Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

2017

Department of the Treasury

Open to Public

Inter	nal Reven	ue Service ► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection	
A	For the	2017 calendar year, or tax year beginning January 1 , 2017, and endi	пд Десеп	nber 31	, 20 17	
В	Check if	applicable C Name of organization Southern Appalachian Botanical Society		D Employ	er identification number	
	Address				58-1876613	
	Name ch		uite	E Telephor		
$\bar{\Box}$	Initial ret	- 1	j		(803) 323-2111	
\Box		m/terminated City or town, state or province, country, and ZIP or foreign postal code			(003) 323-2111	
$\ddot{\Box}$	Amende		G Gross re	cointe \$		
Ξ		d return Rock Hill, SC, USA, 29733 ion pending F Name and address of principal officer.	10035-0-1			
	Applicat		,		subordinates? Yes No	
		Kunsiri Chaw Grubbs (address as above)			s included? Yes No	
<u>_</u>		mpt status		-	•	
<u>1</u>	Website		H(c) Group			
		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	ation	M State	of legal domicile	
Р	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities.				
Activities & Governance	ĺ	To promote the scientific study of botany through a newsletter (Chinquapin), journal	l (Castanea),	an annua	conference, and	
Jar	l	awards for botanical				
Ver	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.	
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	10	
ෂ	4	Number of independent voting members of the governing body (Part VI, line 1b		4	10	
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5		
.₹	6	Total number of volunteers (estimate if necessary)		6	25	
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	18,376	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0	
_	 _	THE UTILITIES TO THE OTHER POINT OF THE OTHER OT	Pnor Ye		Current Year	
	8	Contributions and grants (Part VIII, line 1h)		137,896	17,957	
ĕ	9			137,030	17,537	
Revenue	10			04.407	21,711	
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	 _	6,715		
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		166,108		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		7,600	7,532	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,686	2,673	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0	
ă	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	. >		- 4 11- 74 1 1 1 1	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,387	40,348	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) .		35,673	50,553	
	19	Revenue less expenses. Subtract line 18 from line 12		_130,435	5,679	
5 8			Beginning of Cu	rrent Year	End of Year	
ssets or	20	Total assets (Part X, line 16)		546,016	551,695	
ABS	21	Total liabilities (Part X, line 26)		0	0	
Net As Fund B	22	Net assets or fund balances. Subtract line 21 from line 20		546,016	551,695	
P	art II	Signature Block				
_		ities of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, and to t	he best of	my knowledge and belief, it is	
		t, and complete Declaration of preparer (other than officer) is based on all information of which prepar			•	
		Kurisiri Charr Grubbs	T	5/1	5/2018	
Sig	an	Signature of officer	Da			
He		Kunsiri Chaw Grubbs Treasurer				
	•	Type or print name and title				
_		17	Date	т	PTIN	
Pa				Check	LJ #	
	epare			self-em	pioyeo	
Us	se On			n's EIN ▶		
	Alc - 10	Firm's address >	Pho	one no		
_		RS discuss this return with the preparer shown above? (see instructions)		· · · ·	Yes No	
For	Papen	work Reduction Act Notice, see the separate instructions. Cat	No 11282Y		Form 990 (2017)	

	Page 2
Part	
<u>-</u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	This organization supports the research activities of botanists in the eastern United States.
	·····
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 34,561 including grants of \$ 0) (Revenue \$ 4,497)
	The organization contracted with a publisher to provide 2 issues per year of the association's academic journal, Castanea, in both
	print and online version for the members and subscribers. The Journal includes articles on academic research accomplishments
	related to botany. Print copies were sent to members who requested such.
	•••••••••••••••••••••••••••••••••••••••
4b	(Code.) (Expenses \$ 3,920 including grants of \$ 0) (Revenue \$ 0)
	The organization produced and printed our newsletter, Chinquapin, for members and potential members. There are four issues per
	year with an average distribution of 800 copies per issue. The newsletter includes society announcements and informational articles.
	······································
4c	(Code:) (Expenses \$ 1,800 including grants of \$ 0) (Revenue \$ 0)
	We provide financial support to member students, so that they can attend the annual meeting of the Association of Southern
	biologists to present papers. In 2017 we supported the travel and accomadation expenses for 6 students at \$300 each.
4d	Other program services (Describe in Schedule O.)
70	(Expenses \$ 3,678 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ►



	0 (2017)		/ L	Page 3
Part	V Checklist of Required Schedules			
î	Is the example to a decomposition of the control of		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? If "Yes," complete Schedule C, Part II	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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, 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, VIII, IX, or X as applicable.	, , ,		gara' (a' l la la l
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		√
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .	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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		✓
J	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)	V
16	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.			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	16		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	ļ	-
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		✓

Form 99			F	Page 4
Part	V Checklist of Required Schedules (continued)			
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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 to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		Sec.	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
	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	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		√ ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	36		
38	Part VI	37	1	
		For	m 990	(2017)

P <u>art</u>	V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
4			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 1 1b 1 1b 1 1b 1 1b 1 1b 1			
Ŭ	reportable gaming (gambling) winnings to prize winners?	1c		
2a		10		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		1
h	If "Yes," enter the name of the foreign country: ▶	4a		_
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR)		:	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
ט	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b	86.777	2, 46]
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, Ž		
	and services provided to the payor?	7a	المكتمانية	12005-2-2
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	* . Yay	
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		WAY:
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
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	7,	1.00	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter.	9b	 	21
a	Initiation fees and capital contributions included on Part VIII, line 12	-		,
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		'
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	•	
	against amounts due or received from them.)	<u> </u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	<u> </u>
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
ıs a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+
4	Note. See the instructions for additional information the organization must report on Schedule O.	134	†	t
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			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	✓
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h	1	ı

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and .		Page 6
rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Si	anu e ins	ioi a Inicti	ions
`	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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.	!		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 10			
2	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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	• • • • • • • • • • • • • • • • • • •	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	105	}]
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	^ #	, , 5.78
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		7
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
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	 	\ <u> </u>
13	Did the organization have a written whistleblower policy?	13	 	1
14 15	Did the organization have a written document retention and destruction policy?	14		1
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-,	 	
а	The organization's CEO, Executive Director, or top management official	15a	ļ	1
b	Other officers or key employees of the organization	15b	 	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	T.		T
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
	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	501	(C)(3)	e only
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 501	(0)(0):	o Oilly
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	erest	nolic	v an

State the name, address, and telephone number of the person who possesses the organization's books and records⁺ ▶

Kunsıri Chaw Grubbs, 202 Dalton Hall, Winthrop U Rock Hill, SC 29733, (803) 323-2111 ext6437

financial statements available to the public during the tax year.

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Form	മ്മവ	1201	71

Part VII	Compensation of Office	rs, Directors	, Trustees,	Key Employees,	Highest (Compensated	Employees,	and
	Independent Contracto	rs						

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 employees."
- 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 orga	anız	atic	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.	
					C)						
(A)	(B)	(do n	ot of		ition	a than c	200	(D)	(E)	(F)	
Name and Title	Average		not check more t x, unless person is					Reportable	Reportable	Estimated	
	hours per week (list any		er and		_	or/trust	<u> </u>	compensation	compensation from related	amount of other	
	hours for	Individual trustee or director	Inst	Officer	Key employee	emp	Former	the	organizations	compensation	
	related organizations	rect	Institutional trustee	e e	em	est	ॿ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	below dotted	o ta) Na		ploy	l i com		(., 2, ., ., .,		and related	
	line)	uste	trus		8	pen				organizations	
		**	tee			Highest compensated employee					
	 			ļ. <u> </u>			<u> </u>	 			_
(1) Charles Horn	4										
President				✓	<u> </u>				0		_0
(2) Brian Keener	2										
President Elect		ļ	<u> </u>	/	ļ			0	0		_0
(3) Kunsırı Chaw Grubbs	10			١,							_
Treasurer		<u> </u>		1	-	 	-	c	0		_0
(4) Michael Held	3	ł		١,				_			_
Membership Secretary		-	<u> </u>	✓	-		ļ	c	0		0
(5) Jay Bolin	ļ <u>1</u>			1	ļ		ļ			1	0
Recording Secretary (6) Chris Randle	6	-	+	┡	-		⊢	C	0		
(b) Chris Randle Editor of Castanea	 		ĺ	/				,	0		0
(7) 1 P. II - I	-			┞	 		\vdash				
(1) Joe Poliard Editor of Chinquapin	3	}	Ì	1	1		Ì		n		0
(8) Stephanie Jeffries	1			<u> </u>	\vdash		 	 	,		
Member at-large	 	1		1					n		0
(9) Lisa Wallace	1		十	 ' -	<u> </u>	 		 			<u> </u>
Member at-large	 	1		1			1	(٥		0
(10) Jonathan Horton	1		 	Ť		<u> </u>		 	, <u></u>		_
Member at-large	† -	1	ļ	1	ļ	ļ			ه اد	1	0
(11)							İ				
***************************************		1									
(12)	1		П		1						_
]		<u> </u>	<u>l</u>		_				
(13)	ļ										
		<u> </u>	<u> </u>		L	<u> </u>					
(14)	ļ				1		1				
		1	1	1	1	1					

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title		(B) Average hours per week (list any	box,	unles	s pe la d	ition more	than o	an ee)	, (D) Reportable compensation from	(E) Reportable compensation f related	rom	Estir	F) mated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		compe fror organ and i	ensation in the sization related izations	
(15)											 			
(16)				_		-								
(17)				-		_					+			
(18)				_				-			+			
(19)				-	-									
(20)				-				_	1		-			
(21)			<u> </u>		_									
				-	_	-		_	· · · · · ·	<u> </u>				
(23)				_) 			_						
				_	-	_								
(24)														
(25)														
1b c d	Sub-total						 	> >						
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				ted	abov	e) w	vho received m	ore than \$10	0,000 c	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete									nest compen	sated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta an \$	ble 150	con ,000	npe)? <i>I</i>	nsatio	on a	and other comp complete Sch	pensation fro hedule J for	m the		·	
5	Did any person listed on line 1a receive of for services rendered to the organization		ompe	nsa	tion	fro		y ur	nrelated organi		vidual	5		√ √
	on B. Independent Contractors			_							0400	200		
1	Complete this table for your five highest compensation from the organization. Re year.	compensat	ied in ensati	dep on f	end or ti	he c	conti	ract dar	year ending wi	ed more than th or within the	ne orga	ınızatı	r on's t	ax ———
	(A) Name and business add	dress							(B) Description of	services	с	(C) ompen		
								L						
			-					F	· - 					
	Total number of independent contract	ore (includ	na b	ut r	tor	نصال	ted t	0 1	hose listed ah	oove) who				
	received more than \$100,000 of compens								ac	.0.0,	,	,	<i>.</i>	

Part	VIII	Statement of Revenue		line in this l	Port VIII		🗆
		Check if Schedule O contains a response or not	te to a	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
		_			revenue		512-514
इ इ	1a	Federated campaigns 1a	0				
L a	b		,941				
S, G	С	Fundraising events 1c	0				
Saft	d	Related organizations 1d	0		ļ		į.
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	9			į	
er S	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5	,016				
Contributic and Other		Noncash contributions included in lines 1a-1f. \$,010				1
6 P	g h	Total. Add lines 1a–1f	>	17,957			
	<u>n</u>	Business Co	ode				w
Program Service Revenue	2a						
Rev	b						
<u>.</u>	С					+	
Serv	d						
Ë	е						
ogra	f	All other program service revenue .	. +				
<u> </u>	g	Total. Add lines 2a–2f	est				
	3	and other similar amounts)	>	21,711	3,335	18,376	
	۱.	Income from investment of tax-exempt bond proceed	s▶ ⊢	0			
	5	Royalties	▶	16,626	16,626	0	
	"	(i) Real (ii) Person	al				
	6a	Gross rents 0	0				, 1
	b	Less rental expenses 0	0				, , ,
	C		0			0	
	d		_)		: 2
	7a						* .
		assets other than inventory 0	- 0			,	* *
	6		o			1	,
		and sales expenses . 0		,		the stand and stand to be the standard	
	9		▶		0	0	
	9	1 Net gain or (1033)					
enne	88						· v satisfaction
	<u> </u>	events (not including \$					
Other Re		of contributions reported on line 1c). See Part IV, line 18	0			,	
je E	١.			٠			
ō		te de la constant de	. •		0		<u> </u>
	9	a Gross income from gaming activities.					
	"	See Part IV, line 19 a	0				
	Ì	b Less direct expenses b	0				
		 Net income or (loss) from gaming activities . 	<u>. </u>		0	0	<u>u</u>
	10	a Gross sales of inventory, less			-4,		
	Ì	returns and allowances a	408	1			
	- [b Less. cost of goods sold b	<u>471</u>		(6	2)	0
	<u> </u>	c Net income or (loss) from sales of inventory .	<u></u> -	10	02) (0	-	
	_	Wiscenarious Fierence		 			
	11	la		 			
	-	b					
		d All other revenue					
		e Total. Add lines 11a-11d	. ▶		0		
	1:		<u>.</u> ▶	56,2	232 19,8	99 18,3	76 Form 990 (2017)

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete col	umn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .	· · · · · · ·	
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	700	700		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,832	6,832		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,673	2,673	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees):				
а	Management	221	0	221	_0
b	Legal	0	0	0	0
С	Accounting	0	0	0	0
d	Lobbying	0	o	0	0
е	Professional fundraising services See Part IV, line 17	0		7 4 4	0
f	Investment management fees	315	0	315	_0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	
12	Advertising and promotion	0	0	0	0
13	Office expenses	708	0	708	0
14	Information technology [548	0	548	0
15	Royalties	0	0	O	0
16	Occupancy	0	0	0	0
17	Travel	0	o	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1,918	1,918	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	200	0	200	0
22	Depreciation, depletion, and amortization .	0	o	0	0
23	Insurance	0	0	0	0
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	print and distribution	36,438	36,438	0	0
b				<u>o</u>	0
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	50,553	48,561	1,992	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

	Check if Schedule O contains a response or note to any line in this Pai		· · ·	· · · · · · · · · · · · · · · · · · ·
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	139,115	1	7,197
2	Savings and temporary cash investments	229,533	2	318,883
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	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 organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment, cost or			
ł	other basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	183,563		225,615
12	Investments—other securities. See Part IV, line 11		12	
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)	546,016	$\overline{}$	551,695
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	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and		2 225	
[disqualified persons. Complete Part II of Schedule L		22	
	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
1	of Schedule D		25	
26			26	
26	Total liabilities. Add lines 17 through 25		> 20	y % ×, 8,5
3	complete lines 27 through 29, and lines 33 and 34.		ľ .	
27		20.620	27	·
28		22,633	28	7,19
29	Temporarily restricted net assets	523,383	, 	544,49
25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	323,303	23	344,43
<u>.</u>	complete lines 30 through 34.		٥	
3 30	•		30	
; JU	Capital stock or trust principal, or current funds		31	
31				1
31			32	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds. Total net assets or fund balances	546,016	32	551,69

m yı	90 (2017)			Pa	ge 12	
Part	XI Reconciliation of Net Assets					
. –	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)					
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	0,553	
3	Revenue less expenses. Subtract line 2 from line 1	3			5,679	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	L	54	6,016	
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0	
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		ļ			
	33, column (B))	10		5	1,695	
art	XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990. 🗹 Cash 🔲 Accrual 🔲 Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	piain	in	1		
_	Schedule O.			_	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			' 	 •	
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.	JIIEU	ı	1.		
	·		, * ·	<i>:</i>	. 1	
L	Separate basis Consolidated basis Both consolidated and separate basis		. 2t			
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.	· ·		2	2 *1	
	separate basis, consolidated basis, or both		-3		, 1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		Á	100	1 2 3	
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versia	iht			
Ť	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant	20	,	}	
	If the organization changed either its oversight process or selection process during the tax year, ex		ın 🥳	N PE	34	
	Schedule O.	-	2.3			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın			
	the Single Audit Act and OMB Circular A-133?		3	a	1	
b		ergo t	he	1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	. 3I)	<u> </u>	

Form **990** (2017)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

out	<u>herr</u>	n Appalachian Botanical Society					56-187	
Pa	rt I	Reason for Public Chari	ty Status (All	organizations must	complet	e this pa	art.) See instruction	ns.
he	orga	anization is not a private foundat	ion because it is	s. (For lines 1 through	12, check	k only on	e box.)	
1		A church, convention of church					_	$\overline{}$
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)							
3								
4		A medical research organization						iii). Enter the
7	_	hospital's name, city, and state		injunction with a mosp				,
5		An organization operated for the		college or university	owned or	operate	d by a government	al unit described in
J		section 170(b)(1)(A)(iv). (Comp		college of university v	owned or	operate	a by a government	ar arm accombac iii
			•			- 470(h)	(4\(A\(.)	
6] A federal, state, or local govern] An organization that normally r						the general public
7	V	described in section 170(b)(1)(ווטוו ווטנו	a govern	imental unit of nom	the general public
_		•						
8		A community trust described in			· ·			
9	L	An agricultural research organiz or university or a non-land-gran university.	ation described t college of agri	I in section 170(b)(1)(culture (see instructio	A)(IX) ope ns). Ente	rated in the nam	conjunction with a la ie, city, and state of	and-grant college the college or
40		An organization that normally re	/47	then 201-07 of the out	nnort fro	m contrib	utions momborshir	face and groce
10	<u></u>	receipts from activities related t support from gross investment acquired by the organization aff	o its exempt fur income and unr	nctions—subject to ce related business taxab	ertain exc de incom	eptions, : e (less se	and (2) no more thar ection 511 tax) from	າ 33¹/₃% of its
11		An organization organized and						
12		An organization organized and						ry out the purposes
		of one or more publicly suppor	ted organization	ns described in section	on 509(a)	(1) or se	ction 509(a)(2). See	section 509(a)(3).
		Check the box in lines 12a throu	igh 12d that des	cribes the type of sup	porting o	rganızatıc	on and complete line	s 12e, 12f, and 12g.
í	3	Type I. A supporting organic	zation operated	supervised, or contro	olled by it	s suppor	ted organization(s),	typically by giving
		the supported organization(
		supporting organization. Yo						
ı	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having					on(s), by having		
		control or management of the	ne supportina o	rganization vested in t	the same	persons	that control or mana	age the supported
		organization(s). You must o				•		
	С	☐ Type III functionally integr	-	•		onnection	with, and functiona	ally integrated with,
	•	its supported organization(s						, ,
	d	☐ Type III non-functionally in	* *	•				orted organization(s)
	_	that is not functionally integ	rated. The organ	nization generally mus	st satisfy	a distribu	ition requirement an	d an attentiveness
		requirement (see instruction						
	—— B	Check this box if the organi	•	=				e II. Type III
	-	functionally integrated, or T	voe III non-func	tionally integrated sur	portina d	organizati	ion.	2:11 <u>3:19:0-111</u>
1	f E	Enter the number of supported o						[]
		Provide the following information	-	orted organization(s).				لـــــــا
		Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	177	That is supported digarization	(1.7 - 1.1	(described on lines 1-10	listed in you	ir governing	support (see	other support (see
				above (see instructions))	docur	nent?	instructions)	instructions)
					Yes	No		
								
A)					,]
				 	 			
B)]]	
<u></u>					<u> </u>			
C)					<u> </u>			
(D)					{			
-, 					ļ		ļ	
E)					}		}	

Total

	5 11 (
Part	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked th	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	failed to qua	ality under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24,077	20,532	21,155	140,131	17,958	223,853
2	Tax revenues levied for the		i				
	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	0	. 0	0	0	0	0
4	Total. Add lines 1 through 3	24,077	20,532	21,155	140,131	17,958	223,853
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)			,			
•	Public support. Subtract line 5 from line 4			,			223853
6 Secti	on B. Total Support	41, 4					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	24,077	20,532		140,131	17,958	223,853
8	Gross income from interest, dividends,	21,077					
J	payments received on securities loans,						
	rents, royalties, and income from		i	ļ			
	similar sources	37,348	17,716	13,329	25,806	38,337	132,536
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part VI.)	393	1,323	220		408	3,115
11	Total support. Add lines 7 through 10	*53	l'	, à , el ', *** ' ,			359,504
12	Gross receipts from related activities, etc	c. (see instructi	ons)			12	226968
13	First five years. If the Form 990 is for t						
<u> </u>	organization, check this box and stop he						· · · · ·
	ion C. Computation of Public Support Public Support percentage for 2017 (line	6 column /6 d	vided by line	11 column (fi)		14	62 %
14 15	Public support percentage for 2017 (line Public support percentage from 2016 Sc					15	65 %
16a	331/3% support test—2017. If the organ	nization did not	check the bo	x on line 13. a	nd line 14 is 3		
,00	box and stop here. The organization qua	alifies as a pub	licly supported	organization			> 🗸
b		uzation did not	check a box	on line 13 or 10	6a, and line 15	ıs 331/3% or n	nore, check
_	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	tion		🕨 🗆
17a							
	10% or more, and if the organization m	neets the "facts	s-and-circums	tances" test, c	heck this box	and stop here	. Explain in
	Part VI how the organization meets the	"facts-and-circ	cumstances" t	est. The organ	ızatıon qualıfıe	s as a publicly	/ supported
	organization						▶ 🗆
ь	10%-facts-and-circumstances test—2	2016. If the ord	anization did	not check a be	ox on line 13,	16a, 16b, or 1	7a, and line
_	15 is 10% or more, and if the organiz	ation meets th	ne "facts-and-	circumstances	s" test, check	this box and	stop here.
	Explain in Part VI how the organization	meets the "fac	ts-and-circum	nstances" test.	The organiza	tion qualifies a	s a publicly
	supported organization						🏲 📙
18	Private foundation. If the organization of	did not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box and	d see
	instructions						, , , >

Part							
	(Complete only if you checked th						der Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	<u>l.) </u>	
	on A. Public Support	, 					
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	' I				1.	/
	furnished in any activity that is related to the		ĺ			Λ	
_	organization's tax-exempt purpose						
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		ĺ				
	or expended on its behalf					/	
5	The value of services or facilities		İ			1	
	furnished by a governmental unit to the		ĺ			[
	organization without charge						
6	Total. Add lines 1 through 5	ļ\					
7a	Amounts included on lines 1, 2, and 3	i					
	received from disqualified persons	 			//	 	
b	Amounts included on lines 2 and 3) [ĺ		 		
	received from other than disqualified]		
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	}					
_	· ·	 			ļ	·	
с 8	Add lines 7a and 7b	201				, · · · · · · · · · · · · · · · · · · ·	
0	line 6.)			1. 11 3.4	1 1 1 1	الله أن أن المراكبا	
Section	on B. Total Support		123 4 24			<u>**** ** ** </u>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2010	(3) 2011	(6) 2313	(4, 25.15	(0) = 0.11	
10a	Gross income from interest, dividends,				·		
	payments received on securities loans, rents,	}			}	}	
	royalties, and income from similar sources.	}			{	}	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			į	ì	}	
	acquired after June 30, 1975					}	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether				1	}	
	or not the business is regularly carried on	/					
12	Other income. Do not include gain or	- ,			1	1	
	loss from the sale of capital assets	{				!	
	(Explain in Part VI.)	\					
13	Total support. (Add lines 9, 10c, 11,	İ				1	
	and 12.)	L		<u> </u>	L	L	504()(0)
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			· · · · ·	<u>····</u>	<u> </u>	
	on C. Computation of Public Suppo			01 (2)		15	
15	Public support percentage for 2017 (line						
16 Socti	Public support percentage from,2016 Sc					16	%
	on D. Computation of Investment In			v line 12 seli:	mn (fl)	17	%
17 18	Investment income percentage for 2017 (Investment income percentage from 201)						
18 19a	33 ¹ / ₃ % support tests – 2017. If the organ						
ısa	17 is not more than 331/3%, check this box						
ь	331/3% support tests - 2016. If the organic						
U	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	-	· •			

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.)

ecu	on A. All Supporting Organizations			
	A 11 C 11		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		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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 12a or 12b 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.	<i>.</i> . 4b	^ برد ,	(E , 7)
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.	40		The state of the s
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	<u> 3</u> .,	gining.
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 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.	5c		
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)			
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		
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.	9с		
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	<u> </u>	ļ
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	-	ļ

Page	į

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) below, the governing body of a supported organization?	11a		
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		
Secti	on B. Type I Supporting Organizations			
	Deliber disserting the state of		Yes	No
	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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	\$" *	
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		Yes	No
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	237	
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	L	
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 i	nstru	ction	5).
a b c	 ☐ 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 in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	(i)	17.	1
	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		<u> </u>
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	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? <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 Org	ani	zations	, igo c
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (explan	ns 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)	1a		
a Average monthly value of securities	+		
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	Land to the second seco	40° 7'
e Discount claimed for blockage or other factors (explain in detail in Part VI)) >5		
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	1		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	, St> 1, 1/2 to 10, 1	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\vdash		
emergency temporary reduction (see instructions).	6	\$4	
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	g organization (see
instructions)	-		-

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
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	oses of supported orga	nizations	<u></u>
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
<u> 10</u>	Line 8 amount divided by line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016		,	
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
<u>i_</u>	Carryover from 2012 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7 \$	·		, 5.21
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	,		
_с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result		l	,
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		·	
7	Excess distributions carryover to 2018. Add lines 3 ₁ and 4c			
8	Breakdown of line 7:		5	
a	Excess from 2013			
b	Excess from 2014		,	
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			
				A /Earm 000 or 000 E7) 2017

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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)

Department of the Treasury

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization Southern Appalachian Botanical Society 58-1876613 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. 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) Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

b Assets included in Form 990, Part X

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Page	4

Part	III Organizations Maintaining	Collections of	Art. Historical T	reasures, or Ot	her Similar Ass	ets (contii	nued)
3	Using the organization's acquisition,						
-	collection items (check all that apply).			•	_		
а	☐ Public exhibition		d 🗌 Loan	or exchange progr	rams		
b	Scholarly research			·			
c	☐ Preservation for future generations	5					
4	Provide a description of the organization	tion's collections a	and explain how the	hey further the org	anızatıon's exemp	t purpose	ın Part
	XIII.			•			
5	During the year, did the organization						
	assets to be sold to raise funds rather	than to be mainta	ined as part of the	e organization's co	illection?	☐ Yes	☐ No
Part							
	Complete if the organization	answered "Yes"	' on Form 990, F	Part IV, line 9, or	reported an amo	ount on Fo)rm
	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 P	art XIII and comple	ete the following to	able:			
					Am	ount	
С	Beginning balance						
d	Additions during the year						
е	Distributions during the year						
f	Ending balance					[7] V:	
2a	Did the organization include an amount						□ NO
b Pari	If "Yes," explain the arrangement in P Endowment Funds.	art XIII Check here	e if the explanation	n nas been provide	ed on Part XIII	· · · ·	ш
Par		anguared "Vec"	" on Form 000 F	Part IV line 10			
	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
10	Beginning of year balance						338,017
1a b	Contributions	523,383	385,099		371,387		1,788
C	Net investment earnings, gains, and	5,016	118,123	1,278	7,975		1,700
·	losses	21 711	21 440	578	7,460		33,748
d	Grants or scholarships	21,711 4,778	21,440 1,000		1,000		500
e	Other expenditures for facilities and	4,770	1,000	2,000	1,000		
_	programs	į į					
f	Administrative expenses	356	279	291	287		257
g	End of year balance			1			372,795
2	Provide the estimated percentage of t						
а	Board designated or quasi-endowme						
b		100%	· -				
C	Temporarily restricted endowment ▶	0%					
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.				
3a	Are there endowment funds not in th	e-possession-of-th	ne-organization-th	at-are-held-and-ad	lministered for the		
	organization by.					Ye	s No
	(i) unrelated organizations					3a(i)	1
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related of					3b	
4	Describe in Part XIII the intended use		on's endowment f	unds.			
Part					000	5 14 1	40
	Complete if the organization						
	Description of property	(a) Cost or ot			Accumulated epreciation	(d) Book va	ilue
		(investm	lein) (C		epreciation		
1a	Land	·				_ 	
Ь	Buildings	·					
C	Leasehold improvements	·					
ď	Equipment	·					
e T-A-1	Other	 -	00.5.4%	(D) 1 - 10:1			
i otal.	Add lines 1a through 1e. (Column (d) i	must equal Form 9	90, Part X, columi	n (B), line 10c.) .	<u> ▶] </u>		

Part VII	Investments-Other Securities.				
	Complete if the organization answered	"Yes" on Forr	n 990, Part IV, lin		
•	(a) Description of security or category (including name of security)		(b) Book value		od of valuation of-year market value
(1) Financial	derivatives				
	neld equity interests	[
(A)					
(B)	***************************************				
(C)					
(D)	****			<u> </u>	
(E)	••••				
(F)					
(G) (H)					
	71 4 4 7 000 D AV (701 401 b	·· -		ļ	
	b) must equal Form 990, Part X, col (B) line 12)			<u> </u>	
Part VIII	Investments—Program Related. Complete if the organization answered	"Voc" on Form	m 000 Part IV Jun	e 11c See Form	000 Part Y line 13
	(a) Description of investment	res on ron	(b) Book value		nod of valuation
	(a) Description of investment		(b) Book value		of-year market value
				 	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			y	×
Part IX	Other Assets.				
	Complete if the organization answered	"Yes" on Form	n 990, Part IV, <u>I</u> ir	e 11d. See Form	
	(a) Descri	ption			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)	mn (b) must equal Form 990, Part X, col (B) I	lino 15)			
Part X	Other Liabilities.	ine 13.) .	· · · · ·		
raitA	Complete if the organization answered	"Ves" on For	m 990 Part IV Ju	ne 11e or 11f See	Form 990 Part X
	line 25.	163 0111011	11 550, 1 art 14, 11	ic 110 of 111. oct	5 1 01111 000, 1 are 71,
1.	(a) Description of liability	(b) Book value			
	ncome taxes	(2)			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provide the				
	s liability for uncertain tax positions under FIN 48				

	Complete if the organization answered "Yes" on Form 990,		
`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:	,	
a	Net unrealized gains (losses) on investments	2a	1 1
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
ď	Other (Describe in Part XIII.)	2d	
e	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.	<i>i</i>	. 3
	Investment expenses not included on Form 990, Part VIII, line 7b	140	1 1
a		4b	
	Other (Describe in Part XIII.)		
с 5	Add lines 4a and 4b		
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		es per neturn.
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	7. E.J.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	217
b		4b	* ***
	Other (Describe in Part XIII.)	4b	. 4c
	Other (Describe in Part XIII.)	4b	
с 5	Other (Describe in Part XIII.)	4b	
c 5 Part	Other (Describe in Part XIII.)	4b	. 5
5 Part	Other (Describe in Part XIII.)	4b	. 5 nd 2b; Part V, line 4; Part X, lin
5 Part 2 Provide 2; Part	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any addition	. 5 nd 2b; Part V, line 4; Part X, line 1 information.
5 Part 2 Provide 2; Part	Other (Describe in Part XIII.)	4b	. 5 nd 2b; Part V, line 4; Part X, line 1 information.
c 5 Part Provid 2; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additio	. 5 nd 2b; Part V, line 4; Part X, line 1 information.
c 5 Part Provid 2; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additio	. 5 nd 2b; Part V, line 4; Part X, line 1 information.
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additio	. 5 nd 2b; Part V, line 4; Part X, line 1 information.
c 5 Part Provide; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additio	. 5 nd 2b; Part V, line 4; Part X, line 1 information.
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provide; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provide; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
c 5 Part Provide; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
5 Part Provid Protid Part IV The en	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. htton of the organization's
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c 5 Part Provide; Part Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. Intion of the organization's
c 5 Part Provid Part IV	Other (Describe in Part XIII.)	d 4; Part IV, lines 1b ar to provide any additional to ensure the publication	. 5 nd 2b; Part V, line 4; Part X, line 1 information. Intion of the organization's

Schedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE I (Form 990)

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.

OMB No 1545-0047 2017

► Attach to Form 990.	A Contract of the state of the
	4

Department of the Treasury Internal Revenue Service		► Go to v	Go to www.irs.gov/Form990 for the latest information.	Attach to Form 990. v/Form990 for the latest infi	ormation.		Inspection
Name of the organization)) ;					Emp	Employer identification number
Southern Appalachian Botanical Society	cal Society						58-1876613
Part General Infor	General Information on Grants and Assistance	Assistance					
1 Does the organizatio the selection criteria	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	tantiate the amour rassistance?	int of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistar	nce, and
2 Describe in Part IV th	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s for monitoring	the use of grant fur	nds in the United	States.		<u>.</u>]
Part II Grants and O 990, Part IV, II	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.	nestic Organiz	ations and Domore than \$5,000.	estic Governm Part II can be d	ents. Complete if uplicated if additic	the organization and	swered "Yes" on Form I.
1 (a) Name and address of organization or government	ization (b) EIN	(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 3 Enter total number of	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment organiza in the line 1 table	tions listed in the li	ne 1 table			
Pap	Notice, see the Instructions	for Form 990.		Ca	Cat No 50055P		Schedule I (Form 990) (2017)

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.	omestic Individua Il space is needed	als. Complete if the	organization answ	ered "Yes" on Form 99U,	ran 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 Student Conference Support Award	9	1,800			
2 Qillcon Symposium Support Award	2	2,013			
3 Earl Core Student Research Award	2	1,378			
4 Windler Award	2	1,000			
5 Student Presentataion Awards	2	009			
9					
7	2 001400m203ci 0.44	oril 1 trod or boxings	20: Dart III column	(h): and any other addit	ional information.
Par 1 Line 2: Organization procedures for monitoring use of grant funds. We request that recipients provide a follow up document on their award use.	se of grant funds				
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		a
					Schedule I (Form 990) (2017)
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

• Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection
Employer identification number

Southern Appalachian Botanical Society	58-1876613
Part III Line4. Program Service Accomplishments	
Windler Award (expense \$1,000) - for best research articles published in the Society's journal, Castai	nea, during 2017
Core Student Research Awards (expense \$1,378) - provides research support for students conducting	g research, proposals required
Student Presentation Awards (expense \$600) - awards for research presentation at conference	
Great Smoky Mountains Wildflower Pilgrimage support (expense \$700) - funds used to compensate s	peakers and walk leaders)
Part VI Section A Line 7b: Governance Decisions reserved to members	
All officers are elected by the members, any chanes in dues requires the approval of a majority of me	embers,
Elections are offered on printed and electronic ballots, information is sent in the fall with a 3 month v	vindow for voting,
Changes in the dues structure is announced 3 months prior to the annual meeting, members in atter	dance 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	next printed issue of the newsletter.
A copy of this Form 990 (and the schedules) is available to members on request.	