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CANNED JUN 2 C 2018

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20									
В	Check if a	pplicable	C Name of organization D	Employe	r identification number					
	Address	change	Southern Appalachian Botanical Society		58-1876613					
	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/suite E	Telephon	e number					
_	Initial retu		Biology Dept., Newberry College, 2100 College Street		803-321-5257					
==	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group E	Exemption					
=		on pending	Newberry, SC 29108	Numbe	r -					
G	Accoun	iting Method			\checkmark if the organization is not					
L	Vebsite	e: ► http://	·		attach Schedule B					
JT	ax-exei	mpt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527 (Fo	rm 990,	990-EZ, or 990-PF)					
K	Form of	f organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets						
_			v) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 27,107					
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the institute organization used Schedule O to respond to any question in this Part I							
_	1		ons, gifts, grants, and similar amounts received	. 1	3,447					
	2		ervice revenue including government fees and contracts	. 2						
	3	_	ip dues and assessments	. 3	17,708					
	4	Investment	:income	. 4						
	5a	Gross amo	unt from sale of assets other than inventory 5a							
	Ь	Less: cost	or other basis and sales expenses							
	6 6	Gain or (los Gaming an	. 50	0						
e	а	Out of the second of the secon								
Revenue			me from fundraising events (not including \$ of contributions							
ě	þ									
Œ	ļ		aising events reported on line 1) (attach Schedule G if the the gross income and contributions exceeds \$15,000) 6b	- }						
	C		t expenses from gaming and fundraising events 6c							
	d		act							
	-		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	. 60	d b					
	7a	Gross sale	s of inventory, less returns and allowances 7a	220	-					
	b		of goods sold	0						
	С		it or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 70	220					
	8		we (describe in Schedule O)							
	9		ntre. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8							
	10	Grants and	similar amounts paid (list in Schedule O)	. 10						
	11 19	% Benetits₁pe	uid to op ကြဲကြာကြောင်းေ	. 1						
S	12	Salaries, of	her compensatio∰,and employee benefits	. 12	2 6,822					
nses	13	Profession	al-fees and other payments to independent contractors	. 1	736					
Expe	14		Renth utilities, and maintenance	. 14	4 0					
ũ	15		Printing, publications, postage, and shipping							
	16		nses (describe in Schedule O)		6 49					
	17	Total expe	nses. Add lines 10 through 16	▶ 17	7 25,525					
ß	18		deficit) for the year (Subtract line 17 from line 9)		1,582					
Se	19									
As		-	r figure reported on prior year's return)	<u> </u>	11 1/000					
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)							
_	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶ 2	1 415,582					

Pa	art II Balance Sheets (see the instructions						
	Check if the organization used Schedule	O to respond to a	iny question in this	(A) Beginning of			(B) End of year
	O I I I I I I I I I I I I I I I I I I I				<u> </u>	22	
22 23	3 ,			41	4,000	23	415,582
23 24						24	
25	Total assets			41	4,000		415,582
26	Total liabilities (describe in Schedule O)				0	I I	0
27	Net assets or fund balances (line 27 of column			41	4,000	27	415,582
Pa	t III Statement of Program Service Accom	plishments (see th	ne instructions for	Part III)			
	Check if the organization used Schedule			Part III .	<u>. 🗸</u>	(Par	Expenses guired for section
Wha	at is the organization's primary exempt purpose?	promote the scientif	ic study of botany				(c)(3) and 501(c)(4)
as r	cribe the organization's program service accompli- measured by expenses. In a clear and concise materials and other relevant information for eactions benefited, and other relevant information for eactions.	nanner, describe th ach program title.	e services provide	d, the numbe	r of	orga othe	anizations, optional for
28	4						
	4 issues per year, average distribution 362 copies						
	(Grants \$) If this amount	includes foreign gra	ante check here		- <u>[-</u> -]	28a	0.634
29	print and distribute newsletter Chinquapin to membe					200	9,624
23	4 issues per year, average distribution of 800 copies						
	4 133de3 per year, average distribution of 600 septes	.P.C		***************************************]	
	(Grants \$) If this amount	includes foreign gra	ants, check here .	<u>. </u> .		29a	3,959
30	Earl Core Award to students for support of botanical	research projects (2	awards)				
				**			
	(Grants \$ 1,000) If this amount				<u>LJ</u>	30a	1,000
31	Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra				21.	
32	Total program service expenses (add lines 28a t				<u> </u>	31a 32	1,900 16,483
_	t IV List of Officers, Directors, Trustees, and Key				the ir		
	Check if the organization used Schedule						
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health be contributions to benefit plans	employ , and	0	Estimated amount of other compensation
Kath	erine Mathews - president						
		4	<u> </u>				
Wen	dy Zomlefer - past president						
		2				Ц.,	
Char	les Horn - Treasurer						
		10			_	+-	
Mich	ael Held - Memberhip Secretary						
lase l	Bolin - Recording Secretary	3		 		 	
Jay	Boilti - Recording Secretary	1					
Chris	s Randle - Editor-in-chief, Castanea				-		
		6				ĺ	
Jose	ph Pollard - Editor, Chinquapin						
		3					
Lisa	Kelly - Member at large to Council						
		1					
Bria	n Keener - Member at large to Council						
		1					
Jenr	nifer Boyd - Member at large to Council						
		1	ļ	 		4-	
			 			+-	
		1				1	

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ie	_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	∨ Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	-1		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9] '		
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶			
42a		303-32	1-5257	<u>,</u>
	Located at ► Newberry College, 2100 College Street, Newberry, SC ZIP + 4 ►	291		
b	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)?	401-	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	NIO
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	<u> </u>	162	No
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
С	Did the organization receive any payments for indoor tanning services during the year?	44c		/
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		İ	
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45.		
		45b		✓

Form 99	10-EZ (2	015)							120	- Lago	
46	Did the	ne organization engage, directly or in ndidates for public office? If "Yes," c	ndirectly, in political complete Schedule C	ampaign activities	on beh	alf of or	in opposit	tion 46	Yes	No ✓	
Part	VI	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51.	only		-				or line	es	
		Check if the organization used Sch	nedule O to respond	I to any question i	n this F	art VI					
									Yes	No	
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec				tax 47		✓	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E										
49a	Did the organization make any transfers to an exempt non-charitable related organization?										
ь	If "Yes," was the related organization a section 527 organization?										
50	Comp	olete this table for the organization's	five highest compen	sated employees (other th	an office	ers, direct	ors, truste	es an	d ke	
	emple	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganizati	on. If the	ere is non	e, enter "N	lone "		
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	cont		o employee nd deferred	(e) Estimate other con			
none											
			· · · · · · · · · · · · · · · · · · ·								
f 51	Comp	number of other employees paid over olete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	nt cont	ractors	who each	received	more	thar	
	(a)	Name and business address of each independent	ent contractor	(b) Type of s	ervice		(c)	Compensati	on		
none											
			·		*****						
			·								
d 52	Did t	number of other independent contra- he organization complete Schedul leted Schedule A		ction 501(c)(3) or	-		ıst attach	0 na .► ☑ Yes		No	
Under pe true, con	enalties rect, and	of perjury, I declare that I have examined this red complete Declaration of preparer (other than	officer is based on all info	ying schedules and state rmation of which prepar	ements, ar er has an	nd to the by knowledg	est of my kn	owledge and	belief,	ıt ıs	
Sign		Signature of officer	HIM			Date	9 M	ry It	216	,	
Here 		Charles N. Horn, Treasurer Type or print name and title						ノ 			
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature		Date		Check Self-employ	of PTIN			
Use (Firm's name ▶			Firm's	s EIN ▶					
		Firm's address ▶				Phon	e no				
May th	e IRS	discuss this return with the preparer	shown above? See I	nstructions				► \ \ Yes		٦٥	

SCHEDULE A (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name	of the organization					Employer identification	n number	
	nern Appalachian Botanical Society	-it- States (All	Lavanizations musi	t comple	to thin n	58-1876613		
Par	Reason for Public Cha						nis.	
1	A church, convention of church							
2	A school described in section							
3	☐ A hospital or a cooperative ho							
4	A medical research organization	-	onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the	
5	hospital's name, city, and stat An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	or operate	ed by a government	al unit described in	
6	The second secon							
7								
8	☐ A community trust described i	in section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
	An organization organized and							
11	1 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.							
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.							
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	ganization vested in th					
С	Type III functionally integra its supported organization(s)	ated. A supportin	ng organization opera				y integrated with,	
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	distributi	on requirement and		
е	Check this box if the organiz functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information	n about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))		rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Schedi	ule A (Form 990 or 990-EZ) 2015						Page 2
Par		e box on line	5, 7, or 8 of 1	Part I or if the	organization	n failed to qua) alify under
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43,855	38,550	24,077	20,532	21,155	148,169
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	o	0	o	0	0
4	Total. Add lines 1 through 3	43,855	38,550	24,077	20,532	21,155	148,169
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)						0
6	Public support. Subtract line 5 from line 4.						148,169
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	43,855	38,550	24,077	20,532	21,155	148,169
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,564	37,196	37,348	17,716	13,329	125,153
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,252	279	393	1,323	220	3,467
11	Total support. Add lines 7 through 10						276,789
12	Gross receipts from related activities, etc.				· L	12	151,636
13	First five years. If the Form 990 is for the organization, check this box and stop her	e	<u> </u>		·-		n 501(c)(3) . ► □
Sect	ion C. Computation of Public Support	t Percentage	·				
14 15	Public support percentage for 2015 (line 6 Public support percentage from 2014 Sch	edule A, Part II	, line 14			14	54 % 54 %
16a b	331/3% support test—2015. If the organized box and stop here. The organization quality 331/3% support test—2014. If the organization have the box and stop here. The organization have the box and stop here.	ifies as a public ization did not	cly supported of check a box	organization on line 13 or			. ▶ 🗸

	shown on line 11, column (f)		i		1		0
6	Public support. Subtract line 5 from line 4.						148,169
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	43,855	38,550	24,077	20,532	21,155	148,169
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19.564	37,196	37,348	17,716	13,329	125,153
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,252	279	393	1,323	220	3,467
11	Total support. Add lines 7 through 10						276,789
12	Gross receipts from related activities, etc	•	•		1	12	151,636
13	First five years. If the Form 990 is for the	_			, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			· · · · ·	<u> </u>		· • □
	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6	• • • • • • • • • • • • • • • • • • • •	•		ŀ	14	54 %
15	Public support percentage from 2014 Sch					15	54 %
16a	331/3% support test—2015. If the organization qua					•	_
_	33 ¹ / ₃ % support test—2014. If the organ	•	• • •	•		15 in 201-04	ــــــــــــــــــــــــــــــــــــــ
b	check this box and stop here. The organ	ization qualifies	s as a publicly	supported org	anization .		▶ _
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-a	and-circumstai	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	ion meets the eets the facts	"facts-and-cii -and-circumst 	cumstances" ances" test. Tl	test, check th	ns box and stone of the stone o	p here publicly
18	Private foundation. If the organization di instructions					k this box and s	see · ▶ □
	IIISU UCIIOIIS	· · · · ·	· · · · · ·	· · · · ·		edule A (Form 990	or 990-EZ) 201

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.)

	if the organization rails to quality	under the te	SSIS IISIEU DEII	Jw, piease co	mpiete i art	··· <i>)</i>	
	on A. Public Support				,	r	T
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include 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		ļ				
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 its behalf						ļ
_	•		 				
5	The value of services or facilities furnished by a governmental unit to the]				
	organization without charge						
6	Total. Add lines 1 through 5		 			 -	
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .				i		ļ
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	L					
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		<u> </u>				
	on B. Total Support		1				
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10a	Amounts from line 6						
IUa	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	ı					
	or not the business is regularly carried on						1
12	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
40	(Explain in Part VI.)		 				
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	o organization	a's first second	d third fourth	or fifth toy ye	or as a sostia	E01/a)/2)
1-7	organization, check this box and stop her		· · · · ·				on 501(c)(3) ► □
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8			3, column (f))		15	%
16	Public support percentage from 2014 Sch					16	%
	on D. Computation of Investment Inc					·	
17	Investment income percentage for 2015 (I			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2014					18	%
19a	331/3% support tests-2015. If the organi						
	17 is not more than 331/3%, check this box	-				_	
b	331/3% support tests—2014. If the organiz						
	line 18 is not more than 331/2%, check this t	-	_	•		•	
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	neck this box	and see instru	ctions 🕨 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

	Sections A, D, and E. If you checked 11d of 1 art i, complete contents it and E, and complete.		<u>·/</u>	
Secti	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3 <u>a</u>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	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		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
Ū	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
c	Did a disqualified person (as defined in line 9a) 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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720 to	1		

determine whether the organization had excess business holdings.)

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		
L	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
	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		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 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		
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 benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		j
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1_	Yes	No
Secti	on D. All Type III Supporting Organizations			
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant 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		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		!	
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below. 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			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	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	. 30	
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		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	3a		
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
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-functionall instructions).	y-ini	tegrated Type III support	ing organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year		
1_	Amounts paid to supported organizations to accomplish	_				
2	Amounts paid to perform activity that directly furthers exe	rted				
	organizations, in excess of income from activity		-,			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations			
4_	Amounts paid to acquire exempt-use assets					
	Qualified set-aside amounts (prior IRS approval required)					
	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.	h the argonization is yes	noncius.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive			
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	Ente o amount divided by Ente o amount		(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
1_	Distributable amount for 2015 from Section C, line 6		<u>.</u>			
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:		·			
a						
<u>b</u> _						
d	d From 2013					
e	50044					
f						
9	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			,		
4	Distributions for 2015 from Section					
	D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if	j				
	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4h from line 1 (if amount greater than zero, see					
	and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2016. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
а						
b						
С						
	Excess from 2014					
e	Excess from 2015	<u> </u>				

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; PIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
Part II, line	10 - other income for 2015		
calo of T	-shirts, hats, mugs and other merchandise - \$220		
Sale OI I	-Silit (5, Hat 5, Mug 5 and Out 6, Motorial disc - 9220		
•			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

► 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.

Open to Public Inspection

Employer identification number

58-1876613 Southern Appalachian Botanical Society Part I, line 10 - grants and similar amounts paid Great Smoky Mountain Wildflower Pilgrimage - \$700 Richard and Minnie Windler Award for best papers (2) published in the journal Castanea - \$1,000 Earl Core Student Award to support student research projects (2 awards) - \$1,000 Student presentation awards at April conference (2 awards) - \$1,000 Total for this section = \$3,700 Part I, line 16 - other expenses Expenses to prepare awards - \$49 Part III, line 31 - other program service (none are foreign grants) Great Smoky Mountain Wildflower Pilgrimage - \$700 Richard and Minnie Windler Award for best papers (2) published in the journal Castanea - \$1,000 payment to affiliate, American Institute for Biological Sciences - \$200 Total this section = \$1,900