	zation did not	check the box	c on line 14, ar	nd line 15 is m	ore than 331/39	%, and line	
19a	Investment income percentage from 2010 331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box	zation did not and stop here.	check the box The organization	on line 14, ar on qualifies as a	nd line 15 is m a publicly supp	ore than 331/39 orted organizati	%, and line on . ▶ □	
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19a	Investment income percentage from 2010 331/3% support tests—2011. If the organ 17 is not more than 331/3%, check this box	ization did not and stop here. zation did not c box and stop h	check the box The organization theck a box on there. The organi	c on line 14, ar on qualifies as a line 14 or line 1 ization qualifies	nd line 15 is m a publicly supp 19a, and line 16 as a publicly s	ore than 331/39 orted organizations is more than 3 upported organ	%, and line on . ► □ 31/3%, and lization ► □	

	orm 990 or 990-EZ) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
Part II, Line	10, other income for 2011.	
Sale of I	pack issues of the journal Castanea = \$200	<b>-</b>
Sale of	r-shirts, mugs and hats = \$1,052	<del>-</del>
Total inc	come from other sources = \$1,252	
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

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.

Open to Public Inspection

58-1876613 Southern Appalachian Botanical Society Part III, line 4d - Statement of Program Service Accomplishments (continued) - subtotal = \$1,500 Windler Award for best systematic paper published in Castanea during 2010 (and awarded in 2011) . \$500 (Grant \$0) Support of the Great Smoky Mountain Wildflower Pılgrimage - \$700 (Grant \$700) Student presentation awards - \$300 (Grant \$0) Part VI, Section A, line 6. Does organization have members or stockholders? Yes, the organization had at the end of 2011 a total of 560 members Part VI, Section A, line 7a Does the organization have members . who may elect one or more member of the governing board? Yes, all members of the governing board are elected by the membership, as outlined in the constitution and bylaws. Part VI, Section A, line 7b. Are decisions of the governing board subject to approval by members ...? The governing board (Council) selects officers to be placed on the ballot; subsequently the ballot is distributed to all members for a vote Also, all proposals for membership dues changes must be approved by the membership at the annual business meeting Part VI, Section B, line 11b - Form 990 is sent to the president and president-elect for review prior to submission. Part VI, Section C, line 19. The governing documents are available to the public through our website: www.sabs.appstate.edu