Form **990** 

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 **2010** 

| (Rev                           | January :     | 2020)                | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private                    |                  |                               |  |  |  |
|--------------------------------|---------------|----------------------|--|------------------|-------------------------------|--|--|--|
| Dep                            | artment of    | the Treasury         | ▶ Do not enter social security numbers on this form as it may be made pull                               | Open to Public   |                               |  |  |  |
|                                | mai Revenu    |                      | ► Go to www.irs.gov/Form990 for instructions and the latest information                                  | ٦.               | Inspection                    |  |  |  |
| A                              | For the 2     | 2019 calend          | dar year, or tax year beginning January 1 , 2019, and ending Dec   | ember 31         | , 20 19                       |  |  |  |
| В                              | Check if a    | pplicable            | C Name of organization Southern Appalachian Botanical Society  | D Emplo          | yer identification number     |  |  |  |
|                                | Address c     |                      | Doing business as  |                  | 58-1876613                    |  |  |  |
| $\exists$                      | Name cha      | ~                    | Number and street (or P O box if mail is not delivered to street address)  Room/suite                    | E Teleph         | one number                    |  |  |  |
| $\exists$                      | Initial retur | ·                    | Winthrop University, Biology Dept 202 Dalton Hall  |                  | (803) 323-2111                |  |  |  |
| $\exists$                      |               | n/terminated         | City or town, state or province, country, and ZIP or foreign postal code                                 |                  | (003) 323-2111                |  |  |  |
| 7                              | Amended       |                      |  | G Gross          | receipts \$                   |  |  |  |
|                                |               |                      | Rock Hill, SC 29733  |                  | r subordinates? Yes No        |  |  |  |
|                                | Application   | n penaing            |  |                  |                               |  |  |  |
| _                              |               | at atatus            |  |                  | es included? LYes No          |  |  |  |
| ÷                              | Tax-exem      | t (see instructions) |  |                  |                               |  |  |  |
| <u></u>                        |               | ► sabs.us            |  | p exemption      |                               |  |  |  |
| K                              |               |                      | Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation 193                                    | M State          | of legal domicile NC          |  |  |  |
| P                              | art (         | Summa                | <u> </u>   |                  |                               |  |  |  |
|                                | I             |                      | cribe the organization's mission or most significant activities: to promote the stu                      |                  |                               |  |  |  |
| ည                              | <u> </u>      | newsletter (         | (Chinquapin), journal (Castanea), an annual conference meeting, and awards for bot                       | anical resea     | rch                           |  |  |  |
| Governance                     |               |                      |  |                  |                               |  |  |  |
| Ver                            | 2 (           | Check this           | box ▶ ☐ If the organization discontinued its operations or disposed of more the                          | an 25% of        | ıts net assets.               |  |  |  |
| င္ဟ                            | 3 1           | Number of            | voting members of the governing body (Part VI, line 1a)  | . 3              | 11                            |  |  |  |
| <b>∞</b> ŏ                     | 4 1           | Number of            | independent voting members of the governing body (Part VI, line 1b) .                                    | 4                | 11                            |  |  |  |
| ţį                             | 5 7           | rotal numb           | per of individuals employed in calendar year 2019 (Part V, line 2a)                                      | 5                | 0                             |  |  |  |
| Activities &                   | 6 T           | rotal numb           | per of volunteers (estimate if necessary)  | 6                |                               |  |  |  |
| ĄĊ                             | 7a T          | Total unrela         | ated business revenue from Park VIII, column (C), line 12  | 7a               | 48,900                        |  |  |  |
|                                | b N           | Net unrelat          | ed business taxable income from Form 990 G, ttri & 5 D   | 7b               |                               |  |  |  |
|                                |               |                      |  | Year             | Current Year                  |  |  |  |
| •                              | 8 0           | Contributio          | ons and grants (Part VIII, line 1h) O O O O O O O O O O O O O O O O O O O                                | 22,910           | 9,195                         |  |  |  |
| ž                              | 9 F           | rogram se            | ervice revenue (Part VIII, line 2g)  | 0                | 0,                            |  |  |  |
| Revenue                        |               | _                    | income (Part VIII, column (A), lines 3, 4, and Zd)   | 53,785           |                               |  |  |  |
| æ                              |               |                      | nue (Part VIII, column (A), lines 5, 6d, &c (9c, 10c) (and 117)  | 38,854           |                               |  |  |  |
|                                |               |                      | ue—add lines 8 through 11 (must equal Part VIII; column (A), line 12)                                    | 48,783<br>71,472 | 101,835                       |  |  |  |
|                                |               |                      | I similar amounts paid (Part IX, column (A), lines 1–3) .  |                  |                               |  |  |  |
|                                | 1             |                      | aid to or for members (Part IX, column (A), line 4) .  | 6,381            | 7,200                         |  |  |  |
|                                |               |                      |  | 0 500            | 0                             |  |  |  |
| ses                            |               |                      | her compensation, employee benefits (Part IX, column (A), lines 5–10)                                    | 2,500            | 2,500                         |  |  |  |
| Expenses                       |               |                      | al fundraising fees (Part IX, column (A), line 11e)  | 0                | 0                             |  |  |  |
| 퐀                              |               |                      | aising expenses (Part IX, column (D), line 25)   |                  |                               |  |  |  |
| _                              | l .           |                      | enses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 69,428           | 54,513                        |  |  |  |
|                                | 1             | •                    | nses. Add lines 13–17 (must equal Part IX, column (A), line 25)  | 78,309           | 64,213                        |  |  |  |
|                                | 19 F          | Revenue le           | ss expenses Subtract line 18 from line 12  | (6,837)          | 37,622                        |  |  |  |
| Net Assets or<br>Fund Balances | ļ             |                      | Beginning of   | Current Year     | End of Year                   |  |  |  |
| set                            | <b>20</b>   T | otal asset           | s (Part X, line 16)  | 544,858          | 582,479                       |  |  |  |
| d A                            | 21 T          | otal liabili         | ties (Part X, line 26)   |                  |                               |  |  |  |
| <u> </u>                       | 22 N          | Vet assets           | or fund balances. Subtract line 21 from line 20  | 544,858          | 582,479                       |  |  |  |
| Pa                             | art II        | Signatu              | re Block   |                  |                               |  |  |  |
| Un                             | der penalti   | es of perjury.       | I declare that I have examined this return, including accompanying schedules and statements, and to      | the best of m    | y knowledge and belief, it is |  |  |  |
| tru                            | e, correct, a | and complete         | e Declaration of preparer (other than officer) is based on all information of which preparer has any kno | wledge           |                               |  |  |  |
|                                |               | N K                  | unsiri Chaw Gmbbs  |                  |                               |  |  |  |
| Sig                            | gn            |                      | re of officer  | Date 5/          | 5/2020                        |  |  |  |
| He                             | re            | KU                   | nsiri Chaw Grubbs Treasurer  | 2/1              | 012020                        |  |  |  |
|                                | -             | <u> </u>             | r print name and title   |                  |                               |  |  |  |
| _                              |               | <del>'</del> -       | preparer's name Preparer's signature Date  | Check            | 7 if PTIN                     |  |  |  |
| Pa                             |               |                      |  | self-empl        | <b>」</b> "                    |  |  |  |
|                                | eparer        | Euro's see           | r.   | rm's EIN ▶       |                               |  |  |  |
| Us                             | e Only        | Firm's nam           |  |                  |                               |  |  |  |
| <u></u>                        | v the IDC     | Firm's add           |  | none no          | □Voc □Na                      |  |  |  |
| _                              |               |                      | his return with the preparer shown above? (see instructions)   | <del></del>      | Yes No                        |  |  |  |
| For                            | Hanenwa       | Yrk Roducti          | on Act Notice see the congrete instructions Cat No. 11282Y   |                  | Form MMU (2019)               |  |  |  |

| Form 99 | 90 (20 <sup>1</sup> 9) Page <b>2</b>  |
|---------|---|
| Part    |   |
|         | Check if Schedule O contains a response or note to any line in this Part III  |
| 1       | Briefly describe the organization's mission:  |
|         | The 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?  |
| 3       | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
| 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 \$ 39,736 including grants of \$0) (Revenue \$0)  The organization independently published 2 issues per year of their academic journal, Castanea, in both print and online versions for membres 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 \$ 2,177 including grants of \$ 0) (Revenue \$ 0)  The organization produced, printed and mailed 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 include organization announcements and informational articles.                              |
|         |   |
| 4c      | (Code) (Expenses \$ 2,400 including grants of \$ 2,400) (Revenue \$ 0)  The organization provided financial support for student members, so they could attend the annual meeting of the Association of Southeastern Biologists (a partner organization) to present papers. In 2019, the organization supported the travel and accommodation expenses for 8 students at \$300 each |
| 4d      | Other program services (Describe on Schedule O ) (Expenses \$ 4,800 including grants of \$ \$3,200 ) (Revenue \$ )  |
| 40      | Total program service expenses \(\bigsigma\)  |

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| Form 99 | 0 (2019)   |     | ı        | Page 3      |
|---------|--|-----|----------|-------------|
| Part    | V Checklist of Required Schedules  |     |          |             |
|         |  |     | Yes      | No          |
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1   | /        |             |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | <u> </u> | 1           |
| 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   |          | 1           |
| 4       | <b>Section 501(c)(3) organizations.</b> 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   |          | 1           |
| 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   |          | 1           |
| 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   |          | <b>&gt;</b> |
| 10      | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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.   |     |          |             |
| 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 |          | 1           |
| 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 |          | ✓           |
|         | 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 |          | ✓           |
|         | Did the organization obtain separate, independent audited financial statements for the tax year If "Yes," complete Schedule D, Parts XI and XII .  | 12a |          | ✓           |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and 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  |          | <u> </u>    |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |          | <b>√</b>    |
|         | 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 |          | ✓           |
|         | 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  |          | <b>✓</b>    |
| 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   | 16  |          | <b>✓</b>    |
| 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)  | 17  |          | <b>✓</b>    |
| 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  |          | <b>√</b>    |
| 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  |          | <u>·</u>    |
|         | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |          | <del></del> |
|         | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |          | <u> </u>    |
| 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  |          | <b>✓</b>    |
|         |  |     |          |             |

| Part     | IV Checklist of Required Schedules (continued)   |            |     |            |
|----------|--|------------|-----|------------|
|          |  |            | Yes | No         |
| 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         |     | <b> </b> ✓ |
| 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        |     | <b>√</b>   |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |     |            |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c        |     |            |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d        |     |            |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a        |     | 1          |
| 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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 26         |     | ✓          |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27         |     | <b>√</b>   |
| 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)  |            |     |            |
| а        | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV   | 28a        |     | 1          |
| b        | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b        |     | ✓          |
| С        | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV  | 28c        |     | 1          |
| 29       | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |     | ✓          |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30         |     | ✓          |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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         | _   | ✓          |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | ✓          |
| 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<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a<br>35b |     | <u>√</u>   |
| 36       | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  | 36         |     | <u> </u>   |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37         |     | <u>·</u>   |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O  | 38         | 1   |            |
| Part     | 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>   | :   |            |
|          |  | r          | Yes | No         |
| þ        | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1 1        |     |            |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c         |     |            |

| Part   | Statements Regarding Other IRS Filings and Tax Compliance (continued)   |  |   |                                       |
|--------|---|--|---|---------------------------------------|
|        | ,   | [»(1.39  | Yes   | No                                    |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   | Ž.   | Section 1   | 30                                    |
| L      | Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [6 et least one is projected as line 2a, yield the green return file all required federal employment to year transfer. | ر در ال<br>2b  | 320.13  | 274236                                |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  | (  | 384, 13 P.  | P ATE                                 |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a   | 1-1-  | 1                                     |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b   | <del>                                     </del>  | <b>-</b>                              |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   |  | <del>                                     </del>  |                                       |
| 70     | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a   |   | 1                                     |
| b      | If "Yes," enter the name of the foreign country ▶   | \$37   | 290 - 1 <u>x</u>  | ¥ 300<br>E 60                         |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   | 1  | ÀM  |                                       |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a   |   | 1                                     |
| þ      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b   |   | ✓.                                    |
| C      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c   |   | ✓                                     |
| 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   |   | 1                                     |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b   |   |                                       |
| 7      | Organizations that may receive deductible contributions under section 170(c).   | <b>建</b> 加/16  | \$15 to 1603  | 14.10                                 |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a   |   |                                       |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b   | -   | 1                                     |
| c      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was  |  |   | _                                     |
| ·      | required to file Form 8282?   | 7c   | [   | 1                                     |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year   | 考证 <sup>2</sup>  | م<br>م  | 57.3                                  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e   |   | <b>√</b>                              |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f   |   | 1                                     |
| 9      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g   |   | 1                                     |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h   |   | <b>/</b>                              |
| 8      | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the   | <u>₩.</u> :  | <u> </u>  | 3 1 h                                 |
| _      | sponsoring organization have excess business holdings at any time during the year?  | 8  |   | <b>√</b>                              |
| 9_     | Sponsoring organizations maintaining donor advised funds.   |  | <u> </u>  |                                       |
| a<br>b | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a<br>9b   |   | <b>V</b>                              |
| 10     | Section 501(c)(7) organizations. Enter  | 30 T   | <u> </u>  | .c.sal                                |
| a      | Initiation fees and capital contributions included on Part VIII, line 12 .   10a  | <b>操</b> い   | 影响  |                                       |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b   | 24. v  | 98.4.   | الإين<br>توليز مار القيل              |
| 11     | Section 501(c)(12) organizations. Enter:  |  | 14. C   | E. P.                                 |
| а      | Gross income from members or shareholders   |  |   |                                       |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources  |  |   |                                       |
|        | against amounts due or received from them )   | The state of the s |   | দেশ সূত্রী                            |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a  |   | <b>\</b>                              |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |  |   |                                       |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 10   | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.   |                                       |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a  | 20 5 21 A.  | <b>✓</b>                              |
|        | Note: See the instructions for additional information the organization must report on Schedule O  | 66.00  |   | ELWA                                  |
| Ь      | 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   |  | 100 E   |                                       |
| С      | Enter the amount of reserves on hand  |  | 數學  | <b>HANG</b>                           |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a  | 113 34  | 1                                     |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.  | 14b  |   | <u> </u>                              |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   |  |   | _                                     |
|        | excess parachute payment(s) during the year?  | 15   |   | 1                                     |
|        | If "Yes," see instructions and file Form 4720, Schedule N   | 123 Y 13   | 第 宝   | \$\frac{1}{2} \frac{1}{2} \frac{1}{2} |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16   |   | 1                                     |
|        | If "Yes," complete Form 4720, Schedule O.   |  | ب.×<br>يُرُونُ جِيْدُ الْمُرْدُ عِلْمُالِدُ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ ا | 題月                                    |

| 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 on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI | See ins      | for a struc      | "No"<br>tions     |  |  |  |  |  |  |  |  |  |  |
|---|---|--------------|------------------|-------------------|--|--|--|--|--|--|--|--|--|--|
| Secti   | on A. Governing Body and Management   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
|   | ,   |              | Yes              | No                |  |  |  |  |  |  |  |  |  |  |
| 1a  |   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| 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 |   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
|   | if the governing body delegated broad authority to an executive committee or similar  |              | i<br>Kanadara    |                   |  |  |  |  |  |  |  |  |  |  |
| _   | committee, explain on Schedule O. <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .    1b 11  |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| 2   | any other officer, director, trustee, or key employee?  | 2            | <u>12.087</u>    | <b>✓</b>          |  |  |  |  |  |  |  |  |  |  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
|   | supervision of officers, directors, trustees, or key employees to a management company or other person?   | 3            | _                | <u>/</u>          |  |  |  |  |  |  |  |  |  |  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4            |                  | <b>√</b>          |  |  |  |  |  |  |  |  |  |  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5            |                  | <b>√</b>          |  |  |  |  |  |  |  |  |  |  |
| 6   | Did the organization have members or stockholders?  | 6            |                  | <b>√</b>          |  |  |  |  |  |  |  |  |  |  |
| 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           | ✓                |                   |  |  |  |  |  |  |  |  |  |  |
| 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           | ,                |                   |  |  |  |  |  |  |  |  |  |  |
|   | · · · · · · · · · · · · · · · · · · ·   | 7.5          | <u>▼</u>         | ` .3 <sup>2</sup> |  |  |  |  |  |  |  |  |  |  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |              | 136              |                   |  |  |  |  |  |  |  |  |  |  |
| •   | The governing body?   | 8a           | 117731           | rēi z             |  |  |  |  |  |  |  |  |  |  |
| a<br>b  | Each committee with authority to act on behalf of the governing body?   | 8b           | <u>*</u>         |                   |  |  |  |  |  |  |  |  |  |  |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at  |              | •                |                   |  |  |  |  |  |  |  |  |  |  |
| 3   | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   | 9            |                  | 1                 |  |  |  |  |  |  |  |  |  |  |
| Secti   | on B. Policies (This Section B requests information about policies not required by the Internal Revenue   | _ <u></u>    | de )             |                   |  |  |  |  |  |  |  |  |  |  |
| <del></del>   | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '   |              | Yes              | No                |  |  |  |  |  |  |  |  |  |  |
| 10a   | Did the organization have local chapters, branches, or affiliates?  | 10a          |                  | <b>/</b>          |  |  |  |  |  |  |  |  |  |  |
| 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?  | 10b          |                  |                   |  |  |  |  |  |  |  |  |  |  |
| 11a   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  | 11a          |                  |                   |  |  |  |  |  |  |  |  |  |  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | 13 / E       | 'i. 1.5-'        | 1.5%              |  |  |  |  |  |  |  |  |  |  |
| 12a   | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12a          |                  | استکنت<br>ا       |  |  |  |  |  |  |  |  |  |  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b          |                  | <del>-</del> -    |  |  |  |  |  |  |  |  |  |  |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| C   | describe in Schedule O how this was done  | 12c          | - 1              | 1                 |  |  |  |  |  |  |  |  |  |  |
| 13  | Did the organization have a written whistleblower policy?   | 13           |                  | <u> </u>          |  |  |  |  |  |  |  |  |  |  |
| 14  | Did the organization have a written document retention and destruction policy?  | 14           |                  | <del></del>       |  |  |  |  |  |  |  |  |  |  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by  | TOTAL STREET | 沙湖               | ing a             |  |  |  |  |  |  |  |  |  |  |
| 13  | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| а   | The organization's CEO, Executive Director, or top management official  | 15a          |                  | <u> </u>          |  |  |  |  |  |  |  |  |  |  |
| b   | Other officers or key employees of the organization   | 15b          | y Was            | <b>√</b>          |  |  |  |  |  |  |  |  |  |  |
|   | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  | de l         |                  | ( ) ( ) ( )       |  |  |  |  |  |  |  |  |  |  |
| 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          | Sylven, Whitele  | ✓<br>✓            |  |  |  |  |  |  |  |  |  |  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  | 第1           | 8/5 <del>4</del> |                   |  |  |  |  |  |  |  |  |  |  |
|   | i de la companya de   | 16b          | ****             |                   |  |  |  |  |  |  |  |  |  |  |
| Secti   | on C. Disclosure  |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶  |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T  |              |                  |                   |  |  |  |  |  |  |  |  |  |  |
| _   | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website. Another's website. Upon request. Other (explain on Schedule O)   | `            |                  | (-,               |  |  |  |  |  |  |  |  |  |  |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year   | ıntere       | st p             | olicy,            |  |  |  |  |  |  |  |  |  |  |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and rec  | ords >       | •                |                   |  |  |  |  |  |  |  |  |  |  |
|   | Kunsırı Grubbs, Winthrop University, Dept of Biology, 202 Dalton Hall, Rock Hill, SC 29733  |              |                  |                   |  |  |  |  |  |  |  |  |  |  |

| Forin | 990 | 120 | 19 |
|-------|-----|-----|----|

|      | _ |
|------|---|
| Dago | 7 |

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

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

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

- 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. See instructions for the order in which to list the persons above

| Check this box it heither the organization no | r arry relate   | uory                           | ailiz                 | anc      | <i>)</i>    C | ompe                         | ilisa        | ited any content                 | officer, director,                   | or trustee.   |
|---|---|--------------------------------|-----------------------|----------|---------------|------------------------------|--------------|----------------------------------|--------------------------------------|---|
|   |   |                                |                       | (        | C)            |                              |              | ]                                |                                      |   |
| (A)   | (B)   |                                |                       |          | ition         |                              |              | (D)                              | (E)                                  | (F)   |
| Name and title                                | Average<br>hours<br>per week  | box,                           | unles<br>er an        | ss pe    | erson         | e than one or/trus           | n an<br>tee) | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation                |
|   | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee | Officer  | Key employee  | Highest compensated employee | Former       | organization<br>(W-2/1099-MISC)  | organizations<br>(W-2/1099-MISC)     | from the<br>organization and<br>related organizations |
| (1) Brian Keener                              | 44  | [                              |                       |          |               |                              |              |                                  |                                      |   |
| President                                     | <del> </del>  |                                | -                     | <b>V</b> | -             |                              | <u> </u>     | 0                                | 0                                    |   |
| (2) Charlie Horn Past President               | 2   |                                |                       | 1        |               |                              |              | 0                                | 0                                    |   |
| (3) Kunsırı Chaw Grubbs                       | 10  |                                |                       |          |               |                              |              |                                  |                                      |   |
| Treasurer                                     | 1   | 1                              |                       | ✓        |               |                              |              | lo                               | 0                                    | }   |
| (4) Michael Held                              | 3   | ĺ                              |                       |          | }             |                              |              |                                  |                                      |   |
| Membership Secretary                          |   | l                              |                       | ✓        |               |                              |              | 0                                | 0                                    |   |
| (5) Jay Bolin                                 | 11  |                                |                       | Γ,       |               |                              |              |                                  |                                      |   |
| Recording Secretary                           | <del> </del>  | -                              | <del> </del>          | /        | ├             | <del></del>                  | -            | 0                                | 0                                    |   |
| (6) Chris Randle                              | 88  |                                |                       | ١,       |               |                              |              | _                                | _                                    | _   |
| Editor of Castanea                            | <u> </u>  | _                              | -                     | 1        |               | <u> </u>                     | -            | 0                                | 0                                    |   |
| (7) Joe Pollard                               | 3   | 1                              | Ì                     | ,        | Ì             |                              |              |                                  |                                      |   |
| Editor of Chinquapın                          |   |                                |                       | ✓        | -             |                              |              | 0                                | 0                                    |   |
| (8) Tom Diggs Member at Large                 | 11  |                                |                       | 1        |               |                              |              | o                                | 0                                    |   |
| (9) Conley McMullen                           | 1   |                                |                       |          |               |                              |              |                                  |                                      |   |
| Member at Large                               | †*************************************                                      | 1                              |                       | ✓        |               |                              |              | 0                                | 0                                    | (   |
| (10) Shawn Krosnick                           | 1   |                                |                       |          |               |                              |              |                                  |                                      |   |
| Member at Large                               |   | [                              |                       | ✓        |               |                              |              | o                                | 0                                    | (   |
| (11) Lisa Wallace                             | 1   |                                |                       |          |               |                              |              |                                  |                                      |   |
| Vice Treasurer                                |   | j                              |                       | ✓        |               |                              |              | 0                                | 0                                    |   |
| (12)  |   |                                |                       |          |               |                              |              |                                  |                                      |   |
| (13)  |   |                                |                       | _        | -             |                              |              |                                  | -                                    |   |
| (14)  |   | -                              | -                     |          |               |                              |              | <u> </u>                         |                                      |   |

| Part  | VII Section A. Officers, Directors,   | rustees,               | Key I                          | Em                    | plo     | yee           | s, an                        | id F  | lighest Compe                   | nsated Empl                      | d Employees (continued |                     |                |  |  |
|-------|---|------------------------|--------------------------------|-----------------------|---------|---------------|------------------------------|---|---------------------------------|----------------------------------|------------------------|---------------------|----------------|--|--|
|       |   |                        |                                |                       | •       | C)            |                              |   |                                 |                                  |                        |                     |                |  |  |
|       | (A)   | (B)                    | (do n                          | ot ch                 |         | ition<br>more | e than o                     | one   | (D)                             | (E)                              |                        | (F)                 |                |  |  |
|       | Name and title  | Average hours          | box,                           | unles                 | s pe    | rson          | is both                      | n an  | Reportable compensation         | Reportable<br>compensation       | 1                      | ated am             | ount           |  |  |
|       |   | per week               |                                | _                     | -       | _             | or/trus                      | ·   | from the                        | from related                     | con                    | pensat              |                |  |  |
|       |   | (list any<br>hours for | Individual trustee or director | Institutional trustee | Officer | Key employee  | Highest compensated employee | Former  | organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC) |                        | rom the<br>nization |                |  |  |
|       |   | related                | dual                           | <del> </del>          | 4       | ğ             | st co                        | g   | ( 2                             | (** ******                       |                        | organiz             |                |  |  |
|       |   | organizations<br>below | rug                            | al t                  | 1       | oye<br>e      | dino                         |   |                                 |                                  |                        |                     |                |  |  |
|       |   | dotted line)           | tee                            | uste                  |         | ["            | ensa                         |   |                                 |                                  | 1                      |                     |                |  |  |
|       |   |                        |                                | l e                   |         |               | 藍                            |   |                                 | <u></u>                          |                        |                     |                |  |  |
| (15)  | ,   | ļ                      |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| (4.0) |   |                        |                                |                       |         |               |                              | ├   |                                 |                                  | <del> </del> -         |                     |                |  |  |
| (16)  |   | <b></b>                | İ                              |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| (17)  |   |                        |                                |                       | _       |               |                              |   | -                               |                                  | +                      |                     |                |  |  |
| Y::17 |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| (18)  |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
|       |   |                        | [                              |                       |         |               |                              |   |                                 |                                  | <u> </u>               |                     |                |  |  |
| (19)  |   |                        | <u> </u>                       |                       |         |               |                              |   | 1                               |                                  |                        |                     |                |  |  |
| (0.0) |   |                        |                                |                       |         |               |                              |   |                                 |                                  | <del> </del> -         |                     |                |  |  |
| (20)  |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| (21)  |   |                        |                                |                       |         |               | _                            |   | <del></del>                     | <del></del>                      | <b>-</b>               |                     |                |  |  |
| 3=:2  |   |                        |                                |                       |         |               |                              |   | }                               |                                  |                        |                     |                |  |  |
| (22)  |   |                        |                                |                       |         | _             |                              | 一   |                                 |                                  |                        |                     |                |  |  |
|       |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| (23)  |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
|       |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| (24)  |   |                        |                                |                       |         |               |                              | ļ   |                                 |                                  |                        |                     |                |  |  |
| (25)  |   |                        |                                |                       |         |               |                              | -   |                                 | <del></del> -                    | -                      |                     |                |  |  |
| 12-9/ |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
| 1b    | Subtotal  |                        |                                |                       | •       |               |                              | <b>&gt;</b>                                   | 0                               |                                  | 0                      |                     |                |  |  |
| С     | Total from continuation sheets to Part  | VII, Sectio            | n A                            |                       |         |               |                              | ▶   | 0                               |                                  | 0                      |                     |                |  |  |
| d     |   |                        |                                |                       |         | <u>.</u>      |                              | <u> </u>                                      | o                               |                                  | 0 0                    |                     |                |  |  |
| 2     | Total number of individuals (including but  |                        | to th                          | ose                   | list    | ed a          | above                        | e) w  | ho received more                | e than \$100,000                 | ) of                   |                     |                |  |  |
|       | reportable compensation from the organi   | zation >               |                                |                       |         |               |                              |   | 0                               |                                  |                        | Yes                 | N-             |  |  |
| 2     | Did the organization list any former of   | . et                   |                                | <b></b>               | -4      |               | a                            | 1   | -usa ar biabaa                  | t                                | ,                      | 162                 | No             |  |  |
| 3     | employee on line 1a? If "Yes," complete \$  |                        |                                |                       |         |               |                              | пр  | oyee, or highes                 | . compensate                     | 3                      |                     | <del>一</del> , |  |  |
| 4     | For any individual listed on line 1a, is the  |                        |                                |                       |         |               |                              | n a   | nd other comper                 | nsation from th                  |                        |                     | İ              |  |  |
|       | organization and related organizations  |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
|       | ındıvıdual  |                        |                                |                       |         |               |                              |   |                                 | •                                | 4                      |                     | <b>✓</b>       |  |  |
| 5     | Did any person listed on line 1a receive o  |                        |                                |                       |         |               |                              |   |                                 | ion or individua                 |                        |                     | لبِـ           |  |  |
| Casti | for services rendered to the organization?  | o If "Yes," c          | omple                          | ete .                 | Sch     | edu           | ile J f                      | or s  | uch person                      | <u>·</u>                         | 5                      |                     | <u> </u>       |  |  |
|       | on B. Independent Contractors  Complete this table for your five high                 | oot comp               |                                |                       | ndo     | -             | -dont                        |   | ntractors that r                | accurad mara                     | than ¢                 | 100.00              | )() of         |  |  |
| 1     | compensation from the organization. Repo  |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
|       | (A)   | ort componi            |                                |                       |         |               |                              | , <u>, , , , , , , , , , , , , , , , , , </u> | (B)                             |                                  | (C)                    |                     | ,              |  |  |
|       | Name and business add   | ress                   |                                |                       |         |               |                              |   | Description of serv             | ices                             | Compens                | sation              |                |  |  |
|       |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
|       |   |                        |                                |                       |         |               |                              |   |                                 |                                  |                        |                     |                |  |  |
|       |   |                        |                                |                       |         |               |                              | _   | <u> </u>                        |                                  |                        |                     |                |  |  |
|       |   | <del></del>            |                                |                       |         |               |                              | _   |                                 |                                  |                        | <del></del>         |                |  |  |
|       | Total number of undersection  |                        | .a. L                          |                       | ot !    |               | - A A-                       |   | one listed above                | 2) 1465                          |                        |                     | <del></del>    |  |  |
| 2     | Total number of independent contractor received more than \$100,000 of compensations. |                        | -                              |                       |         |               |                              | (1)   | USE IISIEO ADOVE                | s) WIIO                          |                        |                     |                |  |  |
|       | received more than wron, ood or compens   | adon nom t             | 110 01                         | yaı II                |         | J, , ,        |                              |   | <u>v</u>                        |                                  |                        |                     |                |  |  |

| Par  | t VIII | Statement of Re                          |          |                | ı        |                  |                         |  |                                     |   |
|--|--------|--|----------|----------------|----------|------------------|-------------------------|--|-------------------------------------|---|
|  |        | Check if Schedule                        | 0 00     | ontains a re   | espor    | ise or note to a | ny line in this Pa      | art VIII   | <u> </u>                            | <u> </u>  |
|  |        | •  |          |                |          |                  | (A)<br>Total revenue    | (B)  | (C)<br>Unrelated                    | (D)<br>Revenue excluded   |
|  |        | ,  |          | ,              |          |                  | Total revenue           | Related or exempt function revenue   | business revenue                    | trom tax under  |
|  | 1 4-   | <b>5</b>                                 | <u> </u> |                | T.       |                  | Color Charles and Color | 2 6mg 2 mg 2 1 2 7 8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 12.886 in the confidence about      | sections 512-514  |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a     | Federated campaig                        | ns .     | •              | 1a       |                  |                         |  |                                     |   |
| Gra  | b      | Membership dues<br>Fundraising events    |          | •              | 1b<br>1c | 6,760            |                         |  | <b>建物的设施</b>                        |   |
| ts,<br>An  | d      | Related organizatio                      | ne .     | •, •           | 1d       |                  |                         |  |                                     |   |
| ig ë   | e      | Government grants                        |          | tributions)    | 1e       | <del> </del>     |                         |  | Tele                                |   |
| Si E   | f      | All other contribution                   |          |                |          | <del></del>      |                         |  |                                     |   |
| itio<br>er S   |        | and similar amounts no                   |          |                | . 1f     | 2,435            |                         |  |                                     |   |
| 혈美   | g      | Noncash contribution                     |          |                |          |                  |                         |  | ALL LAND                            |   |
| בי<br>ק  |        | lines 1a-1f .                            |          |                | 1g       | \$               |                         |  |                                     | nee oloogia ee mili   |
| ğ ğ  | _h     | Total. Add lines 1a-                     | -1f      | _ <u></u>      |          | . ▶              | 9,195                   |  |                                     |   |
| •  |        | •  |          |                |          | Business Code    | <b>海外</b> 源于100分割       |  | THE REPORT OF THE PARTY.            | 洲海南州州   |
| ij   | 2a     | ,  |          | ··             |          |                  |                         |  |                                     |   |
| re e   | b      |  |          |                |          | ļ                | · · ·                   | ļ  | ļ                                   |   |
| E e  | C      |  |          | ••••           |          |                  | ļ                       |  | <del> </del>                        | <del> </del>  |
| yram Ser<br>Revenue                                    | a      |  |          |                |          |                  |                         |  | <del> </del>                        | <del> ,-</del>  |
| Program Service<br>Revenue                             | f      | All, other program se                    |          | revenue        |          |                  |                         |  |                                     | · - ·   |
| -  | g      | Total. Add lines 2a-                     |          | revenue        |          | . •              | 0                       | CARRY CAR PERSONS  | 。<br>1. 数数分据设计数数字2.4数               | CARACARINA TAREFERA   |
|  | 3      | Investment income                        |          | ludina divi    | dends    | _ <del></del>    |                         | PARTY CHEST STATES   | 12 KESTEL A BUT THE FEATURE C ASSET | TARE A MARCH CARREST B. MRCC  |
|  | •      | other similar amoun                      |          |                |          |                  | 53,785                  | 4,885  | 48,900                              |   |
|  | 4      | Income from investr                      |          | of tax-exem    | npt bo   | nd proceeds ▶.   |                         |  |                                     |   |
|  | 5      | Royalties .                              | <u> </u> |                | _        |                  | 38,374                  | 38,374   | 0                                   |   |
|  |        |  | ,        | (ı) Rea        | ١,       | (ii) Personal    | THE COURT               |  | 地域影響                                | MANAGOR   |
|  | 6a     | Gross rents .                            | 6a       |                | 0        | 0                |                         |  |                                     |   |
|  | b      | Less rental expenses                     | 6b       |                | 0        | 0                |                         |  |                                     |   |
|  | С      | Rental income or (loss)                  |          | ļ <u>.</u>     | 0        | 0                |                         | Property Company of the Company of t | 1927 (8.7%)                         |   |
|  | d      | Net rental income o                      | r (loss  | S) (i) Securit | 1100     | (ii) Other       | O                       | O Carlo de la Carl | 0<br>                               | · week! . Per a contact the   |
|  | 7a     | Gross amount from                        |          | (i) Securit    | —        | (ii) Other       |                         |  |                                     |   |
|  |        | sales of assets other than inventory     | 7a       | <u> </u>       | n        | _                |                         | Michigan Company   |                                     |   |
| o)   | ь      | Less cost or other basis                 |          | <del> </del>   |          | <u> </u>         |                         |  |                                     |   |
| Revenue  |        | and sales expenses                       | 7b       |                | 0        | Ó                |                         |  |                                     |   |
| ě  | С      | Gain or (loss)                           | 7c       |                | 0        | 0                | TO THE                  |  |                                     |   |
| E.   | d      | Net gain or (loss)                       | •        |                |          | . •              | . ′0                    | 0  | 0                                   |   |
| ther   | 8a     | Gross, income from                       |          | ndraising      |          |                  | 第25章                    |  |                                     |   |
| 0  |        | events (not including                    |          |                |          |                  |                         |  |                                     |   |
|  |        | of contributions rep                     |          | d on line      |          |                  |                         |  |                                     |   |
|  |        | 1c) See Part IV, line                    |          | •              | 8a       | 0                |                         |  |                                     |   |
|  | b      | Less: direct expense                     |          | £              | _8b_     | 0                | 78.60 200 NO 11280      | 50 m (   | 4440653865554                       |   |
|  | C      | Net income or (loss)                     |          |                | g eve    | nts              | U Port Port Carl        |  | 0<br>                               |   |
|  | 9a     | Gross income fi<br>activities See Part I |          | gaming<br>= 19 | 9a       | _                |                         | Sirina a   |                                     |   |
|  | ь      | Less direct expense                      |          | <b>U</b> 10    | 9b       | , 0              |                         |  |                                     | 1484  |
|  | c      | Net income or (loss)                     |          | gaming ad      |          | s <b>&gt;</b>    | . 0                     | 0  | 0                                   | 10(2)(0) 14-00(15)(1,0) 18-1, 8 1, 80-3, 4                                    |
|  | 10a    | Gross sales of in                        |          | -              |          |                  |                         | ALCONOMIC TO THE   | SEPTEMBER SE                        |   |
| `  |        | returns and allowand                     |          |                | 10a      | 480              |                         |  |                                     |   |
|  | b      | Less cost of goods                       |          |                | 10b      | 0                | incidentalis.           |  |                                     | le di la la la la la la la la la la la la la                                  |
|  | С      | Net income or (loss)                     | from     | sales of in    | vento    | ry 🕨             | 480                     | 480  |                                     | ,   |
| sn   |        |  |          |                |          | Business Code    |                         | 2.180.1800年最大会   |                                     |   |
| Miscellaneous<br>Revenue                               | 11a    |  |          |                |          |                  | ·                       | <u>-</u>   |                                     | <del></del>   |
| scellaned<br>Revenue                                   | b      |  |          |                |          |                  | _ <del></del> _         |  |                                     | <del></del>   |
| Pe šč  | د      | All other rove                           |          |                |          |                  | ·                       | <del> </del>   |                                     |   |
| ΞĔ   | d      | All other revenue  Total. Add lines 11a  | . 44~    |                |          |                  |                         | ANTENERA ANTENERA  | MAR DELICIO ARABERRA                | construction and  |
|  | 12     | Total revenue See                        |          |                |          | ·                |                         | SAME DE RALEMENT SERVE   | 元40%4.0%4.0%%1.0%%                  | Jana 1974年2月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1日 

## Part IX Statement of Functional Expenses

| Section 501 | (c)(3) | and | 50 | 1 (c)( | (4)           | orga | nızatıor | is musi | t complei | te all | l columns | s All | other | org | anızatıon | s must | com | plete c | olumn | (A). |   |
|-------------|--------|-----|----|--------|---------------|------|----------|---------|-----------|--------|-----------|-------|-------|-----|-----------|--------|-----|---------|-------|------|---|
|             | 7      |     |    |        | $\overline{}$ |      |          |         |           |        |           |       |       |     |           |        |     |         |       |      | _ |

| Check if Schedule O contains a response or note to any line in this Part IX |   |                       |                              |                                     |                                       |
|---|---|-----------------------|------------------------------|-------------------------------------|---------------------------------------|
|   | nt include amounts reported on lines 6b, 7b,<br>o, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | (D)<br>Fundraising<br>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   | 6,500                 |                              | Company of the second               |                                       |
| 3   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16   | 0                     |                              |                                     |                                       |
| 4<br>5  | Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees   | 2,500                 | 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).   | 2,000                 | 2,000                        |                                     | 0                                     |
| 7<br>8 -  | Other salaries and wages Pension plan accruals and contributions (include   | 0                     | 0                            | 0                                   | 0                                     |
| 9   | section 401(k) and 403(b) employer contributions) Other employee benefits   | 0                     |                              | 0                                   | 0                                     |
| 10<br>11  | Payroll taxes . Fees for services (nonemployees)  | 0                     | 0                            | 0                                   | 0                                     |
| a<br>b  | Management  | 439                   | 0                            | 439                                 | .0                                    |
| c<br>d<br>e   | Lobbying Professional fundraising services See Part IV, line 17   | 0                     | 0                            | 0                                   | 0                                     |
| f<br>g  | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)   | 341                   | 0                            | 341                                 | 0                                     |
| 12  | Advertising and promotion   | 1,200                 | 0                            | 1,200                               | 0                                     |
| 13<br>14  | Office expenses   | 123<br>12,297         | 12,297                       | 123                                 | 0                                     |
| 15<br>16<br>17  | Royalties   | 0                     | 0                            | 0                                   | 0                                     |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     | 0                            | 0                                   | 0                                     |
| 19<br>20  | Conferences, conventions, and meetings Interest   | 0                     | 0                            | 0                                   | 0                                     |
| 21<br>22  | Payments to affiliates  | 200                   | 0                            | 200                                 | 0                                     |
| 23<br>24  | Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If   |                       |                              |                                     |                                       |
| а   | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) print and distribution  | 39,913                | 39,913                       | 0                                   | o o o o o o o o o o o o o o o o o o o |
| b<br>c<br>d   |   |                       |                              |                                     |                                       |
| е<br>25   | All other expenses  Total functional expenses. Add lines 1 through 24e  | 64,213                | 61,910                       | 2,303                               | 0                                     |
| 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) | ,                     |                              |                                     |                                       |

| For                  | n 990 (2 | 019)  |   |        | Page <b>1</b>                                    |
|----------------------|----------|---|---|--------|--|
| E                    | art X    | Balance Sheet   | <del></del>   |        | <u> </u>   |
|                      |          | Check if Schedule O contains a response or note to any line in this Pa  | art X   |        | <u> </u>   |
|                      |          |   | (A)<br>Beginning of year                                    |        | (B) ·<br>End of year                             |
|                      | 1        | Cash—non-interest-bearing   |   | 4      | <del> </del>                                     |
|                      | 2        | Savings and temporary cash investments  | 6,247   |        | 9,86   |
|                      | 3        | Pledges and grants receivable, net  | 285,928   | 3      | 268,78   |
|                      | 4        | Accounts receivable, net  |   | 4      |  |
|                      | 1        | •   | 23474 24 25 25 24 25 27 27 27 27 27 27 27 27 27 27 27 27 27 | 50.035 |  |
|                      | 5        | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |   | 5      |  |
|                      | 6        | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).  | <b>建筑市位于在,2014年</b>   |        |  |
| w                    | 7        | Notes and loans receivable, net   |   | 7      |  |
| Assets               | 8        | Inventories for sale or use   | <del></del>   | 8      | <del>                                     </del> |
| As                   | .9       | Prepaid expenses and deferred charges   |   | 9      | <del></del>                                      |
| -                    | 10a      | Land, buildings, and equipment cost or other  |   |        |  |
|                      | 104      | basis. Complete Part VI of Schedule D   |   |        |  |
|                      | b        | Less. accumulated depreciation 10b  | 33002377, 120, 120, 120, 120, 120, 120, 120, 120            | 10c    | 33.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.          |
|                      | 11       | Investments—publicly traded securities  | 252,713   |        | 304,00   |
|                      | 12       | Investments—other securities. See Part IV, line 11  |   | 12     | 33,,33   |
|                      | 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 33)   | 544,858   | 16     | 582,65   |
|                      | 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     |  |
| es                   | 22       | Loans and other payables to any current or former officer, director,  |   |        |  |
| Ħ                    |          | trustee, key employee, creator or founder, substantial contributor, or 35%  |   |        | Description of the second                        |
| Liabilities          |          | controlled entity or family member of any of these persons  |   | 22     |  |
|                      | 23       | Secured mortgages and notes payable to unrelated third parties  |   | 23     |  |
|                      | 24       | Unsecured notes and loans payable to unrelated third parties  |   | 24     |  |
|                      | 25       | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D  |   | 25     |  |
|                      | 26       | Total liabilities. Add lines 17 through 25  |   | 26     |  |
| <u></u>              | -        | Organizations that follow FASB ASC 958, check here ▶ □  |   | £3355  |  |
| nce                  |          | and complete lines 27, 28, 32, and 33.  |   |        |  |
| ala                  | 27       | Net assets without donor restrictions   |   | _      | 9,863  |
| 9                    | 28       | Net assets with donor restrictions  | 538,641   | 28     | 572,61   |
| ets or Fund Balances |          | Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.   |   |        |  |
| S O                  | 29       | Capital stock or trust principal, or current funds  |   | 29     | _,   |
| ë                    | 30       | Paid-in or capital surplus, or land, building, or equipment fund .  |   | 30     |  |

Retained earnings, endowment, accumulated income, or other funds .

. . .

Total net assets or fund balances

Total liabilities and net assets/fund balances .

31

32

582,479

582,479

31

544,858 32

544,858 33

| Page | 12 | , |
|------|----|---|
|      |    |   |

| Par        | t XI Reconciliation of Net Assets  |  |        |           |
|------------|--|--|--------|-----------|
|            | Check if Schedule O contains a response or note to any line in this Part XI  |  | [      |           |
| 1          | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 101,8  | 34        |
| 2          | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 64,2   | 13        |
| 3          | Revenue less expenses. Subtract line 2 from line 1   | 3  | 37,6   | 21        |
| 4          | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  | 4  | 544,8  | 58        |
| 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 on Schedule O)   | 9  |        | 0         |
| 10         | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   |  |        |           |
|            | 32, column (B))  | 10   | 582,4  | <u>79</u> |
|            | •  |  | Yes No | >         |
| 1          | Accounting method used to prepare the Form 990   |  |        |           |
| <b>2</b> a | If the organization changed its method of accounting from a prior year or checked "Other," ex  | <br>npiled or  | 2a     |           |
| 2a<br>b    | If the organization changed its method of accounting from a prior year or checked "Other," exchedule O  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.  Separate basis Consolidated basis Both consolidated and separate basis  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 audit separate basis, consolidated basis, or both   | npiled or the control of the control | 2a     |           |
| 2a<br>b    | If the organization changed its method of accounting from a prior year or checked "Other," et Schedule O  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 commoved on a separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  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 audit separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis.  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountal if the organization changed either its oversight process or selection process during the tax year, ex | npiled or<br>ted on a<br>ersight of<br>int?<br>cplain on   | 2a     |           |

•

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

2019

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

Name of the organization

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

Inspection

| Sout | hern Appalachian Botanical Society                                |                                     |  |                        |                         | 58-18                                    | 76613                            |
|------|---|-------------------------------------|--|------------------------|-------------------------|--|----------------------------------|
|      | Reason for Public Cha   | rity Status (All                    | organizations must                                 | comple                 | te this p               |  |                                  |
| The  | organization is not a private founda                              | ition because it                    | s (For lines 1 through                             | 12, che                | ck only or              | ne box.)                                 |                                  |
| 1    | A church, convention of churc                                     |                                     |  |                        |                         |  | $\bigcap_{\alpha}$               |
| 2    | A school described in section                                     | 170(b)(1)(A)(ii).                   | (Attach Schedule E (F                              | orm 990                | or 990-E                | Z) )                                     | 4                                |
| 3    | A hospital or a cooperative hos                                   |                                     |  |                        |                         |  |                                  |
| 4    | A medical research organization                                   | -                                   | onjunction with a hos                              | pital desc             | ribed in s              | section 170(b)(1)(A)                     | (iii). Enter the                 |
| 5    | hospital's name, city, and state  An organization operated for    |                                     | college or university                              | owood o                |                         | ad by a gayaraman                        | tal unit decembed in             |
| 5    | section 170(b)(1)(A)(iv). (Com                                    |                                     | college or university                              | owned C                | o operate               | ed by a government                       | iai unit described in            |
| 6    | A federal, state, or local govern                                 |                                     |  |                        |                         |  |                                  |
| 7    | An organization that normally described in section 170(b)(1)      |                                     |  | port from              | a gover                 | nmental unit or fron                     | n the general public             |
| 8    | ☐ A community trust described in                                  | n section 170(b                     | (1)(A)(vi). (Complete                              | Part II.)              |                         |  |                                  |
| 9    | An agricultural research organi                                   |                                     |  |                        |                         |  |                                  |
|      | or university or a non-land-gra<br>university.                    | nt college of agr                   | riculture (see instruction                         | ons) Ente              | er the nan              | ne, city, and state of                   | f the college or                 |
| 10   | An organization that normally r                                   | eceives: (1) mor                    | e than 33 <sup>1</sup> /3% of its si               | upport fro             | m contri                | butions, membershi                       | p fees, and gross                |
|      | receipts from activities related<br>support from gross investment | to its exempt fu<br>t income and un | nctions—subject to c<br>related business taxa      | eπain exc<br>ble incon | ceptions,<br>ne (less s | and (2) no more tha ection 511 tax) from | n 33'/3% of its<br>businesses    |
|      | acquired by the organization a                                    | fter June 30, 19                    | 75. See <b>section 509(</b> a                      | 1)(2). (Co             | nplete Pa               | art III.)                                |                                  |
| 11   | An organization organized and                                     | •                                   | •  | -                      |                         |  |                                  |
| 12   | An organization organized and                                     | •                                   | -  |                        |                         | •  |                                  |
|      | of one or more publicly support                                   | 9                                   |  | •                      |                         |  | , ,, ,                           |
| _    | Check the box in lines 12a thro                                   | -                                   |  |                        | -                       | ·  | · · ·                            |
| а    | Type I. A supporting organ the supported organization             | •                                   | •  | -                      |                         | -  |                                  |
|      | supporting organization Ye  |                                     |  |                        |                         | the directors of trust                   | ees of the                       |
| b    |   | •                                   | · ·  |                        |                         | supported organizati                     | on(s), by having                 |
| _    | control or management of  |                                     |  |                        |                         |  |                                  |
|      | organization(s). You must   | complete Part I                     | V, Sections A and C                                | •                      |                         |  |                                  |
| С    |   |                                     |  |                        |                         |  | ally integrated with,            |
|      | its supported organization(                                       |                                     | •  |                        |                         |  |                                  |
| ď    |   |                                     |  |                        |                         |  |                                  |
|      | that is not functionally integree requirement (see instruction    |                                     |  |                        |                         |  | o an attentiveness               |
| _    | _ ` `   | •                                   | •  |                        | -                       |  | - 0 <b>- T</b> 00                |
| е    | Check this box if the organ functionally integrated, or T         |                                     |  |                        |                         |  | е II, туре III                   |
| f    | Enter the number of supported of                                  |                                     |  | Sporting .             | . gamzat                |  |                                  |
| g    |   | ·                                   |  |                        |                         |  | ·                                |
|      | (i) Name of supported organization                                |                                     |  |                        | rganization             | (v) Amount of monetary                   | (vi) Amount of                   |
|      |   |                                     | (described on lines 1–10 above (see instructions)) | listed in you          | ur governing<br>ment?   | support (see<br>instructions)            | other support (see instructions) |
|      |   |                                     | above (see instructions))                          |                        |                         | instructions)                            | instructions)                    |
|      |   |                                     |  | Yes                    | No                      |  |                                  |
| (A)  |   |                                     |  |                        |                         |  |                                  |
|      |   | <del></del> -                       | ·  |                        |                         | <u> </u>                                 |                                  |
| (B)  |   |                                     |  | ĺ                      |                         |  |                                  |
|      |   | <u>.</u> .                          |  |                        |                         | _  |                                  |
| (C)  |   |                                     |  | <u></u>                |                         |  |                                  |
| (D)  |   |                                     |  |                        |                         |  |                                  |
|      |   |                                     |  |                        |                         |  |                                  |
| (E)  |   |                                     |  |                        |                         |  |                                  |
|      |   |                                     |  |                        | L                       |  |                                  |

| Part      |  |                     |  |  |   |   |               |
|-----------|--|---------------------|--|--|---|---|---------------|
|           | (Complete only if you checked the  |                     |  |  |   |   | alıfy under   |
|           | Part III. If the organization fails to   | o qualify unde      | er the tests lis   | sted below, p  | lease comple                                  | ete Part III.)  | ·<br>         |
|           | on A. Public Support   | T                   |  | 1  | T   |   |               |
|           | dar year (or fiscal year beginning in)   | (a) 2015            | <b>(b)</b> 2016  | (c) 2017   | (d) 2018                                      | (e) 2019  | (f) Total     |
| 1         | Gifts, grants, contributions, and  |                     |  |  |   |   |               |
|           | membership fees received. (Do not  | 1                   | [  | 1  |   |   |               |
|           | · include any "unusual grants")  | 21,155              | 140,131  | 17,957   | 22,910  | 9195  | 211,348       |
| 2         | Tax revenues levied for the  |                     |  | İ  |   |   |               |
|           | organization's benefit and either paid to or expended on its behalf                                      | 1                   | ļ  | ļ  |   |   |               |
| 3         | •  |                     | <u> </u>   | ·  | <del></del>                                   |   | <del></del>   |
| 3         | The value of services or facilities furnished by a governmental unit to the                              |                     |  |  |   |   |               |
|           | organization without charge  | J                   | }  | J  |   | ]   |               |
| 4         | Total. Add lines 1 through 3   | 21,155              | 140,131  | 17,957   | 22,910  | 9195  | 211,348       |
| -         | _  | 型、图2·155            | L. Fr Like   | Mar Land Color   |   | र्रा । तेन व्यवस्थित है। द्वील १९ दे<br>जन्म समामिति । विकास  | 211,040       |
| 5         | The portion of total contributions by each person (other than a  |                     | and the state of | THE PARTY  |   |   |               |
|           | governmental unit or publicly  |                     |  |  |   |   |               |
|           | supported organization) included on  |                     |  |  |   |   |               |
|           | line 1 that exceeds 2% of the amount   |                     |  | and the second   | Postanti (Marka)                              | Series (Series)   |               |
|           | shown on line 11, column (f)   | Ensite A.B.         | A CALLANG  | e in Anglina   | Heldhin Maca                                  | <b>在北极村,全大大</b>   | 0             |
| 6         | Public support. Subtract line 5 from line 4  | <b>秦·孙隆:</b> [[[]]] | 學是學問的  | AT PERMIT  | 京の観点を   | 的强烈物的   | 211,348       |
|           | on B. Total Support  |                     |  | · · · · · · · · · · · · · · · · · · ·  | ·———  | ,   |               |
|           | dar year (or fiscal year beginning in)   | (a) 2015            | <b>(b)</b> 2016  | (c) 2017   | (d) 2018                                      | (e) 2019  | (f) Total     |
| 7         | Amounts from line 4  | 21,155              | 140,131  | 17,957   | 22,910  | 9195  | 211,348       |
| 8         | Gross income from interest, dividends,   |                     |  |  |   |   |               |
|           | payments received on securities loans, rents, royalties, and income from                                 |                     |  |  |   |   |               |
|           | similar sources  | 40.000              | 25.000   | 20.007   | 40.070  | 20.274  | 454.040       |
| 9         | Net income from unrelated business   | 13,329              | 25,806   | 38,337   | 48,372  | 38,374  | 164,218       |
| 3         | activities, whether or not the business  | ,                   |  | -  | `   |   |               |
|           | is regularly carried on .  |                     |  | . ,  |   |   |               |
| 10        | Other income Do not include gain or  |                     |  | <u> </u>   |   |   |               |
|           | loss from the sale of capital assets   |                     | :  |  | ,   |   |               |
|           | (Explain in Part VI.)  | 220                 | 771  | 408  | 190   | 480   | 2,069         |
| 11        | Total support. Add lines 7 through 10  | <b>STARTED</b>      |  | REPORT OF THE PARTY OF THE PART | のでは、  | を できない は できない は できない は できない は できない は できない は できない は いっぱん は いまん は いっぱん は いっぱん は いっぱん は いまん は いまん は いまん は いまん は いまん は いまん は いまん は いまん は いまん は いま | 377,635       |
| 12        | Gross receipts from related activities, etc  | -                   |  |  |   | 12  | 213,417       |
| 13        | First five years. If the Form 990 is for the   |                     | n's first, secon   | d, third, fourth   | , or fifth tax ye                             | ear as a section  | n 501(c)(3)   |
| <u> </u>  | organization, check this box and stop he   |                     | <u> </u>   | ·  | <u>· · · · · · · · · · · · · · · · · · · </u> | <del>.</del>  | · • [         |
|           | on C. Computation of Public Suppor   |                     |  | - (0)  | •   | 44  |               |
| 14        | Public support percentage for 2019 (line 6   |                     |  | 1, column (f))   |   | 14  | 56 %          |
| 15<br>16a | Public support percentage from 2018 Sci 33 <sup>1</sup> / <sub>3</sub> % support test—2019. If the organ |                     |  | con lino 13 ar   |   | 15 In% or more  | 62 %          |
| 100       | box and <b>stop here.</b> The organization qua   |                     |  |  |   |   | . •           |
| b         | 331/3% support test—2018. If the organi  |                     |  |  | a. and line 15                                | ıs 331/3% or me   |               |
| _         | this box and stop here. The organization   |                     |  |  |   |   | ▶ □           |
| 17a       | 10%-facts-and-circumstances test—20  | 019. If the oras    | anization did n  | ot check a box   | x on line 13, 16                              | 6a. or 16b. and   | l line 14 is  |
|           | 10% or more, and if the organization me  |                     |  |  |   |   |               |
|           | Part VI how the organization meets the "   |                     |  |  |   |   |               |
|           | organization   |                     | •  |  |   |   | . ▶ 🗆         |
| b         | 10%-facts-and-circumstances test-26  | 018. If the orga    | anization did n  | ot check a bo  | x on line 13, 1                               | 6a, 16b, or 17a   | a, and line   |
|           | 15 is 10% or more, and if the organization   | ation meets th      | e "facts-and-c   | circumstances"   | ' test, check t                               | his box and s   | top here.     |
|           | Explain in Part VI how the organization in   | neets the "fact     | ts-and-circums   | stances" test.   | The organization                              | on qualifies as   | a publicly    |
|           | supported organization   |                     | •  |  |   |   | ▶ □           |
| 18        | Private foundation. If the organization di   | d not check a       | box on line 13,  | , 16a, 16b, 17a  | , or 17b, checl                               | this box and  | see           |
|           | instructions   | <u>·</u> _·         | <u> </u>   | · · · · _  | · · ·   |   | <u> &gt; </u> |

| Part  |  |                          |  |  |  |                   | /:           |
|-------|--|--------------------------|--|--|--|-------------------|--------------|
|       | (Complete only if you checked the  |                          |  |  |  |                   | nder Part II |
| Soot  | If the organization fails to qualify   | under the te             | ests listed bei                                  | low, please co                         | omplete Part                                   | II.)              | _/           |
|       | ion A. Public Support  | (-) 0015                 | (h) 0016   | (a) 0017                               | (4) 2010                                       | (=) 0010          | (O Total     |
| Caler | ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees | (a) 2015                 | <b>(b)</b> 2016                                  | (c) 2017                               | (d) 2018                                       | (e) 2019          | (f) Total    |
| •     | received (Do not include any "unusual grants")   | 1                        |  | 1                                      | 1  |                   |              |
| 2     | Gross receipts from admissions, merchandise  |                          | <del>                                     </del> | <del> </del> -                         | <del> </del>                                   |                   |              |
|       | sold or services performed, or facilities  |                          | 1  |  |  |                   |              |
|       | furnished in any activity that is related to the<br>organization's tax-exempt purpose      |                          |  | ,                                      |  |                   |              |
| 3     | Gross receipts from activities that are not an   | <del>-</del>             | <del> </del>                                     | <del> </del>                           | <del> </del>                                   |                   | <u> </u>     |
| _     | unrelated trade or business under section 513  |                          |  |  | /  | `                 |              |
| 4     | Tax revenues levied for the  | -                        | <del> </del>                                     | <del> </del>                           |  |                   |              |
| •     | organization's benefit and either paid to  |                          |  | 1                                      |  |                   |              |
|       | or expended on its behalf  | Í                        | Ì  |  |  |                   |              |
| 5     | The value of services or facilities  |                          |  | <del></del>                            |  |                   |              |
|       | furnished by a governmental unit to the  |                          | 1  | 1                                      |  |                   |              |
|       | organization without charge  |                          |  | · /                                    |  | l                 |              |
| 6     | Total. Add lines 1 through 5   | -                        |  |  |  |                   |              |
| 7a    | Amounts included on lines 1, 2, and 3  |                          |  |  |  |                   |              |
| ٠     | received from disqualified persons   |                          |  |  |  |                   |              |
| b     | Amounts included on lines 2 and 3  |                          |  |  |  |                   |              |
|       | received from other than disqualified  |                          |  |  |  |                   |              |
|       | persons that exceed the greater of \$5,000   |                          | /  | 1                                      | · ·  |                   | 4            |
|       | or 1% of the amount on line 13 for the year  |                          |  |  |  |                   |              |
| С     | Add lines 7a and 7b  |                          |  |  | l  |                   |              |
| 8     | Public support. (Subtract line 7c from   |                          |  | 如我 西神聖古                                |  |                   |              |
|       | line 6)  | 한 문문과 이번 다 [취용하고학에 113개의 | ingel un under par under                         | յ <b>ֆ</b> արդ անտագրությանիր բայիրույ | 中的漢法例  | <b>小変を動いるのできた</b> |              |
|       | ion B. Total Support   |                          |  | T . 7                                  |  | <del></del>       |              |
|       | ndar year (or fiscal year beginning in)' ▶   | (a) 2015                 | <b>(b)</b> 2016                                  | (c) 2017                               | (d) 2018                                       | (e) 2019          | (f) Total    |
| 9     | Amounts from line 6  | <b></b>                  | <u> </u>   |  | <del>-</del>                                   |                   |              |
| 10a   | Gross income from interest, dividends, payments received on securities loans, rents,       |                          |  | }                                      | ]  | ļ                 |              |
|       | royalties, and income from similar sources   |                          |  |  | -  |                   |              |
| h     | Unrelated business taxable income (less  |                          | <del> </del>                                     | <del> </del>                           |  |                   | <del></del>  |
| U     | section 511 taxes) from businesses   |                          |  |  |  |                   |              |
|       | acquired after June 30, 1975   |                          |  | }                                      |  |                   |              |
| С     | Add lines 10a and 10b .  |                          | -  |  |  |                   |              |
| 11    | Net income from unrelated business   |                          |  |  |  |                   |              |
| • •   | activities not included in line 10b, whether   |                          |  |  |  |                   |              |
|       | or not the business is regularly carried on  |                          |  | <b>)</b>                               | 1  | 1                 |              |
| 12    | Other income Do not include gain or  |                          | <del></del>                                      |  |  |                   |              |
|       | loss from the sale of capital assets   |                          |  |  |  | .                 | •            |
|       | (Explain in Part VI ) .  |                          |  |  |  | '                 |              |
| 13    | Total support. (Add lines/9, 10c, 11,  |                          | ,  |  |  |                   |              |
|       | and 12)  |                          |  |  |  | •                 |              |
| 14    | First five years. If the Form 990 is for the   |                          | n's first, secon                                 | d, third, fourth                       | , or fifth tax ye                              | ar as a section   | n 501(c)(3)  |
|       | organization, check this box and stop he   | re                       | · ·  | ·                                      | <u>.                                      </u> | <u> </u>          | . ▶ 🗆        |
| Secti | on C. Computation of Public Suppor   |                          |  |  |  |                   |              |
| 15    | Public support percentage for 2019 (line 8   | . ,,,                    | •  | 13, column (f))                        |  | 15                | %            |
| 16    | Public support percentage from 2018 Sch  |                          |  | <u>.</u>                               |  | 16                |              |
|       | on D. Computation of Investment In   |                          |  | _ <del></del>                          | _ <del></del>                                  | <del></del>       |              |
| 17    | Investment income percentage for 2019 (I   |                          |  | oy line 13, colu                       | mn (f)) .                                      | 17                | %            |
| 18    | Investment income percentage from 2018   |                          |  |  | - d l d F                                      | 18                | <u>%</u>     |
| 19a   | 331/3% support tests—2019. If the organi   |                          |  |  |  |                   |              |
| _     | 17 is not more than 331/3%, check this box   |                          | -  |  |  | =                 |              |
| b/    | /331/3% support tests – 2018. If the organiz   |                          |  |  |  |                   |              |
| 60    | line 18 is not more than 331/3%, check this to   | •                        | _  |  | · ·  |                   | =            |

#### 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.)

#### Section A. All Supporting Organizations

|                |  |    | Yes        | No        |
|----------------|--|----|------------|-----------|
| 1              | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain  | 1  | 学          |           |
| 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 <b>Part VI</b> 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 | SPCO SPCO  | The state |
| 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 <b>Part VI</b> 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 <b>Part VI</b> 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 | ). '<br>   |           |
| <sup>^</sup> b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations  | 4b | Br Fr<br>L |           |
| 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 |            |           |
| <b>5</b> a     | 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 <b>Part VI</b> , 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              | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b | (a, ,)     |           |
| С              | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c |            |           |
| 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 (as 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  |            |           |

- But the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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**.
- **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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.
  - **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.)

8

9a

9b

9с

10a

10b

| Part    | IV Supporting Organizations (continued)  |                  |   |   |
|---------|--|------------------|---|---|
|         |  |                  | Yes   | No                                      |
| 11      | Has the organization accepted a gift or contribution from any of the following persons?  |                  | 200   |   |
| 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              |   | 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 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  | 就激               |   | 學得                                      |
|         | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |                  |   | <b>E</b> 13                             |
|         | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or   | Kin Kin          |   | 100                                     |
|         | 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  |                  | Sept.   |   |
| •       |  | <b>1</b><br>⊚ s∵ | C.  | 2 3 A                                   |
| 2       | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part        |                  |   |   |
|         | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   | 7 7              |   | 數部                                      |
|         | supervised, or controlled the supporting organization.   | 2                |   |   |
| Section | 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   |                  | * ****  | 750                                     |
|         | 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   | 拟磁               | Land I  |   |
|         | the supported organization(s).   | 1                |   | Ĺ                                       |
| Section | on D. All Type III Supporting Organizations  |                  | V   | No                                      |
| 1       | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   | S. J. W.         | Yes   | No                                      |
| •       | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  | \$ 4.8X          | 100 m   |   |
|         | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |                  |   |   |
|         | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1                |   | **************************************  |
| 2       | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | D'A              | (jar)   | 994                                     |
|         | 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                | WOOD AT .   | soonning is                             |
| 3       | By reason of the relationship described in (2), did the organization's supported organizations have a  |                  |   | 1                                       |
|         | significant voice in the organization's investment policies and in directing the use of the organization's   |                  | WIC TO  |   |
|         | income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.   |                  | is the  |   |
| Soction | on E. Type III Functionally Integrated Supporting Organizations  | 3                | _   | L                                       |
| 1       | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | instru           | ction   | <u></u>                                 |
| a       | 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 ins          | struct  | ions)                                   |
| 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   |                  | POPULATION OF THE PARTY OF THE | 例例                                      |
|         | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   | 樂藝               |   |   |
|         | 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  | 10.00            | 123   | <b>Z</b> .                              |
|         | ·  | 2a               | . j., 2,%5° 1k°   | الماري تراجي                            |
| 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these |                  | 14.64   |   |
|         | activities but for the organization's involvement.   | 2b               | -36-  | £4.14                                   |
| 3       | Parent of Supported Organizations Answer (a) and (b) below.  | 1000             | Pille I   | \$520M                                  |
| о<br>a  | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |                  |   |   |
| a       | trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  | 3a               | nemental (  | TENEDE S                                |
| b       | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |                  | 725   | 學問                                      |
|         | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard  | 3b_              |   |   |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org  | gan  | izations   |                                |
|---|------|--|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ   |      |  |                                |
| 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    |  | •                              |
| <b>6</b> 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<br>(optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)  |      |  |                                |
| a Average monthly value of securities   | 1a   | <u> </u>   |                                |
| <b>b</b> Average monthly cash balances  | 1b   |  |                                |
| c Fair market value of other non-exempt-use assets  | 1c   |  |                                |
| d Total (add lines 1a, 1b, and 1c)  | 1d   |  |                                |
| e Discount claimed for blockage or other factors (explain in detail in Part VI)   |      |  |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets  | 2    |  |                                |
| 3 Subtract line 2 from line 1d  | 3    |  |                                |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)   | 4    |  |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5    |  |                                |
| 6 Multiply line 5 by .035.  | 6    | •  |                                |
| 7 Recoveries of prior-year distributions  | 7    |  |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)   | 8    |  |                                |
| Section C—Distributable Amount  | -    |  | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)   | 1    | K STANSON STANSON  |                                |
| 2 Enter 85% of line 1.  | 2    | APPENDING A SPECIAL PROPERTY OF THE PERSON O |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3    | 计 家族 冷凍 医神经病   |                                |
| 4 Enter greater of line 2 or line 3.  | 4    | TOTAL SERVICE STATE  |                                |
| 5 Income tax imposed in prior year  | 5    | area from the same of the  |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to  |      |  |                                |
| emergency temporary reduction (see instructions).   | 6    | 自己的 100 min 1  | •                              |
| 7 Check here if the current year is the organization's first as a non-functional instructions)  | y in | tegrated Type III supporting   | organization (see              |

| Part          | Type III Non-Functionally Integrated 509(a)(3   | 3) Supporting Organ  | izations (continued)   |  |
|---------------|---|--|--|--|
| Sect          | ion D—Distributions   | ,  |  | Current Year   |
| 1             | Amounts paid to supported organizations to accomplish   | exempt purposes  |  |  |
| 2             | Amounts paid to perform activity that directly furthers exe   | empt purposes of suppo   | orted  | 1  |
| _             | organizations, in excess of income from activity  | <u> </u>   |  |  |
| 3             | Administrative expenses paid to accomplish exempt purp  | poses of supported orga  | anizations .   |  |
| 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  | <del></del>  |  |  |
|               | Total annual distributions. Add lines 1 through 6.  | <del> </del>   | <del></del>  | , ,  |
| 8             | Distributions to attentive supported organizations to which   | th the organization is re  | sponsive   |  |
|               | (provide details in Part VI) See instructions.  |  |  | ,  |
| 9             | Distributable amount for 2019 from Section C, line 6  |  |  |  |
| 10_           | Line 8 amount divided by line 9 amount  | <del></del>  | (::\   | · · · · · · · · · · · · · · · · · · ·  |
| Sect          | ion E—Distribution Allocations (see instructions)   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2019   | (iii)<br>Distributable<br>Amount for 2019  |
| 1             | Distributable amount for 2019 from Section C, line 6  | STARTED LINE   | St. Basile and Bell  |  |
| 2             | Underdistributions, if any, for years prior to 2019   |  |  |  |
| •             | (reasonable cause required—explain in Part VI) See  | The second of the second secon |  |  |
|               | instructions.   | Pro-Almonton   |  |  |
| 3_            | Excess distributions carryover, if any, to 2019   | <b>确以逐次通过</b> 为最长  | <b>"如何是我的,但是可能的"我</b>  | W. Carrier St. Co.   |
| a             | From 2014   |  | Series in the contract of  | May also was a second for the  |
| b             | From 2015   | S W. D. W.   |  |  |
| С             | From 2016   |  | <b>建产型数字的由为</b>  |  |
| <u>d</u>      | From 2017 ·   |  | Aldride and make the   |  |
| e             | From 2018   | W. Harris W. W.  | Was the State of t |  |
| f             | Total of lines 3a through e   | 1,111 1 1968 B 1,111 1 1,111   | <b>的问题。</b> 他的美国教  |  |
| <u>g</u>      | Applied to underdistributions of prior years  | Control of the second of the s | neugh prageth a leath a glain agu poigh agu nomhaiseach a  |  |
| <u>h</u>      | Applied to 2019 distributable amount  | <b>与程序。在图像的文字的文字</b>   |  | It was a maked and british day on the angle of the action of the   |
| <del></del>   | Carryover from 2014 not applied (see instructions)  |  |  | TARREST AND THE SERVICE  |
|               | Remainder Subtract lines 3g, 3h, and 3i from 3f   |  | AND THE PROPERTY OF THE PARTY O | AND PARTY OF THE P |
| 4             | Distributions for 2019 from Section D, line 7 \$  |  | POST Y STATE OF THE STATE OF TH |  |
|               |   |  |  | 11 7 TO CONTROL OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| <u>а</u><br>ь | Applied to underdistributions of prior years  Applied to 2019 distributable amount                            |  |  |  |
|               | Remainder. Subtract lines 4a and 4b from 4  | THE PARTY OF THE P |  | ara isang kalamatan  |
|               |   | 門地中 (学校) 建长机 电铁 化乙烷酸乙  |  |  |
| 5             | Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result |  |  |  |
|               | greater than zero, explain in <b>Part VI.</b> See instructions.   |  |  |  |
| 6             | Remaining underdistributions for 2019. Subtract lines 3h  |  |  | S-Per-American Promises and Professional States  |
| U             | and 4b from line 1. For result greater than zero, explain in  |  |  |  |
|               | Part VI. See instructions   |  |  |  |
| . 7           | Excess distributions carryover to 2020. Add lines 3   | SECOND STATE OF SECOND STATE OF SECOND SECON |  | <b>地外,是大多数外的基本等数点</b>  |
| •,            | and 4c.   |  |  |  |
| 8             | Breakdown of line 7   |  | PALSE LES BURES  |  |
| a             | Excess from 2015  | and the first of the second se | The state of the s | An anasaman no line of antibod Paniarana   |
| b             | Excess from 2016  |  |  |  |
| c             | Excess from 2017  | elle old de l'abite de l'abite   |  |  |
| d             | Excess from 2018  |  |  |  |
| e             | Excess from 2019  |  |  |  |
| <u>-</u>      |   | The second of the country and seconds  | And the same of the part of th | Total Control of the Party of t |

| 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.) |
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

**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

| Name (         | or the organization  |   | Employer identification number          |
|----------------|--|---|---|
| South          | ern Appalachian Botanical Society                              |   | 58-1876613                              |
| Pai            | Organizations Maintaining Donor Advi                           | sed Funds or Other Similar Fund               | ls 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)              | <del></del>                                   |   |
| 3              | Aggregate value of grants from (during year)                   | <del></del>                                   |   |
|                |  |   |   |
| 4              | Aggregate value at end of year                                 | L   | <u> </u>                                |
| 5              | Did the organization inform all donors and donor               |   |   |
|                | funds are the organization's property, subject to the          | -   |   |
| 6              | Did the organization inform all grantees, donors, ar           |   |   |
|                | only for charitable purposes and not for the benefit           | t of the donor or donor advisor, or foi       | r any other purpose                     |
|                | conferring impermissible private benefit?                      |   | · · · · · · Yes 🗌 No                    |
| Par            | t II Conservation Easements.                                   |   | <del></del>                             |
|                | Complete if the organization answered "                        | Yes" on Form 990, Part IV, line 7.            |   |
| <del>-</del> 1 | Purpose(s) of conservation easements held by the c             |   | ······                                  |
| •              | Preservation of land for public use (for example, recreations) |   | f a historically important land area    |
|                | Protection of natural habitat                                  | · _   | f a certified historic structure        |
|                |  | Freservation of                               | a certified historic structure          |
| _              | Preservation of open space                                     |   |   |
| 2              | Complete lines 2a through 2d if the organization hel           | d a qualified conservation contribution       |   |
|                | easement on the last day of the tax year.                      |   | Held at the End of the Tax Year         |
| а              | Total number of conservation easements .                       |   | . 2a                                    |
| b              | Total acreage restricted by conservation easements             |   | . 2b                                    |
| С              | Number of conservation easements on a certified hi             | storic structure included in (a) .            | . 2c                                    |
| d              | Number of conservation easements included in (                 | c) acquired after 7/25/06, and not o          | n a                                     |
|                | · · · · · · · · · · · · · · · · · · ·                          |   | . 2d                                    |
| 3              | Number of conservation easements modified, trans               | ferred released extinguished or term          | <del></del>                             |
| J              | tax year ►   | refred, released, extinguished, or term       | mated by the organization during the    |
| 4              | Number of states where property subject to conserv             | vation easement is located                    |   |
|                | Does the organization have a written policy regard             |   | ootion bandling of                      |
| 5              | violations, and enforcement of the conservation eas            |   |   |
| _              |  |   | <del>-</del>                            |
| 6              | Staff and volunteer hours devoted to monitoring, inspec        | ting, nandling of violations, and enforcing   | conservation easements during the year  |
|                |  |   |   |
| 7              | Amount of expenses incurred in monitoring, inspecting          | g, handling of violations, and enforcing o    | conservation easements during the year  |
|                | <b>▶</b> \$  |   |   |
| 8              | Does each conservation easement reported on line 2             | (d) above satisfy the requirements of s       | section 170(h)(4)(B)(i)                 |
|                | and section 170(h)(4)(B)(ii)?                                  |   | 🗌 Yes 🗌 No                              |
| 9              | In Part XIII, describe how the organization reports co         | onservation easements in its revenue a        | and expense statement and               |
|                | balance sheet, and include, if applicable, the text of         |   |   |
|                | organization's accounting for conservation easemer             |   |   |
| Part           |  |   | Other Similar Assets                    |
|                | Complete if the organization answered "                        |   | Strict Chimai Addoto.                   |
|                |  |   |   |
| 1a             | If the organization elected, as permitted under FASI           |   |   |
|                | of art, historical treasures, or other similar assets          |   |   |
|                | service, provide in Part XIII the text of the footnote to      | o its financial statements that describe      | es these items.                         |
| b              | If the organization elected, as permitted under FAS            | B ASC 958, to report in its revenue si        | tatement and balance sheet works of     |
|                | art, historical treasures, or other similar assets held        | for public exhibition, education, or res      | earch in furtherance of public service, |
|                | provide the following amounts relating to these item           | •   | •                                       |
|                | (i) Revenue included on Form 990, Part VIII, line 1            |   | . ▶ \$                                  |
|                | (ii) Assets included in Form 990, Part X                       |   | . • \$                                  |
| ^              |  |   |   |
| 2              | If the organization received or held works of art,             |   | assets for financial gain, provide the  |
|                | following amounts required to be reported under FA             | =   | <b>.</b>                                |
| a              | Revenue included on Form 990, Part VIII, line 1                |   | <b>5</b>                                |
| b              | Assets included in Form 990, Part X .                          | <u>, , , , , , , , , , , , , , , , , , , </u> | ▶ \$                                    |

| Part      | III Organizations Maintaining  | Collections of                          | Art, Hist   | orical T     | reasures               | , or Ot    | her Similar Ass               | ets (con      | tinue    | <u>-</u><br>∋d) |
|-----------|--|---|-------------|--------------|------------------------|------------|-------------------------------|---------------|----------|-----------------|
| 3         | Using the organization's acquisition, collection items (check all that apply):   |   | her recor   | ds, chec     | k any of th            | e follow   | ring that make sig            | gnificant u   | se o     | f its           |
| а         | Public exhibition  |   | <b>d</b> [  | Loan         | or exchang             | e progra   | am                            |               |          |                 |
| b         | Scholarly research   |   | e [         | ☐ Other      |                        |            | <b>-</b>                      |               |          |                 |
| С         | Preservation for future generations  | 3                                       |             |              |                        |            |                               |               |          |                 |
| 4         | Provide a description of the organiza XIII.  | tion's collections a                    | and expla   | in how t     | hey further            | the org    | anızatıon's exem <sub>l</sub> | ot purpos     | e in l   | Part            |
| 5         | During the year, did the organization assets to be sold to raise funds rather  |   |             |              |                        |            |                               | ☐ Yes         |          | No              |
| Part      | V Escrow and Custodial Arra  | angements.                              |             |              |                        |            |                               |               |          |                 |
|           | Complete if the organization 990, Part X, line 21.   | answered "Yes"                          | on Forr     | n 990, F     | Part IV, line          | e 9, or 1  | reported an amo               | ount on F     | orm      | ı<br>——         |
| 1a        | Is the organization an agent, trustee included on Form 990, Part X?  |   |             |              |                        | tions or   | other assets not              | ☐ Yes         |          | No              |
| b         | If "Yes," explain the arrangement in P   | art XIII and comple                     | ete the fol | lowing ta    | able.                  |            | <del></del>                   |               |          |                 |
|           | _  |   |             |              |                        |            | Am                            | ount          |          |                 |
| C         | Beginning balance .  | • •                                     | •           |              | •                      | 1c         | +                             |               |          |                 |
| d         | Additions during the year  |   | •           |              |                        | 1d         | <del></del>                   |               |          |                 |
| e         | Distributions during the year  |   |             |              |                        | 1e         | <del> </del>                  |               |          |                 |
| f         | Ending balance   |   |             |              |                        | <u> 1f</u> |                               |               | _        | <del></del>     |
| 2a        | Did the organization include an amount if "Yes" " and an about the arrangement of the control of |   |             |              |                        |            |                               |               |          | No              |
| b<br>Pari | If "Yes," explain the arrangement in Port Endowment Funds.   | art XIII. Uneck nere                    | e if the ex | pianation    | i nas been             | provide    | o on Part XIII .              | <u>···</u>    | <u> </u> |                 |
| Par       | Complete if the organization   | anawarad "Vas"                          | on Form     | ~ 000 E      | Part IV June           | . 10       |                               |               |          |                 |
|           | Complete it the organization   | (a) Current year                        | (b) Prio    |              | (c) Two year           |            | (d) Three years back          | (e) Four ye   | are ha   |                 |
| 10        | Reginning of year balance  |   | (b) Pho     | <del></del>  | <del></del>            |            |                               | <u> </u>      |          |                 |
| 1a<br>b   | Beginning of year balance  | 538,641                                 |             | 544,498      |                        | 523,383    | 385,099                       |               |          | ,535            |
|           |  | 2,230                                   |             | 514          |                        | 5,016      | 118,123                       | <del></del>   |          | <u>,278</u>     |
| С         | Net investment earnings, gains, and losses   | 52.400                                  |             | (257)        |                        | 24 744     | 21.440                        |               |          | 670             |
| d         | Grants or scholarships   | 53,460                                  |             | (357)        | -                      | 21,711     | 21,440<br>(1,000)             |               |          | 578             |
|           | Other expenditures for facilities and  | (6,200)                                 |             | (5,681)      |                        | (4,778)    | (1,000)                       |               | (2,      | 000)            |
| е         | programs   | (15,000)                                |             |              |                        | 1          |                               |               |          |                 |
| f         | Administrative expenses  | (15,000)                                |             | (333)        |                        | (356)      | (279)                         |               |          | <br>291)        |
| g         | End of year balance .  | 587,790                                 |             | 538,641      |                        | 544,498    | 523,383                       |               |          | <u>,099</u>     |
| 2         | Provide the estimated percentage of t  | <del></del>                             |             |              |                        |            |                               | <del></del> - | 303      | ,033            |
| a         | Board designated or quasi-endowmer   |   | 0%          | ,e .g        | , 00.0 (0              | ,,,        | .•                            |               |          |                 |
| b         | Permanent endowment ▶  | 70%                                     | - / -       |              |                        |            |                               |               |          |                 |
| c         | Term endowment ▶ 0%  |   |             |              |                        |            |                               |               |          |                 |
|           | The percentages on lines 2a, 2b, and   |   | 00%         |              |                        |            |                               |               |          |                 |
| 3a        | Are there endowment funds not in the   | •                                       |             | ation tha    | at are held            | and adr    | ninistered for the            |               |          |                 |
| -         | organization by  | p p 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | o o, ga     |              |                        | _,         |                               | Ye            | s        | No              |
|           | (i) Unrelated organizations  |   |             |              |                        |            |                               | 3a(i)         |          | <b>√</b>        |
|           | (ii) Related organizations   |   |             |              |                        |            |                               | 3a(ii)        | $\top$   | <b>√</b>        |
| b         | If "Yes" on line 3a(ii), are the related of  | rganizations listed                     | as require  | ed on So     | hedule R?              |            |                               | 3b            | 1        |                 |
| 4         | Describe in Part XIII the intended uses  |   |             |              |                        |            |                               |               |          |                 |
| Part      |  |   |             |              |                        |            |                               |               |          | _               |
|           | Complete if the organization   |   | on Forr     | n 990, F     | art IV, line           | e 11a. S   | See Form 990, F               | art X, line   | e 10     | J.              |
|           | Description of property  | (a) Cost or oth (investme               | ner basis   | (b) Cost o   | r other basis<br>ther) | (c) A      | ccumulated preciation         | (d) Book va   |          |                 |
| 1a        | Land   |   |             |              |                        |            |                               |               |          |                 |
| b         | Buildings  |   |             |              |                        |            |                               |               |          | _               |
| c         | Leasehold improvements   |   |             |              | 1                      |            |                               |               |          | _               |
| d         | Equipment  |   |             |              |                        |            |                               | _             |          | _               |
|           | Other  |   |             | <del>_</del> |                        |            |                               |               |          |                 |
| Total.    | Add lines 1a through 1e (Column (d) n  | nust equal Form 99                      | 00, Part X  | , column     | (B), line 10           | C).        | ▶                             |               |          | _               |
|           |  |   |             | _            | _                      |            |                               |               |          |                 |

| Part VII       | Complete if the organization answered "Yes" on For                                 | m 990. Part IV. lir    | ne 11b. See Form                                 | n 990. Part X. line 12.                       |
|----------------|--|------------------------|--|---|
|                | (a) Description of security or category  | (b) Book value         | (c) Me   | thod of valuation                             |
|                | (including name of security)   |                        | Cost or end                                      | i-of-year market value                        |
| (1) Financial  |  | <del></del>            | <del>                                     </del> |   |
|                |  |                        |  |   |
| (A)            |  | <del></del>            | <del> </del>                                     |   |
| /D\            |  |                        |  |   |
| (C)            |  |                        | <del> </del>                                     |   |
| (D)            |  |                        |  |   |
| (E)            |  |                        |  |   |
| (F)            |  |                        |  |   |
| (G)            |  |                        | ļ  |   |
| (H)            |  |                        | <u> </u>   |   |
|                | mn (b) must equal Form 990, Part X, col (B) line 12)                               |                        | <u> </u>   |   |
| Part VIII      | Investments — Program Related.  Complete if the organization answered "Yes" on For | m 000 Part IV Ju       | o 11a Soo Form                                   | 000 Part V line 13                            |
|                | (a) Description of investment  | (b) Book value         |  | thod of valuation                             |
|                | (a) Description of investment  | (b) Book value         |  | l-of-year market value                        |
| (1)            |  |                        | <del></del>                                      | <del>_</del> _                                |
| (2)            |  |                        |  |   |
| (3)            |  |                        |  |   |
| (4)            |  |                        |  |   |
| _(5)           |  |                        |  |   |
| (6)            |  | <del>-</del>           |  |   |
|                |  |                        |  |   |
| (8)            |  |                        | <u> </u>   |   |
| (9)            | mn (b) must equal Form 990, Part X, col (B) line 13) .                             |                        |  |   |
| Part IX        | Other Assets.  | <u> </u>               |  |   |
|                | Complete if the organization answered "Yes" on For                                 | m 990, Part IV, Iır    | ne 11d. See Form                                 | 990, Part X, line 15.                         |
|                | (a) Description  |                        |  | (b) Book value                                |
| (1)            |  |                        |  |   |
| (2)            |  |                        | <del>-</del>                                     |   |
| (3)            |  |                        | <del></del>                                      | <u> </u>                                      |
| _(4)           |  |                        |  |   |
| (5)            |  |                        |  |   |
| (6)<br>(7)     |  | <del></del>            |  |   |
| (8)            |  |                        |  |   |
| (9)            |  |                        |  |   |
|                | nn (b) must equal Form 990, Part X, col (B) line 15.)                              |                        | <del>•</del>                                     |   |
| Part X         | Other Liabilities.   |                        |  |   |
|                | Complete if the organization answered "Yes" on For                                 | m 990, Part IV, Iır    | ie 11e or 11f. Se                                | e Form 990, Part X,                           |
|                | line 25.   |                        |  |   |
| 1.             | (a) Description of liability   |                        |  | (b) Book value                                |
| (1) Federal in | come taxes   |                        | <del></del>                                      |   |
| (2)            |  |                        |  | . <u>.                                   </u> |
| (3)            |  |                        |  |   |
| (4)            |  |                        |  | <del></del>                                   |
| (5)<br>(6)     | <del>-</del>   |                        | <del>_</del> _                                   |   |
| (7)            |  |                        |  |   |
| (8)            |  |                        |  |   |
| (9)            |  |                        |  |   |
|                | nn (b) must equal Form 990, Part X, col (B) line 25.)                              |                        | >  |   |
|                | uncertain tax positions In Part XIII, provide the text of the footnot              | ote to the organizatio | n's financial stateme                            | ents that reports the                         |
|                | liability for uncertain tax positions under FASB ASC 740. Check                    |                        |  |   |

|      | Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990   |                      | r neturn.       |
|------|--|----------------------|-----------------|
| 1    | Total revenue, gains, and other support per audited financial statement  |                      | 11              |
|      | - · · · · · · · · · · · · · · · · · · ·  | •                    |                 |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12.  | 10-1                 |                 |
| а    | Net unrealized gains (losses) on investments   | 2a                   | <b>⊣</b>        |
| b    | Donated services and use of facilities   | 2b                   | -               |
| C    | Recoveries of prior year grants  | 2c                   | -               |
| d    | Other (Describe in Part XIII )   | 2d                   | <u> </u>        |
| 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:   |                      |                 |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b .   | 4a                   | _               |
| ь    | Other (Describe in Part XIII )   | 4b                   | <b></b>         |
|      | Add lines <b>4a</b> and <b>4b</b>  |                      | 4c              |
| _ 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin  |                      | 5               |
| Part |  |                      | oer Return.     |
|      | Complete if the organization answered "Yes" on Form 990  | , Part IV, line 12a. | <u> </u>        |
| 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                   |                 |
| C    | Other losses   | 2c                   |                 |
| d    | Other (Describe in Part XIII )   | 2d                   | <u> </u>        |
| е    | Add lines 2a through 2d  |                      | 2e              |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   |                      | 3               |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1 1                  |                 |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b .   | 4a                   |                 |
| b    | Other (Describe in Part XIII.)   | 4b                   |                 |
| c    | Add lines <b>4a</b> and <b>4b</b>  |                      | 4c              |
| 5`   | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, I  | ine 18.) .           | 5               |
| Part | XIII Supplemental Information.   |                      | •               |
|      | e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part. |                      | information<br> |
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| Schedule D (Fo | orm 990) 2019                        | Page <b>5</b>                           |
|----------------|--------------------------------------|---|
| Part XIII      | Supplemental Information (continued) |   |
|                |                                      |   |
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# SCHEDULEI (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.

2019

OMB No. 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Employer identification number

58-1876613 Southern Appalachian Botanical Society
Part I General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | in records to subs  | tantiate the amou               | nt of the grants or                  | assistance, the g                     | rantees' eligibility f                                      | or the grants or assistance                  | , and  |
|--|---------------------|---------------------------------|--------------------------------------|---------------------------------------|---|--|--|
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | zation's procedure  | s for monitoring t              | he use of grant fur                  | ids in the United                     | States.   |  |  |
| Part II Grants and Other As: Part IV, line 21, for any   | sistance to Dor     | nestic Organiza                 | ations and Dom<br>an \$5,000. Part I | estic Governme<br>I can be duplica    | ents. Complete it   | f the organization answe<br>space is needed. | 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. |
| (a) Name and address of organization     or government   | (b) EIN             | (c) IRC section (if applicable) | (d) Amount of cash grant             | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance        | (h) Purpose of grant or assistance   |
| (1)  |                     |                                 |                                      |                                       |   |  |  |
| (2)  |                     |                                 |                                      |                                       |   |  |  |
| (3)  |                     |                                 |                                      |                                       |   |  |  |
| (4)  |                     |                                 |                                      |                                       |   |  |  |
| (9)  |                     |                                 |                                      |                                       |   |  |  |
| (9)  |                     |                                 |                                      |                                       |   |  |  |
| (4)  |                     | !                               |                                      |                                       |   |  |  |
| (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   | ernment organiza                | lions listed in the li               | ne 1 table .                          |   |  | <b>A</b>   |
| 3 Enter total number of other organizations listed in the line 1 table   | rganizations listed | in the line 1 table             | •                                    |                                       |   |  | <b>A</b> .   |

Schedule I (Form 990) (2019)

Cat No 50055P

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

Schedule I (Form 990) (2019)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. 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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 300 2,400 1,000 1,200 1,000 300 (c) Amount of cash grant Part 1 Line 2. Organization procedures for monitoring use of grant funds We request the recipients provide a follow-up document on their award use. (b) Number of recipients œ œ Student Conference Support Awards (a) Type of grant or assistance 3 Earl Core Student Research Award Student Presentation Award 6 Student Poster Award 7 Bartholomew Award 4 Windler Award 2 Fairey Award Part IV Part III S

Schedule I (Form 990) (2019)

#### 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.

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

OMB No 1545-0047 2019 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Southern Appalachian Botanical Society

Employer identification number 58-1876613

Inspection

| Part III Line 4· Program Service Accomplishments  |
|---|
| Windler Award (expense \$1,000 (grants)) - for the best research article published in the organization's journal, Castanea, during 2019 |
| Core Student Research Award (expense \$1,200 (grants)) - provides research support for students conducting research, proposals required |
| Fairey Award (expense \$1,000 (grants) - provides funding for student field station research  |
| Student Presentation Award (expense \$300) - awards student for top research presentation at conference                                 |
| Student Poster Award (expense \$300) - awards student for top poster at conference  |
| Bartholomew Award (expense \$300) - awards professional contribution to society   |
| Great Smoky Mountains Wildflower Pilgrimage support (expense \$700) - funds used to compensate speakers and walk leaders                |
|   |
| Part VI Section A Line 7b: Governance decisions reserved to members   |
| All officers are elected by the members, any changes in dues requires the approval of a majority of members                             |
| Elections are offered on printed and electronic ballots, information is sent in the fall with a 3 month window for voting               |
| Changes in the dues structure are announced 3 months prior to the annual meeting, members in attendance may vote                        |
|   |
| Part VI Section C Line 19: Availability of documents  |
| The constitution and by-laws are posted on the website for public inspection  |
| The society does not have a conflict of interst policy  |
| The summary financial statement is passed out at the annual meeting and sent to members with the next printed issue of the newsletter.  |
| Copies of this Form 990 and the schedules are available to members upon request   |
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| Schedule O (Form 990 or 990-E2) (2019) |                                | Page Z |
|--|--------------------------------|--------|
| Name of the organization               | Employer identification number |        |
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