Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

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

Open to Public Inspection

AF	For the	2020 calendar year, or tax year beginning JUL I, 2020 and €	ending J	UN 30, 2021	Control of the Contro
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	AMERICAN HORTICULTURAL SOCIETY			and the same of th
	Name change	Doing business as		53-02264	08
	Initial return		Room/suite	E Telephone number (703) 76	
	⊥return/ termin			The second secon	3,457,775.
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	
_	return	ADEXANDRIA, VA 22300		H(a) Is this a group re	
	Applic tion pendir				? Yes X No
		SAME AS C ABOVE	507	1	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	1	list. See instructions
		e: WWW.AHSGARDENING.ORG organization: X Corporation Trust Association Other	I Voor	H(c) Group exemptio	State of legal domicile: DC
	art I	organization: X Corporation	L Year	or formation: 1952 N	State of legal domicile. DC
	1	Briefly describe the organization's mission or most significant activities: PROMO	OTE AM	ERICAN GARDI	ENING BY
Activities & Governance		CONNECTING PEOPLE & PLANTS, ENCOURAGING S	TEWARI	SHIP OF THE	EARTH.
nai	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
)Vel	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		75 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9
ల ల	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		ADMINISTRAÇÃO DE CARACTORISTA DE LA CARACTORISTA DE LA CARACTORISTA DE LA CARACTORISTA DE LA CARACTORISTA DE L	17
/itie	6	Total number of volunteers (estimate if necessary)			30
cţì	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			21,283.
A	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,295,591.	1,044,881.
	9	Program service revenue (Part VIII, line 2g)		1,162,432.	733,405.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		79,740.	241,686.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		188,520.	327,197.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,726,283.	2,347,169.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,179,965.	923,009.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		77,590.	66,000.
che	b	Total fundraising expenses (Part IX, column (D), line 25)	95.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,465,938.	2,191,188.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,723,493.	3,180,197.
		Revenue less expenses. Subtract line 18 from line 12		2,790.	-833,028.
Net Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		6,385,269.	6,054,007.
t As	21	Total liabilities (Part X, line 26)		1,924,886.	2,025,837.
8	22	Net assets or fund balances. Subtract line 21 from line 20		4,460,383.	4,028,170.
	art II	Signature Block			
	(2)	lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	1/22
		Signature of officer		Date Date	4/22
Sig				Date	
Her	е	SUZANNE LAPORTE, CEO Type or print name and title			
			Ir	Date Check	PTIN
Dair		Print/Type preparer's name FRANK H. SMITH Preparer's signature Frank H. Smith		5/16/22 of self-employ	
Paid	parer		<u>lo</u>	Firm's EIN ▶	11-1986323
	Only		and the second second	FIIIII S EIN	±± ±200323
USE	Jilly	Firm's address 1899 L STREET, NW, SUITE 850 WASHINGTON, DC 20036		Phone no. (2	02) 227-4000
N.4.0.	/ the IF			[Pilotie IIo. \ Z	
ivia	y rue it	RS discuss this return with the preparer shown above? See instructions			X Yes No

032001 12-23-20

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROMOTE GARDENING IN AMERICA BY CONNECTING PEOPLE AND PLANTS,
	ENCOURAGING STEWARDSHIP OF THE EARTH, AND CELEBRATING THE ART AND
	SCIENCE OF HORTICULTURE.
	Detailed of nonlicoulons.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$464 , 733 . including grants of \$) (Revenue \$\$ 21 , 283 .)
4a	(Code:) (Expenses \$464, /33. including grants of \$) (Revenue \$21, 283.) COMMUNICATIONS - COMMUNICATIONS ACTIVITIES ARE A KEY PART OF THE
	SOCIETY'S EDUCATIONAL OUTREACH AND MEMBER SERVICE OFFERINGS. THE
	SOCIETY'S FLAGSHIP BIMONTHLY MEMBER PUBLICATION, THE AMERICAN GARDENER
	MAGAZINE PROVIDES USEFUL AND AUTHORITATIVE INFORMATION ON A RANGE OF
	HORTICULTURE TOPICS. IN COMBINATION WITH OTHER RESOURCES OFFERED VIA
	THE SOCIETY'S WEBSITE, AHSGARDENING.ORG, AN ONLINE MAGAZINE ARCHIVE,
	WITH ISSUES DATING BACK TO 1922, PROVIDES THE GENERAL PUBLIC WITH
	ACCESS TO A VAST TROVE OF GARDENING INFORMATION AND IDEAS. WITH MORE
	THAN 100 BOOKS DEVOTED TO HORTICULTURAL PRACTICE AND THE WORLD OF
	ORNAMENTAL PLANTS PUBLISHED UNDER THE SOCIETY BANNER, THE SOCIETY IS A
	LEADER IN CREATING AUTHORITATIVE GARDENING REFERENCE BOOKS THAT PUT THE
	MOST CURRENT HORTICULTURAL INFORMATION IN THE HANDS OF PROFESSIONAL AND
4b	(Code:) (Expenses \$
	MEMBERSHIP - AS A MEMBERSHIP ORGANIZATION, THE AHS PROVIDES SERVICES
	AND OUTREACH IN SUPPORT OF ITS MEMBERS THROUGHOUT THE UNITED STATES AND
	INTERNATIONALLY. MEMBER COMMUNICATIONS AND OTHER BENEFITS PROVIDE
	SUPPORTERS WITH THE INFORMATION AND INSPIRATION THEY NEED TO BE
	SUCCESSFUL GARDENERS - ENRICHING THEIR LIVES AND INSPIRING THEM TO HAVE
	A POSITIVE IMPACT ON THEIR COMMUNITIES. IN ADDITION, THESE ACTIVITIES
	CONTRIBUTE TO THE ORGANIZATIONAL OBJECTIVES OF HELPING MORE AMERICANS
	ENJOY THE REWARDS OF GARDENS AND GARDENING, CELEBRATING THE DIVERSITY
	OF HORTICULTURE IN AMERICA, AND ENCOURAGING EARTH-FRIENDLY GARDENING
	PRACTICES. RECIPROCAL MEMBERSHIP AGREEMENTS CONNECT AHS MEMBERS WITH A
	NATIONAL NETWORK OF PUBLIC GARDENS AND HORTICULTURAL ORGANIZATIONS
	EXTENDING THE SOCIETY'S EDUCATIONAL REACH.
4C	(Code:) (Expenses \$ 383,407. including grants of \$) (Revenue \$29,621.)
	GARDENS AND BUILDINGS - THE AHS MAINTAINS, OPENS TO THE PUBLIC, AND ENHANCES RIVER FARM, THE SOCIETY'S 25-ACRE HEADQUARTERS, WHICH WAS ONE
	OF FIVE VIRGINIA PROPERTIES ORIGINALLY OWNED BY GEORGE WASHINGTON. A
	SITE OF REGIONAL, NATIONAL, HORTICULTURAL AND HISTORIC SIGNIFICANCE,
	RIVER FARM IS OPEN TO VISITORS AND SERVES AS A VENUE FOR EDUCATIONAL
	PROGRAMS, BOTANICALLY THEMED EXHIBITS, CIVIC MEETINGS AND SPECIAL
	EVENTS. THE PROPERTY'S GARDENS AND NATURAL AREAS INCLUDE MANY
	DEMONSTRATION AREAS AND MODELS PROMOTING HORTICULTURAL INNOVATION,
	PRACTICAL EXPERIMENTATION, SUSTAINABILITY AND CONSERVATION. RIVER FARM
	STAFF WORK WITH AN ENGAGED LOCAL VOLUNTEER BASE TO MAINTAIN THE
	PROPERTY. RIVER FARM STAFF ALSO PROVIDE INTERPRETIVE EDUCATIONAL
	CONTENT, TOURS AND COORDINATION IN SUPPORT OF THE SOCIETY'S ON-SITE AND
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 229,406 · including grants of \$) (Revenue \$ 159,505 ·) Total program service expenses ▶ 1,538,681 ·
40	Total program service expenses ► 1,538,681. Form 990 (2020)
	Form 330 (2020)

032002 12-23-20

Form 990 (2020) AMERICAN HORTICULTURAL SOCIETY Part IV 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
•	Schedule D, Part III	- °		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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
13	,	10		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

032003 12-23-20

Form **990** (2020)

Part IV	Checklist of Required Schedules	(continued	1)
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			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		X
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		_X_
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			7.7
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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		
	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	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
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		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	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	34		Х
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	552		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_	v	
	(gambling) winnings to prize winners?	1c	X	(2020)

Form 990 (2020) AMERICAN HORTICULTURAL SOCIETY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	e entirided				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 17			
	filed for the calendar year ending with or within the year covered by this return		O.L.	X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		3a	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of the state of the	······	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30	21	
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial account acc		4a		x
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		77
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Follif the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ü	sponsoring organization have excess business holdings at any time during the year?	by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	5111		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
·	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Eorm	990	(2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
		•		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9	-		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	0			
b	Enter the number of voting members included on line 1a, above, who are independent	9	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				v
_	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	on			v
	of officers, directors, trustees, or key employees to a management company or other person?		<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
5	Did the approximation become and added to be a considered as the state of the state		6		X
6 7a	Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or		-		
<i>1</i> a			7a		Х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		14		
b	recovered with any the processing a leady O		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		75		
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		00		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
	(This occitor b requests information about policies not required by the internal nevenue code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	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 filing the		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this was done		12c		_X_
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				7.7
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		46.		
202	exempt status with respect to such arrangements? tion C. Disclosure		16b		
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AR, CA, FL, GA, HI, IL, F	S KV	МП	MΣ	мт
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section for public inspection. Indicate how you made these available. Check all that apply.	JU 1 (C)(J)	s or ity)	avalidi	DI C
19	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	olicy and	l financ	ial	
פו	statements available to the public during the tax year.	olicy, all	iman	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•			
20	JANET DANIELS - (703) 768-5700				
	7931 EAST BOULEVARD DRIVE, ALEXANDRIA, VA 22308				
32006	SEE SCHEDULE O FOR FULL LIST OF STATES		Form	990	(2020)
	· ·		. 51111		()

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 if neither the organiza (A)	(B)	J. ga	<u>_u</u>)	ا ان حار.		(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
ivaille allu title	hours per		not c	heck i	more	than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	steec	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		ploye	com s				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) J. ROBERT BRACKMAN	40.00	=	드	0	3	工品	굔			
INTERIM CEO	1000	1		Х				96,160.	0.	0.
(2) CATHERINE HAYES	5.00							,	-	
CHAIRMAN - AS OF 9/2020		Х		Х				0.	0.	0.
(3) ERICH VEITENHEIMER	5.00									
CHAIRMAN - UNTIL 9/2020		Х		Х				0.	0.	0.
(4) ROBERT MURRAY	2.00									
VICE CHAIR - AS OF 10/2020		Х		Х				0.	0.	0.
(5) NANCY ROSS	2.00	1							_	
TREASURER		Х		Х				0.	0.	0.
(6) HOLLY SHIMIZU	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) R. ELLEN AVELLINO	1.00	ļ								
DIRECTOR - UNTIL 9/2020	1 00	Х						0.	0.	0.
(8) SKIPP CALVERT	1.00									
DIRECTOR	2 00	Х						0.	0.	0.
(9) TIM J. CONLON	2.00	37							_	_
DIRECTOR (10) LAURA DOWLING	1.00	Х						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) MARY PAT MATHESON	2.00	Δ						0.	0.	· ·
DIRECTOR - UNTIL 9/2020	2.00	Х						0.	0.	0.
(12) RACHEL MUIR	1.00	22						•	0.	•
DIRECTOR - UNTIL 1/2021	1,00	х						0.	0.	0.
(13) CINDY TYLER	3.00	T-								
DIRECTOR		х						0.	0.	0.
(14) MARCIA ZECH	2.00	ļ								
DIRECTOR		Х						0.	0.	0.
		4								
		-								
		-								

Form **990** (2020)

032007 12-23-20

Section A. Onicers, Directors, Trus	tees, key Emp	JIOYE	ees,	anu	ı mış	gnes	it C	ompensated Employee	(continued)			
(A) Name and title	(B) Average hours per week	(do box,	not c	Posi heck r ss per id a di	ition) than o	one n an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	of
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS0		other compens from the organization and relations	ation ne tion ted
	,		=	0	У	Ξ ω	4					
		\Box										
		-										
		-										
		-										
		-										
		-										
		-										
		-										
1b Subtotal c Total from continuation sheets to Part VII							>	96,160.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	96,160.		0.		0.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose I	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			0
3 Did the organization list any former officer,	director, trust	ee, k	еу е	emple	oye	e, or	hig	hest compensated emp	loyee on	Г	Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3	X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4	X
rendered to the organization? If "Yes." com Section B. Independent Contractors											5	X
Complete this table for your five highest count the organization. Report compensation for the organization.										ensatio	on from	
(A) Name and business			ONE			<u> </u>		(B) Description of s		Co	(C)	on
Total number of independent contractors (in \$100,000 of compensation from the organize)	•	ot lim	nited	to t	thos	se lis	ted	above) who received me	ore than			
	•										202	

Form **990** (2020)

		Check if Schedule O contains a response	or note to anv lin	e in this Part VIII			
		Chicago Comanio a response	<u> </u>	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S S	1 8	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	268,410.				
اع ق		Fundraising events 1c	11,089.				
ifts,		Related organizations 1d					
<u>e</u> ë		Government grants (contributions)	226,769.				
Sin		All other contributions, gifts, grants, and		-			
ě Ę	•	similar amounts not included above 1f	538,613.				
등			26,610.	1			
i d	9	Total. Add lines 1a-1f		1,044,881.			
OB		Total. Add lifles Ta-11	Business Code	1,044,001.			
_	0.4	MEMBERSHIP DUES	900099	573,900.	573,900.		
ice			900099	159,505.			
er ue	k		300033	139,303.	139,303.		
m S	(
gra Be	(
Program Service Revenue		All all and an area area in a second					
-	f			733,405.			
		Total. Add lines 2a-2f		733,403.			
	3	Investment income (including dividends, intere		52,189.			52,189.
		other similar amounts)		32,109.			52,109.
	4	Income from investment of tax-exempt bond p		169.			169.
	5	Royalties(i) Real		109.			109.
		100 220	(ii) Personal	-			
	6 a	20 256					
	k			-			
	(157 054			157 054
		Net rental income or (loss)		157,954.			157,954.
	7 8	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a 1229389.		-			
	k	Less: cost or other basis					
Je		and sales expenses 7b 1039892.		-			
her Revenue		Gain or (loss) 7c 189,497.		100 407			100 405
~		Net gain or (loss)		189,497.			189,497.
ig	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See	00 614				
		Part IV, line 18		-			
	k	Less: direct expenses 8b	27,468.	2 054			2 054
	(` '	>	-3,854.			-3,854.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses9b					
	(Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10t	10,870.	00 501	00 111		
	(Net income or (loss) from sales of inventory		29,621.	29,621.		
ဖွ			Business Code	112 22			440 00=
e e	11 a		900099	118,237.		04 055	118,237.
ane	k		541800	21,283.		21,283.	
Miscellaneous Revenue	(OTHER	900099	3,787.			3,787.
Mis		All other revenue		440 00=			
		Total. Add lines 11a-11d)	143,307.	F.62	04 055	E4E 0=0
	12	Total revenue See instructions		2.347.169.	763.026.	i 21 283.	517.979.

032009 12-23-20

Form **990** (2020)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	125,008.	37,502.	50,003.	37,503.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	662,759.	558,842.	66,959.	36,958.
8	Pension plan accruals and contributions (include	-	-		
	section 401(k) and 403(b) employer contributions)	19,653.	14,900.	2,904. 9,027.	1,849.
9	Other employee benefits	61,084.	46,310.		1,849. 5,747. 5,128.
10	Payroll taxes	54,505.	41,322.	8,055.	5,128.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,206,047.	00 611	1,206,047.	0 600
С	S F	29,752.	22,611.	4,463.	2,678.
d	, , , , , , , , , , , , , , , , , , , ,	66,000.			66 000
e	, F	21,695.		21,695.	66,000.
f	Investment management fees	21,093.		21,093.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	299,130.	279,173.	19,957.	
12	Advertising and promotion	6,422.	6,373.	10,0011	49.
13	Office expenses	305,794.	286,556.	17,983.	1,255.
14	Information technology	42,177.	36,081.		6,096.
15	Royalties	,	,		,
16	Occupancy	71,080.	53,947.	10,624.	6,509.
17	Travel	15,430.	11,918.	2,195.	1,317.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200	200		
19	Conferences, conventions, and meetings	389.	389.		
20	Interest				
21	Payments to affiliates	95,328.	72,449.	14,299.	8,580.
22 23	Depreciation, depletion, and amortization	30,023.	22,727.	4,458.	2,838.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	33,75231	22,727	2,2333	270001
а	REPAIRS & MAINTENANCE	40,991.	31,153.	6,149.	3,689.
b	TAXES AND LICENSES	12,275.	2,182.	5,703.	4,390.
С	LIST RENTALS	10,885.	10,885.		
d	DUES AND SUBSCRIPTIONS	3,770.	3,361.		409.
е	All other expenses	2 100 100	1 500 601	1 450 501	100 005
25	Total functional expenses. Add lines 1 through 24e	3,180,197.	1,538,681.	1,450,521.	190,995.
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)				
00004	Check nere if tollowing SOP 98-2 (ASC 958-720)				Form 990 (2020)

032010 12-23-20

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	826,585.	1	426,347.
	2	Savings and temporary cash investments	439,783.	2	143,763.
	3	Pledges and grants receivable, net	11,100.	3	2,114.
	4	Accounts receivable, net		4	
	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)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	115,055.	9	100,204.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,267,542. 10b 1,136,694.			
	b	Less: accumulated depreciation 10b 1,136,694.		10c	2,130,848.
	11	Investments - publicly traded securities	2,766,570.	11	3,250,731.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,385,269.	16	6,054,007.
	17	Accounts payable and accrued expenses	118,080.	17	394,818.
	18	Grants payable		18	
	19	Deferred revenue	694,571.	19	553,021.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	880,440.	23	850,229.
	24	Unsecured notes and loans payable to unrelated third parties	226,769.	24	226,769.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			4 000
		of Schedule D	5,026.		1,000.
	26	Total liabilities. Add lines 17 through 25	1,924,886.	26	2,025,837.
(0		Organizations that follow FASB ASC 958, check here 🕨 🗓			
čě		and complete lines 27, 28, 32, and 33.	2 500 066		0 501 670
<u>a</u>	27	Net assets without donor restrictions	3,592,266.	27	2,521,670.
Ä	28	Net assets with donor restrictions	868,117.	28	1,506,500.
Ē		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ټ ک	31	Retained earnings, endowment, accumulated income, or other funds	4 460 202	31	4 000 170
Se	32	Total net assets or fund balances	4,460,383.	32	4,028,170.
	33	Total liabilities and net assets/fund balances	6,385,269.	33	6,054,007.

Form **990** (2020)

Pa	rt 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	2	<u>,34'</u>	7,1	<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,180		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-833</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,460		
5	Net unrealized gains (losses) on investments	5		400),8	<u> 15.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
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	4	<u>,028</u>	3,1	70.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>		<u> </u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				1
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	200	l

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020
Open to Public

Inspection

Employer identification number

AMERICAN HORTICULTURAL SOCIETY 53-0226408 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

f Enter the number of supported organizations								
• •	g Provide the following information about the supported organization(s).							
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
Total								

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

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functionally integrated, or Type III non-functionally integrated supporting organization.

Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71	1	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Gifts, grants, contributions, and	, ,	` ,	` ,	, ,	` ,	,,	
	membership fees received. (Do not							
	include any "unusual grants.")	2554261.	1637404.	1026063.	1295591.	1044881.	7558200.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	2554261.	1637404.	1026063.	1295591.	1044881.	7558200.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1398094.	
6	Public support. Subtract line 5 from line 4.						6160106.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	2554261.	1637404.	1026063.	1295591.	1044881.	7558200.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	347,716.	353,662.	329,708.	256,006.	242,688.	1529780.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	250.					250.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	350,000.	1,100.	1,300.	8,160.	3,787.	364,347.	
11	Total support. Add lines 7 through 10						9452577.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 6	,158,723.	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop	here					>	
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	65 . 17 %	
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	64.96 <u>%</u>	
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and	
	stop here. The organization qualifies	as a publicly suppo	orted organization				\ X	
b	33 1/3% support test - 2019. If the o							
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□	
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶□	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >	
					Sche	dule A (Form 990	or 990-EZ) 2020	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(2) 2020	(f) Total
	Amounts from line 6	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						_
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13, column (f))		17	<u>%</u>
18						18	<u>%</u>
19a	a 33 1/3% support tests - 2020. If the						7 is not
_	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2019. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	II GIG HOL CHECK a	DOX OH III IC 14, 19	a, or 130, crieck tr	no dux anu see ins		

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Т..

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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 line 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.)

	Yes	No
1		
2		
3a		
-		
3b		
3c		
4a		
4b		
4D		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
3.5		
0-		
9c		
10a		
10b		
	0 EZ	

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	<u>detail in</u> Part VI. etion B. Type I Supporting Organizations	11c		
	and bright capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
·	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	supported organizations played in this regard.			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) <u>.</u>		
а	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Fai	t v Type III Non-Functionally integrated 509	ajjoj supporting Orga	Continu	<u> , iea</u>	
<u>Secti</u>	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: **MISCELLANEOUS** 2016 AMOUNT: \$ 0. 2017 AMOUNT: \$ 1,100. 2018 AMOUNT: \$ 1,300. 2019 AMOUNT: \$ 8,160. 3,787. 2020 AMOUNT: \$ SALE OF DOMAIN NAME 350,000. 2016 AMOUNT: \$ 2017 AMOUNT: \$ 2018 AMOUNT: \$ 0. 0. 2019 AMOUNT: 0. 2020 AMOUNT: \$

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
AMERICAN HORTICULTURAL SOCIETY	53-0226408
Organization type (check one):	

Filers of:	Section:						
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) any one contribute	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.						
contributor, durino literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year						
tition: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), t it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to refif that it doesn't meet the filing requirements of Schedule B (Form 990, 990-PF).							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

AMERICAN HORTICULTURAL SOCIETY

53-0226408

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 226,269.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>102,356.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$31,650.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 22,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AMERICAN HORTICULTURAL SOCIETY

53-0226408

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	AUCTION ITEMS - TRAVEL AND HORTICULTURAL		
		\$2,600.	11/11/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 0		<u> </u>	000 000 E7 000 DE) (0000)

Name of organization **Employer identification number** 53-0226408 AMERICAN HORTICULTURAL SOCIETY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 of the organization

AMERICAN HORTICIII.TIRAI, SOCIETY

Employer identification number 53-0226408

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete ii and
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a through 2d if the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a th	ed conservation contribution in the form	of a conservation 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			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
_	year ▶		
4	Number of states where property subject to conservation ease	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the peri		□ v □ N.
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing consenta	tion assements during the year
′	\$ \$	ing of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	h)(4)(B)(i)
Ū			
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footnot	•	
	organization's accounting for conservation easements.	3	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these item	is.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	er Similar	Assets	(continue	ed)
3	Using the organization's acquisition, accession						(,
	collection items (check all that apply):							
а	Public exhibition	d	l Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	e organization's exe	mpt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ır assets			
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" o	n Form 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other assets not	included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
		•	· ·				Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fe						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	• • •	
	Beginning of year balance	546,238.	543,711.	543,106.	54	42,157.	5	41,349.
b	Contributions	647,008.						
С	Net investment earnings, gains, and losses	38,506.	50,527.	12,108.	:	18,979.		16,154.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	36,581.	48,000.	11,503.	:	18,030.		15,346.
f	Administrative expenses							
g	End of year balance	1,195,171.	546,238.	543,711.	5	43,106.	5	42,157.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
	Board designated or quasi-endowment		%					
	Permanent endowment ► 99.2930	%						
С	Term endowment ▶ .7070							
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held ar	nd administered for t	he organiza	tion		
	by:							es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza						3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.					
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	value
		basis (investr	,	` ,	epreciation			
1a	Land		1,89	1,563.			1,891	
	Buildings		1,05	6,137.	888,54	10.	167	,597.
	Leasehold improvements							
	Equipment			7,140.	138,92			,219.
	Other		15	2,702.	109,23			,469.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line 1	Oc.)		•	2,130	,848.
		-	- , , 	-		Schedule	D (Form 9	990) 2020

	RTICULTURAL SO	OCIETY	53-0226408 Pag
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	ine 25.
(a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			
(2) RENTAL DEPOSIT			1,00
(2)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

(4) (5) (6) (7) (8) (9)

Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		nevenue per Ke	turn.	
1	T			1	2,827,053.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	
	Net unrealized gains (losses) on investments	2a	400,815.		
	Donated services and use of facilities		30,050.		
	Recoveries of prior year grants		•		
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	430,865.
3	Subtract line 2e from line 1			3	2,396,188.
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	21,695.		
	Other (Describe in Part XIII.)		21,695. -70,714.		
	Add lines 4a and 4b			4c	-49,019.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial State			5	-49,019. 2,347,169.
Par			Expenses per F	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				2 250 266
1	Total expenses and losses per audited financial statements			1	3,259,266.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	20 050		
	Donated services and use of facilities		30,050.	-	
	Prior year adjustments	1 1		-	
C	Other losses		70,714.	-	
d	Other (Describe in Part XIII.)		-	-	100 764
	Add lines 2a through 2d			2e 3	100,764. 3,158,502.
3	Subtract line 2e from line 1			3	3,130,302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	21,695.		
	Other (Describe in Part XIII.)		21,055.	-	
		· ·		4c	21,695.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	3,180,197.
	t XIII Supplemental Information.				3/200/23/0
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			; Part)	K, line 2; Part XI,
PAF	T V, LINE 4:				
THE	ENDOWMENT FUNDS ARE SET UP TO SUPPORT T	HE SOCIE	ETY'S AWARD	S PI	ROGRAM,
татп	EDNOUTE COARE DEVELOPMENT AND CENEDAL		CONC		
TIVI	ERNSHIPS, STAFF DEVELOPMENT, AND GENERAL	OPERATI	LONS.		
PAF	T X, LINE 2:				
THE	SOCIETY PERFORMED AN EVALUATION OF UNCE	RTAINTY	IN INCOME	TAX	ES FOR THE
YEA	R ENDED JUNE 30, 2021, AND DETERMINED TH	AT THERE	E WERE NO M	ATT	ERS THAT
WOU	LD REQUIRE RECOGNITION IN THE FINANCIAL	STATEMEN	NTS, OR THA	т м	AY HAVE
7 773	FEEEOM ON IMO MAY EVENDO OMADIO				
AIN	EFFECT ON ITS TAX-EXEMPT STATUS.				
PAF	T XI, LINE 4B - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSE				-27,468.
032054	12-01-20			Sched	dule D (Form 990) 2020

Schedule D (Form 990) 2020 AMERICAN HORTICULTURAL SOCIETY Part XIII Supplemental Information (continued)	53-0226408 Page 5
COST OF GOODS SOLD	-10,870.
RENT EXPENSE	-32,376.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-70,714.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	27,468.
COST OF GOODS SOLD	10,870.
RENT EXPENSE	32,376.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	70,714.
	Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Iama	ot tho	organization

AMERICAN HORTICULTURAL SOCIETY

Employer identification number

53-0226408

Part I Fundraising Activities. required to complete this par	Complete if the organization answet	red "Y	es" on	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the followin e X Solicitat f Solicitat g X Special or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-governising of onal fundamental	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING - 805 15TH		Yes	No			
STREET, NW, SUITE 700,	MARKETING CONSULTING	100	Х	1,177,189.	66,000.	1,111,189.
Total				1,177,189.	66,000.	1,111,189.
3 List all states in which the organization or licensing. AL, AK, AR, CA, CO, CT, DC, OH, OK, OR, PA, RI, SC, TN,	FL,GA,HI,IL,KS,KY,N					
HA For Paperwork Reduction Act Not	ice, see the Instructions for Form 9	90 or	990-F	7	Schedule G (Form 9	90 or 990-F7) 2020

032081 11-25-20

12090516 150872 AHS

SEE PART IV FOR CONTINUATIONS

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ONLINE NONE (add col. (a) through AUCTION col. (c)) (event type) (event type) (total number) 34,703. 34,703. 1 Gross receipts 2 Less: Contributions 11,089. 11,089. **3** Gross income (line 1 minus line 2) 23,614. 23,614. 4 Cash prizes 24,604. 24,604. 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 2,864. 2,864 Other direct expenses 27,468 **10** Direct expense summary. Add lines 4 through 9 in column (d) -3,854 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 AMERICAN HORTICULTURAL SOCIETY 53	3-0226408	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility		<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
a	s the organization required under state law to make charitable distributions from the gaming proceeds to	Yes	□ No
	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		NO
	organization's own exempt activities during the tax year > \$,	
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, ,	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	LRS:	
	V NAME OF FUNDALGED ANALON CONGULTING		
<u>(I</u>) NAME OF FUNDRAISER: AVALON CONSULTING		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
80	5 15TH STREET, NW, SUITE 700, WASHINGTON, DC 20005		
_			

Schedule G	i (Form 990 or 990-EZ)	AMERICAN	HORTICULTURAL	SOCIETY	53-0226408	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	rmation _{(continue}	ed)			
					Schedule G (Form 990 or	990-E 7 \

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization AMERICAN HORTICULTURAL SOCIETY

Employer identification number 53-0226408

Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining		;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2	2,948.	FMV, NET OF	FEES	3	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	X	41	23,614.				
26	Other (MISCELLANEOUS)	X	1	48.				
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
						Y	es	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, that it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	equires the review	of any nonstandard contribut	tions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II.							
	For Denominals Dedication Act Notice and							

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

Schedule M (Form 990) 2020

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE TOTAL REPRESENTED IN PART I, COLUMN (B) REPRESENTS THE NUMBER OF
CONTRIBUTIONS THAT WERE RECEIVED.
SCHEDULE M, LINE 32B:
THE BOARD OF DIRECTORS ADOPTED A GIFT ACCEPTANCE POLICY ON JUNE 21,
2018 WHICH DEFINES THE TYPES OF ACCEPTABLE NON-STANDARD CONTRIBUTIONS
AND THE CONDITIONS/TERMS IN WHICH THE SOCIETY WILL ACCEPT THEM.

Schedule M (Form 990) 2020

032142 11-23-20

Schedule M (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

AMERICAN HORTICULTURAL SOCIETY

Employer identification number 53-0226408

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AMATEUR GARDENERS ACROSS AMERICA. THE AHS ENGAGES A NATIONAL COMMUNITY

OF GARDENERS AND GARDEN ENTHUSIASTS AROUND THE WORLD VIA MULTIPLE

SOCIAL MEDIA PLATFORMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NATIONAL PROGRAMS. THE AHS DERIVES REVENUE TO MAINTAIN RIVER FARM AND

SUPPORT ITS MISSION PROGRAMS THROUGH ITS GARDEN SHOP, EXHIBITION

PROGRAM, TOURS, AND SITE RENTALS FOR WEDDINGS, MEMORIALS, RETREATS, AND

SPECIAL EVENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATIONAL PROGRAMS -THESE ACTIVITIES FOCUS ON SHARING THE ART AND PRACTICE OF HORTICULTURE WITH PEOPLE AT ALL LEVELS OF GARDENING WITH A SPECIAL EMPHASIS ON GARDENING FOR CHILDREN AND YOUTH. EXPERTISE, SINCE 1993, THE SOCIETY HAS HOSTED THE NATIONAL CHILDREN AND YOUTH GARDEN SYMPOSIUM THAT IS COMMITTED TO BRIDGING THE GROWING DIVIDE THAT SEPARATES YOUNG PEOPLE FROM THE NATURAL WORLD. THE SOCIETY'S INTERNSHIP PROGRAM PROVIDES VALUABLE HANDS-ON EXPERIENCE FOR COLLEGE STUDENTS HELPING TO SHAPE THE HORTICULTURAL LEADERS OF TOMORROW. THE SOCIETY PARTNERS WITH A RANGE OF NONPROFIT ORGANIZATIONS AND GOVERNMENTAL AGENCIES TO EDUCATE AND ENGAGE THE PUBLIC ON ISSUES AT THE INTERSECTION THE ENVIRONMENT, INDIVIDUAL, AND COMMUNITY HEALTH. OF HORTICULTURE, RECIPROCAL ADMISSION PROGRAM OFFERS MEMBERS FREE OR REDUCED ADMISSION TO APPROXIMATELY 325 PUBLIC GARDENS AND ARBORETA NATIONWIDE AND, ALONG WITH INTERNATIONAL TRAVEL-STUDY TRIPS AND OTHER SPECIAL PROGRAMS

> 38 2020.05094 AMERICAN HORTICULTURAL SO AHS

Schedule O (Form 990 or 990-EZ) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number

REVENUE \$ 159,505.

Name of the organization 53-0226408 AMERICAN HORTICULTURAL SOCIETY OFFERS THE OPPORTUNITY FOR EXPERIENTIAL, GARDEN-BASED LEARNING AND APPRECIATION. THE SOCIETY'S NATIONAL AWARDS PROGRAMS ENCOURAGE EXCELLENCE AND HONOR THE ACHIEVEMENTS OF INDIVIDUALS AND ORGANIZATIONS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS TO HORTICULTURE IN AMERICA.

FORM 990, PART VI, SECTION B, LINE 11B:

EXPENSES \$ 229,406. INCLUDING GRANTS OF \$ 0.

THE DRAFT OF THE FEDERAL FORM 990 IS FIRST REVIEWED BY THE ORGANIZATION'S FINANCIAL STAFF AND PRESIDENT & CEO, THEN THE FINANCE/AUDIT COMMITTEE REVIEWS AND APPROVES IT, AND THE APPROVED DRAFT IS SUBSEQUENTLY DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12:

THE SOCIETY COMPLIES WITH THE INTERNAL REVENUE SERVICE'S SUGGESTED BEST PRACTICES REGARDING CONFLICT OF INTEREST POLICIES APPLICABLE TO NONPROFIT AND CHARITABLE ORGANIZATIONS. UNDER THE SOCIETY'S CONFLICT OF INTEREST POLICY, OFFICERS, BOARD OF DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE SIGNED DISCLOSURE STATEMENTS ARE REVIEWED AND HELD IN THE CORPORATE RECORDS. THE POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND EMPLOYEES. IT DEFINES AREAS OF POTENTIAL CONFLICT, THE PROCESSES FOR INDEPENDENT REVIEW AND RESOLUTION OF POTENTIAL CONFLICTS, AND THE ACTIONS REQUIRED IN THE EVENT OF NON-COMPLIANCE. IN CASES WHERE THE BOARD OF DIRECTORS, A COMMITTEE THEREOF THE EXECUTIVE DIRECTOR OR A SUPERVISOR HAS REASONABLE CAUSE TO BELIEVE AN INDIVIDUAL HAS FAILED TO COMPLY WITH THE POLICY, THE INDIVIDUAL IS PROVIDED AN OPPORTUNITY TO EXPLAIN THE ALLEGED VIOLATION. VIOLATORS ARE SUBJECT TO DISCIPLINARY AND CORRECTIVE ACTION.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** 53-0226408 AMERICAN HORTICULTURAL SOCIETY ANY CONFLICT OF INTEREST ON THE PART OF ANY MEMBER OF THE BOARD OF DIRECTORS SHALL BE DISCLOSED BY THE BOARD MEMBER TO THE BOARD OF DIRECTORS AT LEAST ANNUALLY AND MADE A MATTER OF RECORD. WHEN ANY SUCH INTEREST BECOMES RELEVANT TO ANY SUBJECT REQUIRING ACTION OF THE BOARD OF DIRECTORS, THE DIRECTOR HAVING A CONFLICT SHALL CALL IT TO THE ATTENTION OF THE EXECUTIVE DIRECTOR AND THE CHAIRMAN AND, IF THE MATTER IS BEING CONSIDERED BY A COMMITTEE OF THE BOARD OF DIRECTORS, TO THE ATTENTION ALSO OF THE CHAIR OF SUCH COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE SOCIETY'S EXECUTIVE DIRECTOR/PRESIDENT & CEO IS ESTABLISHED BY THE EXECUTIVE COMMITTEE. THE MEMBERS OF THE EXECUTIVE COMMITTEE ARE INDEPENDENT AND USE INFORMATION FROM INDUSTRY COMPENSATION SURVEYS. THE SECRETARY MAINTAINS RECORDS OF THE MEETINGS OF THE EXECUTIVE COMMITTEE. DURING FY 20, BETH TUTTLE RESIGNED AND AN INTERIM CEO WAS HIRED IN OCTOBER 2019. A CEO SEARCH WAS COMMENCED BUT SUSPENDED BY THE BOARD BECAUSE COVID-19 HAS MADE IT DIFFICULT TO INTERVIEW AND HIRE A NEW PERSON. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT VA,WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FEDERAL FORM 990,

FORM 1023, AND FINANCIAL STATEMENTS ARE AVAILABLE FROM THE DIRECTOR OF

Name of the organization AMERICAN HORTICULTURAL SOCIETY	53-0226408
ACCOUNTING UPON REQUEST. THE ANNUAL FORM 990 AND AUDITED	FINANCIAL
STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEB S	SITE.

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name AMERICAN HORTICULTURAL SOCIETY	Employer Identification Number 53-0226408	
Based on the information provided with this return, the following are possible carryover amounts to next year.	•	
FEDERAL POST-2017 NET OPERATING LOSS - ADVERTISING REV	/ENUE	3,750.
FEDERAL PRE-2018 NET OPERATING LOSS		1,250.