0070 TE		IRS e-file Signature Author for a Tax Exempt Ent	prization	OMB No. 1545-0047
Form 8879-TE		for a lax Exempt En	tity	
	For calendar year 20	22, or fiscal year beginning JUL 1 , 2022, and en		2022
Department of the Treasury Internal Revenue Service		Do not send to the IRS. Keep for your		
Name of filer		Go to www.irs.gov/Form8879TE for the lates	st information.	SN SN
	AN HORTTO	ULTURAL SOCIETY		226408
Name and title of officer or per		SUZANNE B. LAPORTE	55-0	0220400
and the of one of po		CEO		
Part I Type of I	Return and R	eturn Information		
-orm 5330 filers may enter or <b>10a</b> below, and the amo	r dollars and cent ount on that line fo	are using this Form 8879-TE and enter the applic: s. For all other forms, enter whole dollars only. If or the return being filed with this form was blank, -0-). But, if you entered -0- on the return, then en	you check the box on line <b>1a, 2</b> a then leave line <b>1b, 2b, 3b, 4b, 5</b>	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b
1a Form 990 check h	ere X	<b>b</b> Total revenue, if any (Form 990, Part VIII,	column (A) line 12)	1h 3.941 188.
2a Form 990-EZ che				2h
3a Form 1120-POL c		<b>b</b> Total tax (Form 1120-POL, line 22)	/	20
4a Form 990-PF chee		b Tax based on investment income (Form	990-PE Part V line 5)	
5a Form 8868 check		<b>b Balance due</b> (Form 8868, line 3c)	55011,1 art v, in e 5)	4b
6a Form 990-T check		<b>b</b> Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check		<b>b</b> Total tax (Form 4720, Part III, line 1)		7b
8a Form 5227 check		b FMV of assets at end of tax year (Form 5	(227 Itom D)	
9a Form 5330 check		<b>b</b> Tax due (Form 5330, Part II, line 19)	5227, item D)	8b
10a Form 8038-CP ch		b Amount of credit payment requested (Fo	orm 8038 CP Bort III line 32)	9b
		ature Authorization of Officer or Pers	son Subject to Tax	10b
Tany retund. If applicable ntry to the financial institu nancial institution to debi tter than 2 business days avment of taxes to receiv	, I authorize the L ition account indi t the entry to this prior to the paym e confidential info iber (PIN) as my s	ejection of the transmission, (b) the reason for an J.S. Treasury and its designated Financial Agent cated in the tax preparation software for paymer account. To revoke a payment, I must contact the inent (settlement) date. I also authorize the financia rimation necessary to answer inquiries and resol signature for the electronic return and, if applicab EENSPON	to initiate an electronic funds wi to of the federal taxes owed on t ne U.S. Treasury Financial Agent ial institutions involved in the pro- ve issues related to the navmen	thdrawal (direct debit) his return, and the : at 1-888-353-4537 no cessing of the electronic t. I have selected a ds withdrawal.
		ERO firm name		Enter five numbers, but
with a state ager on the return's d As an officer or p return. If I have in	ncy(ies) regulating isclosure consent person subject to ndicated within th rogram, I will ente	022 electronically filed return. If I have indicated of o charities as part of the IRS Fed/State program, t screen. tax with respect to the entity, I will enter my PIN his return that a copy of the return is being filed w r my PIN on the return's disclosure consent scre	I also authorize the aforemention as my signature on the tax year with a state agency(ies) regulation en.	ned ERO to enter my PIN 2022 electronically filed
	tion and Auth	nentication	Da	
ERO's EFIN/PIN. Enter yo				
number (EFIN) followed by			54531442415 Do not enter all zeros	
submitting this return in ac Business Returns.	cordance with th	PIN, which is my signature on the 2022 electronic e requirements of <b>Pub. 4163,</b> Modernized e-File (	cally filed return indicated above (MeF) Information for Authorized	e. I confirm that I am IRS <i>e-file</i> Providers for
RO's signature	lie R. an	ggolin, CPA	Date	
	De Note	ERO Must Retain This Form - See Ir		
		Submit This Form to the IRS Unless F	Requested To Do So	
HA For Privacy Act and	Paperwork Red	uction Act Notice, see instructions.		Form <b>8879-TE</b> (2022
202521 12-16-22				

			** PUBLIC DISCLOSURE COPY	Y **		
	Ω	00	Return of Organization Exempt Fro	om l	ncome Tax	OMB No. 1545-0047
Forr	n <b>Y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod	de (exc	ept private foundation	s) <b>2022</b>
		(H) <b>T</b>	Do not enter social security numbers on this form as it n	-		Open to Public
Interr	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection
AF	or th	e 2022 calend	ar year, or tax year beginning $ { m JUL}1,2022$ and endi	ing J	UN 30, 2023	
B c	heck if pplicab	le: <b>C</b> Name of	organization		D Employer identifica	ation number
	_Addre		ICAN HORTICULTURAL SOCIETY			
	Name Chang	pe Doing bu	usiness as		53-022640	8
	Initial			n/suite	E Telephone number	
	Final		EAST BOULEVARD DRIVE		(703) 768	-5700
	termii ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,691,720.
	_lreturr		ANDRIA, VA 22308		H(a) Is this a group ret	
	Appli tion pendi	F Name a	nd address of principal officer: SUZANNE B. LAPORTE		for subordinates?	
<u> </u>		empt status:			H(b) Are all subordinates inc	
		· · · · · · ·	<u>X</u> 501(c)(3)	527		st. See instructions
	Vebsi	f organization:		I Voor (	H(c) Group exemption	State of legal domicile: DC
	art I	Summary				State of legal dofinicite. DC
	1		e the organization's mission or most significant activities: AHS PRC	томс	ES SUSTAINAB	LE
nce	.	GARDENI	NG ACROSS THE UNITED STATES.			
rnai	2	Check this bo		of more	than 25% of its net ass	ets.
ove	3					
Ğ	4		ependent voting members of the governing body (Part VI, line 1b)			8
es 8	5		of individuals employed in calendar year 2022 (Part V, line 2a)			16
Activities & Governance	6		of volunteers (estimate if necessary)			73
Acti	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12			8,846.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
ne	8		and grants (Part VIII, line 1h)		2,480,355.	1,928,899.
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,252,270.	1,812,012.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		466,918. 362,127.	67,323. 132,954.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,561,670.	3,941,188.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,301,070.	0.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		879,116.	1,410,529.
Isea	16a	Professional fi	indraising fees (Part IX, column ( $\Delta$ ), line 11e)		66,000.	103,250.
Expenses	h	Total fundraisi	ndraising fees (Part IX, column (A), line 5-10) ng expenses (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)	. –		,
Щ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,742,863.	2,437,175.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,687,979.	3,950,954.
	19	-	expenses. Subtract line 18 from line 12		1,873,691.	-9,766.
or			· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		6,862,824.	6,885,108.
t As d B	21		(Part X, line 26)		1,750,682.	1,600,433.
Fun	22	Net assets or	fund balances. Subtract line 21 from line 20		5,112,142.	5,284,675.
Pa	art II	Signature				
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	SUZANNE B. LAPORTE, CEO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	NATALIE R. ANZZOLIN, CPA Notalie R. anzolin, CPA 5-14-2	4 self-employed P01329867
Preparer	Firm's name THOMPSON GREENSPON	Firm's EIN 54-1029635
Use Only	Firm's address 4035 RIDGE TOP RD, SUITE 700	
	FAIRFAX, VA 22030	Phone no. (703)385-8888
May the II	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2022)

	AMERICAN HORTICULTURAL SOCIETY	53-022	26408	Pag
Pa	rt III Statement of Program Service Accomplishments			r
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		[
1	Briefly describe the organization's mission: TO INSPIRE A CULTURE OF GARDENING AND HORTICULTURAL F	RACTTORS	ጥዝልጥ	
	CREATES AND SUSTAINS HEALTHY, BEAUTIFUL COMMUNITIES A			
	PLANET.			
2	Did the organization undertake any significant program services during the year which were not listed on the	he		
	prior Form 990 or 990-EZ?		Yes	Х
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?	Yes	Х
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total	expenses,	and
	revenue, if any, for each program service reported.		701	<u> </u>
4a			701,	
	MEMBERSHIP - AS A MEMBERSHIP ORGANIZATION, THE AHS PR AND OUTREACH IN SUPPORT OF ITS MORE THAN 21,000 MEMBE			
	UNITED STATES AND INTERNATIONALLY. MEMBER COMMUNICATI			1П.
	BENEFITS PROVIDE SUPPORTERS WITH THE INFORMATION AND			<b>r</b> v
	NEED TO BE SUCCESSFUL GARDENERS - ENRICHING THEIR LIV			
	THEM TO HAVE A POSITIVE IMPACT ON THEIR COMMUNITIES.			
	ACTIVITIES CONTRIBUTE TO THE ORGANIZATIONAL OBJECTIVE			
	AMERICANS ENJOY THE REWARDS OF GARDENS AND GARDENING,			
	DIVERSITY OF HORTICULTURE IN AMERICA, AND ENCOURAGING			
	GARDENING PRACTICES. RECIPROCAL MEMBERSHIP AGREEMENTS			-
	MEMBERS WITH A NATIONAL NETWORK OF PUBLIC GARDENS AND			
	ORGANIZATIONS EXTENDING THE SOCIETY'S EDUCATIONAL REA			
4b	715 200	Revenue \$		
	COMMUNICATIONS - COMMUNICATIONS ACTIVITIES ARE A KEY		THE	
	SOCIETY'S EDUCATIONAL OUTREACH AND MEMBER SERVICE OFF		THE	
	SOCIETY'S FLAGSHIP BIMONTHLY MEMBER PUBLICATION, THE		GARDE	NE
	MAGAZINE PROVIDES USEFUL AND AUTHORITATIVE INFORMATIC	N ON A RA	ANGE O	F
	HORTICULTURAL TOPICS. IN COMBINATION WITH OTHER RESOU	RCES OFFI	ERED V	IA
	THE SOCIETY'S WEBSITE, AHSGARDENING.ORG, AN ONLINE MA	GAZINE AF	RCHIVE	,
	WITH ISSUES DATING BACK TO 1922, PROVIDES THE GENERAL	PUBLIC V	VITH	
	ACCESS TO A VAST TROVE OF GARDENING INFORMATION AND I	DEAS. THI	E SOCI	ET.
	IS A LEADER IN CREATING AUTHORITATIVE GARDENING REFER	ENCE BOOP	KS THA	т
	PUT THE MOST CURRENT HORTICULTURAL INFORMATION IN THE	HANDS OF	?	
	PROFESSIONALS AND AMATEUR GARDENERS ACROSS AMERICA. T			
	NATIONAL COMMUNITY OF GARDENERS AND GARDEN ENTHUSIAST			
4c			L,110,	
	EDUCATIONAL PROGRAMS - THESE ACTIVITIES FOCUS ON SHAR			D
	PRACTICE OF HORTICULTURE WITH PEOPLE AT ALL LEVELS OF			
	EXPERTISE. SINCE 1993, THE SOCIETY HAS HOSTED THE NAT			
	YOUTH GARDEN SYMPOSIUM THAT IS COMMITTED TO BRIDGING			VI.
	THAT SEPARATES YOUNG PEOPLE FROM THE NATURAL WORLD. T			
	INTERNSHIP PROGRAM PROVIDES VALUABLE HANDS-ON EXPERIE			
	STUDENTS, HELPING TO SHAPE THE HORTICULTURAL LEADERS			
	SOCIETY PARTNERS WITH A RANGE OF NONPROFIT ORGANIZATI			
	ENGAGE THE PUBLIC ON ISSUES AT THE INTERSECTION OF HO			E
	ENVIRONMENT, AND INDIVIDUAL AND COMMUNITY HEALTH. A R		<b>_</b>	
	ADMISSION PROGRAM OFFERS MEMBERS FREE OR REDUCED ADMI		3 7 0370	
	APPROXIMATELY 325 PUBLIC GARDENS AND ARBORETA NATIONW	IDE AND,	ALONG	
4d	Other program services (Describe on Schedule O.)	202 024	<b>)</b> 、	
-	(Expenses \$ 516,605. including grants of \$ ) (Revenue \$ ) Total program service expenses 3,052,227.	202,932	⊆•)	
4e	Total program service expenses     3,052,227.		- 0	00
000	2 12-13-22 SEE SCHEDULE O FOR CONTINUATIO	N(S)	Form 9	3U ()
s200	<sup>2</sup> 12-13-22 SEE SCHEDULE O FOR CONTINOATIC			
90	514 701392 NA42415 2022.05090 AMERICAN HORTICUL	FURAL SOC	I NA42	241
-				

Form	990	(2022)

Part IV Checklist of Required Schedules

AMERICAN HORTICULTURAL SOCIETY

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	х	
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	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	.0		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
232003	12-13-22	Form	990	(2022)

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Form	aan	(2022)
	330	(2022)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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 line 28a or 28b?/f			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
52	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 33			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
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 000	(2022)
232004	<b>4</b>	rorm	330 (	(2022)

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Form 990	(2022)	AMERICAN	HORTICULTURAL	SOCIETY
Part V	Statements	Regarding Othe	er IRS Filings and Tax	c Compliance (continued)

a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         14a       X       13b       13c       14a       X         14a       X       14b       14b       14b       14b       14b						Yes	No
b         It least one is reported on line 2a, of the organization it is all required fedral employment tax returns?         26         X         26           20         Did the organization have unnelised business gross income of \$1,000 more during the yac?         26         X           24         At any time during the calendar year, of the organization have an interest in, or a signature or other naturoity over, a fast the organization and the organization tax is any time during the subort?         26         X           25         With Yes, ' enter the name of the foreign country was or is a prive to a prohibited tax shake count, security or organization tax is any time during the tax year?         5a         X           26         D da site standar years, of the organization tax any time during the tax year?         5a         X           26         D da site standar all gross receipts that are normally greater than \$100,000, and did the organization selection are younticulous with were not tax deductible contributions or sensions provided?         5a         X           27         Organization tax         a contribution sension a prive organization nates and prive seleciton 170(c).         6a         X           28         Wes, ' dat the organization nates and prive seleciton 170(c).         7a         X           29         If Yes, ' dat the organization nates any second angerty for goods and services provided to the psyo?         7a         X           20         If Yes, ' data the org	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
30       Diff he organization have unrelated business gross income of \$1,000 or more during the year?       Image: State of the organization or the year? If Wo' for line 3b, provide an explanation on Schedule O.       Image: State of the organization parts in the organization have an interest in, or a signature or other autionity over, a financial account in a toregin country with a s bank account, excurtes account, or other financial account(?)       Image: State of the organization parts to provide a state transaction at any time during the taxyear?       Image: State of the organization for BOR State or other autions account(?)       Image: State of the organization for BOR State or other autions of the organization and the organization for BOR State organization state organization for BOR State organization state organization for BOR State organization state organization state organization state organization state organization state organization for BOR State organization for BOR State organization State organization state organization state organization state organization state organization for BOR State organization state organization state organization state organization state organization state organization for BOR State organization		filed for the calendar year ending with or within the year covered by this return	2a	16			
b       If Yes, * Institute duming the calendar year, / if We's to line 30, provide an axplanation on Schedule 0       in       in<	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
43         At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account?         4a         X           bit "Ves," inter the name of the forgine country, sock as a bank account, excluties account, or other financial account?         5a         X           bit "Ves," inter the name of the forgine country, sock as a bank account any time during the tax year?         5a         X           bit "Ves," inter the name of the longine country for the rom 886.7         5a         X           bit "Ves," inter the organization in the organization in the rom 886.7         5a         X           cost the organization near the organization in the organization in the organization and explanes the organization and the organization include with every solicition an express statement that such contributions or gifts were not tax deductibles or throwise and tax deductibles or the organization notify the donor of the value of the goods and services provided 7         7a         X           constraints on restrict account in access of \$5's male parity as a contribution and parity for goods and services provided 7         7a         X           d If "res," indicate the number of Horms B282 filed during the year         7d         7a         X           d If the organization notify the donor of the value of the goods or services provided?         7a         X           d If "res," indicate the number of Horms B282 filed during the year         7d         X           d If the organizati	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		
If Yes, 'enter the name of the foreign country     4a     X       Je How 'es, 'enter the name of the foreign country     5a     Xa       See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     5a     Xa       Sa Vas the organization has a party to a prohibited tax shufter transaction at any time during the tax year?     5a     Xa       C If Yes' to line 5a of 5b, did the organization that twas or is a party to a prohibited tax shufter transaction?     5c     Xa       D If yes, 'add the organization nucled with very solutition an express statement that such contributions or gifts     6a     X       D If Yes, 'add the organization nucled with very solutition an express statement that such contributions or gifts     6b     X       D If Yes, 'add the organization nucled with very solutition and express statement that such contributions or gifts     6b     7c     X       D If Yes, 'add the organization nuclew showers solutition and express statement that such contributions or gifts     6b     7c     X       D If the organization nuclew showers of 57 mode party is a contribution and party for yoods and services provided 7     7c     X       D If the organization nuclew showers of control form S2822 filed during the year     7d     7c     X       If the organization nuclew any trans, directly or indirectly, to pary neutron an personal benefit contract?     7c     X       If the organization nuclew any trans, directly or indirectly, to pary ne	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
b       If Yes, 'enter the name of the foreign country' See instructions to fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         b       Was the organization a party to a prohibited tax shefer transaction at any time during the tax year?       5b       X         b       Did any taxable party notify the organization in farm (two organization in farm (two organization for mom 886.7 - 2.       5c       X         c)       Did any taxable party notify the organization in farm (two organization for mom 886.7 - 2.       5c       X         d)       U'res': to ite for any contributions that was not ax doubcibles and charable contributions?       6a       X         d)       U'res,' to ite organization include with every solicitation an express statement that such contributions or gifts were not 1ax doubcibles and charable contributions?       7a       X         d)       U'res,' did the organization include with every solicitation and party for goods and services provided to the party To       7a       X         d)       U'res,' indicate the number of Forms 8282 filed during the year       1d'd       7a       X         d)       U'res,' indicate the number of Forms 8282 filed during the year       1d'd       X       7a       X         d)       U'res,' indicate the number of Forms 8282 filed during the year       1d'd       X       7a       X       7a       X       7a <t< td=""><td>4a</td><td>At any time during the calendar year, did the organization have an interest in, or a signature or other</td><td>autho</td><td>rity over, a</td><td></td><td></td><td></td></t<>	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     5a     X       5a     Was the organization aparty to a prohibited tax shelts transaction at any time during the tax year?     5a     X       5a     Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction?     5a     X       5a     Did any taxable party notify the organization the Form 8880-7?     5a     X       5b     Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction?     5a     X       5b     T''wes': if dithe organization neurolease statement that such contributions or gifts     6a     X       6b     T     7a     X     7a     X       7     Organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the arganization needive any tunds, directly or indirectly, to pay organization and party for gonds and services provided to the payor?     7a     X       7     Did the organization cervice any tunds, directly or indirectly, to pay organization and party for gonds and services provided to the payor?     7a     X       7     Did the organization cervice any tunds, directly or indirectly, to pay organization and party for gonds and services provided to the payor?     7a     X       7     Did the organization neeved a cortification of quarking functions of quarking and the service of gond anot service on the gone payor. </td <td></td> <td>financial account in a foreign country (such as a bank account, securities account, or other financial</td> <td>accou</td> <td>unt)?</td> <td>4a</td> <td></td> <td>X</td>		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		X
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that traves or is a party to a prohibited tax shelter transaction?       5b       X         c       I' Yes' to line 5a or 5b, did the organization that traves or is a party to a prohibited tax shelter transaction?       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solid: any contributions that were not tax deductible contributions under section 170(c).       6a       X         d       I' Yes', 'idd the organization notify the donor of the value of the goods or services provided 7       7a       X         d       I' Yes', 'idd the organization notify the donor of the value of the goods or services provided 7       7a       X         d       I' Yes', 'idd the organization receive devictible contributions on a personal benefit contract?       7a       X         d       I' Yes', 'indicate the number of Forms 8282 filed during the year       7d       X       7d       X         g       If the organization receive de contribution of qualified intellectual property. (at the organization file a Form 1089C?       7d       X         g       If the organization received a contribution of qualified intellectual property. (at the organization file a Form 1089C?       7d       X <tr< td=""><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	b						
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes" to line 5a or 5b, did the organization file form 8886-17.       5c       5c         d       Does the organization have manual gross receipts that are normally greater than \$100,000, and did the organization solution include with every solicitation an express statement that such contributions or gitts       6a       X         0       D'sest, eid the organization include with every solicitation an express statement that such contributions or gitts       6a       X         0       Organization receive a payment in eccess of \$75 made partly is a contribution and partly for goods and services provided to the payor?       7a       X         10       I'*'se, "did the organization notify the donor of the value of the goods or services provided?       7a       X         10       I'*'se, "did the organization selve any tunds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         11       I'''se, "did the organization neceive a contribution of cars, bata, airplanes, or other vehicles, did the organization file Form 8892 as required?       7a       X         11       I'''se, "did the sponsoring organization make arg staxib distributions under section 4966?       9a       9a       9a         11       I'''se, "did the organization neceive a distribution to adoonar divisor, or related persor?		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8888-T7	5a						
6a       Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b       6a       X         c       Organizations that may receive deductible contributions under section 170(c).       10 the organization rotelive a payment in excess of \$25 made partly as a contribution and partly for goods and services provided to the pay.       7a       X         c       Did the organization cotify the donor of the value of the goods or services provided?       7a       X         c       Did the organization cotify the donor of the value of the goods or services provided?       7a       X         c       Did the organization neative any functs, directly or ndirectly, no a personal benefit contract?       7a       X         d       If the organization received a contribution of qualified intellectual property, did the organization file Form 10896.       7b       X         g       Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make as distribution to a donor donor advised fund maintained by the sponsoring organization make as distribution to a donor, donor advised funds. Did       10a       10a         d       Sosection 501(c)(12) organizations. Enter: <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td></t<>							<u> </u>
any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7c       X         b       Did the organization necite yapment in excess of \$75 made parity as contribution and parity for goods and services provided to the paritic to receive as contributions on paritic to receive data contributions on paritic to receive data contributions on paritic to receive data contributions on parisonal benefit contract?       7c       X         c       Did the organization necelve any funds, directly or indirectly, on a personal benefit contract?       7c       X         d       If "Yes," indicate the number of Form 8282 filed during the year       Zd       7d       X         g       If the organization neceved a contribution of qualified intelectual property, did the organization file a 6008-07       7t       X         g       If the organization neceves as contributions on parison and parity for goods and services provided       8       9a       9a         g       Sponsoring organization neceves as contributions on control to or avised funds. Did a donor avised fund maintained by the sponsoring organization neceves as holdings at any time during the year?       7d       X         g       Sponsoring organization make any taxable di					5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       If the organization sective apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization receive any tunks, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file am 8899 as required?       7d       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file am 8999 as required?       7d       X         f       Did the sponsoring organizations maintaining donor advised fund.       Did an esponsoring organization make at stable distributions under section 4966?       9a         g       Did the sponsoring organizations. Enter:       10a       10a       10b         g       Sonocring organizations. Enter:       10a       10b       10b         g       Sonocring organizations inclueed on Part VIII, line 12, or public use of club facilitis </td <td>6a</td> <td></td> <td>he org</td> <td>anization solicit</td> <td></td> <td></td> <td>v</td>	6a		he org	anization solicit			v
were not tax deductible?     6b       7     Organization shat may receive deductible contributions under section 170(c).     7a       8     Did the organization nective a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?     7a       8     Tyes," did the organization notify the donor of the value of the goods or services provided?     7b       8     Did the organization nective apyment in excess of \$75 made party as a contribution and partly for which it was required to the Form 8282?     7c     X       9     Did the organization nective achange, or otherwise dispose of tangible personal property for which it was required to the form 8282?     7c     X       9     Did the organization celve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       9     If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file or m989 as required?     7h     X       9     Sponsoring organization have excess business holdings at any time during the year?     9a     9a     9a       9     Sponsoring organization make a distribution to a donor, donor advisor, or related person?     9a     9a       9     Did the sponsoring organization make any transduring they car     10a     10a     10a       10     Initiation fees and capital contributions included on Part VIII, line 12     10a     10a     10a							<u> </u>
7       Organizations that may receive deductible contributions under section 170(c).       7	b						
a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a.       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b.       X         c       Did the organization and, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c.       X         d       If "Yes," indicate the number of Form 8282 filed during the year       [7d]       7e.       X         d       If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f.       X         g       If the organization receive a contribution of qualified intellectual property, did the organization file Form 8090 as required?       7g       X         g       If the organization meave excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       10a         10       Bott he sponsoring organization make any taxable distributions under section 4966?       9a       9b       10a       <	_				6b		
b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?       7h       X         f       H the organization received a contribution of cars. bacts, anplanes, or other vehicles, did the organization file a Form 1098 C?       7h       X         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Sponsoring organization make any taxable distribution under section 4966?       9a       9a <td>7</td> <td></td> <td></td> <td>o vovidad to the never</td> <td>-</td> <td>v</td> <td></td>	7			o vovidad to the never	-	v	
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h       7h         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7h       7h         g Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         D Id the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         Gross income from members or shareholders       11a       10b       10b       10b       10b         1       Section 501(c/17) organizations. Enter:       11a       10b       10b       10b       10b       10b         1       Section 501(c/12) organizations. Enter:       11a       10b       10b       10b       10b       10b       10b	a						
to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d       X         b Ott the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7f       X         g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization file Form 8999 as required?       7f       X         g Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g Sponsoring organizations maintaining door advised funds.       9b       9b       9b         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         Did the sponsoring organizations. Enter:       a Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10a       10b       10b         Section 501(c)(2) organizations. Enter:       a Gross income from them sources. (Do not net amounts due or paid to other sources against amounts due or reakied from them)       11a       10b       12a         Section 501(c)(2) organization is required to maintain preceives on a Scheed on Cont(2) <t< td=""><td>b</td><td></td><td></td><td></td><td>() ()</td><td>~</td><td></td></t<>	b				() ()	~	
d       If "Yes," indicate the number of Forms 8282 filed during the year       Td         e       Did the organization receive any funds, directly or indirectly, to pay presional benefit contract?       Te       X         f       Did the organization incerved a contribution of qualified intellectual property, did the organization file a Form 108e/C?       Tr       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 108e/C?       Tr       X         g       Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make and thirbuitons under section 4966?       9a         g       Did the sponsoring organizations make and instributions included on Part VIII, line 12       10a       9a         g       Section 501(c)(7) organizations. Enter:       10a       10b       10b         g       Section 501(c)(12) organizations. Enter:       10a       10b       10b         g       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         g       Section 501(c)(12) organizations. Enter:       11b       10b       10b       10b         g       Section 501(c)(12) organizations. Enter:       11b       10b       10c       10b         g       Section 501(c)(12) organization included on Part VIII, line 12, for publi	С			•	7.		v
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         10       b Ord the sponsoring organizations. Enter:       10a       10a       10a         11       B Cross income from members or shareholders       11a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       11b       12a         13       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10c       11c       12a       10c       11b       12a       12a       12a       12a	٦				70		
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       76       76         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       76       76         Sponsoring organization maintaining donor advised funds.       8       9       9         9       Sponsoring organization make any taxable distributions under section 49667       9a       9         9       Did the sponsoring organization make a distribution to a donor advised funds.       9b       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b       10b       10b       10c       10b       10c       10c </td <td>u</td> <td></td> <td>-</td> <td></td> <td>70</td> <td></td> <td>x</td>	u		-		70		x
g if the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?       1         h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h         8       Sponsoring organization make and contribution of axes, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7h         9       Sponsoring organization make and subject funds.       8         9       Did the sponsoring organization make a distribution to a donor, donor advised funds.       9a         10       bit the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         12       Gross income from members or shareholders       11a       12a         13       Section 501(c)(12) organizations finters the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         14       12b       13a         15       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14       13b       13a         15       Enter t	e f						
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         0       Section 501(c)(17) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         1       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11b       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a       13a         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       14a       13a         14       Did the organization ilcensed to issue qualifie	י מ						
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Bection 501(c)(7) organizations. Enter:       10a         10       Bection 501(c)(12) organizations. Enter:       10b         a       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       12a         12a       Section 501(c)(12) organizations. Enter:       11b       12a       12a         a       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) organizations included to neganization filing Form 990 in lieu of Form 1041?       12a         13a       Note: See the instructions for additional information the organization must report on Schedule 0.       13a         14b       Did the organization receives any payments for indoor tanning services during the tax year?       14a       X         14b       If 'te	9 h						
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b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         14       Did frequent of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," see the instructions and file Form 4720, Schedule N.       15       X       15       X         15       Is the organization an educational institution subject to the s	а		10a				
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<ul> <li>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?</li></ul>							<u> </u>
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10					14b		<u> </u>
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16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       16       X         17       If "Yes," complete Form 6069.       17       16       X					15		Λ
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10	17		-+i, /i+i -	c.			
If "Yes," complete Form 6069.	17				17		
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Form 990	(2022)
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Check if Schedule O contains a response or note to any line in this Part VI

X

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.

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 1a	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.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	🖵	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	🖵	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	🖵	5		X
6	Did the organization have members or stockholders?	🖵	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	[]	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	[]	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	[	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		-		Yes	No
	Did the organization have local chapters, branches, or affiliates?	. [1	l0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		0b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		l2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	.  1	2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			37	
	on Schedule O how this was done		l2c	X	
13	Did the organization have a written whistleblower policy?		13	X	
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?			v	
	The organization's CEO, Executive Director, or top management official		5a	Х	v
b	Other officers or key employees of the organization	.  1	5b		X
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				v
	taxable entity during the year?	[ <b>1</b>	l6a		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				
<u> </u>	exempt status with respect to such arrangements?	1	6b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed <u>AL</u> , AR, CA, FL, GA, HI, IL, KS, F	v ·	мп	мδ	мт
17					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	)(J)S (	oniy)	availa	aDIE
	for public inspection. Indicate how you made these available. Check all that apply.				
40	X Own website Another's website X Upon request Other ( <i>explain on Schedule O</i> )		flue :	-i-1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and	nnan	cial	
00	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records SHERI THORPE - 7037685700				
	7931 EAST BOULEVARD DRIVE, ALEXANDRIA, VA 22308				
		r	Form	000	(2022)
23200	6	ł	rorm	<b>990</b>	(2022)
	U				

13090514 701392 NA42415

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

\_\_\_\_ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one			than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	ia a a I	recto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trust		ee	npen		1099-NEC)	1099-NEC)	and related
	below	d ual t	itiona		nploy	st coi	5	1000 (120)		organizations
	line)	ndivid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUZANNE B. LAPORTE	40.00	_			<u> </u>		_			
PRESIDENT/CEO				X				149,402.	0.	10,733.
(2) JOAN BARCLAY	40.00									
COFO						X		102,907.	0.	Ο.
(3) SCOTT PLEIN	5.00									
CHAIRMAN		Х		X				0.	0.	Ο.
(4) TIM J. CONLON	2.00									
TREASURER		Х		X				0.	0.	0.
(5) LAURA DOWLING	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) SKIPP CALVERT	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JANE DIAMANTIS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) AMY GOLDEN	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) MARCIA ZECH	1.00									_
DIRECTOR		Х						0.	0.	0.
(10) HOLLY SHIMIZU	1.00									_
DIRECTOR		Х						0.	0.	0.
				<u> </u>		-				
				-		-				
	1									Form <b>000</b> (0000)

7

232007 12-13-22

Form 990 (2022)

13090514 701392 NA42415

	AMERICAN									53-02	2264	408	Page <b>8</b>
Part	VII Section A. Officers, Directors, Trus		ploy	ees,			ighe	st C	Compensated Employe	es (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related organization	on amount of other			
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fror organ and r	n the nization elated zations
	Subtotal								252,309.		0.	10	,733.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.252,309.		0.	10	,733.
2	Total number of individuals (including but n compensation from the organization								-	),000 of reportab	le		2
	Did the organization list any <b>former</b> officer, ine 1a? If "Yes," complete Schedule J for s			-	•	-			ghest compensated emp	-		3 Y	es No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportabl	le co	ompe	ensa	atior	n and	d ot	ther compensation from	the organization			x
5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services			X
	rendered to the organization? If "Yes," com on B. Independent Contractors	piele Scheduie	eJI	or st	icn	pers	son .					5	X
								m					
(A) Name and business address								(B) Description of services			(C) ompens	ation	
							TRAVEL STUDY	Y TOURS 427,2		,195.			
ONE SOURCE PRODUCTION38590 BETTIS DRIVE, HAMILTON, VA 20158THE AVALON CONSULTING GROUP, INC., 2MEMBERSHIP							AILING		244	<u>,819.</u>			
	SACHUSETTS AVE NE, UN				<u> </u>				MEMBERSHIP CONSULTING			106	<u>,780.</u>
	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lir	nite	d to	tho	se li: 3	steo	d above) who received n	nore than			

232008 12-13-22

13090514 701392 NA42415

Form **990** (2022)

Form 990 (20	22)	1	AMERICA
Part VIII	Statement	t of	Revenue

			<ul> <li>Check if Schedule O contains a response</li> </ul>	onse o	r note to any lin	e in this Part VIII			
			Check if Schedule O contains a respo			(A) Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	Revenue excluded
nts	1	a	Federated campaigns 1a						
		b	Membership dues 1b		345,238.				
Åm,		с	Fundraising events 1c		369,006.				
lar			Related organizations						
ini,		е	Government grants (contributions) 1e		255,505.				
S		f	All other contributions, gifts, grants, and						
and Other Similar Amounts			similar amounts not included above 1f		959,150.				
9 P		g	Noncash contributions included in lines 1a-1f	6	267,534.				
an		h	Total. Add lines 1a-1f			1,928,899.			
					Business Code				
2	2	2 a	EDUCATIONAL PROGRAMS	Ī	900099	1,110,377.	1,110,377.		
Revenue		b	MEMBERSHIP DUES		900099	701,635.	701,635.		
ňu		с							
eve		d							
, a		е							
		f	All other program service revenue						
			Total. Add lines 2a-2f	_		1,812,012.			
	3		Investment income (including dividends, i						
			other similar amounts)			93,374.			93,374
	4	ŀ	Income from investment of tax-exempt bo						
	5	5	Royalties	-	F				
			(i) Real		(ii) Personal				
	6	ба	Gross rents	944.					
			Less: rental expenses 6b 127,1						
			Rental income or (loss) 6c 199,						
			Net rental income or (loss)			199,772.	199,772.		
	7		Gross amount from sales of (i) Securit		(ii) Other	,	,		
			assets other than inventory <b>7a</b> 1,456,0						
		b	Less: cost or other basis						
e		-	and sales expenses	141.	38,000.				
Revenue		с	Gain or (loss)		-38,000.				
He			Net gain or (loss)			-26,051.			-26,05
er	8		Gross income from fundraising events (not			, -			,
Gth	`		including \$ 369,006. of						
-			contributions reported on line 1c). See						
			Part IV, line 18	8a	51,405.				
		b	Less: direct expenses	8b	130,243.				
			Net income or (loss) from fundraising ever		, -	-78,838.			-78,83
	a		Gross income from gaming activities. See			.,			
	ľ	u	Part IV, line 19	9a					
		h		9b					
			Net income or (loss) from gaming activities						
	10		Gross sales of inventory, less returns	Ĩ	·····				
	"		and allowances	10a	14,136.				
		h	Less: cost of goods sold	10b	10,976.				
			Net income or (loss) from sales of invento		,_,_,	3,160.	3,160.		
	$\vdash$	<u> </u>		<u> </u>	Business Code	-,200.			
	44	a	ADVERTISING	F	900099	8,846.		8,846.	
nue	''	b	OTHER	—	900099	14.			14
ver				—		±4.			
Revenue		c d	All other revenue	—					
			All other revenue			8,860.			
	L		Total. Add lines 11a-11d		·····		2,014,944.	8,846.	-11,501
	12		Total revenue. See instructions			3,941,188.	I ∠,∪⊥4,944.	0,040.	I _TT'201

13090514 701392 NA42415

9

Part IX Statement of Functional Expenses

AMERICAN HORTICULTURAL SOCIETY

C	heck if Schedule O contains a respons				L
Do not include ar 7b, 8b, 9b, and 1	nounts reported on lines 6b, 0b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and ot	her 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				
	is, foreign governments, and foreign				
	See Part IV, lines 15 and 16				
	d to or for members				
	ion of current officers, directors,		201 000	117 000	40.000
	d key employees	360,000.	201,000.	117,000.	42,000
-	n not included above to disqualified				
	lefined under section 4958(f)(1)) and				
	ribed in section 4958(c)(3)(B)	833,364.	707,030.	40,910.	05 101
	es and wages	033,304.	101,030.	40,910.	85,424
	accruals and contributions (include	12,740.	11 300	651.	789
•	and 403(b) employer contributions)	106,465.	11,300. 78,786.	18,814.	8,865
	oyee benefits	97,960.	75,190.	12,978.	9,792
	s	97,900.	75,190.	12,970.	5,152
	vices (nonemployees):				
	nt	6,445.		2,157.	4,288
		103,876.		103,876.	4,200
	·····	105,070.		105,070.	
	fundraising services. See Part IV, line 17	103,250.			103,250
	management fees	21,461.		21,461.	100,200
	e 11g amount exceeds 10% of line 25,				
-	mount, list line 11g expenses on Sch 0.)	311,714.	244,832.	38,296.	28,586
	and promotion	45,486.	45,486.		,
	nses	169,570.	118,025.	26,482.	25,063
	technology	85,059.	71,500.	5,683.	7,876
			,		<b>,</b>
<b>7</b> Travel		16,256.	11,092.	222.	4,942
	f travel or entertainment expenses				
•	ral, state, or local public officials				
	s, conventions, and meetings	754,897.	731,371.	2,108.	21,418
	······	50,238.	39,058.	6,145.	5,035
	o affiliates				
	n, depletion, and amortization	83,765.	65,336.	10,052.	8,377
3 Insurance		45,331.	35,358.	5,440.	4,533
above. (List n line 24e amou	es. Itemize expenses not covered niscellaneous expenses on line 24e. If unt exceeds 10% of line 25, column (A), ne 24e expenses on Schedule 0.)				
	G AND POSTAGE	298,111.	260,879.	3,705.	33,527
	NG AND PHOTOCOPYI	234,765.	197,528.	2,634.	34,603
	AND MAINTENANCE	172,257.	134,360.	20,671.	17,226
	ENTALS	21,986.	21,986.		_ , 0
e All other exp		15,958.	2,110.	2,593.	11,255
	nal expenses. Add lines 1 through 24e	3,950,954.	3,052,227.	441,878.	456,849
	Complete this line only if the organization	-,,	-,,,,-	, , , , , , ,	
	plumn (B) joint costs from a combined				
-	ampaign and fundraising solicitation.				
Check here	if following SOP 98-2 (ASC 958-720)				

232010 12-13-22

13090514 701392 NA42415

10 2022.05090 AMERICAN HORTICULTURAL SOCI NA424151

Form **990** (2022)

13090514 701392 NA42415

3 3 Pledges and grants receivable, net 45,930. 51,815. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 165,241. 33,341. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 3,220,333. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation 10b 1,275,271. 2,046,180. 1,945,062. 10c 3,790,828. 3,831,976. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 0. 278,555. Other assets. See Part IV, line 11 15 15 6,862,824. 6,885,108. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 136,573. 189,986. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 798,412. 19 602,980. 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 815,697. 784,479. 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 22,988. 0. 25 of Schedule D 1,600,433. 1,750,682. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,609,643. 3,593,867. Net assets without donor restrictions 27 27 1,502,499. 1,690,808. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 5,112,142. 5,284,675. Total net assets or fund balances 32 32 6,862,824. 6,885,108. 33 33 Total liabilities and net assets/fund balances ... Form 990 (2022)

HORTICULTURAL SOCIETY

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

Cash - non-interest-bearing

Savings and temporary cash investments

53-0226408 Page 11

(B)

End of year

744,359.

(A)

Beginning of year

814,645.

1

2

1

2

Form 990 (	2022)	1	AMERICAN
Part X	Bal	ance Sheet	

Form	990 (2022) AMERICAN HORTICULTURAL SOCIETY	53-0	226408	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,941	.,1	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,950	),9	54.
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,112		
5	Net unrealized gains (losses) on investments	5			39.
6	Donated services and use of facilities	6	17	7,8	60.
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	5,284	1,6	75.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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 on Schedul				
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	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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				
	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	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		200	

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Ι

Total

# 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	_
2022	

	Open to Public Inspection
Vor	identification numbe

Name of the o	organization
---------------	--------------

Van	ne of t	he organization	TCAN HORTT	CULTURAL SOC	ТЕФУ		E		identification number 3-0226408
Pa	rt I	Reason for Public				his part.) S	Lee instructions		5 0220100
		ization is not a private found							
1		A church, convention of ch							
2	$\square$	A school described in sect				// ////////////////////////////////////	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	H	A hospital or a cooperative				<u></u>	)		
4	$\square$	A medical research organiz					•	iii) Enter	the hospital's name
7		city, and state:	ation operated in ed		described	a in Sectio			the hospital s hame,
5		An organization operated for	or the benefit of a co	llege or university owner	1 or opera	ted by a d	overnmental ur	nit describ	ned in
5		section 170(b)(1)(A)(iv). (C		slege of university owned		icu by a g	overnmentaru		
6		A federal, state, or local go		montal unit described in a	soction 1	70(6)(1)(1)	(14)		
	X		-					o gonoral	nublic described in
'	- 23	An organization that norma		antial part of its support i	rom a gov	ernmenta	i unit or from th	e general	public described in
0		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Dar					
8	$\square$	A community trust describe				ad in aanii	upotion with a l	and arout	aallaga
9		An agricultural research org							
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enterthe	name, cit	y, and state of	the colleg	le Or
10		university:	lly receives (1) more	than 22 1/20/ of its sur	oort from	oontributic	na mambarah	in face of	ad areas ressints from
10		An organization that norma	• • • •					-	•
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) in	om busine	esses acqu	lifed by the org	anization	alter June 30, 1975.
		See section 509(a)(2). (Con	. ,	weby to toot for public or	fatu Caa	anation Fl	O(a)(4)		
11	H	An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						neck the box on
_		lines 12a through 12d that				-		-	, ali da a
а		<b>Type I.</b> A supporting orga		-	•				
		the supported organization			majority	of the aire	ctors or trustee	es of the s	supporting
		organization. You must o	-				!	(-) b. b.	
b		<b>Type II.</b> A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or manag	je the sup	ported
_		organization(s). You mus	•						a alith
C		J Type III functionally inte	• • • •					rintegrat	ed with,
-		its supported organizatio					-		
d		J Type III non-functionally		• •				-	
		that is not functionally int			•		-	an attent	iveness
_		requirement (see instruct	,	•					
е		Check this box if the orga					а турет, турет	i, iype iii	
	<b>F</b> at	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	ng organi	zation.			
		er the number of supported of supported of the following information							
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of r	nonetary	(vi) Amount of other
	,	organization	(.,	(described on lines 1-10	in your governi Yes	ing document? No	support (see ins	,	support (see instructions)
				above (see instructions))	100				

#### Schedule A (Form 990) 2022

#### AMERICAN HORTICULTURAL SOCIETY

Part II 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,026,063.	1,295,591.	1,044,884.	2,477,385.	1,850,061.	7,693,984.
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 $\dots$						
4	Total. Add lines 1 through 3	1,026,063.	1,295,591.	1,044,884.	2,477,385.	1,850,061.	7,693,984.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						7,693,984.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,026,063.	1,295,591.	1,044,884.	2,477,385.	1,850,061.	7,693,984.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	329,708.	256,006.	242,688.	658,058.	267,095.	1,753,555.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital	1	0 1 6 0		1		4 - 4
	assets (Explain in Part VI.)	1,300.	8,160.	3,787.	1,861.	14.	15,122.
	Total support. Add lines 7 through 10						9,462,661.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, <sup>-</sup>	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and <b>stor</b>						
	ction C. Computation of Publ						01 01
	Public support percentage for 2022 (		•			14	81.31 %
	Public support percentage from 2021					15	80.12 %
<b>1</b> 6a	<b>33 1/3% support test - 2022.</b> If the d	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te					17a and line 15 is i	
b	10% -facts-and-circumstances tes						10% 01
	more, and if the organization meets the						
10	organization meets the facts-and-circ						 、
10	Private foundation. If the organization	T GIU HOL CHECK A		a, 100, 17a, 01 17k			Form 990) 2022

## 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.)

Sec	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	2 <b>(f)</b> 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						
1	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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			•			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
	check this box and stop here						
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), a	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	J22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	1 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3% , and
	line 18 is not more than 33 1/3%, cho	eck this box and <b>st</b>	op here. The orga	nization qualifies	as a publicly supp	orted organiz	ation
20	Private foundation. If the organization						
	23 12-09-22		,	,			dule A (Form 990) 2022
				15			· · · / = <b>/ = · = =</b>

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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.)

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#### Schedule A (Form 990) 2022 AMERICAN HORTICULTURAL SOCIETY

Pa	t IV 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 on lines 11b and		
	11c below, the governing body of a supported organization?	а	
b	A family member of a person described on line 11a above?	b	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	С	
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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 <b>Part VI</b> 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.		
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).		
Sec	tion D. All Type III Supporting Organizations		
		Yes	No

			162	NU
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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction
--

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

c 🗋	The organization supported a	oovernmental entitv	. Describe in Part VI how	you supported a	governmental entity	(see instructions).
-----	------------------------------	---------------------	---------------------------	-----------------	---------------------	---------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

232025 12-09-22

3b | Schedule A (Form 990) 2022

2a

2b

За

Yes No

17

#### Schedule A (Form 990) 2022 AMERICAN HORTICULTURAL SOCIETY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations AMERICAN HORTICULTURAL SOCIETY

Part V         Type III Non-Functionally Integrated 509(a)(3) Statement           1          Check here if the organization satisfied the Integral Part Test as			Part VI) See instructio
All other Type III non-functionally integrated supporting organization	. , .		
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
· · · · · · · · · · · · · · · · · · ·		( )	(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 instruction			
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
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 an	nount.		
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		
Section 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		
<ul> <li>Minimum asset amount for prior year (from Section B, line 8, column A)</li> </ul>			
<ul> <li>4 Enter greater of line 2 or line 3.</li> </ul>	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		
<ul> <li>Check here if the current year is the organization's first as a non-</li> </ul>		al Truce III as a l'	l (a

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ued)	
Sect	on D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
-	Excess from 2019				
-	Excess from 2020				
-	Excess from 2021				
-	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

<u>201</u> 8	AMOUNT:	\$ 1,300.		 
2019	AMOUNT :	\$ 8,160.		
	AMOUNT :	3,787.		
	AMOUNT :	1,861.		
2022	AMOUNT :	\$ 14.		
				Schedule A (Form 990)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

2022

OMB No. 1545-0047

Employer identification number

53-0226408

Secti	ion:
X	501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
	501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

AMERICAN HORTICULTURAL SOCIETY

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Name of the organization

Organization type (check one):

		-	-	

Name of organization	

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Schedule B (Form 990) (2022)

AMERICAN HORTICULTURAL SOCIETY

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll X 66,633. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 160,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 125,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 51,530. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Payroll 255,505. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 22

Employer identification number

53-0226408

\$

\$

223452 11-15-22

(a)

No.

(a)

No.

MERIC	CAN HORTICULTURAL SOCIETY	5.	3-0226408
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$100,901.	Person X Payroll Noncash X (Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$100,000.	Person X Payroll Noncash X (Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

AMEDICAN HODELOH MIDAT COCTEMN

Schedule B (Form 990) (2022)

53-0226408

Employer identification number

(c)

**Total contributions** 

(c)

**Total contributions** 

23

13090514 701392 NA42415

(Complete Part II for noncash contributions.)

> Person Payroll Noncash

> Person Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d)

Type of contribution

Name of organization

Name of o	organization		Employ	yer identification number
AMERI	CAN HORTICULTURAL SOCIETY		53	-0226408
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is neede	ed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
1	146 SHARES - COSTCO			
		\$66,6	33.	_12/20/22_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
7	185 SHARES - COSTCO			
		\$100,9	01.	08/19/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
8	60 SHARES - MSFT, 30 SHARES - MA, 135 SHARES - AAPL			
		\$100,0	00.	05/04/23
(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
		\$		
223453 11-1	5.00			Schedule B (Form 990) (2022)

13090514 701392 NA42415

Schedule B (Form 990) (2022)

24 2022.05090 AMERICAN HORTICULTURAL SOCI NA424151

Page 3

MERICAN HORTICULTURAL SOCIETY [53-225408] GITTI Ecology regions, character, they are consistent of a complete counce of the council of the c	me of organiz	allon			Employer identific	auon ni
tom any one completer. Complete countres (a) through (a) and the following inter the through (a) the control of the over the the the the count §       (b) No.       (b) Purpose of gift       (c) Use of gift       (c) Use of gift       (d) Transfer of gift       (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift       (f) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift       (f) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (f) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (f) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift       (f) Description of how gift is held       (f) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (f) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (f) On       (h) Purpose of gift       (c) Use of gift       (d) Description of how gift						
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a) No. Transferee's name, address, and ZIP + 4  (c) Use of gift (c) Use of gif	comp Use	pleting Part III, enter the total of exclusively religious, of duplicate copies of Part III if additional	charitable, etc., contributions of <b>\$1,000 c</b> space is needed.	r less for the year.	Enter this info. once.) ⊅	
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454 11-15-22 Sabadula D /Earm (4		mansieree's name, address, a		neiatio	iship of transferor to transfere	æ
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	454 11 15 00				Oskadul- D	(Eor- 00

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

(Form	990)
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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

Employer identification number

53-0226408

Name of the organization

13090514 701392 NA42415

#### AMERICAN HORTICULTURAL SOCIETY

Par			or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir			
		(a) Donor advised funds	(b) Fu	nds 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	-		
	are the organization's property, subject to the organization's			Yes I No
6	Did the organization inform all grantees, donors, and donor a		-	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring	
Der				Yes No
Par		-	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea	·		y important land area
	Protection of natural habitat	Preservation of	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	ified conservation contribution in the form	of a conser	Ation easement on the last Held at the End of the Tax Year
	day of the tax year.			Heid at the End of the Tax Year
	Total number of conservation easements			
	<b>c</b>			
	Number of conservation easements on a certified historic st		<u>2</u> c	
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organizatio	on during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and onforcing concervat	tion occom	opto during the year
'	Amount of expenses incurred in monitoring, inspecting, har	aling of violations, and emorcing conserva	lion easeine	ents during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B)(i)	
-	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservat			
-	balance sheet, and include, if applicable, the text of the foot	-		
	organization's accounting for conservation easements.	······		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Sim	lar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement a	nd balance	sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	irtherance o	f public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ıs.	
b	If the organization elected, as permitted under FASB ASC 98	58, to report in its revenue statement and t	balance she	et works of
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	nerance of p	oublic 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 tre			
	the following amounts required to be reported under FASB /	ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2022
232051	09-01-22			
		26		

Sche		N HORTICULT				53-02			age <b>2</b>
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or O	ther S	imilar Asse	e <b>ts</b> (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that ma	ke signif	icant use of its	5		
	collection items (check all that apply):		_						
а	Public exhibition	d		hange program					
b	Scholarly research	e	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						rt XIII.		
5	During the year, did the organization solicit of		,	,			-		1
Der	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	n answered "Yes	" on Forr	n 990, Part IV,	, line 9, or	•	
			iour fou contaile dies			, al a al			
1a	Is the organization an agent, trustee, custod						Yes		No
h	on Form 990, Part X?					L	_ tes		JINO
b	If "Yes," explain the arrangement in Part XIII	and complete the for	lowing table.		Г		Amoun	t	
~	Paginning balance				F	1c	7 anoun		
	Beginning balance					1d			
	Additions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				-	······			]
Par									
		(a) Current year	(b) Prior year	(c) Two years bad		hree years back	(e) Four	' years	back
1a	Beginning of year balance	1,198,899.	1,195,171.	546,23	8.	543,711.		543,	106.
	Contributions	100,000.		647,00	8.				
	Net investment earnings, gains, and losses	50,050.	12,606.	38,50	6.	50,527.		12,	108.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	45,268.	8,878.	36,58	1.	4,800.		11,	503.
f	Administrative expenses								
g	End of year balance	1,303,681.	1,198,899.	1,195,17	1.	589,438.	•	543,	711.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment		%						
b	Permanent endowment 98.7000	%							
С	Term endowment 1.3000	, -							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered f	or the		r		
	organization by:							Yes	No
	(i) Unrelated organizations						. 3a(i)		X
	(ii) Related organizations						. 3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza						. 3b		
	t VI Land, Buildings, and Equipm		wment funds.						
Fai	Complete if the organization answere		Part IV line 11a 9	See Form 990 Pa	rt X line	10			
					c) Accun		(d) Boo	kvolu	
	Description of property	(a) Cost or ot basis (investm		or other (or other)	depreci		( <b>u</b> ) 600	k value	;
10	Land		,	7,008.	30p.00		64	7,0	08.
	Land				.023	3,346.	1,25		
	Buildings Leasehold improvements				-, , , , , , , , , , , , , , , , , , ,	,	-,25	.,.	•
	Equipment		14	7,235.	130	,890.	1	6,3	45.
	Other			9,183.		,035.		$\frac{3}{8}, \frac{1}{1}$	
	Add lines 1a through 1e. (Column (d) must e						1,94		
		,	,	/		Schedul		-	
							•	,	

232052 09-01-22

security) (b) Book value	e 11b. See Form 990, Part X, line (c) Method of valuation: Co	
security) (b) Book value		
	(c) Method of valuation: Co	ost or and of year market value
		ost of end-or-year market value
10.)		
	11c Soc Form 000 Part X line	13
		sit of the of year market value
13)		
10.)		
d "Yes" on Form 990. Part IV. line	e 11d. See Form 990. Part X. line	15.
(a) Description	, ,	(b) Book value
ol. (B) line 15.)		
		·
d "Yes" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part	X, line 25.
У		(b) Book value
ТҮ		22,988.
ol. (B) line 25.)		
	(b) Book value  (b) Book value  (c) Book value  (c) Book value  (c) Book value  (c) Book value (	Ited.         d "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line         (b) Book value       (c) Method of valuation: Co         (c)         (c)

232053 09-01-22

Sche	AMERICAN HORTICULTURAL	SOCIETY	!	53-0	0226408	Page <b>4</b>
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With <b>R</b>				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,343,	,939.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	164,439.			
b	Donated services and use of facilities	2b	21,313.			
с	Recoveries of prior year grants	2c				
d			268,391.			
е	Add lines 2a through 2d			2e		,143.
3	Subtract line 2e from line 1			3	3,889,	,796 <b>.</b>
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	21,461.			
b	Other (Describe in Part XIII.)	4b	29,931.			
с				4c	51,	,392.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,941	,188.
Ť				_		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With		Retu		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With e 12a.	Expenses per	Retu	irn.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With e 12a.	Expenses per	Retu		
	rt XII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, lin           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.	Expenses per		irn.	
1	Reconciliation of Expenses per Audited Financial Sta           Complete if the organization answered "Yes" on Form 990, Part IV, lin           Total expenses and losses per audited financial statements	e 12a.	Expenses per		irn.	
1 2	rt XII         Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, lin           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With   e 12a.	Expenses per		irn.	
1 2 a	Image: Second state in the second s	atements With           e 12a.	Expenses per 3,453.		irn.	
1 2 a b	Image: Strain Strain Strain       Reconciliation of Expenses per Audited Financial Strain Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements       Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities       Prior year adjustments         Other losses       Other losses	2a           2b           2c	Expenses per		rn. 4,171,	,406.
1 2 a b c	Image: Second state in the second s	2a           2b           2c           2d	Expenses per 3,453. 306,391.	1 2e	rn. 4,171, 309,	, <u>406.</u> ,844.
1 2 a b c d	Image: Second state in the second s	2a           2b           2c           2d	Expenses per 3,453. 306,391.	1	rn. 4,171,	, <u>406.</u> ,844.
1 2 b c d e	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	3,453. 306,391.	1 2e	rn. 4,171, 309,	, <u>406.</u> ,844.
1 2 b c d 3	Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	2a           2b           2c           2d           2d	Expenses per 3,453. 306,391. 21,461.	1 2e	rn. 4,171, 309,	, <u>406.</u> ,844.
1 2 b c d e 3 4 a b	Image: Second state in the second state is the second state in the second state is the second s	2a           2b           2c           2d           2d	3,453. 306,391.	1 2e	rn. 4,171, 309, 3,861,	,406. ,844. ,562.
1 2 b c d e 3 4 a b	It XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a         2a           2b         2c           2d         2d           2d         2d	Expenses per 3,453. 306,391. 21,461. 67,931.	1 2e 3 4c	rn. 4,171, 309, 3,861, 89,	, <u>406.</u> , <u>844.</u> , <u>562.</u>
1 2 a b c d e 3 4 a b c 5	It XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	2a         2a           2b         2c           2d         2d           2d         2d	Expenses per 3,453. 306,391. 21,461. 67,931.	1 2e 3	rn. 4,171, 309, 3,861,	, <u>406.</u> , <u>844.</u> , <u>562.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ENDOWMENT FUNDS ARE SET UP TO SUPPORT THE SOCIETY'S AWARDS PROGRAM,

INTERNSHIPS, STAFF DEVELOPMENT, AND GENERAL OPERATIONS.

#### PART X, LINE 2:

THE SOCIETY HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS, AND NO INTEREST AND

29

#### PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS

RELATED TO UNCERTAIN TAX POSITIONS.

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

COGS

232054 09-01-22

10,976.

Schedule D (Form 990) 2022         AMERICAN HORTICULTURAL SOCIETY           Part XIII         Supplemental Information (continued)	53-0226408 Page 5
RENTAL EXPENSE	127,172
FUNDRAISING EVENTS EXPENSES (NET AGAINST REVENUE)	130,243
TOTAL TO SCHEDULE D, PART XI, LINE 2D	268,391.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS - DIRECT DONOR BENEFITS (NET AGAINST	
REVENUE)	67,931.
LOSS ON DISPOSAL OF FIXED ASSETS	-38,000.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	29,931.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COGS	10,976.
RENTAL EXPENSE	127,172.
LOSS ON DISPOSAL OF FIXED ASSETS	38,000
FUNDRAISING EVENTS EXPENSES (NET AGAINST REVENUE)	130,243
TOTAL TO SCHEDULE D, PART XII, LINE 2D	306,391.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENTS - DIRECT DONOR BENEFITS (NET AGAINST	
REVENUE)	67,931.
30	Schedule D (Form 990) 202

13090514 701392 NA42415

SCHEDULE G	Suppleme	ental Information Regarding	, Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2022
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	ctions	and t	he latest informatio	n.		Inspection
Name of the organizatio	n							entification number
	AMERICA	N HORTICULTURAL SC	CIE	ΤY			53-022	6408
	complete this par	Complete if the organization answe t.	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
<ul> <li>a X Mail solicitation</li> <li>b X Internet and</li> <li>c Phone solicitation</li> <li>d X In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions I email solicitations itations Dicitations on have a written of ted in Form 990, F D highest paid indi	s <b>f</b> Solicita <b>g</b> X Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	X Ye	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	fundi have c or cor	ustody	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
AVALON CONSULTING	- 805 15TH		Yes	No				
STREET NW, SUITE 7	00,	MARKETING CONSULTING		x	974,599.		71,750	. 902,849.
MARKETING GENERAL	,				,		,	, ,
INCORPORATED - 625	N	MARKETING CONSULTING		x	330,750.		31,500	. 299,250.
Total					1,305,349.		103,250	. 1,202,099.
	ich the organizatio	on is registered or licensed to solicit	contrik			l Hitic		
or licensing.	ion the organizatio		Sonth				oxompt nom	- Generation

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND OH, OK, OR, PA, RI, SC, TN, UT, VA, WV, WI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

Part II 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-FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
	1	Gross receipts	420,411.			420,411
	2	Less: Contributions	369,006.			369,006
	3	Gross income (line 1 minus line 2)	51,405.			51,405
	4	Cash prizes				
,	5	Noncash prizes				
~~ ~~	6	Rent/facility costs	43,859.			43,859
הוו בתר דעהבו וסבס	7	Food and beverages	35,500.			35,500
ĩ	8	Entertainment	6,000.			6,000 44,884
	9	Other direct expenses		•		130,243
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				-78,838
		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
שמעמוחם	1	Gross revenue				
5	2	Cash prizes				
חוובתו דאתנווסנס	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	11	1 , 3				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	8					
а	8 En	Net gaming income summary. Subtract line 7	ucts gaming activities: activities in each of these			YesN
b	En a Is b If '	Net gaming income summary. Subtract line a iter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain:	ucts gaming activities: _ uctivities in each of these	states?		
a b Da	8 En 1 15 <sup>-</sup> 0 1f <sup>-</sup>	Net gaming income summary. Subtract line 7 iter the state(s) in which the organization cond the organization licensed to conduct gaming a	ucts gaming activities: Ictivities in each of these evoked, suspended, or t	states?		
a b a	8 En 1 15 <sup>-</sup> 0 1f <sup>-</sup>	Net gaming income summary. Subtract line 7 iter the state(s) in which the organization cond the organization licensed to conduct gaming a 'No," explain: ere any of the organization's gaming licenses r	ucts gaming activities: Ictivities in each of these evoked, suspended, or t	states?		

Schedule G (Form 990) 2022	AMERICAN	I HORTICULTUR	AL SOCIETY	53-0	226408	Page
11 Does the organization conduc	t gaming activities wit	th nonmembers?			Yes	N
12 Is the organization a grantor, I	oeneficiary or trustee	of a trust, or a member of	of a partnership or other enti	ty formed		
to administer charitable gamir	ıg?				Yes	
13 Indicate the percentage of ga	ming activity conducted	ed in:				
a The organization's facility					13a	
<b>b</b> An outside facility					13b	
14 Enter the name and address of	of the person who prep	pares the organization's	gaming/special events bool	s and records:		
Name						
Address						
<b>15a</b> Does the organization have a	contract with a third p	party from whom the org	anization receives gaming re	venue?	🗌 Yes	
<b>b</b> If "Yes," enter the amount of g	gaming revenue receiv	ved by the organization	\$	and the amount		
of gaming revenue retained by			·			
<b>c</b> If "Yes," enter name and addr	•					
,						
Name						
Address						
<b>16</b> Gaming manager information:						
Name						
Gaming manager compensati	on \$					
Gaming manager compensation	on \$					
Description of services provid	ed					
P						
Director/officer	Employee	Indeper	dent contractor			
17 Mandatory distributions:						
<b>a</b> Is the organization required ur	nder state law to make	e charitable distributions	from the gaming proceeds	to		
retain the state gaming license	e?				🗌 Yes	
<b>b</b> Enter the amount of distribution	ons required under sta	ate law to be distributed	to other exempt organizatio	ns or spent in the		
organization's own exempt ac						
			ed by Part I, line 2b, column	s (iii) and (v); and Pa	art III, lines 9,	9b, 10
15b, 15c, 16, and 17b	), as applicable. Also p	provide any additional in	formation. See instructions.			
SCHEDULE G, PART	I, LINE 2B,	LIST OF TEN	HIGHEST PAID	FUNDRAISE	RS:	
(I) NAME OF FUNDRA	AISER: AVAL	ON CONSULTIN	G			
(I) ADDRESS OF FU	NDRAISER:					
805 15TH STREET N			N, DC 20005			
OOS ISIN SIKEEI M	N, SOTIE /0	0, WASHINGIO	N, DC 20005			
(I) NAME OF FUNDRA	HIDER: MAKK	ETING GENERA	L INCORPORATED			
(I) ADDRESS OF FUI 625 N WASHINGTON S		450, ALEXAND	RIA, VA 22314			
232083 10-27-22	,		-		ule G (Form	990) 2(
)90514 701392 NA42	9415 6		33 MERICAN HORTICU		OT N7 /	)/1 =
/ ¬ ¬ ¬ ¬ ¬ 4 / ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬	410 /	スロスス UDUYU AP	ARKILAN HURTTC	JUSPURAL SO	ι NA4	<u>441</u>

SCHEDULE J Compensation Information		1	OMB No. 1545-0047			
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2022		)	
	Compensated Employees					-
Depa	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.				Publ	ic
	Department of the Treasury         Attach to Form 990.           Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.				ction	
Nam	Name of the organization Em					mber
		AMERICAN HORTICULTURAL SOCIETY	53-0	22640	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Forn	n 990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	onal use			
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			<b>1</b> b		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	X	
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization?	S			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizat	tion to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
		compensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	•				v
a	1,7, 5, 1,7,					X X
	<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?					X
С	c Participate in or receive payment from an equity-based compensation arrangement?			4c		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
-		(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
э	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	OIL			
_	contingent on the r			5.0		x
a h	a The organization?			5a		X
a		ation?		<u>5b</u>		- 21
~			an			
6	contingent on the n	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	•	0		60		x
		ation2				X
D		ation?				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	.e			
'		ies 5 and 6? If "Yes," describe in Part III		7		x
Q						
0	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x	
9		id the organization also follow the rebuttable presumption procedure described in				<u> </u>
9		a the organization also follow the rebuttable presumption procedure described in 1 53.4958-6(c)?		9		
I HA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

53-0226408

Page 2

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SUZANNE B. LAPORTE	(i)	139,402.	10,000.	0.	0.	10,733.	160,135.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	[(II)]							

Page 3

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

22

r

Employer identification number

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.

**Open to Public** Inspection

Name of the organization

### AMERICAN HORTICULTURAL SOCIETY

	AMERICAN HOR	TICULT	URAL SOCI	ETY	53-0	226	408	
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de noncash contribu	etermin	•	s
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	3	167,534.	FMV, NET OF	' FEI	ES	
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 ()							
26	Other ( )							
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of							
	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				tions?	31	X	
32a	Does the organization hire or use third parties		-					х
	contributions?					32a		Δ
b	If "Yes," describe in Part II.							

- If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

232141 09-09-22

Part II 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, 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) 2022

232142 09-09-22

2022.05090 AMERICAN HORTICULTURAL SOCI NA424151

53-0226408 Page **2**  SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ 2022 Open to Public Inspection Employer identification number

53-0226408

OMB No 1545-0047

AMERICAN HORTICULTURAL SOCIETY

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

VIA MULTIPLE SOCIAL MEDIA PLATFORMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WITH INTERNATIONAL TRAVEL-STUDY TRIPS AND OTHER SPECIAL PROGRAMS, 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 III, LINE 4D, OTHER PROGRAM SERVICES:

GARDEN 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, CIVIC MEETINGS, AND SPECIAL EVENTS. 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 NATIONAL PROGRAMS. THE AHS DERIVES REVENUE TO MAINTAIN RIVER FARM AND SUPPORT ITS MISSION THROUGH SITE RENTALS FOR WEDDINGS, MEMORIALS, RETREATS, AND SPECIAL EVENTS.

EXPENSES \$ 516,605. INCLUDING GRANTS OF \$ 0. REVENUE \$ 202,932.

Schedule O (Form 990) 2022

40

232211 10-28-22

2022.05090 AMERICAN HORTICULTURAL SOCI NA424151

Schedule O (Form 990) 2022	
Name of the organization	Employer identification number
AMERICAN HORTICULTURAL SOCIETY	53-0226408
THE DRAFT OF THE FEDERAL FORM 990 IS FIRST REVIEWED BY 7	'HE ORGANIZATION'S
FINANCIAL STAFF AND PRESIDENT & CEO, THEN THE FINANCE/AU	DIT COMMITTEE
· · · · · ·	
REVIEWS AND APPROVES IT, AND THE APPROVED DRAFT IS SUBS	QUENTLY DISTRIBUTED
TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILM	G WITH THE INTERNAL
REVENUE SERVICE.	

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

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 KEY 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.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. 232212 10-28-22

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 COMPARABLE FORMS 990.

THE SECRETARY MAINTAINS RECORDS OF THE MEETINGS OF THE EXECUTIVE COMMITTEE.

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

ACCOUNTING UPON REQUEST. THE ANNUAL FORM 990 AND AUDITED FINANCIAL

STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEB SITE.

FORM 990, PART XII, LINE 2C:

NO CHANGES FROM PRIOR YEAR.

232212 10-28-22

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	File a	congrato	application	for each	roturn

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see ins	tructions.		Taxpaye	ridentificati	on number (TIN)
print	AMERICAN HORTICULTURAL SO	CIETY			53-02	26408
File by the due date for filing your			tions.			
return. See instructions		a foreign adc	Iress, see instructions.			
Enter the	e Return Code for the return that this application is for	(file a separa	ate application for each return)			01
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation) SHERI THORPE	07				
• If this box 1 I r th	organization does not have an office or place of busin is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the c calendar year or X tax year beginning JUL 1, 2022 the tax year entered in line 1 is for less than 12 months Change in accounting period	git Group Exe and atta MA` prganization's	emption Number (GEN) uch a list with the names and TINs o Y 15, 2024, to file s return for: d ending JUN 30, 2023	If this is fo f all memb e the exen	r the whole ers the extent opt organiza	group, check this
	this application is for Forms 990-PF, 990-T, 4720, or 60 y nonrefundable credits. See instructions.	169, enter the	e tentative tax, less	3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 60		*	3b	\$	0.
	timated tax payments made. Include any prior year ov			30	<u>э</u>	0.
	alance due. Subtract line 3b from line 3a. Include your ing EFTPS (Electronic Federal Tax Payment System). \$			Зc	\$	0.
instructi	: If you are going to make an electronic funds withdrav ons. For Privacy Act and Paperwork Reduction Act Notic		•	3453-TE ar		79-TE for payment 8868 (Rev. 1-2022)

		EXTENDED TO MAY 15, 2024		
Form <b>990-T</b>	I E	Exempt Organization Business Income Tax Retur	m l	OMB No. 1545-0047
		(and proxy tax under section 6033(e))	[	0000
	For ca	lendar year 2022 or other tax year beginning JUL $1$ , $2022$ , and ending JUN $30$ , $20$	23	2022
Department of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	— I	
Internal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)		oyer identification number
B Exempt under section	Print	AMERICAN HORTICULTURAL SOCIETY	-	3-0226408
<b>X</b> 501( <b>c</b> )( <b>3</b> )	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number instructions)
408(e) 220(e)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7931 EAST BOULEVARD DRIVE	_	
408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		_
529(a) 529A		ALEXANDRIA, VA 22308	_F └_	Check box if
<b>0</b> ot t		ok value of all assets at end of year		an amended return.
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	_ State	college/university
H Check if filing only to Check if a 501(c)(3)		Claim credit from Form 8941 Claim a refund shown on Form 2439		
		ration filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u>∟</u> 1
		ed Schedules A (Form 990-T)ecorporation a subsidiary controlled group?		Yes X No
		d identifying number of the parent corporation.		
L The books are in ca			7037	685700
		d Business Taxable Income		
1 Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
		· · · · · ·	1	0.
3 Add lines 1 and 2				
4 Charitable contrib		(see instructions for limitation rules)	4	0.
5 Total unrelated bu	usiness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net	operat	ing loss. See instructions	6	0.
7 Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro	m line	5	. 7	
		rally \$1,000, but see instructions for exceptions)		1,000.
9 Trusts. Section 19	99A de	duction. See instructions	. 9	
10 Total deductions			. 10	1,000.
11 Unrelated busine	ess tax	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			. 11	0.
Part II Tax Com				0.
		as corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.
		rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
<ul> <li>3 Proxy tax. See ins</li> <li>4 Other tax amounts</li> </ul>				
			· – –	
•		h 6 to line 1 or 2, whichever applies		0.
		ion Act Notice, see instructions.		Form <b>990-T</b> (2022)
		•		、·/

223701 01-16-23

	90-T (2022)		P	2 age
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		Ο.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941) 6f			
g	Other credits, adjustments, and payments: Form 2439			
•	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4	Enter available pre-2018 NOL carryovers here \$ 1,250. Do not include any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Par	rt I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduc	e		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions	ö.		
	Business Activity Code Available post-2017 NOL c			
	541800 \$	5,000.		
	\$			
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V			

### Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the	ed this return, including accompanying so an taxpayer) is based on all information c	chedules and statements, and f which preparer has any know	to the best of my l /ledge.	knowle	dge and belief, it is true,
Here		CI	EO			the IRS discuss this return with reparer shown below (see
	Signature of officer	Date Title			instru	uctions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check	if	PTIN
Paid Preparer	Print/lype preparer's name NATALIE R. ANZZOLIN r CPA	Platalie R. angeolin, CPA	5-14-24	self- employ	ed	P01329867
Use Only		EENSPON		Firm's EIN		54-1029635
	4035 RIDG	E TOP RD, SUITE	700			
	Firm's address <b>FAIRFAX</b> ,	VA 22030		Phone no.	(7	03)385-8888
223711 01-16	-23					Form <b>990-T</b> (2022)
		15				

13090514 701392 NA42415

45

2022.05090 AMERICAN HORTICULTURAL SOCI NA424151

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	1,250.	0.	1,250.	1,250.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	1,250.	1,250.

#### SCHEDULE A (Form 990-T)

# **Unrelated Business Taxable Income** From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Е

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number 53-0226408

D Sequence:

1

of

### Α

Describe the unrelated trade or business

Name of the organizatio	n		
AMERICAN	HORTICULTURAL	SOCIETY	

541800 С Unrelated business activity code (see instructions)

ADVERTISING REVENUE

Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	· · · · · · · · · · · · · · · · · · ·	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11	8,846.	3,497.	5,349.
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	8,846.	3,497.	5,349.
1	Deductions Not Taken Elsewhere         See instructing           directly connected with the unrelated business in         Compensation of officers, directors, and trustees (Part X)	icome			
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions		7		
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				5,349.
14	Other deductions (attach statement)		SEE STAI	'EMENT 2 14	1,250.
15	Total deductions. Add lines 1 through 14				6,599.
16	Unrelated business income before net operating loss deduction. S	Subtract	ine 15 from Part I, line	e 13,	
	column (C)			16	-1,250.
17	Deduction for net operating loss. See instructions				0.
18	Unrelated business taxable income. Subtract line 17 from line 10				-1,250.

Schedule A (Form 990-T) 2022

223741 01-16-23

chod	10 A (Form 990 T) 2022				Dago
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meti	nod of inventory valuat	ion		Page
1	Inventory at beginning of year	•		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter l	here and in Part I, line 2	<u>.</u>		
9	Do the rules of section 263A (with respect to property				. Yes No
Part			-		
1	Description of property (property street address, city, s	state, ZIP code). Check	if a dual-use. See ins	tructions.	
	A				
	B				
	c				
	D				
~	Double and an accurate	A	В	C	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
F	but not more than 50%) From real and personal property (if the				
b	Prom real and personal property (if the percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
Ũ	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here	and on Part I. line 6.	column (A)	0
•	Deductions directly connected with the income	0			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		,		
	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er	ter here and on Part I,			0
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (set	ter here and on Part I, ee instructions)	line 6, column (B)		0
4 5	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (st Description of debt-financed property (street address,	ter here and on Part I, ee instructions)	line 6, column (B)		0
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (so Description of debt-financed property (street address, A	ter here and on Part I, ee instructions)	line 6, column (B)		0
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, A B B	ter here and on Part I, ee instructions)	line 6, column (B)		0
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (so Description of debt-financed property (street address, A B C	ter here and on Part I, ee instructions)	line 6, column (B)		0
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, A B B	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (st Description of debt-financed property (street address, A B C D	ter here and on Part I, ee instructions)	line 6, column (B)		0 
4 5 Part	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, A	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 <u>5</u> <b>Part</b> 1	in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (st Description of debt-financed property (street address, A	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (su Description of debt-financed property (street address, A B B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 <u>5</u> <u>Part</u> 1 2 3	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 <b>Dart</b> 1 2 3 a	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 <b>Dart</b> 1 2 3 a	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 2 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	ee instructions.	
4 5 2 3 4 5	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). ( A	line 6, column (B) Check if a dual-use. Se B	C C	D
4 5 2 1 2 3 a b c 4 5 6	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). (	line 6, column (B) Check if a dual-use. Se	C C	
4 5 2 art 1 2 3 a b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). C A A A	line 6, column (B) Check if a dual-use. Se B B	c C	D
4 5 2 1 2 3 a b c 4 5 6	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). C A A A	line 6, column (B) Check if a dual-use. Se B B	c C	D
4 5 2 art 1 2 3 a b c 4 5 6 7	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, ee instructions) city, state, ZIP code). C A A A	line 6, column (B) Check if a dual-use. Se B B	c C	D
4 5 2 3 a b c 4 5 6 7 8	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, be instructions) city, state, ZIP code). C A A S S S S S S S S S S S S S S S S S	line 6, column (B) Check if a dual-use. Se B B % rt I, line 7, column (A)	c C K K K K K K K K K K K K K K K K K K	D
4 5 2 3 a b c 4 5 6 7 8 9	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, se instructions) city, state, ZIP code). ( A A . Enter here and on Part % . Enter here and on Part ough D. Enter here and	line 6, column (B) Check if a dual-use. Se B B % rt I, line 7, column (A)	c	D

Sched	ule A (Form 990-T) 2022 VI Interest, Annu	vition D	ovaltion and D	anto fro	m Contro		raopizatio	<b>DO</b> (-		1 <b>)</b>		Page <b>3</b>
Part	VI Interest, Annu	illes, n	oyanies, and n		in Contro		Exempt Contro					
	1. Name of controller organization	d	<b>2.</b> Employer identification number	incon	unrelated ne (loss) structions)	<b>4.</b> Tota	al of specified nents made	<b>5.</b> Pathat is conti	art of coluits included rolling organization	mn 4 in the aniza-		Deductions directly connected with come in column 5
(1)									9.000			
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ions					
7	7. Taxable Income	in	Net unrelated come (loss) e instructions)		otal of specif yments mac		<b>10.</b> Part of that is included controlling aross	luded	in the zation's		co	ductions directly nnected with ne in column 10
(1)							Ŭ					
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and o	n Part I, n (A)		ter h	blumns 6 and 11. ere and on Part I, 8, column (B)
Totals									0.			0.
Part			of a Section 50	01(c)(7),			<b>nization</b> (s	ee ins	tructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly conn (attach state)	ected	<b>4.</b> Set (attach s		,	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
(4)					Add amo	unte in						Add amounts in
Totals					column 2 here and o line 9, colu	. Enter n Part I,						column 5. Enter here and on Part I, line 9, column (B)
Part		xempt A	Activity Income	. Other	Than Adv	ertisir	na Income (	(see in	structions	\		
1	Description of exploite	-		,			<u>.</u>	000 11		,		
2	Gross unrelated busin	<b>,</b>		iness. Ente	er here and o	on Part I	, line 10, colum	nn (A)		2		
3	Expenses directly con											
			•							3		
4	Net income (loss) from											
	lines 5 through 7						-			4		
5	Gross income from ac									5		
6	Expenses attributable	to income	e entered on line 5							6		
7	Excess exempt expen											
	4. Enter here and on F	Part II, line	12							7		

Schedule A (Form 990-T) 2022

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223731 01-16-22

	ule A (Form 990-T) 2022					Page 4
Part						
1	Name(s) of periodical(s). Check box if reportir		nore periodicals on a c	consolidated bas	sis.	
	A THE AMERICAN GARDEN	NER				
	в 🛄					
	c 🗆					
	D					
Enter	amounts for each periodical listed above in the	correspon	ding column.			
	·	Γ	A	В	С	D
2	Gross advertising income		8,846.			
	Add columns A through D. Enter here and on		11. column (A)			8,846.
а						<i>.</i>
3	Direct advertising costs by periodical	Г	3,497.			
a	Add columns A through D. Enter here and on					3,497.
a	Add coldmins A through D. Linter here and on	ri arti, inte				
4	Advertising asin (less) Subtract line 2 from li	Г				
4	Advertising gain (loss). Subtract line 3 from lin	ne				
	2. For any column in line 4 showing a gain,	-				
	complete lines 5 through 8. For any column ir					
	line 4 showing a loss or zero, do not complete		5,349.			
_	lines 5 through 7, and enter zero on line 8		404,698.			
5	Readership costs		404,090.			
6	Circulation income		106,859.			
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is lea					
	than line 6, enter zero	····· _	297,839.			
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7		5,349.			
а	Add line 8, columns A through D. Enter the g	reater of th	e line 8a, columns tota	al or zero here a	nd on	
	Part II, line 13					5,349.
Part	X Compensation of Officers, Di	rectors,	and Trustees (se	e instructions)	· · · · · ·	
					3. Percentage	4. Compensation
	<b>1.</b> Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Tota	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructio	ons)			
	· · · · · · · · · · · · · · · · · · ·					

223732 01-16-23

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FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,250.
TOTAL TO SCHEDULE A, PART II, LI	NE 14	1,250.

990-T SCH	A	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22 06/30/21 06/30/20 06/30/19		1,250. 1,250. 1,250. 1,250.	0. 0. 0. 0.	1,250. 1,250. 1,250. 1,250.	1,250. 1,250. 1,250. 1,250.
NOL CARRYO	VER AVA	ILABLE THIS Y	EAR	5,000.	5,000.

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	Eilo a	congrato	application	for on	och roturn	

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instruc	ration or other filer, see instructions.			Taxpayer identification number (TIN)			
print	AMERICAN HORTICULTURAL SOCI	53-0226408						
File by the due date for filing your return. See	Jate for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions.	City, town or post office, state, and ZIP code. For a for ALEXANDRIA, VA 22308	reign add	Iress, see instructions.					
Enter the	Return Code for the return that this application is for (file	a separa	ate application for each return)			0 7		
Applicati	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
Form 990	-T (corporation)	07						
• The bo	boks are in the care of $\blacktriangleright$ 7931 EAST BOULE	VARD	DRIVE - ALEXANDRIA	A, VA	22308			
	one No.  7037685700		Fax No. 🕨					
<ul> <li>If the c</li> </ul>	organization does not have an office or place of business	in the Ur	nited States, check this box		Þ			
<ul> <li>If this is</li> </ul>	<u>s fo</u> r a Group Return, enter the organization's four digit G	Group Exe	emption Number (GEN) If	this is fo	r the whole group,	check this		
box 🕨 🛛	If it is for part of the group, check this box 🕨	and atta	ch a list with the names and TINs of	all memb	ers the extension i	s for.		
the ▶[	quest an automatic 6-month extension of time until organization named above. The extension is for the organ calendar year or $\underline{X}$ tax year beginning JUL 1, 2022	nization's		the exem	npt organization ref	turn for		
PL	Tax year beginning 001 1, 2022	, an			·			
2 If th	e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	ieck reas	on: Initial return F	-inal retur	n			
	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter the	e tentative tax, less			0		
	nonrefundable credits. See instructions.			3a	\$	0.		
	is application is for Forms 990-PF, 990-T, 4720, or 6069,					0		
	mated tax payments made. Include any prior year overpa			3b	\$	0.		
	ance due. Subtract line 3b from line 3a. Include your pay					0		
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ( ns.	direct de	bit) with this Form 8868, see Form 84	453-TE ar	nd Form 8879-TE fo	or payment		
LHA Fo	or Privacy Act and Paperwork Reduction Act Notice, s MAIL TO: DEPARTMENT INTERNAL R OGDEN, UT	OF '	THE TREASURY UE SERVICE CENTER		Form <b>8868</b> (F	Rev. 1-2022)		

223841 04-01-22