

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

OMB No 1545-0047

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=	Department of the Treasury
	Internal Payanua Sagrea

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do

o not enter social security numbers on this form as it may be made public prmation about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .		<del>• 2</del>	7 72 72 72 72 72 72 72 72 72 72 72 72 72
	o not enter social security numbers on this form as it may be made public ormation about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> .	C	Open to Public Inspection

ર <u>~</u> _	FOI	the zo 14 calen	dar year, or tax year beginning Mar 1 , 2014, and ending		28		2015	
> B	Check	of applicable	C Name of organization AMERICAN PUBLIC GARDENS ASSOCIATI	ON	D Employ	er identi	fication number	
<u>.</u>	14	Address change	Doing business as		23-7	71100	058	
	Пı	Name change	Number and street (or P O box if mail is not delivered to street address) Room/su	rite	E Telepho	пе пить	er	
	П	nitial return	351 LONGWOOD RD		(610	)) 7(	08-3010	
	П		<u></u>					
	H	Amended return	KENNETT SQUARE PA 19348		G Gross re	eceints S	\$ 1,858,648	R
	$\vdash$	Application pending		1(a) Is this a	group return			
	<b>'</b> '	ppiloddon poriding	1					
	To	v overnel elektric	CASEY SCLAR SAME AS C ABOVE 19348	If 'No,' a	subordinates i attach a list (s	see instru	ictions)	٠٠
÷		x-exempt status	X  501(c)(3)   501(c) ( )					
J				<del></del>	exemption nu			
K		m of organization	X Corporation Trust Association Other ► ! L Year of formation	197	L MIS	tate of le	gal domicile PA	<del>7</del>
		Summar Summar			<u> </u>			
<u>.</u>	1		be the organization's mission or most significant activities. THE AMERI					
Sec.			S THE PREMIER MEMBERSHIP ORGANIZATION FOR PUBLIC HORTICULTURE PROFESSIONALS					
Se			ACES THAT CELEBRATE PLANTS SO SPECIAL. WE WANT MORE PEOPLE TO KNOW A					
EII.			HAT PUBLIC GARDENS CONTINUE TO PLAY KEY ROLES IN ENVIRONMENTAL SU				TION AND EDU	CATION.
C Section	2	Check this bo						
ಧ್ಯ	3		ting members of the governing body (Part VI, line 1a)			3		<u> 14</u>
Se	4		dependent voting members of the governing body (Part VI, line 1b)			4		14
選	5		of individuals employed in calendar year 2014 (Part V, line 2a)			5	<u>-</u>	9
<b>Z</b> 5	7.		of volunteers (estimate if necessary)			6 7a	<u> </u>	<u>50</u>
**			business taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·			7b		0.
SCAMPINES & GOVERNANCE 201		Net unrelated	business taxable income from Form 990-1, line 34			76	0	0.
Ø	8	Contributions	and grants (Part VIII, line 1h)		rior Year		Current Y	
ne	9		ice revenue (Part VIII, line 2g)	<u> </u>	,051,4			,770.
Revenue	_		come (Part VIII, line 2g)		496,8		562	<u>,907.</u>
Ę.	10 11				5,4			272.
_	12		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		62,6	-		,699.
	13		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	,616,4			,648.
	14		milar amounts paid (Part IX, column (A), lines 1-3)		58,0	20.	44	,400.
			to or for members (Part IX, column (A), line 4)					
S	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		535,4	24.	659	,323.
Expenses			fundraising fees (Part IX, column (A), line 11e)	ļ.,		+		
ă			sing expenses (Part IX, column (D), line 25) 25, 015.	***				<u> </u>
ш	17	Other expens	es (Part IX, coll for [IX) Vines 11a-11d, 11f-24e)		883,5	13.	945	,403.
	18	Total expense	es. Add lines 13-17 (must equal Pink X, column (A), line 25)	1	,476,9	$\overline{}$		,126.
	19	Revenue less	ex Ses. But ragt line 78 from the 12		139,5			,522.
b 8				Beginnir	ng of Currer		End of Y	
lan	20	Total assets (	Part X, line 16)		824,5	51.	1,134	,541.
8 8	21	Total liabilities	Palt X, line 18 DEN, UT.		111,8			,882.
žž	22	Net assets or	fund balances. Subtract line 21 from line 20		712,7			,659.
Pa		Signatu	<del>-</del>	<u> </u>	_ , ,	<del>- : : \</del>	713	7000.
_			·	of my know	ledge and hel	iof It is to	TIP COTTEN and	
comp	plete	Declaration of prepar	clare that I have examined this return, including accompanying schedules and statements, and to the best of (other than officer) is based on all prormation of which preparer has any knowledge.	to any know	leage and bei	iei, it is u	de, confect, and	
		1	1.6-2 8 8		10/45	1201	, 5	
Sig	ın	Signatu	ure of officer	Da	•		<u> </u>	
He		N Da	WIEL CASEY SCLAR EXECUTIVE DIRECTOR					
	-	Type of	r print name and title					
		Print/Type p	preparer's name Preparer's signature Date		Check	ıf	PTIN	
D-	ىد :	'' '	E W. KORENGEL, CPA Bonnie W. Korengel 08/21/	1 5		<b>」</b> "		<b>,</b>
Pa			7 N. ROIGHOBE, CIA 5	10	self-employe	·u	P00359498	<u> </u>
	epa e O				Eigen's City	- ^^	1026065	
JS	- <b>-</b>	nly Firm's addre	TING		Firm's EIN		-1036865	
		100 -	KENNETT SQUARE PA 19348-2430		Phone no	_(610		
Ma	y the	IKS discuss thi	is return with the preparer shown above? (see instructions)				. X Yes	No

Form 990 (2014)

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	APGA SERVES THE PUBLIC GARDENS AND ADVANCES THEM AS LEADERS,	
	ADVOCATES, AND INNOVATORS. APGA'S VISION IS A WORLD WHERE PUBLIC	
	GARDENS ARE INDISPENSABLE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ? Yes X N	lo
	If 'Yes,' describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	lo
	If 'Yes,' describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
	and revenue, if any, for each program service reported	
4.	- (Code:	
4 8	a (Code:) (Expenses \$420, 160. including grants of \$6,000. ) (Revenue \$438, 265	· '
	MEETINGS & CONFERENCE - CONSISTS OF THE ANNUAL CONFERENCE AND REGIONAL	
	MEETINGS FOCUSING ON THEMES DESIGNED TO PROMOTE AN EXCHANGE OF	
	KNOWLEDGE AND INFORMATION. 2014 ANNUAL CONFERENCE HOSTED 817 PARTICIPANTS.	
4 t	b (Code:) (Expenses \$ 93,854. including grants of \$ 6,650. ) (Revenue \$ 81,473	<u>.</u> )
	PROFESSIONAL DEVELOPMENT SEMINARS TO INCREASE THE KNOWLEDGE OF PUBLIC	
	GARDEN PROFESSIONALS. CONDUCTED 4 SYMPOSIUMS ATTENDED BY 398 PARTICIPANTS.	
	·	
	<u></u>	
4 0	c (Code ) (Expenses \$ 485,605. including grants of \$ 31,750.) (Revenue \$ 6,750	, )
	GRANT PROGRAMS:	÷′
	SENTINEL PLANT NETWORK - PROGRAM THAT ENGAGES PUBLIC GARDENS IN THE	
	DETECTION AND DIAGNOSIS OF HIGH RISK PESTS AND DISEASES. ENCOURAGES	
	CARDENA MO DROMOME AVARENDOS OR MURCE MO MURIT VICAMORA MUROUS	<b>-</b> -
	OUTREACH AND INNOVATIVE PROGRAMS. OVER 190 GARDENS IN 44 STATES,	
	NORTH AMERICAN PLANT COLLECTIONS CONSORTIUM (NAPCC) - NETWORK OF	
	BOTANICAL GARDENS AND ARBORETA WORKING TO COORDINATE A CONTINENT-	
	MIDE ADDOUGH AND WIND WEDGETT MOKUTING TO COOKDINGTE W CONTINENT	
	WIDE APPROACH TO PLANT GERMPLASM PRESERVATION, AND TO PROMOTE	
	See Form 990, Page 2, Part III, Line 4c (continued)	<i>_</i>
	d Other and an accuse (Describe in Schedule O.)	
4 (	d Other program services. (Describe in Schedule O.)	
	(Expenses \$ 122,329. including grants of \$ 0.) (Revenue \$ 36,419.)	_
4 6	e Total program service expenses ► 1,121,948.	

Form 990 (2014) AMERICAN PUBLIC GARDENS ASSOCIATION

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Part IV Checklist of Required Schedules

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Page 3

### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . 2 Х 4 Х 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. Х 5 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, 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II . . . . . . . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Х 10 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If Yes, complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11 b Χ 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . . f 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. 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI, and XII. . . . 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Χ if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . 12 b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E. . . . . . Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.... 14a Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, 19 Х Х 20 20 a Did the organization operate one or more hospital facilities? If Yes, 'complete Schedule H . . . .

Form 990 (2014) AMERICAN PUBLIC GARDENS ASSOCIATION

Part IV: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
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? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 a	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 25a	24a		х
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	I Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	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 pnor Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If 'Yes', complete Schedule L, Part II	26		х
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		Х
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):	\$ 13°	10 m	7 - 24 2 - 24 2 - 2 - 4
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	Ministry & Jan.	X
Ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		Х
37	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	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 990 (2014)

Ŗà	rt.V. Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V			· [
	•		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	- 10-	1 12 m = 1 1 12 m = 1	M. E.
ı	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		6	
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		<i>₩</i> ,
2 8	a 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 2 a 9	-32x	13.14.	
ı	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Ye	-	
3 2	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
ı	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 :	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 account)?	4 a		х
1	b If 'Yes,' enter the name of the foreign country		- ,-	٠,
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1	1	
5 :	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<b></b>	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	-	1
	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 as charitable contributions?	6 a		X
1	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7	Organizations that may receive deductible contributions under section 170(c).	2. 22.	17 3 5	, '9
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	4		7
	services provided to the payor?	7 a		Х
1	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	1	7 c	<del>-</del>	A (2.7.7.
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	متسست	2.4.	X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	ļ	X
		<b>—</b>	<b> </b>	
,	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ŀ	
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	المنافعة ا	÷-	- 14
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		7	- 1
4	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ı	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:	142	٠,,	~ \ +3
	a Initiation fees and capital contributions included on Part VIII, line 12		-4, (,	
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	1		. 3
11	Section 501(c)(12) organizations. Enter:			
•	a Gross income from members or shareholders		١,	
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	1.75	. / 	
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
ı	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b		٠,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	2.5		· .
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.		7	
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		, 7',	
	Enter the amount of reserves on hand	133	<u> </u>	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	· · · · ·	X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	<u> </u>	<u> </u>

Form 990 (2014) AMERICAN PUBLIC GARDENS ASSOCIATION Page 6 23-7110058 Part VI\* Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a 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 b 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 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X Х Did the organization become aware during the year of a significant diversion of the organization's assets? . . 5 Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 k Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 105 a The governing body?.............. Х 8 a **b** Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No Х 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?............... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . . . . . . 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . . . . . . 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12 c 13 Х X 14 Did the organization have a written document retention and destruction policy? . . . . . . . . . 14 15 Did the process for determining compensation of the following persons include a review and approval by independent 3 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a **b** Other officers or key employees of the organization . . . . . . . . 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) ·: 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16 a b If Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply. Other (explain in Schedule O) Another's website Own website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

BAA

CASEY SCLAR

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a 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 nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	Pos	ition (	(C) do no		ck more	е	(D)	(E)	(F)
Name and Title	Average hours	than	both	an of	fficer a truste	and a e)		Reportable compensation from	Reportable compensation from	Estimated amount of other
	tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	0.50	х		Х				0.	0.	0.
(2) SABINA CARR VICE PRESIDENT	0.50	х		х				0.	0.	0.
(3) KARA NEWPORT TREASURER	0.50	х		Х				0.	0.	0.
(4) RAY MIMS SECRETARY	0.50	х		Х				0.	0.	0.
(5) PAUL REDMAN PAST PRESIDENT	0.50	х						0.	0.	0.
(6) BRIAN VOGT DIRECTOR	0.50	х						0.	0.	0.
	0.50	х						0.	0.	0.
(8) PAUL KUENSTNER DIRECTOR	0.50	х						0.	0.	0.
(9) CARMIA FELDMAN DIRECTOR	0.50	х						0.	0.	0.
(10) PATSY BENVENISTE DIRECTOR	0.50	х						0.	0.	0.
(11) RICK KING DIRECTOR	0.50	х						0.	0.	0.
(12) BILL LEFEVRE DIRECTOR	0.50	Х						0.	0.	0.
(13) JANE MACLEOD DIRECTOR	0.50	х						0.	0.	0.
(14) MARK RUNCIMAN DIRECTOR	0.50	х						0.	0.	0.
DAA	<u> </u>			<del></del>	•	•	<u> </u>		· · · · · · · · · · · · · · · · · · ·	F 000 (004.1)

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TEEA0107 02/27/14

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Part VII   Section A. Officers, Directors, Tru	Istees, I	Key	Em			es,	and	d Highest Con	pensated Em	oloyees (continued)
(A) Name and title	Average hours per week	box, unless person is bot officer and a director/tru					an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) CASEY SCLAR EXECUTIVE DIRECTOR	40.00			X				137,135.	0.	26,087.
(16)										
(17)									-	
(18)										
(19)									-	
(20)										
(21)										
(22)										
(23)							-			
(24)										
(25)										
1 b Sub-total							<b>&gt;</b>	137,135.	0.	26,087.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>.</b>	137,135.	0.	26,087.
2 Total number of individuals (including but not limited from the organization ► 1							eive			
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such in										Yes No
4 For any individual listed on line 1a, is the sum of repetithe organization and related organizations greater to such individual	han \$150,	ompe 000?	nsati <i>If 'Y</i>	ion i	and com	other plete	r coi Scl	mpensation from hedule J for 		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or	ompensat	ion fre	om a ule J	any i	unre suc	lated h per	l org	ganization or indivi	dual	5 X
1 Complete this table for your five highest compensation from the organization. Report compe	ted indepe	nden	t con	ntrac	ctors	that ar en	rec	eived more than \$	100,000 of	ear
(A) Name and business addre	·				, , ,			(B Description o	)	(C) Compensation
2 Total number of independent contractors (including	but not lin	nited	to th	ose	liste	ed ab	ove	) who received mo	re than	
\$100,000 of compensation from the organization	<b>▶</b> 0								<u>्</u>	<b>建筑</b>

Part VIII Statement of Revenue	
--------------------------------	--

1. A. A.		Check if Schedule O co	intains a respo	ise of note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c c	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribution  All other contributions, gifts, grants	1b 1c 1c 1d ns) 1e	612,873.				1,1
Contribut and Othe	g	similar amounts not included ab Noncash contributions included Total. Add lines 1a-1f	nove 1f In lines 1a-1f \$	215,035.	1,240,770.			
9				Business Code	5-7-1-1-1-1	18 85 5 44 SE	w ,	-
Program Service Revenue	2 a	Annual Meeting		900099	438, 265.	438,265.	^	
ě							0.	0.
<u>ق</u>		Publications		511190	36,419.	36,419.	0.	0.
ş	C	Prof_Developmen	t	611430	81,473.	81,473.	0.	0.
Š	d	NAPCC Program	<b></b> -	900099	6,750.	6,750.	0.	0.
툁	е	Textbook		511190	0.	0.	0.	0.
岁	f	All other program service	revenue					
윤		Total. Add lines 2a-2f			562,907.	The state of the s	K. 10.20	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	3	Investment income (include other similar amounts). Income from investment of	ling dividends,	interest and	272.	0.	0.	272.
	5	Royalties	-	•				
		Г	(i) Real	(ii) Personal	Sant of Ather we also	かまた ハース・ルベル ごうスト	1 5 1 mm 2 1 3 2 1	***
		, , <u> </u>	<u>`</u>	.,	是一个大型的一个大型。 第一个大型的一个大型	<b>通</b> 为		
		Gross rents	4,824		是是一个人。""事	第二次 安平		70 1 - 1
	Ŀ	Less rental expenses						
	C	Rental income or (loss)	4,824		7.50	自然的 计图片		- ::
	d	Net rental income or (loss			4,824.	0	0.	4 824
		`г	(i) Secunties	(II) Other	IMPATE TO THE	12 m - 1 7 - 2 2	7 7 1 2 2	7,024
	/ a	Gross amount from sales of assets other than inventory		<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Less cost or other basis     and sales expenses      Gain or (loss)						
		` '	<del></del>				<u></u>	
enne		I Net gain or (loss)  Gross income from fundra (not including\$	ising events					10 T
, , ,		of contributions reported of	on line 1c).			[1] (2) [1] (2)	ľ . ; · '-	·
Other Rever		See Part IV, line 18		a		7	*** *** * * * * * * * * * * * * * * *	- · · · · · · · · · · · · · · · · · · ·
ē	t	Less: direct expenses .		b				
둦		: Net income or (loss) from		<u> </u>	En an war ein	(数)。 (4. * * * * * * * * * * * * * * * * * * *	***************************************	
O		Gross income from gamir See Part IV, line 19	g activities					
	ŀ	Less direct expenses .		ь				
		: Net income or (loss) from						- <del></del>
		Gross sales of inventory, and allowances	-					
					: ' ' '	15	· . ·	
		Less: cost of goods sold		b			<u></u>	
		Net income or (loss) from		_		ļ <u> </u>		
		Miscellaneous Revenue		Business Code		F .		
	11 a	Fee income		511140	6,481.	6,481.	0.	0.
		Affinity progra	<b></b> m	900099	43,394.	43,394.	0.	0.
		; 			1, 3, 3, 1.	1	<u></u>	<del></del>
	,	All other revenue				<del>                                     </del>	<del></del>	
		Total. Add lines 11a-11d			12	20 0000	· · · · · · · · · · · · · · · · · · ·	<del> </del>
					49,875.		·-· ·	
	12	Total revenue. See instru	icuons	<u> </u>	1,858,648.	612,782.	<u>0.</u>	5,096.

# Part IX - Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX										
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, 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 domestic organizations and domestic governments See Part IV, line 21	20,884.	20,884.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	23,516.	23,516.	The state of the s	是					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				A STATE OF THE STA					
4	Benefits paid to or for members			2. "然后的" (1.2. · · · · · · · · · · · · · · · · · ·	, * (3) (1) ***					
5	Compensation of current officers, directors, trustees, and key employees	146,167.	86,238.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	381,773.	243,182.	131,026.	7,565.					
8	Pension plan accruals and contributions	3017773.	243,102.	131,020.	7,303.					
0	(include section 401(k) and 403(b) employer contributions)	15,790.	9,852.	5,646.	292.					
9	Other employee benefits	70,572.	32,224.		955.					
10	Payroll taxes	45,021.	28,092.	16,097.	832.					
11	Fees for services (non-employees):	13/021.	20,002.	10,057.	032.					
	Management									
	Legal			<del> </del>						
	: Accounting	7 710		7 710						
	Lobbying	7,719.	0.	7,719.	0.					
	Professional fundraising services See Part IV, line 17		· ·	Stranger Stranger						
	Investment management fees	ļ	THE THERE I CAN STREET	(議会の計算を )がまか						
	Other (If line 11g amt exceeds 10% of line 25, column									
9	(A) amount, list line 11g expenses on Schedule O)	1,350.	0.	1,350.	0.					
12	Advertising and promotion	20,466.	14,718.	5,748.	0.					
13	Office expenses	14,004.	3,609.	10,395.	0.					
14	Information technology	92,385.	55,431.	27,716.	9,238.					
15	Royalties									
16	Occupancy	1,200.	0.	1,200.	0.					
17	Travel	23,182.	17,795.	5,387.	0.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	27,866.	0.	27,866.	0.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	83,079.	63,632.	15,507.	3,940.					
23	Insurance	16,095.	1,810.	14,285.	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.)									
a	ANNUAL MEETING	243,373.	243,373.	0	0.					
	PUBLICATION EXPENSE	26.274.	26,274.	0.	0.					
	TEXTBOOK PUBLICATION	0.	0.	0.	0.					
	BANK_CHARGES	24,940.	0.	24,940.	0.					
	All other expenses	363,470.	251,318.	112,152.	0.					
25	Total functional expenses. Add lines 1 through 24e	1,649,126.	1,121,948.	502,163.	25,015.					
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)	2,013,120.	£, ££, 570.	302,103.	23,013.					
BAA	<del></del>	TEFA0110 05	·	•	Form 990 (2014)					

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	<u></u>
		,	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	351,072.	2	558,971.
	3	Pledges and grants receivable, net		3	4,033.
	4	Accounts receivable, net	20,365.	4	23,226.
	5	Loans and other receivables from current and former officers, directors,	Ar. 48 of 1 a Name at	58 137 137 137 137 137 137	15
	J	trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			La distribuit
			( am . bra (	5	2 2 11 2 2 2 2 2
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		÷ ,	
		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
9	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	····	8	
As	9	Prepaid expenses and deferred charges	92,987.	9	85,665.
	40			15.00	15 to
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			
		Less accumulated depreciation	110,262.	10 c	114,156.
	11	Investments – publicly traded securities		11	348,490.
ŀ	12	Investments — other securities See Part IV, line 11		12	5.107.190.
	13	Investments — program-related. See Part IV, line 11		13	
l	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	824,551.	16	1,134,541.
	17	Accounts payable and accrued expenses	36,211.	17	33,337.
-	18	Grants payable		18	
	19	Deferred revenue	75,623.	19	155,545.
ł	20	Tax-exempt bond liabilities		20	
<u>e</u>	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	The state of the s
ב	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	, ,			
		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D $\dots$		25	
_	26	Total liabilities. Add lines 17 through 25	111,834.	26	188,882.
S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete	The state of the s	1. 12	
8		lines 27 through 29, and lines 33 and 34.		مغتنه	
al	27	Unrestricted net assets	687,935.	27	938,404.
Ba	28	Temporarily restricted net assets	24,782.	28	7,255.
밀	29	Permanently restricted net assets	and the same ways a display and the seconds in	29	4.662.53
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.		聖堂	
ts (	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund $\dots \dots \dots \dots$ .		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
ē	33	Total net assets or fund balances	712,717.	33	945,659.
-	34	Total liabilities and net assets/fund balances	824,551.	34	1,134,541.

Form	1990 (2014) AMERICAN PUBLIC GARDENS ASSOCIATION 23	-711	0058		Page 12
Pai	t XI				
	Check if Schedule O contains a response or note to any line in this Part XI			· · · ·	X
1	Tofal revenue (must equal Part VIII, column (A), line 12)	_1		1,858	3,648.
2	Total expenses (must equal Part IX, column (A), line 25)	2	l	1,649	9,126.
3	Revenue less expenses Subtract line 2 from line 1	3		209	522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		712	2,717.
5	Net unrealized gains (losses) on investments	5		23	3,420.
6	Donated services and use of facilities	6			_
7	Investment expenses	7			
8	Prior period adjustments	8	ļ <u>.</u>		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	]		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
<b>D</b> :	column (B))	10	<u> </u>	945	5 <u>,659.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				• • • [
			_	Υ	es No
1	Accounting method used to prepare the Form 990   Cash   X Accrual   Other			1 m	343 ·
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain		-	Like M	
	in Schedule O.		1		
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on	а	1	海炎 界	整 益
	separate basis, consolidated basis, or both		2		
	Separate basis Consolidated basis Both consolidated and separate basis		- 1		
t	Were the organization's financial statements audited by an independent accountant?	• •		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		;		多
	basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis				100 Sept. 100 Se
			-		<u> </u>
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	dit,	[	2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		* <del>*</del> * * * * * * * * * * * * * * * * *	题的	*
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e 	[	3 a	Х
ı	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit	Γ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>  </u>	3 b	
BAA				Form 99	90 (2014)

Form **990** (2014)

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

AME	RICAN PUBLIC GARDENS	ASSOCIATION				23-711005	8
Part	Reason for Public Cha	rity Status (All or	ganizations must co	mplete	e this p	art.) See instruction	is.
The o	rganization is not a private foundat	ion because it is: (For	lines 1 through 11, check	only on	e box.)		/7
1	A church, convention of church	hes, or association of o	churches described in se	ction 17	O(b)(1)(	A)(i).	
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E.)			ú	
3	A hospital or a cooperative ho	spital service organizat	tion described in <mark>section</mark>	170(b)(	1)(A)(iii)		
4	A medical research organization	on operated in conjunc	tion with a hospital descr	nbed in s	section '	170(b)(1)(A)(iii). Enter th	ne hospital's
	name, city, and state.						
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P		or university owned or or	perated I	by a gove	ernmental unit described	in section
6	A federal, state, or local gover	•		•	,,,,,,,	•	
7	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II)	, , ,	governn	nental ur	nit or from the general pu	ublic described
8	A community trust described in	n section 170(b)(1)(A)	(vi). (Complete Part II)				
9	X An organization that normally from activities related to its exinvestment income and unrela June 30, 1975. See section 5	empt functions — subje ted business taxable ir <b>09(a)(2).</b> (Complete Pa	ect to certain exceptions, ncome (less section 511 art III.)	and (2) tax) from	no more n busines	than 33-1/3% of its supp sees acquired by the org	port from gross
10	An organization organized and	d operated exclusively	to test for public safety. S	See <b>sect</b>	ion 509(	a)(4).	
11	An organization organized and or more publicly supported org lines 11a through 11d that des	janizations described i	n <b>section 509(a)(1)</b> or <b>s</b> e	ection 5	09(a)(2).	See section 509(a)(3).	urposes of one Check the box in
а	Type I. A supporting organization(s) the power to recomplete Part IV, Sections A	tion operated, supervisegularly appoint or elec	ed, or controlled by its su	upported	organiz	ation(s), typically by givin	ng the supported tion. <b>You must</b>
b	Type II. A supporting organizal management of the supporting must complete Part IV, Section 11.	organization vested in	trolled in connection with the same persons that	its supp control c	orted or or manag	ganization(s), by having e the supported organiz	control or ation(s) You
С	Type III functionally integrat organization(s) (see instruction	ed. A supporting organes). You must comple	nization operated in connete Part IV, Sections A,	ection w D, and E	rith, and : E.	functionally integrated w	ith, its supported
d	Type III non-functionally inte functionally integrated The or instructions) You must comp	ganization generally m	ust satisfy a distribution r				
е	Check this box if the organization integrated, or Type III non-fun	tion received a written of the ctionally integrated sup	determination from the IF	RS that is	s a Type	I, Type II, Type III functi	onally
-	Enter the number of supported or	•			. <i>.</i>		
g	Provide the following information	about the supported or	ganızatıon(s)				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) is organizati in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
<u>(A)</u>							
(B)							
						-	
(C)							
<u>(D)</u>							
<u>(E)</u>							
Total							

Par	Support Schedule for (Complete only if you checked organization fails to qualify un	d the box on line 5,	7, or 8 of Part I or	of the organization	(b)(1)(A)(iv) an failed to qualify ur	d 170(b)(1)(A) der Part III. If the	(vi)
Sec	tion A. Public Support						/
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')					/"	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				1		
4	Total. Add lines 1 through 3				, ,		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	,					
	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	( <b>c</b> ) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			1/1			<del></del>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			<i>[]</i>			
9	Net income from unrelated business activities, whether or not the business is regularly carried on		<i>J:</i>				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10			27   2   3   3	Confer . The same		
12	Gross receipts from related activit	ies, etc (see jnstru	ctions)		· · · · · · · · · · ·	12	
13	First five years. If the Form 990 organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 201						%_
	Public support percentage from 20						<u></u>
16 a	33-1/3% support test – 2014. If and stop here. The organization,	the organization di qualifies as a public	d not check the bo cly supported orga	ox on line 13, and the nization	he line 14 is 33-1/3	% or more, check t	this box
t	33-1/3% support test — 2013, if the and stop here. The organization	the organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/	3% or more, check	this box
17 a	10%-facts-and-circumstances to or more, and if the organization method the organization meets the facts-a	eets the 'facts-and	-circumstances' te:	st, check this box a	and stop here. Exp	lain in Part VI how	F
	10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and- Private foundation. If the organiz	eets the 'facts-and -circumstances' tes	-circumstances' te t The organization	st, check this box a n qualifies as a pub	and <b>stop here.</b> Exp olicly supported org	plain in Part VI how anization	the · · · · · · · ▶
BAA					Sch	nedule A (Form 990	or 990-EZ) 2014

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 )

Calendar year (or fiscal yr beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014  1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants')	(f) Total 4,850,203. 2,367,799.
and membership fees received. (Do not include any 'unusual grants')	
any 'unusual grants')	
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	
services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,367,799.
tax-exempt purpose	2,367,799.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Tax revenues levied for the organization's benefit and either paid to or expended on	2,307,799.
4 Tax revenues levied for the organization's benefit and either paid to or expended on	
organization's benefit and either paid to or expended on	
5 The value of services or	
facilities furnished by a governmental unit to the organization without charge	
6 Total. Add lines 1 through 5 . 1,260,631. 1,333,967. 1,271,432. 1,548,295. 1,803,677.	7,218,002.
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons	
b Amounts included on lines 2 and 3 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	<del>                                     </del>
7c from line 6.)	7,218,002.
Calendar year (or fiscal yr beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total
9 Amounts from line 6 1,260,631. 1,333,967. 1,271,432. 1,548,295. 1,803,677.	7,218,002.
10 a Gross income from interest, dividends,	7,210,002.
payments received on securities loans, rents, royallies and income from similar sources	28,668.
income (less section 511 taxes) from businesses acquired after June 30, 1975	
c Add lines 10a and 10b 3,511. 3,167. 4,965. 11,929. 5,096.	28,668.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is	
regularly carried on	0.
gain or loss from the sale of capital assets (Explain in Part VI.)	237,804.
13 Total support. (Add lines 9, 10c, 11 and 12.)	7,484,474.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	
Section C. Computation of Public Support Percentage	
	96.44 %
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	96.19 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	<del></del>
16 Public support percentage from 2013 Schedule A, Part III, line 15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	0.38 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	0.42 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	0.42 % e 17 ► X

Part IV Supporting Organizations
(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections
A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

360	tion A. All Supporting Organizations			
			Yes	No
		- 7 % -	5 %	<del>  -</del>
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	. ` ` .	1	
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			·
	the designation If historic and continuing relationship, explain	1		
		11.00	<del></del>	<del> </del>
2	Did the organization have any supported organization that does not have an IRS determination of status under section	*	4	.
_	509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was	1.	ļ	1
	described in section 509(a)(1) or (2)	2		
		2'-		1 1
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a	l	
		100	7.	<del> </del>
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	2	2 47	13
	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization	12 To 1	l·	
	made the determination	3 b		
	made the determination		<b></b>	<b>├</b>
		78.	, ,	٠
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3 c	1	
		7.7	. 4.	1
	Was any supported examination not examined in the United States (Service supported examination (2) if New and	25		,
4 4	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and	4 -		
	ıf you checked 11a or 11b ın Part I, answer (b) and (c) below	4a	Ь——	ļ <u>.</u>
			1	- ^-
1	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	1.	,	
	organization? If Yes, describe in Part VI how the organization had such control and discretion despite being controlled	1 to 1	l <b>.</b>	-
	or supervised by or in connection with its supported organizations	4b		1
	of dapervised by at in control of war to supported organizations		2 15	+
		Sing.	j, °., .	13.5
•	Did the organization support any foreign supported organization that does not have an IRS determination under			1.
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that	- Line		
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4 c		
		75	<del></del>	F = *
5.5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b)	1."	1 -	1 -
-	and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported	1	i	
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		1	۵.
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by			
	amendment to the organizing document)	5a		1
	unterfament to the diganizing documenty		—	<del>  </del>
_		•	**	. 1 =
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		ŀ
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
		Sec. 15.	<del>, -</del>	<del> </del>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1902 (E	i.	`
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one	: 7	1 !	
	or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of		L	
	the filing organization's supported organizations? If Yes, provide detail in Part VI	6		
	are ming organization's supported organizations in 163, provide detail in 1 art VI		<del></del>	—
_		1 7	17 1	
1	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			ľ
	(defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
		1,50		1 1
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,'			سائسها.
	complete Part I of Schedule L (Form 990)	8	1	
		r*.	· ·	1
9 :	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons	200		١٠.
•	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?		l	
	If 'Yes,' provide detail in Part VI	9a		1 -
		34	<b> </b>	ـــــــ
	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the		l	1
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9 b		
	cappoints organization had an interest. In 103, provide detail II Fall VI		<del> </del>	₩
	Did a describing across (as defined in less O(a)) have an arrival.	红花	'	1
•	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,			
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9 c	1	<u> </u>
		· 20.20		7
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding	1000	1	1
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,'	100		
	answer (b) below	10a	1	1
		- 4 "-	× ×.	1
1	o Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	- تَسَعَدَ		
	whether the organization had excess business holdings.)	10b	1	1

Pa	rt IV Supporting Organizations (continued)			
44	Use the ergopyration accepted a gift or contribution from any of the following paragraps?		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	٠,		
	governing body of a supported organization?	11a	_	<u> </u>
	b A family member of a person described in (a) above?	_11b		<u> </u>
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations		1	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint	1 2 3	Yes	No
'	or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in	,	\ T -	. '
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities.  If the organization had more than one supported organization, describe how the powers to appoint and/or remove		٠, ٠	. ,
	directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
_	applied to such powers during the tax year	1 %%	F", "	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such	, ,	;;	١
	benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			<del></del>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees		1.50	
	of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	read here	
Sec	ction D. All Type III Supporting Organizations	<u> </u>	<u> </u>	<u> </u>
	The state of the s		Yes	No
			i di	1年3
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	3.3	79 (2) 1 6 (8) 3	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1	***	12
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		趣。	\$\frac{1}{2} \cdot \frac{1}{2}
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-46.4.[3	34	
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	_l=G	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant	14.00		3-3
3	voice in the organization's investment policies and in directing the use of the organization's income or assets at			
	all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	ons)		
		·	·-	
2	Activities Test. Answer (a) and (b) below.	<u> </u>	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported		(:::	-
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was	,		
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Daltha articles described a (a) and the article attack but for the article and a large at a constant at a consta	志賞	~	<del>                                     </del>
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for		·	
	the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		· · · · · · · · · · · · · · · · · · ·
_			2 " ) 4-j!"	1 1
3		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a	<u> </u>	1.5.
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b	<u> </u>	

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Norther Type III non-functionally integrated supporting organizations must complete Sec	loven	nber 20, 1970. See instruc	ctions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of pnor-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			And the second second
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
-	<b>Total</b> (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		•
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	er der der til begetes	
2		2	<b>"在我们的特别是</b> "	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	12.	
4	Enter greater of line 2 or line 3	4	<b>的電影上編纂的</b> 上	
5	Income tax imposed in prior year	5	<b>建筑人业,建</b>	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Typ		on

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Schedule A (Form 990 or 990-EZ) 2014

	edule A (Form 990 or 990-EZ) 2014 rt V Type III Non-Functionally Integrated 509(a)(3) Su	innorting Organiza	tions (continued)	Page 7
	tion D – Distributions	ipporting Organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<del></del>
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			<del></del>
8	Distributions to attentive supported organizations to which the organiza in Part VI) See instructions.	tion is responsive (provid	e details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 -01	
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			4,
3		14. 大连二次的成为	· 19 19年 50年 50年 1	· - ( 1 - 1
a	<b>的复数中国共享的国际公司的国际公司的国际公司</b>	大學學學等本學	海流的军士士	4 4
b	下の高級を記録を含むとは では、 では、 では、 では、 では、 では、 では、 では	医4.5000000000000000000000000000000000000	द्वारित अध्योक्त । प्राप्त । प्रतास हो । प्राप्त केला प्राप्त	114x2 at 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C	等。 · 學院與其他學院可能可能可能可能與其一學的。	既得 公司等所的品牌	<b>通常的社会设备。</b>	17.34 医抗性化
d		The state of the s	<b>经对话题的证据</b>	5. 6
е	From 2013	2000年に記録	<b>建筑</b>	
1	Total of lines 3a through e		Harry Constitution of the	ر المالية
	Applied to underdistributions of prior years	ET CONTRACTOR STATES		*, 1
	Applied to 2014 distributable amount	- 4	10 T	
	Carryover from 2009 not applied (see instructions)	1 1 - 12 F. 1 - 11	The same of the sa	ر . سر شر
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f		and the second	
4	Distributions for 2014 from Section D,	· · · · · · · · · · · · · · · · · · ·	27年中代 人名英格兰	
	line 7. \$	· · · · · · · · · · · · · · · · · · ·		
a	Applied to underdistributions of prior years	The state of the state of		9 9 9 9 9 9
	Applied to 2014 distributable amount	The spring of	17. 18.	
c	Remainder Subtract lines 4a and 4b from 4			. 3 e
5	Remaining underdistributions for years prior to 2014, if any.  Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		"是我们是我们的一个	,
8	Breakdown of line 7	The state of the s	Walter and the second	,
a	中国国家中国的国际中国中国的国际中国中国中国中国中国中国中国中国中国中国中国中国中国中国	· · · · · · · · · · · · · · · · · · ·	The state of the s	85.3.
b		44 12 5 7 1 M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	京を養かけ、 新た年 も	
c	I STANSON WAR I ALL OF THE TO THE THE PARTY AND LONG	2	Factor of the second	
d	Excess from 2013	· · · · · · · · · · · · · · · · · · ·	·自己逐渐活动的。	
е	Excess from 2014	A COLOR OF THE STATE OF THE STATE OF	2 12 2 4 7	- 1

Part VI: Supplemental Information. 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).

Pt II Ln 10 . Other Income Part III, Line 12 Description: REIMBURSEMENTS Description: COMMISSIONS 2010: 34902. 2011: 38766. 2012: 43605. 2013: 52078. 2014: 43394. Description: MAILING LISTS/WEB ADS 2010: 2975. 2011: 6294. 2012: 5151. 2013: 4158. 2014: 6481.

# **SCHEDULE D** (Form 990) ·

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

· Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

	AMERICAN PUBLIC GARDENS ASSOCIATI	ON			7110050	
D'a	行派: Organizations Maintaining Donor Advise		or Similar Fund		-7110058	<del>-,</del>
Pai	Complete if the organization answered 'Yes	to Form 990. F	Part IV. line 6.	S Of Accoun	nts.	
		(a) Donor advised t		(b) Funda	and other accou	nto.
4	Total number at end of year	(a) Donor advised i	iunas	(b) Funds	and other accou	ints
י	·	<del></del>				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)				<del></del>	
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor for charitable purposes and not for the benefit of the donor compermissible private benefit?	or donor advisor, or f	for any other purpose	conferring	· · Yes	No
Pai	Conservation Easements. Complete if the organization answered 'Yes	s' to Form 990, F	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organiza					
	Preservation of land for public use (e.g., recreation or ea		Preservation of a	historically imp	ortant land area	
	Protection of natural habitat		Preservation of a	certified historic	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qual	ified conservation co	ontribution in the form	of a conservati	on easement on	the
	last day of the tax year.			took to all "		
				1 2 1	at the End of the	e Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation easements			2 b		
(	Number of conservation easements on a certified historic st	ructure included in (a	a)	2 c		
(	Number of conservation easements included in (c) acquired			ا ما		
3	structure listed in the National Register			2 d	duma e da e	
3	tax year	neased, extinguishe	u, or terminated by th	e organization	duning the	
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the pe			violations		
_	and enforcement of the conservation easements it holds?				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-				
7	Amount of expenses incurred in monitoring, inspecting, and $\blacktriangleright \varsigma$	enforcing conservat	tion easements during	the year		
8	Does each conservation easement reported on line 2(d) about and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conserva include, if applicable, the text of the footnote to the organization	tion easements in its	revenue and expens	e statement, ar the organization	nd balance sheet, n's accounting for	, and
	conservation easements.	f Art Historical	Traceurae as O	Ab an Cimila		
Pai	t IIII Organizations Maintaining Collections o Complete if the organization answered Yes	to Form 990, F	Part IV, line 8.	tner Simila	r Assets.	
1 :	If the organization elected, as permitted under SFAS 116 (A art, historical treasures, or other similar assets held for publi in Part XIII, the text of the footnote to its financial statements	ic exhibition, educati	on, or research in furt	ment and balar herance of pub	nce sheet works of lic service, provide	of de,
J	of the organization elected, as permitted under SFAS 116 (A historical treasures, or other similar assets held for public ex following amounts relating to these items:	SC 958), to report in chibition, education,	n its revenue statemer or research in furthera	nt and balance a ance of public s	sheet works of ar ervice, provide th	t, ne
	(i) Revenue included in Form 990, Part VIII, line 1				▶ \$	
	(ii) Assets included in Form 990, Part X				▶ \$	
2	If the organization received or held works of art, historical tri amounts required to be reported under SFAS 116 (ASC 958	easures, or other sing) relating to these it	nılar assets for financi ems:	al gain, provide	the following	
:	Revenue included in Form 990, Part VIII, line 1	<i>.</i>			<b>▶</b> \$	
1	Assets included in Form 990, Part X	. <b></b>			► S	

Part III Organizations Maintaining	Collections of Ar	<u>t, Historica</u>	<u>l Treasures, o</u>	r Other Similar Ass	<u>sets (c</u> c	<u>ontınu</u>	<u>ed)</u>
Using the organization's acquisition, accenterits (check all that apply)	ession, and other record	s, check any o	f the following that	are a significant use of its	s collecti	on	
a Public exhibition	d [	Loan or exc	hange programs				
<b>b</b> Scholarly research	e [	Other					
c Preservation for future generations	_	_					
4 Provide a description of the organization Part XIII	s collections and explair	n how they furt	her the organization	n's exempt purpose in			
5 During the year, did the organization solid to be sold to raise funds rather than to be	maintained as part of the	he organızatıor	n's collection?		Yes		No
Part IV   Escrow and Custodial Arra	angements. Comp at on Form 990, Par	lete if the or rt X, line 21.	ganization ans	wered 'Yes' to Form	990, P	art IV	,
1 a Is the organization an agent, trustee, cus on Form 990, Part X?			outions or other ass	sets not included	Yes		No
b If 'Yes,' explain the arrangement in Part >	(III and complete the following	lowing table:					
					Amount		
c Beginning balance				<del>  </del>			
<b>d</b> Additions during the year				<u> </u>			
e Distributions during the year				<del></del>			
f Ending balance				<del></del>	r <del></del>		
2 a Did the organization include an amount of b If 'Yes,' explain the arrangement in Part >				•		[	No
Part V Endowment Funds. Compl	ete if the organizati	ion answere	d 'Yes' to Form	990. Part IV. line 1	Ō.		
	<del></del>	) Prior year	(c) Two years back	<del></del>		our years	back
1 a Beginning of year balance	7	, , , , , , , , , , , , , , , , , , ,		,,,	1 3		
b Contributions							-
c Net investment earnings, gains, and losses							
d Grants or scholarships					+		
e Other expenditures for facilities and programs							
f Administrative expenses					1		
g End of year balance				* * * * * * * * * * * * * * * * * * * *	1		
2 Provide the estimated percentage of the	current year end balanc	e (line 1g, colu	mn (a)) held as				-
a Board designated or quasi-endowment			· ''				
b Permanent endowment ►	%						
c Temporarily restricted endowment	<del></del> %						
The percentages in lines 2a, 2b, and 2c s	should equal 100%.						
	-	-4 4b4 b-		and familia			
3 a Are there endowment funds not in the po organization by:	ssession of the organiza	auon mat are n	eio ano aoministeri	ed for the		Yes	No
(i) unrelated organizations					. 3a(i)		
(ii) related organizations						-	
b If 'Yes' to 3a(II), are the related organizati					3b		
4 Describe in Part XIII the intended uses of						· · · · · · · · · · · · · · · · · · ·	
Part VI Land, Buildings, and Equi					<del></del>		
Complete if the organization		Form 990. I	Part IV. line 11a	a. See Form 990. Pa	art X. lir	ne 10.	
Description of property	(a) Cost or other	r basis (b	) Cost or other basis (other)	(c) Accumulated depreciation	-	Book va	
1 a Land	<del></del>		2330 (01101)	depreciation :			
b Buildings	<del></del>	<del></del>		<u> </u>	-		<del></del>
c Leasehold improvements	<del></del>		-				
d Equipment	<del></del>		111 512	101 736			776
e Other	<del></del>		111,512.	101,736.			<u>776.</u>
Total. Add lines 1a through 1e. (Column (d) me		t Y column /D	345,700.	241,320.			380.
BAA	ısı eyuai Fülli 990, Pal	. A, COIGITIII (D	, 100 )		ule D (Fo		156. 0) 2014

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, (c) Method of valuation Cost or end	
1) Financial derivatives		(-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2) Closely-held equity interests			
3) Other		<del>                                     </del>	
A)		<del></del>	
B)		<del>                                     </del>	
C)			
D)			
E)			
(F)		· · · · · · · · · · · · · · · · · · ·	<del></del>
G)		·	
	·		<del></del>
(I)			· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990, Part X, column (B) line 12) •	· <del></del>	The state of the s	,,
Part VIII Investments - Program Related.		· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered			
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)	ļ		
(5)			·
(6)			
(7)			
(8)			
(9)			
(10)	<u> </u>		
		+ 115 than 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Total (Column (b) must equal Form 990, Part X, column (B) line 13).		the fifth of the state of the s	F
Part IX Other Assets.			
Other Assets. Complete if the organization answered			
Other Assets. Complete if the organization answered  (a) De	'Yes' to Form 990,		Part X, line 15.
Part IX Other Assets. Complete if the organization answered (a) De (1) (2)	'Yes' to Form 990,		Part X, line 15.
Other Assets. Complete if the organization answered  (a) December (2)  (3)	'Yes' to Form 990,		Part X, line 15.
Part IX Other Assets. Complete if the organization answered  (a) December (1) (2) (3) (4)	'Yes' to Form 990,		Part X, line 15.
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5)	'Yes' to Form 990,		Part X, line 15.
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6)	'Yes' to Form 990,		Part X, line 15.
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)	'Yes' to Form 990,		Part X, line 15.
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8)	'Yes' to Form 990,		Part X, line 15.
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9)	'Yes' to Form 990,		Part X, line 15.
Other Assets.   Complete if the organization answered   (a) December   (b) December   (c) Dece	'Yes' to Form 990, escription	Part IV, line 11d. See Form 990,	Part X, line 15.
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),	'Yes' to Form 990, escription	Part IV, line 11d. See Form 990,	Part X, line 15.
(a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X** Other Liabilities.	'Yes' to Form 990, escription	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X* Other Liabilities. Complete if the organization answered 'Yes' to F	'Yes' to Form 990, escription	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to f  (a) Description of liability (1) Federal income taxes (2)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X* Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X* Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X <sup>2</sup> Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X** Other Liabilities.  Complete if the organization answered 'Yes' to f  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15.  (b) Book value
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X* Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15.  (b) Book value
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X* Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X* Other Liabilities.  Complete if the organization answered 'Yes' to f  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), Part X* Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to f  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	line 15.)	Part IV, line 11d. See Form 990,	Part X, line 15. (b) Book value

Part XIE: Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	eturn.	
1 Total revenue, gains, and other support per audited financial statements	. 1	1 011 260
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	·   -   -	1,911,368.
	- 1	
	- -'95-12-	
	-	
	-   議会	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		57,544.
3 Subtract line 2e from line 1	. 3	1,853,824.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b	- 33	
b Other (Describe in Part XIII.)	4.14. VA	
c Add lines 4a and 4b	. 4 c	4,824.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1,858,648.
Part-XIIS Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	1,678,426.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	1.53	
c Other losses		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	. 2 e	34,124.
3 Subtract line 2e from line 1	. 3	1,644,302.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	(3) Carrier	
a Investment expenses not included on Form 990, Part VIII, line 7b	3.5	
b Other (Describe in Part XIII.)	- 1500 T	
C Add lines 4a and 4b	4 c	4,824.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		1,649,126.
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V,		
line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additio	nal informa	tion.
Pt XI, Line 4b RENTAL INCOME SHOWN NET OF IN-KIND EXPENSE ON FINANCI	אדכ	
Pt VII I. 20 Ab DENEAL INCOME CHOWN NEE OF IN KIND EXPENSE ON FINANCI	ALS	

RENTAL INCOME SHOWN NET OF IN-KIND EXPENSE ON FINANCIALS THE ASSOCIATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FASB ASC 740, "INCOME TAXES" BY APPLYING A MORE-LIKELY-THAN-NOT THRESHOLD TO THE RECOGNITION AND DE-RECOGNITION OF UNCERTAIN TAX POSITIONS IN EARNINGS IN THE YEAR OF SUCH CHANGE. THE ASSOCIATION EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF ITS

Pt X, Line 2

BAA

Schedule **D** (Form 990) 2014

REGULAR TAX FILINGS AND DISCUSSIONS WITH OUTSIDE EXPERTS.

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2014	Open to Publication

OMB No 1545-0047

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

<u>2</u> Employer identification number × 23-7110058 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States |Par如本 | General Information on Grants and Assistance AMERICAN PUBLIC GARDENS ASSOCIATION Name of the organization

(h) Purpose of grant or assistance Rartilly Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to (g) Description of non-cash assistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable 3 Enter total number of other organizations listed in the line 1 table . . . . . . (P) EIN 1 (a) Name and address of organization or government İ E 3 ଫ **\$** গ্ৰ 얼 ଞ୍ଚ

Schedule I (Form 990) (2014)

TEEA3901 06/19/14

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

Schedule I (Form 990) (2014) AMERICAN PUBLIC GARDENS ASSOCIATION

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Cash grant non-cash assistance FMV; appraisal, other)  23, 516.	מין בכ מתקוומינית וו מתתוויסוים בקומים בי ווככתכתי
23,516.	(b) Number of reciplents
	48

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2

GRANT RECIPIENTS REQUIRED TO SUBMIT DOCUMENTATION FOR EXPENSES

BA BA

Schedule I (Form 990) (2014)

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.

► Attach to Form 990.

2014

OMB No 1545-0047

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Schedule J (Form 990) 2014

Employer identification number

23-7110058

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN PUBLIC GARDENS ASSOCIATION

\_\_\_\_\_

?ar	Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of VII, Section A, line 1a Complete Part III to provide any relevant ii	f the following to or for a person listed in Form 990, Part nformation regarding these items.	では		- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence	南城		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	5-		,,,
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)		类。	3
t	If any of the boxes on line 1a are checked, did the organization for reimbursement or provision of all of the expenses described above		1 b	III.	٠٠٠٠
				-	ر محس م ا
2	Did the organization require substantiation prior to reimbursing of trustees, and officers, including the CEO/Executive Director, regardless.		2	i de la companya de l	
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director Check all that apply Do not check any lestablish compensation of the CEO/Executive Director, but explain	boxes for methods used by a related organization to	<b>3</b> (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		rain (A)
	Compensation committee	Written employment contract			1
	Independent compensation consultant	X Compensation survey or study		M.	4.
	Form 990 of other organizations	X Approval by the board or compensation committee	The state of the s		
4	During the year, did any person listed in Form 990, Part VII, Sector a related organization:	tion A, line 1a with respect to the filing organization	<b>表示</b>		3
ē	Receive a severance payment or change-of-control payment? .		4 a		Х
ł	Participate in, or receive payment from, a supplemental nonquali	fied retirement plan?	4 b		X
C	Participate in, or receive payment from, an equity-based compen	nsation arrangement?	4 c		Х
	If 'Yes' to any of lines 4a-c, list the persons and provide the applications of the second of the se	cable amounts for each item in Part III	***		7
	Only section 501(c)(3) 501(c)(4), and 501(c)(29) organizations				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the revenues of		32		
	The organization?		5 a		X
t	Any related organization?		5 b		X
	If 'Yes' to line 5a or 5b, describe in Part III.		4.5	4	j j
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the contingent on the net earnings of.	ne organization pay or accrue any compensation		,	3
	The organization?		6 a		X
ŀ	Any related organization?		6 b	<del></del>	X
	If 'Yes' to line 6a or 6b, describe in Part III.		, \$	FA	ستما
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If 'Yes,' describe in Part		7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrue to the initial contract exception described in Regulations section if Yes, describe in Part III	53.4958-4(a)(3)?	8		x
9	If 'Yes' to line 8, did the organization also follow the rebuttable pr		<del></del>	<del></del>	<b>  ^</b>
3	section 53 4958-6(c)?		9		1

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Page 2

AMERICAN PUBLIC GARDENS ASSOCIATION Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on 'row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Partill: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement	(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title		(l) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
CASEY SCLAR	€	-137.135.		0		26, 087	163,22	-0
1 EXECUTIVE DIRECTOR	<u>(ii)</u>	1	0	0.	0.	0.	0.	0.
	Ξ	1 1 1				1 1 1 1 1		
2	(i)							
	Ξ			1 1 1	1 1 1			1 1 1 1
3	(ii)							
	Ξ	   1   1   1   1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1
4	(ii)							
	Ξ		           	1 1 1 1	           	1 1 1		1 1 1 1 1 1 1 1
5	Œ							
	ε	 			         	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
9	(ii)							
	(i)			1	         	         	           	1 1 1
7	(ii)							
	(i)					1 1 1 1 1	-    -  -  -  -  -  -	 
8	(ii)							
	ε	           	           		1 1 1 1			1 1 1 1
6	<u> </u>							
	ε	           	           		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1
10	⊞							
	Ξ	         	1 1 1	1		 		1 1 1 1
11						:		
	Ξ	1 1	1 1 1			1 1 1		1 1 1
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Schedule J (Form 990) 2014

# Pardill Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

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

2014

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 23-7110058 AMERICAN PUBLIC GARDENS ASSOCIATION REVIEWED BY GOVERNING BODY PRIOR TO FILING Pt VI, Line 11b CONFLICT OF INTEREST POLICY OUTLINES PROCEDURES FOR INDIVIDUALS TO Pt VI, Line 12c FOLLOW FOR POTENTIAL AND ACTUAL CONFLICTS INDEPENDENT BOARD MEMBERS APPROVE COMPENSATION FOR EXECUTIVE DIRECTOR. BOARD REVIEWS EXECUTIVE DIRECTOR'S PERFORMANCE ANNUALLY AND USES DATA OF Pt VI, Line 15a COMPARABLE ORGANIZATIONS TO DETERMINE SALARY. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL Pt VI, Line 19 STATEMENTS AVAILABLE TO PUBLIC UPON REQUEST Pt XI UNREALIZED LOSS ON INVESTMENTS Pt VI, Line 6 ORGANIZATION HAS INSTITUTIONAL AND INDIVIDUAL MEMBERS INSTITUTIONAL AND PAYING INDIVIDUAL MEMBERS ELECT OFFICERS OF THE Pt VI, Line 7a ORGANIZATION Pt VI, Line 7b INSTITUTIONAL AND PAY INDIVIDUAL MEMBERS APPROVE ALL CHANGES TO BYLAWS