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A For the 2011 calendar year, or tax year beginning 07-01-2011

C Name of organization INTERNATIONAL PLANT PROPAGATORS'

As Filed Data -

DLN: 93492251000162

D Employer identification number

2011

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

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)

Short Form

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 06-30-2012

Open to Public Inspection

Address change Name change		change INTERNATIONAL PLANT PROPAGATORS' SOCIETY INC C/O DONNA S FOSTER	75-2212643 E Telephone number		
		Number and street (or P O box, if mail is not delivered to street address) Room/suite			
	Initial return 4661 CRYSTAL DRIVE Terminated			(803) 743-4284	
_			F Group Exemption		
_		COLUMBIA, SC 29206 on pending	Number -		
	•				
		required	to attach S	organization is not chedule B , or 990-PF)	
		pt status(check only one)— 501(c)(3) 501(c)(5) ◄(insert no) 4947(a)(1) or 527			
norm	nally n	If the organization is not a section 509(a)(3) supporting organization or a section 527 organizat sot more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e- s) But if the organization chooses to file a return, be sure to file a complete return			
L Add more		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 3 Form 990 instead of Form 990-EZ \$\mathbf{k}\$ \$\mathbf{s}\$ \$ 119,831 \$	25, column (B) below) are \$500,000 or	
	rt I	· · · · · · · · · · · · · · · · · · ·	structions fo	or Part I)	
	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2	85,226	
	3	Membership dues and assessments	3	34,594	
	4	Investment income	4	11	
	5a	Gross amount from sale of assets other than inventory 5a			
en.	b	Less cost or other basis and sales expenses 5b			
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
Re	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
		' 			
	C .	Less direct expenses from gaming and fundraising events <u>6c</u> Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c			
	d 7-	1 1) 6d		
	7a	Gross sales of inventory, less returns and allowances			
	b	Less cost of goods sold			
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8	110 021	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	119,831	
	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
Expenses	12	Salaries, other compensation, and employee benefits	12	20.040	
	13	Professional fees and other payments to independent contractors	. 13	30,848	
lady	14	Occupancy, rent, utilities, and maintenance	. 14		
Ě	15	Printing, publications, postage, and shipping	15	1,441	
	16		16	77,071	
	17	Total expenses. Add lines 10 through 16	17	109,395	
5 12	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	10,436	
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		63.531	
	20	end-of-year figure reported on prior year's return)	19	62,571	
	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	72.007	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	73,007	

Cat No 10642I

Check if the organization use	ed Schedule O to respond to	any question in t	hıs Part II				
(See the instru	(See the instructions for Part II) (A) Beginning of year				(B) End of year		
22 Cash, savings, and investments			62,252	2 22	72,723		
23 Land and buildings			,	23	•		
24 Other assets (describe in Schedule (0)		319	24	284		
25 Total assets			62,571	1 25	73,007		
26 Total liabilities (describe in Schedule	eO)		•	26	<i>.</i>		
27 Net assets or fund balances (line 27	of column (B) must agree wit	th line 21) .	62,571	1 27	73,007		
Part III Statement of Program Check if the organization use What is the organization's primary exemp DISSEMINATION OF KNOWLEDGE & P Describe the organization's program serv measured by expenses In a clear and co	ed Schedule O to respond to t purpose? ROMOTION OF PLANT PRO Ice accomplishments for eac	any question in to PAGATORS the of its three large	gest program services, as	(c)(org. - 494	Expenses quired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)		
benefited, and other relevant information 28 DISSEMINATION OF KNOWLEDGE 8	for each program title	PROPAGATORS		28a	110,397		
30	his amount includes foreign o	-	·	29a 30a			
31 Other program services (describe in S	-		<u>'</u>	30a			
	his amount includes foreign	grants, check her	e ► ┌	31a			
32 Total program service expenses (add l				32	110,39		
Part IV List of Officers, Directors, To							
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	tion (d) Contribution employee benefit p	ns to plans &	(e) Expense		
See Additional Data Table							

Form	990-EZ (2011)			Page
Pa	Other Information (Note the statement requirements in the instructions for Part V.)			
	Check if the organization used Schedule O to respond to any question in this Part V $$. $$. $$. $$. $$. $$. $$	•	,	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed cop of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			No
35	If the organization had income from business activities, such as those reported on lines 2,6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income of Form 990-T	on		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets durin the year? If "Yes," complete applicable parts of Schedule N	g 36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 37a	0		
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			†
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
Ь	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		ļ
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	_		
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	_		
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of DONNA FOSTER Telephone n	o 🟲 <u>(80</u>	3)743	<u>-4284</u>
	4661 CRYSTAL DRIVE Located at ► COLUMBIA, SC ZIP + 4	2	9206	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1.03	No
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
c	Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		No
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Γ
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of	44-	Yes	No
_	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>	n 44d		
45a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$?			, Al
		45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-	EZ (2011)							Page 4
							Yes	No
	he organization engage, directly of Idates for public office? If "Yes,"			on behalf of or ir	opposition to			
Part VI				onovomnt o	haritable tri	46	n lu	No
Pait VI	All section 501(c)(3) organ			-			_	stions
	47-49b and 52. Check if the organization used	l Schedule O to respond	I to any question in th	ıs Part VI				Г
	eneck if the organization asec	a semedate o to respond	to any question in th	15 T GIT VI	<u> </u>		Yes	No
47 Did t	he organization engage in lobbyir	ag activities or have a c	action EQ1(b) alactio	n in affact durin	a the tay year?			
	es," complete Schedule C, Part I		ection 501(II) electio	ii iii ellect duriii	g the tax year	47		
48 Is the	e organization a school described	d ın section 170(b)(1)(A	\)(II)? If "Yes," comple	ete Schedule E		48		
49a Did t	he organization make any transfe	ers to an exempt non-ch	arıtable related organ	ıızatıon?		49a		
b If"Ye	es," was the related organization	a section 527 organiza	tion?			49b		
50 Comi	olete this table for the organization	on's five highest compe	nsated emplovees (ot	her than officer	s. directors, trus	stees a	nd kev	
	oyees) who each received more t	han \$100,000 of comp	ensation from the orga	anızatıon Ifthe	re is none, entei	r "None	e "	
	and address of each employee Id more than \$100,000	(b) Title and average hours per week	(c) Compensation		tributions to benefit plans &	-	Expe	
pa	id more than \$100,000	devoted to position		deferred	compensation	othe	rallow	nces
of co	plete this table for the organization pensation from the organization ame and address of each indeper	n If there is none, enter	"None"		each received m		an \$10 compen	<i>,</i>
	•	•	,					
d Tot	al number of other independent c	ontractors each receivi	ng over \$100,000					
	l the organization complete Sche st attach a completed Schedule						rıtable ′es	
	·						<u> </u>	
	ties of perjury, I declare that I have and belief, it is true, correct, and co							

Sign	Signature of officer Date							
Here	DONNA S FOSTER TREASURER Type or print name and title							
	Preparer's	1	Date	Check If	Preparer's taxpay		ıfıcatıon ı	number
Paid	signature DENISE P HILL CPA	(Con materials)						
Preparer's	Firm's name (or yours LELLIOTT DAVIS LLCPLLC				 32			
Use Only	address, and ZIP + 4 1901 MAIN STREET SUITE 1650						0000	
	COLUMBIA, SC 29201 Phone no • (80.							
May the IR	S discuss this return with the pre	eparer shown above? Se	e instructions			Image: square of the point of	es l	No

Software ID: Software Version:

EIN: 75-2212643

Name: INTERNATIONAL PLANT PROPAGATORS'

SOCIETY INC C/O DONNA S FOSTER

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
DONNA FARE 472 CADILLAC LANE MCMINNVILLE,TN 37110	PAST PRESIDENT 0 25	0	0	0
ROBERT BLACK 5635 SHOULDER HILL ROAD SUFFOLK, VA 23435	PRESIDENT 0 25	0	0	0
THOMAS SAUNDERS 2717 TYE BROOK HIGHWAY PINEY RIVER,VA 22964	FIRST VICE PRESIDENT 0 25	0	0	0
ROBERT LEE 52063 RIDGECREST DRIVE INDEPENDENCE, LA 70443	SECOND VICE PRESIDENT 0 25	0	0	0
DR FRED DAVIES TEXAS AM UNIVERSITY COLLEGE STATION,TX 77843	EDITOR 0 25	0	0	12,003
DONNA FOSTER 4661 CRYSTAL DRIVE COLUMBIA,SC 29206	SECRETARY/TREASURER 0 25	0	0	17,850
TED BILDERBACK BOX 7522 MCSWAIN CENTER RALEIGH,NC 27695	INTERNATIONAL DELEGATE 0 25	0	0	0
PATRICIA KNIGHT PO BOX 193 POPLARVILLE,MS 39470	INTERNATIONAL DELEGATE 0 25	0	0	0
LAURA MILLER 200 TAYLOR ST SUITE 200 FORT WORTH,TX 76196	MEMBER 0 10	0	0	0
JEFFRY HOWELL 229 CRENSHAW RD LUCEDALE, MS 39452	MEMBER 0 10	0	0	0
DOUG CHAPMAN 5851 KIGER ROAD ROUGEMONT,NC 27572	MEMBER 0 10	0	0	0
MAARTEN VAN DER GIESSEN PO BOX 230 SEMMES,AL 36575	MEMBER 0 10	0	0	0

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EZ, PART II,

LINE 24

284

As Filed Data -

DLN: 93492251000162

Employer identification number

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

INTERNATIONAL PLANT PROPAGATORS'

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

SOCIETY INC C/O DONNA	A S FOSTER	75-2212643		
ldentifier	Return Reference	Explanation		
OTHER INVESTMENT INCOME	FORM 990- EZ, PART I, LINE 4	INVESTMENT INCOME 11		
OCCUPANCY, FORM 990- RENT, UTILITIES EZ, PART I, AND LINE 14 MAINTENENCE		DESCRIPTION DEPRECIATION AMOUNT 35		
OTHER EXPENSES	FORM 990- EZ, PART I, LINE 16	DESCRIPTION TRAVEL EXPENSES AMOUNT 1,280 DESCRIPTION ANNUAL MEETING AMOUNT 30,710 DESCRIPTION INTERNATIONAL PROCEEDINGS AMOUNT 5,464 DESCRIPTION OFFICE EXPENSES AMOUNT 311 DESCRIPTION MISCELLANEOUS EXPENSES AMOUNT 481 DESCRIPTION IPPS INTERNATIONAL DUES AMOUNT 17,416 DESCRIPTION WEBSITE AMOUNT 1,500 DESCRIPTION INSURANCE AMOUNT 1,158 DESCRIPTION TOURS AMOUNT 17,612 DESCRIPTION MEALS AND ENTERTAINMENT AMOUNT 43 DESCRIPTION CONTRIBUTIONS AMOUNT 500 DESCRIPTION AWARDS AMOUNT 96 DESCRIPTION STUDENT SPONSORSHIP AMOUNT 500 TOTAL TO FORM 990-EZ, LINE 16 77,071		
OTHER ASSETS FORM 990. DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 319 FND OF YEAR AMOUNT				

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: INTERNATIONAL PLANT PROPAGATORS'

SOCIETY INC C/O DONNA S FOSTER

EIN: 75-2212643

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.