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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Inspection

Α	For the	2016 cale	ndar year, or tax year be	ginning		, 2016, a	nd ending	1		, 20		
В	Check if a	applicable	C Name of organization Sou	thern Appala	chain Botanical	Soceity			D Employ	er identification n	umber	
\checkmark	Address		Doing business as							58-1876613		
	Name cha		Number and street (or P O	box if mail is no	t delivered to street	address)	Room/suit	e	E Telepho			
$\overline{\Box}$		Winthrop University, Biology Dept., 202 Dalton Hall								(803) 323-2111		
$\overline{\Box}$		n/terminated				tal code			(003) 323-2111			
\Box	Amended		Rock Hill, SC, USA, 2973						G Gross receipts \$ 165.			
\exists		•	F Name and address of princi	H(a) la this a s		subordinates? Yes	165,508					
	Application	on pending	Kunsiri Chaw Grubbs (a		aua)					s included? Tes		
_	Towns	npt status				40.47(=)(4) = ::	527	` `		a list (see instruction		
`	Website:	·		501(c) () ◀ (insert no) 🔲	4947(a)(1) or	52/			•		
<u>K</u>			://sabs.us/ Corporation Trust	Association	Other ►	I Vee	r of formati		exemption	of legal domicile		
	art i	Summ		ASSOCIATION	J Other P	Litea	ronomati	on 1982	IVI State	or legal domicile	NC_	
			escribe the organization	'a mission a	most significan	at antivition.						
e)			=		_			·				
Governance			te the scientific study of	botany throu	gn a newsietter	(Chinquapin)	, journai	(Castanea),	an annua	i confeence, an	o awaros	
Ë			ical research.					f mara +ha	0E0/ of	ito not coocto		
, ĕ			is box ▶☐ if the organi		•		•		1	iis nei asseis. I		
			of voting members of th						3		10	
ໍ້ຂ			of independent voting n								10	
ij	1		mber of individuals empl	•	•	•	•		5		0	
Activities &	1		mber of volunteers (estir						6	<u> </u>	25	
⋖	1		elated business revenue						. 7a			
_	b	Net unrei	lated business taxable in	ncome from	Form 990-1, lin	<u>e 34</u>	· · · ·		7b	Current Y		
		^					-	Prior Y		Current		
Revenue			tions and grants (Part V				· · -		3,447		137,896	
	1		service revenue (Part V				· ·					
ě			ent income (Part VIII, col				· ·		17,708	L	21,497	
_			enue (Part VIII, column			1.11	· · _		5,952		6,715	
			enue—add lines 8 throug				ne 12)		27,107		166,108	
			nd sımılar amounts paid				· ·		3,700		7,600	
			paid to or for members				· · L					
es	1		other compensation, emp		•	1 2 2 1	5–10)		6,822		2,686	
Expenses	1		onal fundraising fees (Pa	ii		<u></u> !⊈∤			736		0	
ğ			draising expenses (Part			UT 1	<u> </u>	<u> </u>	- 45' 44'	V 18 18 .		
ш	17	Other exp	penses (Part IX, column	(A), lines 11	a=11d, 11f-24e)	L		14,267		25,387	
	18	Total exp	enses. Add lines 13–17	' (must equa	l Part IX, columr	n (A), line 25)		25,525		35,673	
		Revenue	less expenses. Subtrac	ct line 18 from	m lin <u>e 12</u>	<u> </u>			1,582		130,435	
Net Assets or Fund Balances							E	Beginning of C	urrent Year	End of Y	ear	
sets	20	Total ass	ets (Part X, line 16) .				L		415,582	<u> </u>	546,016	
AB	21	Total liab	ilities (Part X, line 26) .				[
ž	22	Net asset	ts or fund balances. Sul	btract line 2	from line 20	<u> </u>			415,582		546,016	
Pa	art II	Signat	ture Block									
Un	der penalt	ties of perjui	ry, I declare that I have exami	ned this return,	including accompan	ying schedules	and stater	nents, and to	the best of	my knowledge and	d belief, it is	
tru	e, correct,	and compl	lete Declaration of preparer (o	ther than office	r) is based on all info	ormation of which	ch preparer	has any know	/ledge			
			Kunstri Char	v Gru	bbs				5/15	312017		
Sig	n	Signa	ature of officer	_	,)		_	D	ate			
He	re	· K	Kunsiri Cha	in bri	abbs ,-	Treasu	rer					
		Туре	or print name and title									
Pa	id	Print/Ty	pe preparer's name	Prepa	rer's signature		Da	te	Check	T If PTIN		
	nu eparer			1					self-em	—		
	eparer se Only	_	name 🕨					Fir	m's EIN ▶			
US	e Only	<i>,</i> – – –	iddress ▶						one no			
Ma	y the IR		s this return with the pre	eparer show	n above? (see ir	nstructions)	 : .			<u> </u>	s 🗌 No	
_			ction Act Notice, see the				Cat N	o 11282Y		Form	990 (2016)	

Form 99	2016), Page 2										
Part											
1	Check if Schedule O contains a response or note to any line in this Part III										
	he organization supports the research activities of botanists in eastern United States.										
2	nd the organization undertake any significant program services during the year which were not listed on the										
	rior Form 990 or 990-EZ?										
	"Yes," describe these new services on Schedule O. Ind the organization cease conducting, or make significant changes in how it conducts, any program										
	services?										
	If "Yes," describe these changes on Schedule O.										
	escribe the organization's program service accomplishments for each of its three largest program services, as measured by										
	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,										
	ne total expenses, and revenue, if any, for each program service reported.										
4a	20dol) (Evnonces & 40 002 including greats of & 0) (Pougnus & 0)										
	Code: (Expenses \$ 19,682 including grants of \$ 0) (Revenue \$ 0) he organization contracted with a publisher to provide 4 issues per year of their academic journal, Castanea, in both print and										
	nline versions for the members and subscribers. The journal includes articles on academic research accomplishments related to										
	otany. Print copies were sent to members requesting such.										
4b	Code: (Expenses \$ 3,129 including grants of \$ 0 (Revenue \$ 0)										
	he organization produced and printed our newsletter, Chinquapin, for members and potential members.										
	here are four issue per year with an average distrubtion of 800 copies per issue										
	he newsletter includes society announcements and informational articles.										
	•										
	**										
	······································										
4c	Code:) (Expenses \$ 1,800 including grants of \$ 0) (Revenue \$ 0)										
	le provide financial support to member students, so that they can attend the annual meeting of the Association of										
	outheastern Biologists to present academic papers.										
	2016, we supported travel and accommodation expenses for 6 students, \$300 each.										
	······································										
	······································										
	ther program services (Describe in Schedule O.)										
	ixpenses \$ 3,300 including grants of \$) (Revenue \$) otal program service expenses > 27,911										
70	otal program service expenses 27,911 27,911										

Part	V Checklist of Required Schedules			-3
1	Is the expenientian decombod in contrar E01/a\00) or 4047/a\01/d\ (-4b-c) Above a minute formulation\0.15 (1\00)		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	•	√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	A Party of the Par		, avAy,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	500	✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		√
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		√
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<i>'</i>
				

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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			
00		21		/
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	00	,	
23	•	22	✓	-
20	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		ļ	Į
	employees? If "Yes," complete Schedule J	00		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		-
240	\$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	04-		1
h	· ·	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	ļ	
·	to defease any tax-exempt bonds?	04-		}
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	 	-
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		•
	If "Yes," complete Schedule L, Part I	25b	l	/
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200	 	
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	į		ļ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27]	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		7,87	1
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u></u>	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ	ļ	
	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		}	
20	Part I	31	 	/
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II			,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		✓
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		-
04	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA	-	\ <u> </u>
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b]	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55	 	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>	\vdash	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	İ

Form **990** (2016)

بالنع	Chock if Schoolule O contains a response or note to any line in this Double			
	Check If Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		res	140
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		, "	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	,	; ,	
Ū	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-10		
	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		- 4
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		(,) ₂	ŝ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_ <u>`</u> _
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶	i vara	1 3 3 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	%
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			`*
	(FBAR).	~·	`.'\' `\	ia
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓ _
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		200
7	Organizations that may receive deductible contributions under section 170(c).	, ,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		a 38	
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	76	i i	:*%
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	138	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		}	. ,2 >,
	sponsoring organization have excess business holdings at any time during the year?	8	* 30-8	
9	Sponsoring organizations maintaining donor advised funds.	â.à	. 13	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	- 28.4	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	, (;	3, 1	1
а	Initiation fees and capital contributions included on Part VIII, line 12	1,2		\ . * '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	> "	, ,	
11	Section 501(c)(12) organizations. Enter:	. 1	25	
а	Gross income from members or shareholders		٠.	
b	Gross income from other sources (Do not net amounts due or paid to other sources	•		
	against amounts due or received from them.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	}	}
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
С	Enter the amount of reserves on hand	ļ		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	or a tructi	ons.
Secti	on A. Governing Body and Management		34	
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10	. 4%	Yes	No
10	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.	,	200	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		✓ ✓ ✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b	√	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		2.	
a b 9	The governing body?	8a 8b	√	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√ _
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	S	✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14	Did the organization have a written whistleblower policy?	13 14		√
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	
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?	16b		X 200
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Kunsiri Chaw Grubbs, Department of Biology, 202 Dalton Hall, Winthrop University, Rock Hill, SC 29733 Ph. 803-323-		:▶	

Form	aan	(201	6١

Page 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than o	an	(D) Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Charles Horn	4									
President	<u> </u>	1	1	1		1	1	o	o	o
(2) Kathy Matthews	2			T	\vdash			† — — ·		
Past President	1	1	ł	1	}		ļ	0	0	0
(3) Kunsiri Chaw Grubbs	10				\vdash					
Treasurer		1		1				0	0	0
(4) Michael Held	3									
Membership Secretary]	L	✓				0	0	0
(5) Jay Bolin	1									
Recording Secretary		<u> </u>	<u> </u>	1	<u> </u>		\ 	0	0	0
(6) Chris Randle	6			Г	$\lceil - \rceil$					
Editor of Castanea				1				0	0	0
(7) Joe Pollard	3]
Editor of Chinquapin		<u> </u>		✓	<u> </u>	L	_	0	0	0
(8) Stephanie Jeffries	11			ŀ				1	}	
Member at-large	ļ.,	<u> </u>		✓	<u> </u>		_	0		0
(9) Lisa Wallace	1									
Member at-large				✓		<u> </u>		0	0	0
(10) Jennifer Boyd	1]							1	
Member at-large		Ì		✓				0	0	0
(11)	-	}		}		1	1			
(12)		-			-					
(13)										
(14)		-			T					

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					•	C)					İ	
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)		(F)
	Name and title	Average hours per	box, ι	unles	s pe	rson	ıs both	an	Reportable compensation	Reportable compensation		Estimated amount of
		week (list any					or/trust	<u> </u>	from	related		other
		hours for related	Individual trustee or director	Institutional trust	Officer	Key employee	Highest compensated employee	Former	the organization	organizatior (W-2/1099-MI		compensation from the
		organizations	dua	ution	er I	duk	oyee	ğ	(W-2/1099-MISC)		.55,	organization
		below dotted line)	¥ E	าal tı		loye	, ag					and related organizations
			stee	ารเ		6	ens	Ì	}	Ì		- · ga. · · _ a · · · · · · ·
				ĕ			ated	1			ļ	
(15)												
			·							4		
(16)												
									i	<u></u>		
(17)							•		1			
											_	
(18)		 										
(40)		ļ			<u> </u>			<u> </u>	ļ			
(19)							l			,		
(20)		<u> </u>				-				<u> </u>		
(20))			<u> </u>		
(21)		<u> </u>		┰	-	-		-				
<u> </u>												
(22)		<u> </u>				<u> </u>		_		 		
32		†	1	ļ	ļ						-	
(23)		<u> </u>				\vdash						
	_		1					}		1		
(24)												
			<u> </u>									
(25)				1								
		l					<u> </u>	<u> </u>	_			
1b	Sub-total			•	•			>				
C	Total from continuation sheets to Part			•	•				<u> </u>	 		
d	Total (add lines 1b and 1c)							<u> </u>	<u> </u>	ara than \$10	20,000,6	<u> </u>
~	Total number of individuals (including but reportable compensation from the organi		i to tr	1056	e iis	tea	above	e) W			00,000 0	OT .
	reportable compensation from the organi	Zation							none	<u> </u>		Yes No
3	Did the organization list any former of	ficer, direc	tor. c	or tr	ust	ee.	kev e	emp	olovee, or high	nest comper	nsated	163 160
	employee on line 1a? If "Yes," complete S		-				-					3
4	For any individual listed on line 1a, is the	sum of re	porta	ble	con	npei	nsatio	n a	and other comp	pensation fro	om the	
	organization and related organizations											
	individual											4 🗸
5	Did any person listed on line 1a receive of									zatıon or ind	ıvıdual	
	for services rendered to the organization	? If "Yes," o	compi	lete	Scl	hedu	ule J 1	or s	such person	<u> </u>	<u> </u>	5 🗸
Section	on B. Independent Contractors											
1	Complete this table for your five highest											
	compensation from the organization. Rep	ort compe	nsatio	on te	or ti	he c	alend	lar y	year ending wi	th or within t	ne orga	nization's tax
	year.			_				. –		Т		
	(A) Name and business add	Iress						ŀ	(B) Description of s	services	C	(C) ompensation
								┢				`
none								├—				·
								1				
								 	·			
						_		t				
2	Total number of independent contractor	ors (includi	ng bi	ut n	ot	limit	ted to	th	nose listed ab	ove) who	,	
	received more than \$100,000 of compens									1	*	** * * * * * * * *

Par	t VIII	Statement of Revenue					Page S
		Check if Schedule O contains a res	nonse or note t	o any lino in thi	o Dort VIII		_
Ode		* Section of the sect	Poriso di Note ((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 d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	0 19,743 0 0	1''	, , , , , , , , , , , , , , , , , , ,		312 314
	f g h	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	118,153	137,896			
Program Service Revenue	2a b c		Business Code	S S S S S S S S S S S S S S S S S S S	The state of the s	A STATE OF THE STA	24
Program S	e f g	All other program service revenue . Total. Add lines 2a-2f	•	0			
	3 4 5	Income from investment of tax-exempt bo	ond proceeds ►	21,497		14,404	
	6a b c	Gross rents	(II) Personal	6,544	6,544		
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .	(II) Other				
o,	c d	Gain or (loss)	>	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
	9a	Net income or (loss) from fundraising of Gross income from gaming activities. See Part IV, line 19	events . ►		5 4 5 5 V		
	с 10а	Less: direct expenses b Net income or (loss) from gaming active Gross sales of inventory, less returns and allowances a	0 /ities ▶	0		7.4	<u> </u>
	С	Less: cost of goods sold b Net income or (loss) from sales of inve Miscellaneous Revenue	600	171	171		
	11a b c d	All other revenue :					
		Total. Add lines 11a-11d Total revenue. See instructions		0 166,108	13,808	14,404	Form 990 (2016)

Form 99	0 (2016)				Page 10
Part	IX Statement of Functional Expenses				
	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons				
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9b	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and domestic governments. See Part IV, line 21 .			, .	, , , ,
_	-	0		*,	
2	Grants and other assistance to domestic			, , , ,	*
	individuals. See Part IV, line 22	7,600	7,600		! ************************************
3	Grants and other assistance to foreign			, , , , , , , , , , , , , , , , , , ,	,
	organizations, foreign governments, and foreign			,, , , , , ,	
	Individuals See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0		(A. (MAR A A A	
5	Compensation of current officers, directors,				
	trustees, and key employees	2,686	2,186		
6	- · · · · · · · · · · · · · · · · · · ·		2,100		
6	Compensation not included above, to disqualified	,			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
	Management				
a	-	0			
р	Legal	0			
C	Accounting	315		315	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0		1 3 4 6	
f	Investment management fees	279		279	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	218		218	
12	Advertising and promotion	559		559	
13	Office expenses	1,027		1,027	
14	Information technology	0		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15		0			
	Royalties				
16	Occupancy	0			
17	Travel	0	ļ		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	2,138	2,138		
20	Interest	0			
21	Payments to affiliates	200		200	
22	Depreciation, depletion, and amortization .	0			
23	Insurance	0			
		· · · · · · · · · · · · · · · · · · ·	, , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,941,.1115.
24	Other expenses, Itemize expenses not covered		4 24	* * * * * * * * * * * * * * * * * * * *	
	above (List miscellaneous expenses in line 24e. If	* ,	۰,	,	*
	line 24e amount exceeds 10% of line 25, column				` .
	(A) amount, list line 24e expenses on Schedule O.)		<u></u>	ļ	
а	Print and distribute publications	20,625	20,625		L
b	Award expense	26	26		
С					
d					
e	All other expenses			 	
	Total functional expenses. Add lines 1 through 24e	25 672	33,075	2,598	
25	Joint costs. Complete this line only if the	35,673	33,0/5	2,390	
26	organization reported in column (B) joint costs	_		\	-
	from a combined educational campaign and	1			\
	fundraising solicitation. Check here if]	<u> </u>		
	following SOP 98-2 (ASC 958-720)	<u> </u>		l	<u> </u>

Check if Schedule O contains a response or note to any line in this Part X .			
	(A)	- -т	<u> </u>
Beginn	ning of year]	End of year
1 Cash—non-interest-bearing	21,763	1	139,115
2 Savings and temporary cash investments	229,533	2	223,338
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	
5 Loans and other receivables from current and former officers, directors,		Ţ.]	
trustees, key employees, and highest compensated employees.		الله عالم	السيك أناك المستدا
Complete Part II of Schedule L		5	
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	Mi. I il. 1.	~~``	
organizations (see instructions). Complete Part II of Schedule L		<u>6</u> 7	
organizations (see instructions). Complete Part II of Schedule L		8	
o inventories for sale of use ,		9	
9 Prepaid expenses and deferred charges	- N N K X	8	
other basis. Complete Part VI of Schedule D		* :	
b Less: accumulated depreciation 10b	N N - +1	10c	S AL A DA SA COL
11 Investments—publicly traded securities		11	183,563
12 Investments—other securities. See Part IV, line 11		12	100,000
13 Investments—program-related. See Part IV, line 11		13	
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)	415,582	16	546,016
17 Accounts payable and accrued expenses		17	
18 Grants payable		18_	
19 Deferred revenue		19	
20 Tax-exempt bond liabilities		20_	
21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	50 300 20 800 1
22 Loans and other payables to current and former officers, directors,			
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			
disqualified persons. Complete Part II of Schedule L		22	
20 Occurred Horizon payable to difficultied time parties		23 24	
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	į		
of Schedule D		25	
26 Total liabilities. Add lines 17 through 25		26	0
Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and			
complete lines 27 through 29, and lines 33 and 34.			
27 Unrestricted net assets	30,483	27	22,633
28 Temporarily restricted net assets		28	
29 Permanently restricted net assets	385,099	29	523,383
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □	· .	~	
complete lines 30 through 34.			<u> </u>
complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		30	
31 Paid-in or capital surplus, or land, building, or equipment fund		31	
Retained earnings, endowment, accumulated income, or other funds .		32	
33 Total net assets or fund balances		33	546,016
34 Total liabilities and net assets/fund balances	415,582	34	546,016 Form 990 (2016)

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

Schedule O.

2c

3h

Form 990 (2016)

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 chantable trust. ► Attach to Form 990 or Form 990-EZ.

2016

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. Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number Southern Appalachain Botanical Society 58-1876613 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 331/3/8 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 operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

ENGLY TO DO NOT

Total

Schedu	ale A (Form 990 or 990-EZ) 2016						Page 2
Part	Support Schedule for Organiza	ations Descri	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked the				•		ılıfy under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			_			
^	include any "unusual grants.")	38,550	24,077	20,532	21,155	140,131	244,445
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf					l	
3	The value of services or facilities						
•	furnished by a governmental unit to the			i			
	organization without charge						
4	Total. Add lines 1 through 3	38,550	24,077	20,532	21,155	140,131	244,445
5	The portion of total contributions by	N 35 W 45					
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount	* 4 *					
_	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						244445
	ion B. Total Support	(2) 0010	(h) 0010	(0) 0014	(4) 2015	(e) 2016	(f) Total
7	idar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(b) 2013	(c) 2014 20,532	(d) 2015 21,155		244,445
8	Gross income from interest, dividends,	38,550	24,077	20,532	21,133	140,131	244,443
•	payments received on securities loans,						
	rents, royalties and income from similar			1			
	sources	37,196	37,348	17,716	13,329	25,806	131,395
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on	L					
10	Other income. Do not include gain or			[[
	loss from the sale of capital assets						
4.4	(Explain in Part VI.)	279	393	1,323	220	771	2,986
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	one)	N 18 18		12	378,431
13	First five years. If the Form 990 is for the	•	,				247,431 n. 501(c)(3)
,,,	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2016 (line			1. column (f))		14	65 %
15	Public support percentage from 2015 Sc					15	54 %
16a	331/3% support test-2016. If the organ	ization did not	check the box	x on line 13, ar	nd line 14 is 3	3 ¹ /3% or more,	check this
	box and stop here. The organization qua	•		•			
b	331/3% support test - 2015. If the organ						
	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization m						
	Part VI how the organization meets the '			-	· ·		
							_
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is						
	supported organization				_		
18	Private foundation. If the organization d						

Parț					_iii	المالمينية القال	a al a u Dane D
	(Complete only if you checked the						nder Part II.
2004	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	1.)	
	on A. Public Support	(=) 0010	(h) 0010	(-) 0011	(4) 0045	(a) 0010	(6) T-+-1
Jaien 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
•	received. (Do not include any "unusual grants.")				i		
2	Gross receipts from admissions, merchandise	<u> </u>					
-	sold or services performed, or facilities						1
	furnished in any activity that is related to the			}	i		}
3	organization's tax-exempt purpose		<u> </u>	ļi			
3	Gross receipts from activities that are not an unrelated trade or business under section 513						1
4				 			
4	Tax revenues levied for the	Ì)	,	Ì		
	organization's benefit and either paid to or expended on its behalf		1	!			<u> </u>
_		<u> </u>	 	 			
5	The value of services or facilities furnished by a governmental unit to the	ĺ	l	ļ			Į.
	organization without charge						
_		<u> </u>	 	 			
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3		 	 			
<i>i</i> a	received from disqualified persons .	1	[
L	•			 	 		
b	Amounts included on lines 2 and 3 received from other than disqualified		l	1			
	persons that exceed the greater of \$5,000	Į.		ļ			1
	or 1% of the amount on line 13 for the year	1					
С	Add lines 7a and 7b	 	 	 	 		
8	Public support. (Subtract line 7c from					- 34	<u> </u>
•	line 6.)						1
ecti	on B. Total Support	<u> </u>	1 74 8 8 1 8 4 7 8 8	1 28 18 18	1 3 812 % 2	- (il
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		(2723.5	(-,	(37 - 37 - 37 - 37 - 37 - 37 - 37 - 37 -		
10a	Gross income from interest, dividends,	l					
	payments received on securities loans, rents,)]]]
	royalties and income from similar sources .	1					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ	1	ļ		1
	acquired after June 30, 1975	1					
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	1]	}			1
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)					·	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	<u></u>		<u> </u>		<u> </u>
14	First five years. If the Form 990 is for the	-	n's first, secor	nd, third, fourth	n, or fifth tax ye	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he			<u> </u>	_ 	<u> </u>	<u> ▶ </u> [
ecti	on C. Computation of Public Suppo			- 			
15	Public support percentage for 2016 (line						%
16	Public support percentage from 2015 Sc			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016			•			%
18	Investment income percentage from 201						%
19a	331/3% support tests—2016. If the organ						
_	17 is not more than 331/3%, check this box					-	
. b	331/3% support tests—2015. If the organization						
	line 18 is not more than 331/3%, check this	· ·	•	•	•	• •	
20	Private foundation. If the organization d	id not check a	box on line 14	l, 19a, or 19b,	check this box	and see instru	actions 🕨 🗌

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>.) </u>	
Secti	on A. All Supporting Organizations		r	
		r 	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.	3a		Ý.
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	. Šáž "	.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.			, 207 100 100 100 100 100 100 100 100 100 1
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		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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		<i>,</i>
b	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		
С	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		, ,
	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		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to		1	1

determine whether the organization had excess business holdings.)

10b

				<u> </u>
Part	Supporting Organizations (continued)			
44	Hoo the appropriation accounted a site of a substitution from the first of the site of the		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either slope or together with persons described in (b) and (c)	[*		, '
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	- nan	
b	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	٠,		4 34
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,	À . 🔌	, }
	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,	5	*	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		a M	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	.l	:13
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>	111	*;
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			13.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		¥ ? .	
	supervised, or controlled the supporting organization.	2	isa.	a.lail
Secti	on C. Type II Supporting Organizations			
			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 of each of the organization's supported organization(s)? If "No," describe in Part VI how control	, ,		4 4 ₈
	or management of the supporting organization was vested in the same persons that controlled or managed	* 1		
O 1:	the supported organization(s).	1 1		
Secti	on D. All Type III Supporting Organizations		\ <u>\</u>	Na
1	Did the expansion provide to each of its supported expansions, by the last day of the fifth month of the		Yes	No
•	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	1		li s
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		3 %	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	, vi.,	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		· <,	(110)
	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		,`	1 7
	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	<u> </u>	<u> </u>
Secti	on 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	instru	ction	s).
а	☐ 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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	see ın	struc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			.≫. ç
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		135	5.1
	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	ļ. <u>.</u>	<u></u>	
	that these activities constituted substantially all of its activities.	2a	ļ	ļ
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	ļ	
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	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	 	-
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 Org	ani	zations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries 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)					
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1							
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):	1							
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		\$1. 18° 35° -35						
emergency temporary reduction (see instructions).	6							
7 Check here if the current year is the organization's first as a non-functionall	ly in	tegrated Type III supporting	g organization (see					
instructions)	-	- · · · · ·	-					

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ction D - Distributions Current Year								
1_	Amounts paid to supported organizations to accomplish e								
2	Amounts paid to perform activity that directly furthers exe								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purp	oses	of supp	orted orga	nization				
4	Amounts paid to acquire exempt-use assets		о. оарр	0,100 0.90					
.	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
									
	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which	h the	organiza	ation is res	sponsive)		
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
Se	ection E - Distribution Allocations (see instructions)	Exce	(i) ess Dist	ributions		(ii) distributions re-2016	(iii) Distributable Amount for 2016		
1	Distributable amount for 2016 from Section C, line 6	** * * * * * * * * * * * * * * * * * *	1114	.1161	\$;	No. 9 · N	«		
	Underdistributions, if any, for years prior to 2016	\$\$		10: 31					
2	(reasonable cause required—explain in Part VI). See								
	instructions.		. 116.4						
3	Excess distributions carryover, if any, to 2016:	344 >	1900		}}}*				
			113		2110				
<u>_</u> _		1000			. 12 13 2				
	From 0012		100	- 1111X					
_ d	F 0014	383							
				<u> </u>			<u> </u>		
<u>e</u>	From 2015	dil.							
<u>f</u> _	Total of lines 3a through e	11 70 00	\$8.5	* ***	- 3 1/1/2		273		
<u>g</u>	Applied to underdistributions of prior years	33.5				3 % 2 .			
_ <u>h</u>	Applied to 2016 distributable amount	115			1111		, (3)		
<u>i</u>	Carryover from 2011 not applied (see instructions)				11377				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.				* (2)				
4	Distributions for 2016 from	4 % %							
	Section D, line 7:	,,	X (1),	10	\$ 1.5	<u> </u>			
а	Applied to underdistributions of prior years	23. x	1 (2,	5°5%,					
b	Applied to 2016 distributable amount	10,00		\$ 1.50	143				
С	Remainder. Subtract lines 4a and 4b from 4.					31 . 314 .			
5	Remaining underdistributions for years prior to 2016, if	11	. i,) (₁ } ²					
	any. Subtract lines 3g and 4a from line 2. For result	\$.							
	greater than zero, explain in Part VI. See instructions.		, 53 , 5						
6	Remaining underdistributions for 2016. Subtract lines 3h	13;			- 32.¥	`	, å		
•	and 4b from line 1. For result greater than zero, explain in	* \$ }							
	Part VI. See instructions.	`							
7		 	* * _ ~	<u> </u>		<u> </u>			
•	Excess distributions carryover to 2017. Add lines 3 ₁ and 4c.				1. 25.3				
8	Breakdown of line 7:	1.7	٧		,	/	** 12 (3) 88		
a		1		\$	1	*			
b	Excess from 2013	 				 			
C	Excess from 2014	1							
d	Excess from 2015	 			 				
<u>u</u>	Excess from 2016	 		· · · · · · · · · · · · · · · · · · ·	l				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, 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, 2b, 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 E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································
-	
_	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

	ern Appalachian Botanical Society		58-1876613
Pai			
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that grad	
	only for charitable purposes and not for the benef		
			<u> </u>
Par	t II Conservation Easements.		
	Complete if the organization answered '	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	<u> </u>	·	* *
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
2	Preservation of open space		on in the form of a papeanistica
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eid a quaillied conservation contribution	Held at the End of the Tax Year
			3 4 4 5 1 1
а			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified I	` ,	
d	Number of conservation easements included in		
_			
3	Number of conservation easements modified, trans	sferred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re-		
	violations, and enforcement of the conservation ea	sements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec-	ting, handling of violations, and enforcing	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · Tes No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a			
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	•	•
b	If the organization elected, as permitted under S		
~	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	
	· · · · · · · · · · · · · · · · · · ·	-	. ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art	· ·	
	following amounts required to be reported under S	· · · · · · · · · · · · · · · · · · ·	
a	Revenue included on Form 990, Part VIII, line 1 .		• \$
b	Assets included in Form 990, Part X		▶ \$

Part											
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and other	er records,	check	any of the fo	llowi	ng that are a sig	nıficar	nt us	e of	its
а	☐ Public exhibition		d 🗌 l	oan c	or exchange p	rogra	ıms				
b	☐ Scholarly research		e 🗌 (Other							
С	☐ Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization assets to be sold to raise funds rather								Yes_		No_
Part											
	Complete if the organization	answered "Yes"	on Form 9	90, P	art IV, line 9,	or r	eported an amo	ount c	n Fo	rmכ	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	Yes		No
b	If "Yes," explain the arrangement in Pa	art XIII and complet	e the follow	ing ta	ble:						
							Am	ount			
C	Beginning balance					1c					
d	Additions during the year					1d					
e	Distributions during the year					1e					
f	Ending balance		 			1f	account lichulutu?	<u> </u>	V	$\overline{\Box}$	No
2a b	Did the organization include an amour If "Yes," explain the arrangement in Pa									H	NO
Par		art Alli. Check here	п тне ехріаі	nation	rnas been pro	vide	d On Fait Am .		· —	<u> </u>	
. GI	Complete if the organization	answered "Yes"	on Form 9	90. P	Part IV. line 1	0.					
	oompleton uno organization	(a) Current year	(b) Prior yea		(c) Two years ba		(d) Three years back	(e) Fo	ur yea	ırs ba	ack
1a	Beginning of year balance	385,099	38	5,535	371,	387	338,017		-	319	,795
b	Contributions	118,123		1,278		975	1,788			2	,128
С	Net investment earnings, gains, and										
	losses	21,440		578	7,	460	33,748			16	,844
þ	Grants or scholarships	1,000		2,000	1,	,000	500				500
е	Other expenditures for facilities and programs										
f	Administrative expenses	279		291		287	257				250
g	End of year balance	523,383	38	5,099	385,	,535	372,795			338	,017
2	Provide the estimated percentage of t	<u>-</u>	d balance (li	ne 1g,	, column (a)) h	ield a	ıs:				
а	Board designated or quasi-endowmer		2%								
b	Permanent endowment >										
С	Temporarily restricted endowment ►	0%	004								
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			on the	at are held an	d adr	ministered for the				
Sа	organization by:	e possession or the	e organizan	טוו נווכ	at are nelo ari	u au	Till istered for the		Ye		No
	(i) unrelated organizations							3a(-	√
	(ii) related organizations							3a(i		\top	√
b	If "Yes" on line 3a(ii), are the related o							3b			
4	Describe in Part XIII the intended uses										
Part	VI Land, Buildings, and Equip	ment.	·								
	Complete if the organization	answered "Yes"	on Form 9	90, F	Part IV, line 1	1a. S	See Form 990, I	²art ≯	<mark>८, lin</mark> e	e 10	<u>). </u>
_	Description of property	(a) Cost or oth	1		or other basis	٠,,	Accumulated	(d) B	Book va	alue	
		(investme	ent)	(01	ther)	de	preciation				
1a	Land										
b	Buildings	.									
C	Leasehold improvements	•									
d	Equipment	•									
<u>e</u> Total	Other	nust equal Form 00	0 Part X o	olumn	(R) line 10c)					

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. Is Described a executivy or classory (1) Financial derivatives	Part VII	Complete if the organization answered	d "Yes" on Form	990 Part IV lii	ne 11b. See Form	990. Part X. line 12.
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Total, Column (b) must equal Form 990, Part X, col. (B) line 12) ► Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (b) Book value (c) Method of valuation Cost or end-of-year market value (f) (c) Method of valuation Cost or end-of-year market value (f) (d) Signature (f)						
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Part		-	Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,	
а	Net unrealized gains (losses) on investments	2a	_ _	
b	Donated services and use of facilities	2b] ,*\	
С	Recoveries of prior year grants	2c	」	
d		2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ļ. ļ.	* ¹ .	
а		4a	* *	
b		4b	x % *	
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part			er Heturn.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,	
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d		2e	
3 4	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	
- н а	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		-	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18)	5	
	Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV. lines 1b and 2	b: Part V, line 4; Part X, line	
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
Part IV.	Intended use of the endowment funds.			
The funds are used to support society awards and to ensure the publication of our journal, Castanea.				
raines are used to support society andres and to ensure the publication of our four flat, castalled.				
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Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

2016

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number

°N □ ✓ Yes 58-1876613 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Southern Appalachian Botanical Society Part 2

Part II Grants and Other Assistance to Domestic Orga 990, Part IV, line 21, for any recipient that received	ssistance to Do for any recipient	mestic Organiz that received m	ations and Dom ore than \$5,000.	estic Governm Part II can be d	lents. Complete i uplicated if additi	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.	ered "Yes" on Form
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	rernment organiza	tions listed in the I	ne 1 table			
E	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2016)

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

1

Schedule I (Fo	Schedule I (Form 990) (2016) Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	mestic Individua space is needed	als. Complete if the I.	organization answ	ered "Yes" on Form 990,	Page 2 Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Studen	1 Student Conference Support Award	9	\$1,800			
2 Qillcon	2 Qillcon Symposium Support Award	5	\$2,500			
3 Core St	3 Core Student Research Award	2	\$1,000	The first of the state of the s		
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information		equired in Part I, line	2; Part III, column	required in Part I, line 2; Part III, column (b); and any other additional information	anal information.
Part 1 #2: Or	Part 1 #2: Organization procedures for monitoring use of grant funds.	grant funds.				
We reque	We request that award recipients provide a follow up document on their	locument on their av	award use.			
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						Schedule I (Form 990) (2016)

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.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Southern Appalachian Botanical Society	58-1876613
Part III Line 4. Program Service Accomplishments.	
Richard and Minnie Windler award (expenses = \$1,000) - For best research articles published in the	journal Castanea during 2015
Earl Core Student Research Awards (expenses = \$1,000) - provide research support for students co	enducting research, proposals required
Great Smoky Mountain Pilgrimage support (expenses = \$700) - funds used to compensate speakers	and walk leaders
Student Presentation Awards (expenses = \$600) - Awards for research presentation at conference	
Part VI, Section A, line 7b. Governance decisions reserved to members.	
All officers are elected by the membership; further, any changes in dues requires approval by the n	nembership.
Elections are by printed or electronic ballot; information sent out in the fall with a 3 month deadline	for voting.
Changes in the dues structure is announced 3 months prior to the annual meeting; those in attenda	nnce may vote.
Part VI, Section C. Availability of documents.	
The constitution and by-laws are posted on the website for public inspection	
The society does not have a conflict of interest policy.	
The summary financial statement is passed out at the annual meeting and sent to members with the	e next printed issue of the newsletter ;
A copy of this Form 990 (and the schedules) is available to members on request.	
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Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
	
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