## OLBRICH BOTANICAL SOCIETY, INC.

Income Tax Returns For Year Ended December 31, 2019

Public Disclosure Copy



(Rev. January 2020)

18

19

20

21 Net /

22

Part II

Assets or d Balances

**Public Disclosure Copy** 

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

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

D

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

O **Open to Public** 

4,396,426.

5,509,808.

3,913,756.

3,637,641.

276,115.

-2,282,730.

End of Year

581,674.

272,515.

103,053.

1,675,432.

6,092,182.

5,989,129.

Beginning of Current Year

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest inform									rmation.		Inspection		
A For the 2019			calendar year,	, or tax yea	ar beginning	]		, 2019	, and ei	nding	_		, 20
в	Check if a	applicable:	<b>C</b> Name of organ OLBRICH		ICAL SO	ንፐ ምጥ የገ	INC				D Employer ide 39-135		
Г	Addr		Doing business								- 33 133	/ 21 1	
	chan	ige e change			O. box if mail i	s not delivered	d to street addre	ss)	Room/s	suite	E Telephone nu	umber	
	-	il return	3330 ATV	WOOD AT	VENUE						(608) 24	6-4	586
	Final	Final return/ City or town, state or province, country, and ZIP or foreign postal code										-	
Amended MADISON, WI 53704											G Gross receipt	s \$	4,105,877.
		ication	F Name and add	-		JULII	E RUPERT				H(a) Is this a gro	oup retur	
-											subordinate H(b) Are all subor		
ī	Tax-e	Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527								- ``		ist. (see instructions)	
J	Webs	ite: 🕨	WWW.OLBRI	()()		, , ,					H(c) Group exen	nption nu	umber
ĸ	Form	of organ	zation: X Cor	rporation	Trust	Association	Other	•	L	Year of form	ation: 1979 M	State	of legal domicile: WI
	Part I	Su	nmary										
	1	Briefly	describe the o	rganizatio	n's mission	or most sign	ificant activitie	s: OLBRI	СН ВС	TANICA	L GARDENS		
ę	y l										NS, JOY OF	7	
Governance	0	GARI	ENING, TH	IE KNOW	ILEDGE C	)F PLANT	S, (CONI	INUED O	N SCH	IEDULE	0)		
	2	Check	this box 🕨 🗌	if the o	rganization	discontinue	d its operatio	ns or dispos	ed of mo	ore than 25°	% of its net asse	ts.	
		Numb	r of voting me	mbers of t	he governin	g body (Part	VI, line 1a)					3	19.
Activities 8	ő 4	Numb	r of independe	ent voting r	members of	the governi	ing body (Part	VI, line 1b)				4	18.
itio	5	Total r	umber of indiv	iduals emp	ployed in ca	llendar year 2	2019 (Part V,	line 2a)				5	57.
it	5 6	Total r	umber of volur	nteers (esti	mate if nece	ssary)						6	1,329.
<	t 7a	Total u	nrelated busin	ess revenu	e from Part	VIII, column	(C), line 12					7a	0.
	b	Net ur	related busines	ss taxable	income from	n Form 990-	T, line 39 🔒					7b	
											Prior Year		Current Year
9	<u>u</u> 8		outions and gra								1,195,5		2,407,211.
Daviania	9		m service rever								614,8		664,094.
ā	10		nent income (F								102,74		110,428.
	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								34,757.		45,345.
	12		I revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								1,947,94		3,227,078.
	13		and similar an									0.	0.
	14		s paid to or for								1 000 57	0.	0.
ġ	g 15		s, other compe	-				, -			1,093,75		1,113,382.
949			sional fundraisi							•••		0.	0.
с 2 Ц	ź∣_b		undraising expe		-		·	428,199	· •		581.6	7.4	4 206 406
	17	Other	vnoncos (Part		$n(\Lambda)$ lines 1	10 11d 11f	240)			1	581.6	74	4 396 426

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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.

Net assets or fund balances. Subtract line 21 from line 20.

Total liabilities (Part X, line 26)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

Revenue less expenses. Subtract line 18 from line 12

Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Sign Here		Signature of officer				Date						
		Type or print name and title										
	Pri	nt/Type preparer's name	Preparer's signature	Date		Check	if	PTIN				
Paid	JA	COB COOK	Jan 4 hr	10/20/202	20	self-emplo	byed	P01	124045	55		
Preparer Use Only	Firr	m's name ▶BDO USA, LLP	7		Firm	's EIN 🕨	13-	53815	590			
Use Only	Firr	m's address ▶ONE ERDMAN PLACE,	SUITE 404 MADISON, W	VI 53717	Pho	ne no.	608	8-836-	-7500			
May the	May the IRS discuss this return with the preparer shown above? (see instructions)											
For Pape	or Paperwork Reduction Act Notice, see the separate instructions.											

Total assets (Part X, line 16)

Signature Block

39-1357247

For	m 990 (2019)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	
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?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	visco of modelling by
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 430,225. including grants of \$ ) (Revenue \$	78,899.)
	ATTACHMENT 2	,
<u>4</u> h	(Code: ) (Expenses \$ 312,119. including grants of \$ ) (Revenue \$	589,562.)
70	EDUCATION PROGRAMS: OLBRICH BOTANICAL GARDENS PROVIDES HUNDREDS OF	<u> </u>
	DIVERSE CLASSES AND WORKSHOPS FOR FAMILIES, ADULTS, AND YOUTH EACH	
	YEAR AND ITS EDUCATION PROGRAMS ENCOMPASS MANY OTHER EXPERIENCES.	
	OLBRICH EDUCATION REACHES TEACHERS, ADULT GROUPS, SCHOOLS, SCOUT	
	GROUPS, AND OTHER K-12 COMMUNITY YOUTH ORGANIZATIONS. OLBRICH'S	
	ECO-FRIENDLY TRAMPROVIDES INTERPRETIVE AND TRANSPORTATION SERVICES	
	IN THE OUTDOOR GARDENS - ESPECIALLY FOR THOSE WHO NEED ASSISTANCE	
	TO MOVE AROUND THE GARDENS. IN ADDITION DOCENT-LED TOURS OF THE	
	GARDENS ARE CONDUCTED ANNUALLY AND REACH MORE THAN 1000 ADULT AND	
	FAMILY VISITORS.	
4.0	(Code) ) (Evenue (Code) ) (Devenue (Code)	
4C	(Code:) (Expenses \$4,125,205. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)	)
	BOTANICAL SOCIETY ASSISTS THE CITY OF MADISON PARKS DIVISION TO	
	MAINTAIN AND ENHANCE OLBRICH'S OUTDOOR GARDENS AND BOLZ	
	CONSERVATORY. DURING 2019, \$3,750,000 WAS TRANSFERRED TO THE CITY	
	OF MADISON TO PAY A PORTION OF THE ORGANIZATION'S SHARE OF A	
	CAPITAL PROJECT - THE FRAUTSCHI FAMILY LEARNING CENTER AND	
	GREENHOUSE.	
4d	Other program services (Describe on Schedule O.) ATTACHMENT 3	
<b>A</b> :::	(Expenses \$ 114,404. including grants of \$ )(Revenue \$ 40,978. )	
JSA	Total program service expenses ►       4,981,953.	Form <b>990</b> (2019)
9E1	020 2.000 4349PU R38U 10/10/2020 7:51:29 AM	Form <b>990</b> (2019) PAGE 3
		1705 3

1	390 (2019)		F	Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	4		X 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			
7	"Yes," <i>complete Schedule D, Part I</i>	6		x
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		x
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? <i>If "Yes," complete Schedule D, Part X</i>	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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		X
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		X
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х

JSA 9E1021 2.000 4349PU R38U 10/10/2020 7:51:29 AM

Public Disclosure Copy OLBRICH BOTANICAL SOCIETY, INC

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	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		
	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		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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.	24	Х	
25 0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 250	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	550		
50	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	•••		
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	х	
Part				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 9E1030		Form	990	(2019)

39-1357247

Pert V       Statements Regarding Other IRS Filings and Tax Compliance (continued)       Yes       No         2a Enter the number of employees reported on Form W-3, Transmital of Wage and Tax $ z $ 57       If       Statements (led of the calendar year ending whor within the year covered by this ratum.)       2b       X         3a Did the organization have unrelated business gross income of 31,000 or more during the year?       3a       X       3a       X         3b If Yes, in set filed a Form 0400 To this year (PT 10% or form 3b, provide a replaneation on Scheduke 0	Form	990 (2019)		F	Page 5			
2a       Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.       2a       57         2b of a lease nois is reported on line 2a, difference within the year covered by this return.       2a       57         3b of the organization have and line 3a (all frequence of declars) employment tax returns?       3a       X         3b of the organization have annellated business gross income of \$1.000 or more diving the calendar year, diff the organization have anniherset in, or signature or other subhortly over, a financial account?       3b         4a At any time the hame of the foreign country (such as a bark account, securities account, or other financial account?).       4a         5b       X       5a       X         5b and year and year of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible ac charitable contributions?       5a         7b       Organization have annual gross receipts that are normally greater than \$100,000, and did the organization incude with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7b       X         b If *es, did the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7b       X         b If *es, did the organization such exchange, or othe	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
Statements, filed for the calendar year ending with or within the year covered by this return. $\lfloor 2a \rfloor = 57$ 2         b if at least one is reported on line 2a, did the organization file all required to e-file (see instructions).       3         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.       3a         3a The the organization have unrelated business gross income of \$1,000 or more during the year?.       3a         3a At any time during the calendar year, did the organization have an interest lin, or a signature or other authority over, a financial account?.       3a         3b If Yes, "has it filed a Form 980-T for the year?       3b       4a         3b If Yes, "has it filed a Form 980-T for the year?       4a       x         3c See instructions for filing requirements of Fr/DEN Form 114. Report of Foreign Bank and Financial account?.       4a       x         3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       x         3c Does the organization nethat was or excepts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contributions or gifts were not tax deductible?       6b       6b         3c Did the organization network appareting the second \$72(0).       7b       X       7a       x         3c Did the organization sells any output by endication the second \$70(0).       7b       X       7b       X				Yes	No			
b If at least, note io is reported on line 2a, did the organization file at required tedrate employment tax returns? Note: If the sum of lines 1a and 2a is greater than 260, you may be required to <i>e-file</i> (see instructions)	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b       X         3a Did the organization have unrelated business gross income of \$1,000 or more during the year?.       3a       X         3b If Yes, 'has if tied a Form 90-7 for this year? If 'No'' to line 3b, provide an explanation on Schedule 0       3a       X         3b If Yes, 'has if tied a Form 90-7 for this year?       3a if the state of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b If Yes, 'neither the ane of the foreign country >       Secienstructions for ling requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR).       5a       X         b If any taxable party notly the organization that it was or is a party to a prohibited tax shelt transaction at any time during the superior.       5a       X         c If Yes' to line 5a or 5b, dit due organization incled with every solicitation an express statement that such contributions or gifts were not tax deductible acchriticable acchriticable contributions or gifts were not tax deductible contributions and partly to goods are required to file form 8262?       7b       X         b If Yes, ' did the organization neally the donor of the value of the goods or services provided?       7b       X         c If Yes, ' did the organization were substation induced the goods or services provided?       7b       X         c If Yes, ' did the organization outly the donor of the value of the goods or services								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?,, .3a       X         3b       If "yes", this if lide 3 Form 90-To truits year?      , .3a       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.       4a       X         bif "yes", enter the name of the foreign country >       Secinstructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b Id 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 5 as of 5b, dit the organization in heav enot 1ax debucible as chartable contributions or grifts were not tax deductible?       5a       X         b If "yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?       7b       X         b If "yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?       7b       X         b If "yes," did the organization neceive apyment in excess of \$75 made partly as a contribution on grints.       7c       X         c Id the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contracr?       7b       X <td>b</td> <td></td> <td>2b</td> <td>Х</td> <td></td>	b		2b	Х				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?,, .3a       X         3b       If "yes", this if lide 3 Form 90-To truits year?      , .3a       X         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.       4a       X         bif "yes", enter the name of the foreign country >       Secinstructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b Id 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 5 as of 5b, dit the organization in heav enot 1ax debucible as chartable contributions or grifts were not tax deductible?       5a       X         b If "yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?       7b       X         b If "yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?       7b       X         b If "yes," did the organization neceive apyment in excess of \$75 made partly as a contribution on grints.       7c       X         c Id the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contracr?       7b       X <td></td> <td></td> <td></td> <td></td> <td></td>								
b If "Yes," has it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule 0	3a		3a		Х			
4 A tary time during the calendar year, did the organization have an interest in, or a signature or other subority over, a financial account; a forcigin country (such as bank account, socurities account, or other financial account)?       4a       ×         b If 'Yes,' enter the name of the foreign country >			3b					
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b If "Yes," enter the name of the foreign country >       See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a Was the organization to reganization file Form 8886-17       See instructions of the weary solicitation an express statement that such contributions of the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible contributions under section 170(c).       6b         7 Organization static montify the donor of the value of the goods or services provided?       7b       X         7 If 'Yes'' to dit the organization necesive a payment in excess of 57 made party as a contribution and partly for goods and services provided to the payor?       7a       X         7 If 'Yes'' to dit the organization necesive a payment in excess of 57 made party as a contribution of and services provided?       7b       X         7 If 'Yes'' did the organization necesive a payment in excess of 57 made party on a personal benefit contract?       7b       X         7 If 'Yes'' did the organization necesive apyments, directly or indirectly, on a personal benefit contract?       7b								
b If "Yes," enter the name of the foreign country >			4a		Х			
See instructions for Illing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FEAR).       5a       X         54 Was the organization a party to a prohibited tax shelter transaction at any time during that axy ear?	b							
5       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b Did any taxable party notity 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-T?       5c       5c       5c         Ga Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       5c       5c       5c         J If 'Yes,' did the organization include with every solicitation an express statement that such contributions or glfs were not tax deductible?       70       70 analyzations that may receive deauctible contributions and express statement that such contributions or glfs were not tax deductible?       7a       X         7 Organization traceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         6 b If 'Yes,'' indicate the number of Form 8282?       7c       X       7c       X         7 Did the organization receive a payment in excess boldings at any time during the erganization file Form 8282?       7d       7d       X         7 Did the organization number of Forms 8282 filed during the year       7d       X       7d       X         9 If the organization received a contribution of qualified intelectual property, did the organization files Form 8289 a required?       7d       X         9 If the organization note: weany premiums, divised funds.       1	5a		5a		Х			
c If Yes' to line 5 aor 5 b, did the organization file Form 8866-7?       5c         6a Does the organization solid any contributions that were not tax deductible as charitable contributions?       5c         6a Does the organization include with every solicitation an express statement that such contributions of the tax deductible as charitable contributions?       6a       x         6b T'Yes," did the organization include with every solicitation an express statement that such contributions of the tax deductible as charitable contribution and party for goods and services provided to the payor?       6b       7a       x         7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization notify the donor of the value of the goods or services provided?       7a       x         7 D'Yes," did the organization notify the donor of the value of the goods or services provided?       7d       7a       x         8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7d       x       7d       x         9 Did the organization receive a contribution of qualified intelecual property (of the roganization file Form 8898 as required?       7d       x       7d       x         8 Sponsoring organization market and gohor advised funds.       Bort the arganization file Form 8898 as required?       7d       x       7d       x         9 Did the sopnazization market and spital contributions included on Part Vill, line 12. <t< th=""><td></td><td></td><td>5b</td><td></td><td>Х</td></t<>			5b		Х			
Ga       x         Ga       x         b If "Yes," did the organization natude with every solicitation an express statement that such contributions?       6a       x         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       x         c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the yan?       7a       x         c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7a       x         c Did the organization cervice any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       x         d If "Yes," indicate the number of Forms 8282 filed during the year.       [7d]       x       7d       x         d If the organization cerviced a contribution of qualified intellectual property, did the organization funds for m108-C?.       7g       x       7d       x         g If the organization sective a mathating door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       3a         D dt the sponsoring organizations. Enter:       11a       10a       1aa       1aa       1aa       1aa       3a         D dt the sponsoring organizations. Ente			5c					
organization solicit any contributions that were not tax deductible a charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions?       6b       6b         7 Organizations that may receive adductible contributions under section 170(c).       a bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goots and services provided to the payor?       7a       X         7 Dirganization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?       7a       X         7 If "Yes," did the organization, excluse any taxobit of using the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         7 If the organization receive a any tunds, directly or indirectly, on a personal benefit contract?       7t       X         7 If the organization receive a contribution of qualified threlecula property did the organization file a Form 1098-C?.       7b       X         8 Sponsoring organizations maintaining door advised funds.       10 a donor advised funds.       10 a donor advised funds.       9a         9 Botions orig organization make any taxable distributions under section 4966?       9a       9b       11a       11a         10 a dit the sponsoring organization make any taxable distributions under section 4966?       9a       9b       12a         11 Sectio		-						
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization nater receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         0       Did the organization natify the donor of the value of the goods or services provided?       7b       X         c       Did the organization natify the donor of the value of the goods or services provided?       7c       X         c       Did the organization natify the donor of the value of the goods or services provided?       7c       X         c       Did the organization natify the donor of the value of the goods or services provided?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization natify diverse pay premiums, directly or indirectly, no pay premiums on a personal benefit contract?       7r       X         f       If the organization make and service dives of und value during the year?       7g       7h       1         f       By disponsing organization make any taxable distributions under section 4966?       9b       9b       9b       9b       9b       9b       9b <t< th=""><td>vu</td><td></td><td>6a</td><td></td><td>Х</td></t<>	vu		6a		Х			
grifs were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         7       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?       7c       x         b If "Yes," indicat the number of Forms 8282 filed during the year       [7d]       7c       x         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7d       x         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       x         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       x         g If the organization neceived a contribution of carls indivised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b       9b       9b       10       11a       11a       11a       12a       11a       12a       11a       12a       11a       12a       11b       12a <t< th=""><td>h</td><td colspan="6"></td></t<>	h							
7       Organization stat may receive deductible contributions under section 170(c).       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 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       7t       x         f) Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       x         f) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1089-C?.       8         Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       10a       10a         9       Sponsoring organizations maintaining door advised funds.       10a       10a       10a         10       the sponsoring organizations maintaining door advised funds.       10a       10a       10a         10       b) Did the sponsoring organizations. Futer:       10a       10a       10a       10a         11       Section 501(c)(27) organizations. Enther:       11a <td></td> <td></td> <td>6b</td> <td></td> <td></td>			6b					
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 notify the donor of the value of the goods or services provided?       7c       X         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         f Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7h       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7h       X         g Did the sponsoring organization make any taxable distributions under section 4966?       8a       9       9a         g Did the sponsoring organization make a distribution to a doror, donor advisor, or related person?       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       11a       10a       11a         11 B       13a       11a <t< th=""><td>7</td><td>5</td><td></td><td></td><td></td></t<>	7	5						
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 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       X       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X       7c       X         g If the organization receive a number, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?       7d       X         8 Sponsoring organizations maintaining donor advised funds.       a blot the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9 Did the sponsoring organizations. Enter:       a blot the sponsoring organizations. Enter:       10a       11a       10a       11a         12 Section 501(c)(7) organizations. Enter:       a Gross income from members or shareholders       11a       11a       12a       12a         13 Section 501(c)(23) organizations. Enter:       a listhe organization ilorenexel (Do not net amounts due or paid to othe								
b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         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       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?       7d       7d         8 Sponsoring organization maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations. Enter:       10a       10b       10b       10b       10b         11 section 501(c)(12) organizations. Enter:       11a       10b       10b       10b       12a         12 section 501(c)(12) organizations. Enter:       11a       10b       10b       12a       11a       10b       12a	u		7a	Х				
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       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8089 as required?       7d       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organizations maintaining donor advised funds.       8       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         b Social contributions included on Part VIII, line 12       10a       10a       10b       11a         b Gross income from members or shareholders       11b       11a       11a       11a       11a         18       Section 4947(a)(1) non-exempt charitable trusts. Is the organization file Form 1041?       12a       12a       12a         14       Yes," enter the amount of tax-exempt interest received or accrued during the year       13a       11a       11a         13a	h							
required to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d If "Yes," indicate the number of Forms 8282 filed during the year, pay premiums on a personal benefit contract?       7f       X         g If the organization receive any tonds, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization receive any tonds, directly or indirectly, did the organization file Form 8899 as required?       7g       7h       X         g If the organization receive any tonds, directly or indirectly, did the organization file Form 809.as required?       7h       X       7g         h If the organization receive any tonds, directly or indirectly, did the organization file Form 809.as required?       7h       X         8 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b       10b       10b       10b       10b       11b       112a       12a       12a       11b       11b       11a       11b       11a       11b       11b       11b       11b       11b       11b <td></td> <td></td> <td></td> <td></td> <td></td>								
d If "Yes," indicate the number of Forms 8282 filed during the year	U		7c		Х			
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?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C2.       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Sponsoring organizations maintaining donor advised funds.       10a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         11 section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from members or shareholders.       11a       12a         12 Section 501(c)(12) organizations. Enter:       11a       12a         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12b       12a         13 Section 501(c)(2) gualified nonprofit health insurance issuers.       13a       13a         14 bi the organization licensed to issue qualified health plans in more than one state?       13a       13a         14 bi dit do reganization is required to maintain by the states in which the organization is licensed to issue qualified	Ь							
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.       7h       X         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       11a       12a         11       Section 501(c)(12) organizations. Enter:       11a       11b       12a         12       Section 501(c)(12) organizations. Enter:       11a       12b       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issu			7e		Х			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C2.       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?       8         9 Did the sponsoring organizations. Enter:       9a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         9 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from members or shareholders.       11b         12 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11b         12 Section 501(c)(12) qualified nonprofit health insurance issuers.       11b         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         14 Di dite organization is licensed to issue qualified health plans in more than one state?       14a       X         14 Di dite or								
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?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         9 b       9a         9 b       9b         10 Section 501(c)(7) organizations. Enter:       10a         a linitiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       11a         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         12 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.       13a         a Is the organization is licensed to issue qualified health plans in more than one state?       13a         13 be the organization subject to the section 4960 transition on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14a       X         14 b       13c       15       X         15 Is the organization subject to the section 4960 tax on								
8       Sponsoring organizations maintaining door 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 organizations maintaining door advised funds.       9         a 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         10       Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a Gross income from members or shareholders.       11a       10b       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         24       b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	-							
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a       10a         a Gross income from members or shareholders.       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b         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         12       Section 501(c)(12) organization literest received or accrued during the year       12b       12a         13       Section 501(c)(12) organization literest received or accrued during the year       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       11a         13       Section 501(c)(29) qualified health plans in more than one state?       13a         13       Section 501(c)(29) qualified health plans       11a       12a         14       X       13a       14a       X         14       Did the organization licensed to issue qualified health plans       13a       14a       X         14       Did the organizatio	_							
9       Sponsoring organizations maintaining door advised funds.         a       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         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         11       Section 501(c)(12) organizations. Enter:       10a         a       Gross income from members or shareholders.       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," ens it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         S the organization subject to the section	0							
a 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         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       11a         b Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       11b         a 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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .       13a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16 X	٩		-					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10a       10b         11 Section 501(c)(12) organizations. Enter:       11a       11a       11a         b Gross income from members or shareholders       11a       11b       12a         b If "Yes," enter the amount of tex-exempt interest received or accrued during the year       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X			9a					
10       Section 501(c)(7) organizations. Enter:         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources)       11b         12a       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.         a Is the organization licensed to issue qualified health plans in more than one state?       12b         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a         b Inter the amount of reserves on hand       13b       13c         c Enter the amount of reserves on hand       13b       13c         14a       X       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         15       Is the organization receive any payments for indoor tanning services during the axyear?       14a								
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       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.).       11a       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13b       13a         vete: See the instructions for additional information the organization must report on Schedule O.       13b       14a         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X			0.0					
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:       a Gross income from members or shareholders								
11       Section 501(c)(12) organizations. Enter:         a Gross income from members or shareholders.       11a         b Gross income from other sources (Do not net amounts due or paid to other sources)       11b         12a       11b         13       11b         14a       12b         13       12b         14a       13a         15       13c         14a       13c         14a       13c         14a       13c         14a       13c         15       13c         14a       13c         15       14c         16       15c         15       15c         16       15c         15       15c								
a Gross income from members or shareholders       11a       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       11b         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       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a 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.       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       X								
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       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a 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       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a Did 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?       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15 X       15 X         16 X       16 X								
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	U							
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year	122		12a					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a 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         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
a 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.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         x If "Yes," see instructions and file Form 4720, Schedule N.       16								
Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: the instructions is licensed to issue qualified health plans         c Enter the amount of reserves on hand       Image: the instruction receive any payments for indoor tanning services during the tax year?       Image: the instruction of the section of the sec			13a					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       X	a							
the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	Ь							
c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X	u							
<ul> <li>14a Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>14a X</li> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li> <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> <li>15 Is the organization and file Form 4720, Schedule N.</li> <li>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</li> </ul>	•							
<ul> <li>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i></li></ul>			14a		X			
<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>								
excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X       16       X								
If "Yes," see instructions and file Form 4720, Schedule N.         16         16	13		15		Х			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
is the organization an educational institution subject to the section 4900 excise tax on het investment income:	16		16		Х			
If "Yes " complete Form 4720. Schedule O	10	If "Yes," complete Form 4720, Schedule O.	10					

	Public Disclosure Copy			
Form 9	90 (2019) OLBRICH BOTANICAL SOCIETY, INC 39-13572	47	P	Page <b>6</b>
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion 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 <b>1a</b> 19 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			
h	committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> $\perp$ <sup>8</sup> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ū		3	Х	
4		4		Х
5		5		Х
6		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71.		х
-	stockholders, of persons other than the governing body: 111111111111111111111111111111111111	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:	Ba	х	
a b		3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.,	)	
	—		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	annucle, and branchies to choure their operations are consistent with the organizations exempt purposes.	0b	37	
	Thas the organization provided a complete copy of this form 550 to an members of its governing body before ming the form 1	1a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2-	х	
		2a	л	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	2b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ		2c	Х	
13		3	Х	
14		4	Х	
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?			
а		5a		X X
b	Other officers or key employees of the organization	5b		Δ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
-		6a		Х
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			
		6b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ $M^{I}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>	Secti	on 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of i	ntere	est n	olicy
-	and financial statements available to the public during the tax year.		-  P	, ,
20	State the name, address, and telephone number of the person who possesses the organization's books and records ROBERTA SLADKY 3330 ATWOOD AVENUE MADISON, WI 53704 608-246-4586			
			<u></u>	
JSA	F	orm	<b>990</b>	(2019)

9E1041 2.000

JSA

### Public Disclosure Copy OLBRICH BOTANICAL SOCIETY, INC

Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	<b>(B)</b> Average hours per week	box,	not ch unles	s pe	ition more rson	e than c is both cor/trust	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)ROBERTA SLADKY	40.00									
EXECUTIVE DIRECTOR	0.	x		x				99,777.	0.	13,969.
(2) WILLIAM WHITE	1.00									
PAST PRESIDENT	0.	x		x				0.	0.	0.
(3)JULIE RUPERT	1.00									
PRESIDENT	0.	X		x				0.	0.	0.
(4) MARY PHILLIPS	1.00									
TREASURER	0.	x		x				0.	0.	0.
(5) RICHARD WAGNER	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6) ALNISA ALLGOOD	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7) RENEE BOYCE	1.00									
SECRETARY	0.	X		Х				0.	0.	0.
(8) PHILLIP BRADBURY	1.00									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(9) SUSAN DERSE PHILLIPS	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10) TIM SHERRY	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) MICHELLE TASCHEK	1.00									
DIRECTOR	0.	X						0.	0.	0.
(12) ERIK LINCOLN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(13) LAURA PETERSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(14) BETTY CHEWNING	1.00									
DIRECTOR/ EX OFFICO	0.	Х						0.	0.	0.

Form 990 (2019)

39-1357247

39-1357247

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	bye	es,	and ⊦	lig	hest Compensat	ed Employees	(continu	ued)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe d a c	erson	e than o is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	om a	(F) Estimated amount o other mpensati	of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	0)   01   a	from the rganizatio nd related ganizatio	on d
	ERIC KNEPP DIRECTOR/ EX OFFICIO	1.00	x						0		).		
6)	BRAD HINKFUSS DIRECTOR/ EX OFFICIO	1.00 0.	x						0		).		
7)	NANCY RAGLAND DIRECTOR/ EX OFFICIO	1.00 0.	x						0		).		
8)	ANGELA JENKINS DIRECTOR/ EX OFFICIO	1.00	x						0		).		-
9)	LAUREL NEVERDAHL DIRECTOR/ EX OFFICIO	1.00 0.	x						0		).		
			-										
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	ection A				•••			99,777. 0. 99,777.	,	0. 0. 0.	13,	
	Total number of individuals (including but not reportable compensation from the organization	limited to t		liste				o re	eceived more than	\$100,000 of			
3	Did the organization list any <b>former</b> offic employee on line 1a? If "Yes," complete Schedu											Yes	
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	50,0	00?	P If	"Yes	,"	complete Schedu	ile J for such	4		
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on	fron	n any	un	related organization	on or individual		X	-
Se	ction B. Independent Contractors	<i>·</i> ,											
1	Complete this table for your five highest com compensation from the organization. Report c year.											×	
	(A) Name and business add	lress							<b>(B)</b> Description of se	ervices	(C Compe		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0. JSA 9E1055 1.000

Check if Schedule O contains a response or note to any line in this Part VIII										
			(A) Total revenue	<b>(B)</b> Related or exempt function revenue						
derated campaigns	1a									
embership dues	1b	392,618.								
ndraising events	1c									
lated organizations	1d	249,032.								
overnment grants (contributions)	1e									
other contributions, gifts, grants, d similar amounts not included above	1f	1,765,561.								
ncash contributions included in										
es 1a-1f	1g	\$ 15,110.								
tal. Add lines 1a-1f			2,407,211.							
		Business Code								
NUAL EVENTS		900099	589,562.	589,562.						

(D) Revenue excluded

from tax under sections 512-514

. . . . . .

(C) Unrelated

business revenue

.

starting       The Federated compaigns       1a         b       Membership dues       1b       3322.618.         c       Fundraising events       1a       249.0122.         d       Related organizations       1a       249.0122.         g       Noncash contributions included alor       1f       1.765.561.         g       Noncash contributions included alor       1f       1.765.561.         g       Noncash contributions included in       1g       5.7.100.         g       Noncash contributions included in       1g       2.407.211.         g       Noncash contributions included in       1g       2.1.725.561.         g       Noncash contributions included in       1g       2.407.211.         g       Starting appears       6.1000       74.532.         g       Total.Add lines 2a-21.       Starting appears       6.1000         g       Total.Add lines 2a-21.       Starting appears       0.         g       Total.Add lines 2a-21.	
Sector         Control         Control <thcontrol< th=""> <thcontrol< th=""> <thc< th=""><td></td></thc<></thcontrol<></thcontrol<>	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
generation       1       Feature integendent of the	
Openet Box C         2a         ANNULL EVENTS         900099         589,562.         589,562.         1000000000000000000000000000000000000	
9       Total. Add lines 20:21       664.094.         3       Investment income (including dividends, interest, and other similar amounts).       67.284.         4       Income from investment of tax-exempt bond proceeds       0.         5       Royalties       0.         6a       6b       0.         6a       6b       0.         7       Gross rents       0.         7a       Gross amount from fundraising or (loss)       0.         7a       Gross or or other basis and sales expanses       7b         501.964.       7a       525.108.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       7a         7b       501.964.       0.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       23.144.         8a       Gross income from fundraising or (loss) from fundraising or (los	
9       Total. Add lines 20:21       664.094.         3       Investment income (including dividends, interest, and other similar amounts).       67.284.         4       Income from investment of tax-exempt bond proceeds       0.         5       Royalties       0.         6a       6b       0.         6a       6b       0.         7       Gross rents       0.         7a       Gross amount from fundraising or (loss)       0.         7a       Gross or or other basis and sales expanses       7b         501.964.       7a       525.108.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       7a         7b       501.964.       0.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       23.144.         8a       Gross income from fundraising or (loss) from fundraising or (los	
9       Total. Add lines 20:21       664.094.         3       Investment income (including dividends, interest, and other similar amounts).       67.284.         4       Income from investment of tax-exempt bond proceeds       0.         5       Royalties       0.         6a       6b       0.         6a       6b       0.         7       Gross rents       0.         7a       Gross amount from fundraising or (loss)       0.         7a       Gross or or other basis and sales expanses       7b         501.964.       7a       525.108.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       7a         7b       501.964.       0.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       23.144.         8a       Gross income from fundraising or (loss) from fundraising or (los	
9       Total. Add lines 20:21       664.094.         3       Investment income (including dividends, interest, and other similar amounts).       67.284.         4       Income from investment of tax-exempt bond proceeds       0.         5       Royalties       0.         6a       6b       0.         6a       6b       0.         7       Gross rents       0.         7a       Gross amount from fundraising or (loss)       0.         7a       Gross or or other basis and sales expanses       7b         501.964.       7a       525.108.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       7a         7b       501.964.       0.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       23.144.         8a       Gross income from fundraising or (loss) from fundraising or (los	
9       Total. Add lines 20:21       664.094.         3       Investment income (including dividends, interest, and other similar amounts).       67.284.         4       Income from investment of tax-exempt bond proceeds       0.         5       Royalties       0.         6a       6b       0.         6a       6b       0.         7       Gross rents       0.         7a       Gross amount from fundraising or (loss)       0.         7a       Gross or or other basis and sales expanses       7b         501.964.       7a       525.108.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       7a         7b       501.964.       0.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       23.144.         8a       Gross income from fundraising or (loss) from fundraising or (los	
9       Total. Add lines 20:21       664.094.         3       Investment income (including dividends, interest, and other similar amounts).       67.284.         4       Income from investment of tax-exempt bond proceeds       0.         5       Royalties       0.         6a       6b       0.         6a       6b       0.         7       Gross rents       0.         7a       Gross amount from fundraising or (loss)       0.         7a       Gross or or other basis and sales expanses       7b         501.964.       7a       525.108.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       7a         7b       501.964.       0.         7b       501.964.       0.         7a       Gross income from fundraising or (loss)       23.144.         8a       Gross income from fundraising or (loss) from fundraising or (los	
3       Investment income (including dividends, interest, and other similar amounts).       87,284.         4       Income from investment of tax-exempt bond proceeds.       0.         5       Royatties.       0.         6a       Gross rents.       6a         b       Less: rental expenses       6b         c       Rental income or (loss)       6c         d       Net rental income or (loss)       6c         ad rest: cost or other basis       and sales expenses       0.         ad sales expenses       7b       501.964.         c       Gain or (loss)       7c       23.144.         d       Net rental income from fundraising events (not including \$\frac{3}{7c} 23.144.       23.144.         8a       Gross income from fundraising events.       0.         events (not including \$\frac{3}{9a} 0.       0.         b       Less: cost or other basis       0.         ad sales expenses       7b       501.964.         c       Gain or (locs)       7c       23.144.         d       Net gain or (locs)       0.       23.144.         b       Less: cost or other basis       0.       0.         sad Gross income from fundraising events.       0.       0. <t< th=""><td></td></t<>	
ether similar amounts)	
4       Income from investment of tax-exempt bond proceeds. ▶       0.       0.         5       Royalties	
<b>S</b> Modifies 1.0.11 All statistic of tax security both proceeds 1.1       0. <b>S</b> Royalties	87,284.
Ga       Gross rents	
Ga       Gross rents	
b       Less: rental expenses       6b	
c       Rental income or (loss)       6c       0.         d       Net rental income or (loss).       0.         7a       Gross amount from sales of assets other than inventory 7a       525,108.         b       Less: cost or other basis and sales expenses       7b       501,964.         c       Gain or (loss)       7c       23,144.         d       Net gain or (loss)       7c       23,144.         8a       Gross income from fundraising events (not including \$	
c       Rental income or (loss)       6c       0.         d       Net rental income or (loss).       0.         7a       Gross amount from sales of assets other than inventory 7a       525,108.         b       Less: cost or other basis and sales expenses       7b       501,964.         c       Gain or (loss)       7c       23,144.         d       Net gain or (loss)       7c       23,144.         8a       Gross income from fundraising events (not including \$	
d       Net rental income or (loss)	
7a       Gross amount from sales of assets other than inventory assets other than inventory assets other than inventory assets other than inventory b <u>7a</u> <u>525,108.</u> <u>7b</u> <u>501,964.</u> <u>7c</u> <u>23,144.</u> <u>7c</u> <u>7c</u> <u>23,144.</u> <u>7c</u>	
PUTUREsales of assets other than inventory $7a$ $525,108.$ bLess: cost or other basis and sales expenses	
Porture $7a$ $525,108$ .bLess: cost or other basis and sales expenses c $7b$ $501,964$ .cGain or (loss) Tc $23,144$ . $23,144$ .dNet gain or (loss)	
<b>b</b> Less: cost or other basis and sales expenses C <b>7b</b> $501,964.$ 23,144.cGain or (loss)	
events (not including \$	23,144.
events (not including \$	
of contributions reported on line 1c). See Part IV, line 18	
1c). See Part IV, line 18	
b       Less: direct expenses       8b       0.         c       Net income or (loss) from fundraising events.       0.       0.         9a       Gross income from gaming activities. See Part IV, line 19       9a       0.         b       Less: direct expenses       9b       0.         b       Less: direct expenses       9b       0.         c       Net income or (loss) from gaming activities.       0.         c       Net income or (loss) from gaming activities.       0.         10a       Gross sales of inventory, less returns and allowances       10a       417,813.	
b       Less. direct expenses	
9a       Gross income from gaming activities. See Part IV, line 19       9a       0.         9b       0.       9b       0.         9b       0.       0.       0.         10a       Gross sales of inventory, less returns and allowances       10a       417,813.	
activities. See Part IV, line 19       9a       0.         b       Less: direct expenses       9b       0.         c       Net income or (loss) from gaming activities       0.         10a       Gross sales of inventory, less returns and allowances       10a       417,813.	
b       Less: direct expenses       9b       0.          c       Net income or (loss) from gaming activities       0.           10a       Gross sales of inventory, less returns and allowances       10a       417,813.	
c       Net income or (loss) from gaming activities       0.         10a       Gross sales of inventory, less returns and allowances       10a       417,813.	
10a Gross sales of inventory, less returns and allowances	
returns and allowances	
b Less: cost of goods sold 10b 376,835.	
c       Net income or (loss) from sales of inventory       ▲0,978.         40,978.       ▲0,978.	
Business Code	
Image: Second state         MISC. REVENUE - RELATED         900099         4,367.         4,367.	
Single State         Business Code	
d All other revenue	
≥ e Total. Add lines 11a-11d	
12         Total revenue. See instructions         3,227,078.         709,439.	110,428.
JSA 9E1051 2.000 Form <b>9</b>	m <b>990</b> (2019)

Form 990 (2019)

#### Part VIII **Statement of Revenue**

Pa	rt IX Statement of Functional Expenses				
1 4	<b>TUK</b> Statement of Functional Expenses				
Sec	tion 501(c)(3) and 501(c)(4) organizations must	complete all columns	. All other organizatior	ns must complete colun	nn (A).
	Check if Schedule O contains a respo	nse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above to disgualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	872,685.	528,236.	28,963.	315,486.
	Pension plan accruals and contributions (include		· ·		<u> </u>
0	section 401(k) and 403(b) employer contributions)	0.			
•		183,101.	147,024.	13,619.	22,458.
9	Other employee benefits	57,596.	31,190.	2,207.	24,199.
10	Payroll taxes	- ,			,
11	Fees for services (nonemployees):	0.			
	Management	0.			
		30,700.		30,700.	
	Accounting	0.			
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	4,942.		4,942.	
	Investment management fees				
y	Other. (If line 11g amount exceeds 10% of line 25, column	0.			
12	(A) amount, list line 11g expenses on Schedule O.)	104,420.	89,641.		14,779.
12	Advertising and promotion	111,799.	54,608.	13,836.	43,355.
14	Office expenses	0.	,		
		0.			
	Royalties	0.			
	Occupancy	2,670.	2,670.		
	Travel		_,		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
10	Conferences, conventions, and meetings	47,199.	47,129.	70.	
20		0.	,		
20	Interest        Payments to affiliates	0.			
22		0.			
23		5,169.		5,169.	
23 24	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	CAPITAL CAMPAIGN	3,750,000.	3,750,000.		
	SPECIAL EVENT EXPENSES	219,554.	219,554.		
	OTHER HORTICULTUE EXPENSES	32,628.	32,628.		
-	MISCELLANEOUS EXPENSES	87,345.	79,273.	150.	7,922.
-	· · · · · · · · · · · · · · · · · · ·				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	All other expenses	5,509,808.	4,981,953.	99,656.	428,199.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

0.

following SOP 98-2 (ASC 958-720)

# Public Disclosure Copy OLBRICH BOTANICAL SOCIETY, INC

39-1357247

art )				
	Check if Schedule O contains a response or note to any line in this Pa			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	335,321.	1	364,128
2	Savings and temporary cash investments.	4,442,729.	2	1,570,512
3	Pledges and grants receivable, net	247,285.	3	772,122
4	Accounts receivable, net.	14,855.	4	26,04
5	Loans and other receivables from any current or former officer, director,	-		
J	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
Ŭ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	
7	Notes and loans receivable, net	0.	7	
8	Inventories for sale or use	130,345.	8	118,87
9	Prepaid expenses and deferred charges	25,503.	9	7,68
-	a Land, buildings, and equipment: cost or other	20,0001	9	.,,
100	basis. Complete Part VI of Schedule D 10a			
	basis: complete Part viol Schedule D   100     b   10b	0.	10c	
11	Investments - publicly traded securities.	781,704.	11	927,41
12	Investments - other securities. See Part IV, line 11	101,004.	12	126,98
13		0.		120,90
	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	13,436.	14	
15	Other assets. See Part IV, line 11	6,092,182.	15	3,913,75
16	Total assets. Add lines 1 through 15 (must equal line 33)	95,142.	16	71,46
17	Accounts payable and accrued expenses	95,142.	17	/1,40
18	Grants payable	7,911.	18	204,65
19		0.	19	204,05
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%	0		
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0		
		0.	25	276,11
26	Total liabilities. Add lines 17 through 25.	103,053.	26	2/6,11
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	2,084,449.	27	2,623,75
28	Net assets with donor restrictions.	3,904,680.	27	1,013,89
20	Organizations that do not follow FASB ASC 958, check here ►	5,501,000.	20	1,013,09
27 28 29 30 31 32	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,989,129.	32	3,637,64
33	Total liabilities and net assets/fund balances	6,092,182.	33	3,913,75

JSA 9E1053 2.000 4349PU R38U 10/10/2020 7:51:29 AM

39-1357247

Form 99	90 (2019)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,2	27,0	)78.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,5	09,8	308.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,2		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,9	89,1	.29.
5	Net unrealized gains (losses) on investments	5	1	15,1	.79.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	83,9	937.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0	3,6	37,6	541.
Part					
	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," exp	lain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis X 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 over	-			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	its	3b	000	

SCHEDULE A (Form 990 or 990-EZ)

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ

OMB No. 1545-0047 2019

	Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.       Inspection								
Nam	e of the	organization						Employer identif	
			AL SOCIET					39-13572	
	rt I			• •	<u> </u>			art.) See instructions	i
	<u> </u>				is: (For lines 1 through	-		,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4			-	-	conjunction with a not	spital de	scribed li	n section 170(b)(1)(A)	(III). Enter the
-			ne, city, and si						ental unit described in
5		-	-		a college of universit	ly owned	a or ope	erated by a governme	ental unit described in
6				Complete Part II.)	rnmental unit describe	d in cost	tion 170/	'L\/4\/ A\/y)	
6 7									om the general public
'		-		)(1)(A)(vi). (Compl		ippon in	onn a go		on the general public
8					<b>b)(1)(A)(vi).</b> (Complete	Part II )			
9		-		-				I in conjunction with a	land-grant college
•		-		-			-	name, city, and state o	
		university:		grant conego er ag					e eenege ei
10		An organization eceipts from support from acquired by the	activities rela gross investme ne organizatio	ited to its exempt f nent income and up on after June 30, 19	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco <b>(a)(2).</b> (0	exception ome (les: Complete		n 331/3% of its
11		•	•		usively to test for publ	•			
12		-	-	-		-			carry out the purposes
									See section 509(a)(3).
		1		-				-	nes 12e, 12f, and 12g.
а					-	-		orted organization(s),	
			-				ajority of	f the directors or truste	ees of the
			-		e Part IV, Sections A				
b				-				supported organizati	
			-		, Sections A and C.	the sam	le persor	ns that control or mar	lage the supported
~		-		-		atod in c	onnoctio	n with, and functiona	lly integrated with
С			-		ns). You must comple				ny megrateu with,
d		1	•	. , .	<i>,</i>			ection with its suppor	ted organization(s)
ŭ			-			-		oution requirement and	
			-		omplete Part IV, Sect	-			
е					-			hat it is a Type I, Type	II. Type III
					ionally integrated sup				., ., .,
f	Ente			l organizations					
g	Prov	vide the follow	ving information	on about the suppo	orted organization(s).				
	<b>(i)</b> Nan	ne of supported	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tot	al								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 9E1210 1.000 4349PU R38U 10/10/2020 7:51:29 AM

39-1357247

#### Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,533,216.	5,461,021.	1,551,040.	1,195,578.	2,407,211.	12,148,066.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,533,216.	5,461,021.	1,551,040.	1,195,578.	2,407,211.	12,148,066.
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)						2,207,068.
6	Public support. Subtract line 5 from line 4						9,940,998.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	1,533,216.	5,461,021.	1,551,040.	1,195,578.	2,407,211.	12,148,066.
	similar sources	14,861.	17,470.	32,742.	69,143.	87,284.	221,500.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	13,580.	15,536.	16,559.	4,872.		50,547.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						12,420,113.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	4,881,330.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, second	d, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2019 (li					14	80.04%
15	Public support percentage from 2018						71.31%
	a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
	<b>b</b> 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the orga Explain in Part VI how the organizatio supported organization	2018. If the org anization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box -circumstances" stances" test.	on line 13, 16 ' test, check tl The organizatic	a, 16b, or 17a, his box and <b>sto</b> on qualifies as a	and line <b>pp here.</b> publicly
18	Private foundation. If the organization instructions						

39-1357247

Schedule A	(Form	990 or	990-EZ)	2019
ouncuric A	(1 01111	550 01	550 LZ)	2010

Part III

Page 3 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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 business under section 513 .						
4	Tax revenues levied for the						
	organization'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						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	ndar year (or fiscal year beginning in) ▶	(a) 2013	(6) 2010	(0) 2017	(u) 2010	(e) 2013	(1) 10(a)
9 10 a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties, and income from similar						
h	sources						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	•						
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 five years. If the Form 990 is for	or the organiza	tion's first. seco	nd. third. fourth	. or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here .	-			•		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,	column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2018 Sched	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2019 (lin	e 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3%	, and line
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2018. If the orga	nization did not	check a box or	n line 14 or line '	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and <b>s</b> t	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organi	zation 🕨
20	Private foundation. If the organization d	id not check a	a box on line 1	4, 19a, or 19b,			
JSA 9E122	1 1.000				\$	Schedule A (Form 9	-
	4349PU R38U 10/10/2020 7:	:51:29 AM					PAGE 1

OLBRICH BOTANICAL SOCIETY, INC

#### Schedule A (Form 990 or 990-EZ) 2019

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2019

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

9a

9b

9c

10a

39-1357247

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> on B. Type I Supporting Organizations	11c		
Secili			Yes	No
			163	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2		
Sectio	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1		
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Sectio	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b 990 or	990-E2	Z) 2019
JSA				-

OLBRICH BOTANICAL SOCIETY, INC

39-1357247

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 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).

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

6

Control         Current Versitivation           Section D. Distributions         Current Versitivations           Amounts paid to supported organizations to accomplish exempt purposes         Current Versitivation           Amounts paid to supported organizations to accomplish exempt purposes of supported organizations         Current Versitivation           Amounts paid to science exempt use assets         Current Versitivation         Current Versitivation           Amounts paid to acquire exempt use assets         Current Versitivation         Current Versitivation           Control of the transmitter of the transmitter exempt use assets         Current Versitivation         Current Versitivation           Control of transmitter exempt use assets         Current Versitivation         Control of transmitter exempt use assets         Current Versitivation           Control of transmitter exempt use assets         Control of transmitter exempt use assets         Current Versitivation         Current Versitivations           Control of transmitter exempt use assets         Control of transmitter exempt use assets         Current Versitivations         Current Versitivations           Control of transmitter exempt use assets         Control of transmitter exempt use assets         Current Versitivations         Current Versitivations           Distributable amount for 2019 from Section C, line 6         Control of transmitter exempt use assets         Current Versitivations         Current		ule A (Form 990 or 990-EZ) 2019	Supporting Organizat	tions (continued)	Page 7
1       Amounts paid to supported organizations to accomplish exempt purposes         2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations.         3       Administrative expenses paid to accomplish exempt purposes of supported organizations.         4       Amounts paid to accomplish exempt purposes of supported organizations.         4       Amounts paid to accomplish exempt purposes of supported organizations.         4       Amounts paid to accomplish exempt purposes.         5       Qualified set-aside amounts (prior IRS approval required).         6       Other distributions. Add lines 1 through 6.         7       Total annual distributions. Add lines 1 through 6.         8       Distributable amount for 2019 from Saction C, line 6         10       Line 8 amount divided by line 9 amount         11       Distributable amount for 2019 from Saction C, line 6         12       Underdistributions, if any, for years prior to 2019 (file)         13       Excess distributions caryover, if any, to 2019         14       From 2014         15       From 2016         16       From 2016         17       Excess distributions of prior years         18       From 2016         19       Applied to underdistributions of prior years         16 <t< th=""><th></th><th></th><th>Supporting Organizat</th><th></th><th>Current Veer</th></t<>			Supporting Organizat		Current Veer
2       Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity         3       Administrative expenses paid to accompilsh exempt purposes of supported organizations         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part V). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part V). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         11       Distributable amount for 2019 from Section C, line 6         12       Underdistributions (ray, for years prior to 2019         1       Distributable amount for 2019 from Section C, line 6         12       Underdistributions, if any, to years prior to 2019         13       Excess distributions are annual distributions and uncertain and annual distributions are annual distributions and uncertain annual distributions and annual distributions and annual distributions annucertain annucertain annucertain annual distributions a			vompt purposos		Current real
organizations, in excess of income from activity     3       3     Administrative expenses paid to accomplish exempt purposes of supported organizations     4       4     Amounts paid to acquire exempt-use assets     9       5     Qualified set-aside amounts (prior IRS approval required)     9       6     Other distributions, Add lines 1 through 6.     9       7     Total annual distributions. Add lines 1 through 6.     9       9     Distributable amount for 2019 from Section C, line 6     9       10     Line 8 amount divided by line 9 amount     9       9     Distributable amount for 2019 from Section C, line 6     9       1     Distributable amount for 2019 from Section C, line 6     9       2     Underdistributions, if any, for years prior to 2019     9       1     Excess Distributions     9       2     Excess Distributions carryover, if any, to 2019     9       3     Excess distributions carryover, if any, to 2019     9       4     From 2016     9       5     From 2017     1     1       6     From 2016     1       7     Total of lines 3a through e     1       6     From 2014 ounderdistributions of prior years     1       7     For 2019 distributable amount     1       9     Applied to underdistrib		· · · · · · · · · · · · · · · · · · ·		od	
3       Administrative expenses paid to accomplish exempt purposes of supported organizations         4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions. Add lines 1 through 6.         7       Total annual distributions. Add lines 1 through 6.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         8       Destributions (accurate and the section C, line 6         10       Line 8 amount for 2019 from Section C, line 6         11       Distributable amount for 2019 from Section C, line 6         12       Underdistributions, if any, for years prior to 2019         14       Excess distributions carryover, if any, to 2019         15       Excess distributions carryover, if any, to 2019         16       From 2015         17       Total a fines 3a through e         16       From 2017         17       Total accurations of prior years         16       Applied to underdistributions of prior years         17       Total accurations of prior years         16       Applied to 2019 distributable amount         17       Total of lines 3a through e         17       Total of lines 3a t	2		inpr purposes of support	eu	
4       Amounts paid to acquire exempt-use assets         5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions (describe supported organization to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions)       Image: Comparison of	2		sees of supported organi	zatione	
5       Qualified set-aside amounts (prior IRS approval required)         6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributions ducations (see instructions)         1       Distributions (and the constructions)         1       Distributions, fary, for years prior to 2019         1       Distributions, fary, for years prior to 2019         1       Excess distributions, and you have a prior to 2019         1       Excess distributions carryover, if any, to 2019         2       Excess distributions carryover, if any, to 2019         3       Excess distributions of prior years         4       From 2014         5       From 2017         6       From 2018         7       Distributions of prior years         4       Applied to underdistributions of prior years         5       Applied to 2019 distributable amount         6       From 2019         7       Total of lines 3 athrough e         9       Applied to 2019 distributable amount         1       Carryover from 2014 not applied (see instruction			ses of supported organi	20110115	
6       Other distributions (describe in Part VI). See instructions.         7       Total annual distributions. Add lines 1 through 6.         8       Distributable amount dor organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         11       Besetion E - Distribution Allocations (see instructions)         12       Underdistributions         13       Distributable amount for 2019 from Section C, line 6         14       Distributable amount for 2019 from Section C, line 6         15       Underdistributions, fany, for years prior to 2019         14       Distributable amount for 2019 from Section C, line 6         15       Underdistributions, arryover, if any, to 2019         16       From 2014		· · · · ·			
7       Total annual distributions. Add lines 1 through 6.         8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         (ii)         Section E - Distribution Allocations (see instructions)         1       Distributable amount for 2019 from Section C, line 6         2       Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a       From 2016		· · · · · · ·			
8       Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.       9         9       Distributable amount for 2019 from Section C, line 6       (i)         10       Line 8 amount divided by line 9 amount       (ii)         2       Distributable mount for 2019 from Section C, line 6       (iii)         1       Distributable mount for 2019 from Section C, line 6       (iii)         2       Underdistributions, if any, for years prior to 2019       (reasonable cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019       (iii)         4       From 2016       (iiii)         5       From 2016       (iiiiii)         6       From 2016       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
(provide details in Part VI). See instructions.         9       Distributable amount for 2019 from Section C, line 6         10       Line 8 amount divided by line 9 amount         (ii)         Section E - Distribution Allocations (see instructions)         11       Distributable amount for 2019 from Section C, line 6         12       Underdistributions, if any, for years prior to 2019         13       Excess Distributions carryover, if any, to 2019         14       From 2014			the organization is read		
9       Distributable amount for 2019 from Section C, line 6         10       Line & amount divided by line 9 amount         9       Section E - Distribution Allocations (see instructions) <b>(i) Excess Distributions</b>	0		the organization is resp	UNSIVE	
10       Line 8 amount divided by line 9 amount         Section E - Distribution Allocations (see instructions)       Excess Distributions       Underdistributions Pre-2019       Distributable mount for 2011         1       Distributable amount for 2019 from Section C, line 6       Image: Comparison of the					
Section E - Distribution Allocations (see instructions)         Excess Distributions         (i) Excess Distributions         (ii) Underdistributions Pre-2019         (iii) Distributable Amount for 2019           1         Distributable amount for 2019 from Section C, line 6					
Section E - Distribution Allocations (see instructions)Excess DistributionsUnderdistributions Pre-2019Distributable Amount for 20111Distributable amount for 2019 from Section C, line 62Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part V). See instructions.3Excess distributions carryover, if any, to 2019 a From 2014	10			<i>(</i> <b>m</b> )	
2       Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.         3       Excess distributions carryover, if any, to 2019         a       From 2014		Section E - Distribution Allocations (see instructions)		Underdistributions	
(reasonable cause required - explain in Part VI). See instructions.       Image: Second	_1	· ·			
instructions.       3       Excess distributions carryover, if any, to 2019         a       From 2014          b       From 2015          c       From 2016          d       From 2017          e       From 2018          f       Total of lines 3a through e          g       Applied to underdistributions of prior years          h       Applied to 2019 distributable amount          i       Carryover from 2014 not applied (see instructions)          j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.	2				
3       Excess distributions carryover, if any, to 2019         a       From 2014         b       From 2015         c       From 2016         d       From 2017         e       From 2018         f       Total of lines 3a through e         g       Applied to underdistributions of prior years         h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         s       Section D, line 7:         s       Applied to 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a		(reasonable cause required - explain in <b>Part VI</b> ). See			
a       From 2014		instructions.			
b       From 2015	3	Excess distributions carryover, if any, to 2019			
c       From 2016	а	From 2014			
c       From 2016	b	From 2015			
d       From 2017	С				
e       From 2018	d	From 2017			
g       Applied to underdistributions of prior years       Image: style	е				
h       Applied to 2019 distributable amount         i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         s       a         Applied to underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015	f	Total of lines 3a through e			
i       Carryover from 2014 not applied (see instructions)         j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:         a       Applied to underdistributions of prior years         b       Applied to 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7: a Excess from 2015	g	Applied to underdistributions of prior years			
j       Remainder. Subtract lines 3g, 3h, and 3i from 3f.         4       Distributions for 2019 from Section D, line 7:       \$         a       Applied to underdistributions of prior years       >         b       Applied to 2019 distributable amount       >         c       Remainder. Subtract lines 4a and 4b from 4.       >         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.          6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.          7       Excess distributions carryover to 2020. Add lines 3j and 4c.       a         8       Breakdown of line 7:          a       Excess from 2015	h	Applied to 2019 distributable amount			
4       Distributions for 2019 from Section D, line 7:       \$         a       Applied to underdistributions of prior years          b       Applied to 2019 distributable amount          c       Remainder. Subtract lines 4a and 4b from 4.          5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.          6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.          7       Excess distributions carryover to 2020. Add lines 3j and 4c.          8       Breakdown of line 7:          a       Excess from 2015	i	Carryover from 2014 not applied (see instructions)			
4       Distributions for 2019 from Section D, line 7:       \$         a       Applied to underdistributions of prior years          b       Applied to 2019 distributable amount          c       Remainder. Subtract lines 4a and 4b from 4.          5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.          6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.          7       Excess distributions carryover to 2020. Add lines 3j and 4c.          8       Breakdown of line 7:          a       Excess from 2015	j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
a       Applied to underdistributions of prior years       a         b       Applied to 2019 distributable amount       a         c       Remainder. Subtract lines 4a and 4b from 4.       a         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.       a         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       a         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       a         8       Breakdown of line 7:       a         a       Excess from 2015       a	4				
b       Applied to 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015		Section D, line 7: \$			
b       Applied to 2019 distributable amount         c       Remainder. Subtract lines 4a and 4b from 4.         5       Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015	а	Applied to underdistributions of prior years			
5       Remaining underdistributions for years prior to 2019, if         any. Subtract lines 3g and 4a from line 2. For result         greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2015	b	•••			
5       Remaining underdistributions for years prior to 2019, if         any. Subtract lines 3g and 4a from line 2. For result         greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h         and 4b from line 1. For result greater than zero, explain in         Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j         and 4c.         8       Breakdown of line 7:         a       Excess from 2015	С				
any. Subtract lines 3g and 4a from line 2. For result       greater than zero, explain in Part VI. See instructions.         6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015	5				
greater than zero, explain in Part VI. See instructions.       6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       6         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       6         8       Breakdown of line 7:       6         a       Excess from 2015       6					
6       Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.       Part VI. See instructions.         8       Breakdown of line 7:       Part VI. See instructions.         a       Excess from 2015       Part VI. See instructions.					
and 4b from line 1. For result greater than zero, explain in       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015	6				
Part VI. See instructions.       Part VI. See instructions.         7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015	•				
7       Excess distributions carryover to 2020. Add lines 3j and 4c.         8       Breakdown of line 7:         a       Excess from 2015					
and 4c.         and 4c.           8         Breakdown of line 7:           a         Excess from 2015	7				
8         Breakdown of line 7:	•				
a Excess from 2015	8				
c Excess from 2017					
d Excess from 2018					
e Excess from 2019					
Schedule A (Form 990 or 990-EZ)				Schedule	A (Form 990 or 990-EZ) 2019

39-1357247

Schedule A (Form 990 or 990-EZ) 2019

Page 8 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 B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2019

Employer identification number

39-1357247

Name of the organization OLBRICH BOTANICAL SOCIETY, INC

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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**

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**

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 or 990-EZ), 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, 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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

-	3 (Form 990, 990-EZ, or 990-PF) (2019) organization OLBRICH BOTANICAL SOCIETY, INC		Page 2 Employer identification number 39-1357247
Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$249,032.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$120,020.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$72,173.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	Form 990, 990-EZ, or 990-PF) (2019) ganization OLBRICH BOTANICAL SOCIETY,INC		Pa dentification number 357247
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eeded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 9	990-EZ, or 990-F	PF) (2019)		
Name of organization	OLBRICH	BOTANICAL	SOCIETY,	INC

Employer identification number

Page 4

				39-1357247
art III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for			
	the following line entry. For organizati			
	contributions of \$1,000 or less for the	e year. (Enter this in	formation once	
	Use duplicate copies of Part III if addit	onal space is need	ed.	
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I			-	
		(e) Transf	er of gift	
	Transferee's name, address, ar	$d 7IP \pm 4$	Rola	tionship of transferor to transferee
			Keit	
a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		( ) <b>–</b>		
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee
a) No.				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
				_
		(e) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(a) Transf	or of gift	
		(e) Transf		
	Transferee's name, address, ar	nd ZIP + 4	Rela	tionship of transferor to transferee
	1			

(Foi	SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service SCHEDULE D 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.								18 No. 1549 201	<b>g</b> ublic
Interr	al Revenue Service	Go to www.irs.gov	/Form990 for instruction	ns and	the latest inform	_	ployer identificat		spection	
	-	CAL SOCIETY, INC					39-135724		umper	
-		ations Maintaining Donor Adv	vised Funds or Othe	r Sim	ilar Funds or	Acco		. /		
		te if the organization answered								
	·		(a) Donor adv				(b) Funds and	other	accounts	
1	Total number at	end of year								
2		of contributions to (during year)								
3		of grants from (during year)								
4	Aggregate value	at end of year								
5	Did the organiza	ation inform all donors and dono	r advisors in writing t	hat th	e assets held	in do	nor advised			-
	-	janization's property, subject to th	-		-				Yes	No
6	-	tion inform all grantees, donors,								
	,	le purposes and not for the bene			•				v [	٦
Do		missible private benefit?	<u></u>		<u></u>				Yes	No
Pa		te if the organization answered	l "Yes" on Form 990	Part	IV line 7					
1		inservation easements held by the								
•		on of land for public use (for example			Preservation	of a h	istorically imp	oorta	nt land ar	rea
		of natural habitat	-,		Preservation					
	Preservati	on of open space								
2		a through 2d if the organization h	eld a qualified conser	vation	contribution in	the fo	orm of a cons	serva	ition	
	easement on the	e last day of the tax year.					Held at the	End	of the Tax	Year
а	Total number of	conservation easements				2a				
b	Total acreage re	stricted by conservation easement	S			2b				
с	Number of conse	ervation easements on a certified	historic structure inclu	ided in	(a)	2c				
d	Number of cons	ervation easements included in (	c) acquired after 7/25	i/06, a	and not on a					
		listed in the National Register				2d				
3		ervation easements modified, tra	ansferred, released, ex	xtingui	shed, or termi	nated	I by the orga	aniza	tion duri	ng the
	tax year ►									
4		s where property subject to conse								
5		ization have a written policy re							v.	
6		nforcement of the conservation ea er hours devoted to monitoring, insp							Yes	
6		indus devoted to monitoring, insp	becting, nanoling of viol	ations,	and emotioning	conse	ivation easem	ents	auring th	e year
7	Amount of exper	nses incurred in monitoring, inspec	ting handling of violat	ions a	and enforcing co	onser	vation easem	ents	durina th	e vear
•	►\$		ing, narialing of violat	10110, 0		511001		onto	a annig th	o your
8		ervation easement reported on line	2(d) above satisfy the r	require	ements of section	on 17	0(h)(4)(B)(i)			
		h)(4)(B)(ii)?							Yes	No
9		ribe how the organization reports						t and	ł	
		nd include, if applicable, the text		organi	zation's financi	al sta	tements that o	desci	ribes the	
		counting for conservation easeme		-	0/1	<u>.</u>	<b>··</b> • •			
Pa	Comple	ations Maintaining Collections te if the organization answered	I "Yes" on Form 990	, Part	IV, line 8.					
1a		on elected, as permitted under F, treasures, or other similar asse n Part XIII the text of the footnote								
b	art, historical tre provide the follo	on elected, as permitted under F asures, or other similar assets he wing amounts relating to these ite	eld for public exhibitions:	n, edu	ucation, or rese	earch	in furtherand	e of	public s	ervice,
		uded on Form 990, Part VIII, line					►\$.			
	(ii) Assets includ	led in Form 990, Part X					▶\$.			
2		on received or held works of a				assets	for financia	l ga	in, provid	de the
		ts required to be reported under F								
а		d on Form 990, Part VIII, line 1.								
b For l		in Form 990, Part X			<u></u>			dula	D (Form 9	00) 2010

39-1357247

Schee	dule D (Form 990) 2019			,							F	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	orical Tre	asures	s, or (	Other :	Similar Asset	: <b>s</b> (co	ontinue		<u> </u>
3	Using the organization's acquisitio	n, accession, and o	ther reco	rds, checl	k any o	of the	followi	ng that make	signi	ficant u	ise c	of its
	collection items (check all that appl	y):										
а	Public exhibition		d 🗌	Loan d	or excha	ange p	program	า				
b	Scholarly research		е	Other								
С	Preservation for future gener											
4	Provide a description of the organ	ization's collections	and expl	ain how t	hey fur	rther t	the org	anization's exe	mpt	purpos	e in	Part
	XIII.											
5	During the year, did the organizatio								_	_		-
	assets to be sold to raise funds rath		lined as pa	art of the o	organiza	ation's	s collec	tion?	<u> </u>	Yes		No
Pa	rt IV Escrow and Custodial A		a" an Far			line (				<b>.</b>		
	Complete if the organiza 990, Part X, line 21.	uon answered re	SONFOR	m 990, F	Part IV,	line s	9, 01 16	eponed an an	louni		IIII	
12	Is the organization an agent, truste	o custodian or othe	r intermed	diary for c	ontribut	tions	or other	assats not				
Ia	included on Form 990, Part X?			-						Yes		No
b	If "Yes," explain the arrangement in								• ∟	103		
N	in res, explain the arrangement in			nowing tar	JIC.			Amo	nunt			
с	Beginning balance					1c		,	June			
d	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am					or cus	todial a	account liability?	>	Yes		No
b	If "Yes," explain the arrangement ir	n Part XIII. Check he	ere if the e	xplanation	has be	en pro	ovided c	on Part XIII		 		]
Pa	rt V Endowment Funds.											
	Complete if the organiza	tion answered "Ye	s" on For	m 990, F								
	_	(a) Current year	<b>(b)</b> Prio			o years		(d) Three years ba		(e) Four		
1a	Beginning of year balance	3,428,782.		5,846.	3,	592,		3,496,17		3,5		,445.
b	Contributions	13,500.	4	7,000.		14,	500.	15,00	10.		13,	,250.
С	Net investment earnings, gains,			4 9 5 9		< 0 F	1.40				0 -	
	and losses	962,191.		4,859.		605,		300,38				,325.
d	Grants or scholarships	249,032.	22	5,539.		223,	354.	216,04	.0.	4	200,	,188.
е	Other expenditures for facilities	2 000		0 5 2 7		2	227	0 1 5			F	410
	and programs	2,906. 1,309.		2,537. 1,129.			227.	2,15	51.		, c	,412. 597.
f	Administrative expenses	4,151,226.		8,782.	3		846.	3,592,70		3 /	196	173.
g	End of year balance							5,552,10	/.	J,-		
2	Provide the estimated percentage Board designated or quasi-endowm	of the current year e	end baland	e (line 1g,	column	n (a)) h	held as:					
a b		300 %	_ 70									
		<u>~~~</u> %										
Ŭ	The percentages on lines 2a, 2b, a		00%									
3a	Are there endowment funds not in t	•		ation that	are hel	d and	admini	istered for the				
	organization by:		J							[	Yes	No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the relate	d organizations listed	d as requir	ed on Sch	edule R	?				3b	Х	
4	Describe in Part XIII the intended u											
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	i <b>pment.</b>	on Fo	rm 000	Dort IV	line	110 0	oo Form 000	Dor	+V lin	o 10	
	Description of property	(a) Cost or		(b) Cost				umulated		Book val		<u>·</u>
		(invest			ther)			ciation				
1a	Land											
b	Buildings											
C	Leasehold improvements											
d	Equipment											
	Other I. Add lines 1a through 1e. (Column		1000 Dom		n (P) 1:-	100	• •	<b>_</b>				
iuld	. nuu iines ra uiruuyii re. (Uulullill	(a) must Equal FUII	1 330, Fall	. ^,	יוו, <i>ו</i> ם ה	100	··/	🗖				

Schedule D (Form 990) 2019

39-1357247

art VII	Investments - Other Securities.	I)/		Pa
	Complete if the organization answered (a) Description of security or category	"Yes" on Form 990 (b) Book value	(c) Method of valuati	on:
	(including name of security)		Cost or end-of-year mark	et value
	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(U) (H)				
. ,	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
art VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
			Cost or end-of-year mark	
1)				
2)				
-/ 3)				
+)				
5)				
5)				
7)				
, 3)				
))				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
art IX	Other Assets.			
	Complete if the organization answered		, Part IV, line 11d. See Form 990,	Part X, line 15.
	<b>(a)</b> Des	scription		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
3)				
<del>))</del>		· · · · ·		
	Imn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u> </u>	
art X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
		tion of liability		(b) Poole volue
1) Feder	al income taxes	tion of liability		(b) Book value
1) redei 2)				
2) 3)				
5) 4)				
5)				
5) 5)				
7)				
,				
-				
3)				
3) 9)	n (b) must equal Form 990, Part X, col. (B) line 25.)			

	Public I	Disclosur	е Сору
OLBRICH	BOTANICAL	SOCIETY,	INC

Schedu	le D (Form 990) 2019		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )	5	
Part		ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
- a	Donated services and use of facilities		
	Prior year adjustments		
b	Other losses.		
C	Other (Describe in Part XIII.)		
d		2e	
e	Add lines 2a through 2d	3	
3	Subtract line 2e from line 1	<b>J</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIII.)		
_ c	Add lines 4a and 4b	40	
5 Dor4	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
	<b>XIII</b> Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part \/ line 4. D	art Vilina
	e the descriptions required for Farth, lines 3, 3, and 3, Farth, lines ta and 4, Farthy, lines 1D and 2D, F	art V, III C 4, F	arr A, inte

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

#### PART V, LINE 4:

THE MAJORITY OF ENDOWMENT FUNDS ARE HELD AT OLBRICH BOTANICAL SOCIETY FOUNDATION AND ARE FOR THE FUTURE FUNDING OF THE OLBRICH BOTANICAL SOCIETY. IN ADDITION, THE BOARD QUASI-ENDOWED THE ORGANIZATION'S CONTRIBUTION TO THE MADISON COMMUNITY FOUNDATION FOR FUTURE FUNDING OF OLBRICH BOTANICAL SOCIETY.

PART X, LINE 2:

THE ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT DID NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Public	Disc	losure	Сору
--------	------	--------	------

(Form 990) For certain Officers, Directors, Tru			ISation Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2	23	ив No. 7 20	19	
Departm	nent of the Treasury	•	Attach to Form 990.	C	pen to		
	Revenue Service	Go to www.irs.gov/Forms	990 for instructions and the latest information.			ectio	n
	of the organization			Employer identification		r	
		ICAL SOCIETY, INC		39-1357247			
Part	Question	s Regarding Compensation					
1a	990, Part VII, First-cla Travel fo		vided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation	) these items. personal use nal residence		Yes	No
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)			
b	or reimburse explain	ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to	1b		
2	directors, trus	tees, and officers, including the CEC	to reimbursing or allowing expenses D/Executive Director, regarding the items	-			
				••••	2		
3	organization's related organi Compen Indepen Form 99	CEO/Executive Director. Check all that zation to establish compensation of the sation committee dent compensation consultant 0 of other organizations	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P Written employment contract Compensation survey or study Approval by the board or compensa Part VII, Section A, line 1a, with respect to	ds used by a art III. tion committee			
4	organization c	or a related organization:	Fait VII, Section A, line Ta, with respect to				
а	•		ayment?		4a		Х
b			ntal nonqualified retirement plan?		4b		Х
с			used compensation arrangement?		4c		Х
			rovide the applicable amounts for each it				
5	For persons		rganizations must complete lines 5-9. on A, line 1a, did the organization pa	ly or accrue any			
а	The organizati	on?			5a		Х
b	Any related or	ganization?			5b		Х
	If "Yes" on line	e 5a or 5b, describe in Part III.					
6	compensation	contingent on the net earnings of:	on A, line 1a, did the organization pa				
а					6a		X
b	-	-			6b		X
	If "Yes" on line	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov escribe in Part III		7		х
8	-		paid or accrued pursuant to a contract the	-			
		-	Regulations section 53.4958-4(a)(3)? If				
					8		Х
9			low the rebuttable presumption proced		9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

### 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROBERTA SLADKY	(i)	99,777.	0.	0.	6,739.	7,230.	113,746.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i) (ii)							
0	(i)							
	(i) (ii)							
1	(i)							
12	(ii)							
12	(i)							
13	(ii)							
13	(i)							
4	(ii)							
· 7	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Page 3

Schedule J (Form 990) 2019

### 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.

PART I, LINE 3

THE EXECUTIVE DIRECTOR'S SALARY IS PAID BY THE CITY OF MADISON AND IS

DETERMINED THROUGH THE CITY'S BUDGET AND SALARY REVIEW PROCESS.

PART II, LINE 1

THE EXECUTIVE DIRECTOR'S SALARY AND BENEFITS ARE PAID BY THE CITY OF

MADISON.

PAGE 33

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.



Employer identification number

39-1357247

Department of the Treasury Internal Revenue Service Name of the organization OLBRICH BOTANICAL SOCIETY, INC

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

FORM 990, PART I, LINE 1:

AND THE DIVERSITY OF OUR WORLD. OLBRICH BOTANICAL GARDENS IS DEDICATED TO THE CREATION, CONSERVATION, AND INTERPRETATION OF GARDENS AND PLANT COLLECTIONS HARDY TO THE AMERICAN MIDWEST OR NATIVE TO THE WORLD'S TROPICAL FORESTS FOR STUDY, ENJOYMENT, AND PUBLIC BENEFIT. THE PUBLIC PRIVATE PARTNERSHIP OF OLBRICH BOTANICAL SOCIETY AND THE CITY OF MADISON PARKS DIVISION MAKES THE MISSION POSSIBLE. THE MOST SIGNIFICANT ACTIVITIES ARE EDUCATION PROGRAMS FOR ALL AGES, AND SPECIAL EVENTS THAT HAVE AN EDUCATION COMPONENT SUCH AS BLOOMING BUTTERFLIES AND THE PLANT SALE.

FORM 990, PART VI, SECTION A, LINE 3

THE EXECUTIVE DIRECTOR OF OLBRICH BOTANICAL SOCIETY IS AN EMPLOYEE OF THE CITY OF MADISON AND PERFORMS ALL MANAGEMENT DUTIES CUSTOMARILY PERFORMED BY OR UNDER THE SUPERVISION OF AN ORGANIZATION'S TOP MANAGEMENT OFFICIAL.

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

A DRAFT OF THE FORM 990 IS EMAILED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR THEIR REVIEW AND SUGGESTED CHANGES. WHEN ALL APPROVED CHANGES ARE MADE, A VOTE TO APPROVE THE FORM 990 FOR FILING IS HELD BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: SOCIETY BOARD MEMBERS FILL OUT AN ANNUAL FORM FOR THE CITY CLERK ABOUT

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
OLBRICH BOTANICAL SOCIETY, INC	39-1357247				

ANY CONFLICT OF INTEREST. IN ADDITION, THE INDIVIDUAL BOARD MEMBERS RECUSE THEMSELVES IF THEY BELIEVE THAT THEY HAVE A CONFLICT WITH AN AGENDA ITEM.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9

CUMULATIVE EFFECT ADJUSTMENT OF THE ADOPTION OF ASC 606: (183,937)

### ATTACHMENT 1

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

OLBRICH BOTANICAL GARDENS ENRICHES LIFE BY NOURISHING AND SHARING THE BEAUTY OF GARDENS, THE JOY OF GARDENING, THE KNOWLEDGE OF PLANTS, AND THE DIVERSITY OF OUR WORLD. OLBRICH BOTANICAL GARDENS IS DEDICATED TO THE CREATION, CONSERVATION, AND INTERPRETATION OF GARDENS AND PLANTS COLLECTIONS HARDY TO THE AMERICAN MIDWEST OR NATIVE TO THE WORLD'S TROPICAL FORESTS FOR STUDY, ENJOYMENT, AND PUBLIC BENEFIT. THE PUBLIC PRIVATE PARTNERSHIP OF OLBRICH BOTANICAL SOCIETY AND THE CITY OF MADISON PARKS DIVISION MAKES THE MISSION POSSIBLE.

ATTACHMENT 2

# FORM 990, PART III - PROGRAM SERVICE, LINE 4A SPECIAL EVENTS: OLBRICH OFFERS A NUMBER OF FREE AND LOW-COST

EVENTS TO MEMBERS AND THE GENERAL PUBLIC. SPECIAL EVENTS AT OLBRICH BOTANICAL GARDENS ARE GENERALLY MISSION-RELATED, ARE

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
OLBRICH BOTANICAL SOCIETY, INC	39-1357247				

ATTACHMENT 2 (CONT'D)

TRADITIONAL ACTIVITIES HELD WITHIN THE GARDENS, AND PROVIDE EDUCATIONAL OPPORTUNITIES FOR FAMILIES OR PURE ENJOYMENT WITHIN THE GARDENS FOR ALL AUDIENCES. BLOOMING BUTTERFLIES IS A SIGNATURE SUMMER-TIME EVENT THAT ATTRACTS FAMILIES AND PROVIDES EDUCATIONAL INFORMATION AND INCLUDES VISITS TO ALL THE GARDENS. THE SIGNATURE HOLIDAY EVENT, HOLIDAY EXPRESS, SHOWCASES MODEL TRAINS IN A MINIATURE GARDEN SETTING WITH HOLIDAY THEMES. OLBRICH'S CONCERT SERIES PROVIDES MUSICAL ENTERTAINMENT WITH THE GARDEN SETTING - A TRADITIONAL GARDEN ACTIVITY. GLEAM: ART IN A NEW LIGHT, CONTINUED ON, WHICH SHOWCASES LIGHTED ARTWORK IN THE GARDEN SETTING. THE ART WAS A COLLABORATION BETWEEN ARTISTS AND LANDSCAPE LIGHTING DESIGNERS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	l	ATTACHMENT 3	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
GIFT SHOP AND OTHER		114,404.	40,978.
TOTALS		114,404.	40,978.

OLBRICH BOTANICAL SOCIETY, INC

39-1357247

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

OLBRICH BOTANICAL SOCIETY, INC

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

### Part II

# Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	<b>g)</b> 512(b)(13) rolled ity?
						Yes	No
(1) OLBRICH BOTANICAL SOCIETY FOUNDATION, INC 39–1357247							
3330 ATWOOD AVENUE MADISON, WI 53704	INVESTMENTS	WI	501(C)(3)	12A; TYPE 1	OBS, INC.	Х	ĺ
(2)							
							ĺ
(3)							
							ĺ
(4)							
	]						ĺ
(5)							[
· ·							ĺ
(6)							[
							ĺ
(7)							ĺ
· · ·	1						ĺ

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

Schedule R (Form 990) 2019



39-1357247

OLBRICH BOTANICAL SOCIETY, INC

39-1357247

Schedule R (Form 990) 2019

Page **2** 

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) (f) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total	<b>(g)</b> Share of end-of- year assets	Disprop	h) portionate ations?	amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing partner?		General or managing		<b>(k)</b> Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No					
(1)		-															
(2)		-															
(3)		-															
(4)		-															
(5)		-															
(6)		-															
(7)		-															

# Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1 controll entity
(1)								Yes No
(2)								
<u>(3)</u>								
(4) (5)								$\left  \right $
(6)								$\left  - \right $
(7)								

Schedule R (Form 990) 2019

OLBRICH BOTANICAL SOCIETY, INC

39-1357247

Schedule R (Form 990) 2019

Part	<b>Transactions With Related Organizations.</b> Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	′es	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
		-			la		Х
b	Gift, grant, or capital contribution to related organization(s)				lb		Х
					lc	Х	
					ld		Х
					le	_	X
					16		х
T	Dividends from related organization(s)			⊢		-	X
				· · · · · ⊢		-	X
n :	Purchase of assets from related organization(s)			⊢		-	X
				· · · · · ⊢		-	X
J	Lease of facilities, equipment, or other assets to related organization(s)			•••••	·)		
Ŀ	Lasso of facilities, equipment, or other assets from related organization(c)				l k		Х
				· · · · · ⊢		+	X
							Х
							Х
	b     Gift, grant, or capital contribution to related organization(s).     11       c     Gift, grant, or capital contribution from related organization(s).     15       c     Loans or boan guarantees by related organization(s).     16       e     Loans or boan guarantees by related organization(s).     17       g     Sale of assets to related organization(s).     17       g     Sale of assets to related organization(s).     17       g     Sale of assets to related organization(s).     18       h     Purchase of assets from related organization(s).     17       i     Exchange of assets to related organization(s).     17       i     Exchange of assets from related organization(s).     17       i     Lease of facilities, equipment, or other assets from related organization(s).     11       i     Performance of services or membership or fundriaing solicitations for related organization(s).     11       m     Performance of services or membership or fundriaing solicitations for related organization(s).     11       m     Sharing of facilities, equipment, miling lists, or other assets with related organization(s).     11       m     Performance of services or membership or fundriaing solicitations for related organization(s).     11       m     Performance of services or membership or fundriaing solicitations for related organization(s).     11       m     Sharin					Х	
0				•••••			
n	Reimbursement paid to related organization(s) for expenses			•	a		Х
							Х
Ч							
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				ls		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and transa	action thresh	olds.		
	Name of related organization		Amount involved				g
	ALDELGU DOMNICAL COCLEMY DOMEDING INC		040,000		0.00		
(1)	OLBRICH BOTANICAL SOCIETY FOUNDATION, INC	C	249,032.	S OF AS	SET	BF	<u>ч</u>
(2)							
(-/							
(3)							
(4)							
(5)							
(6)			601	nedule R (Fo	rm 04	00) 7	2010
JSA			301	ISUUIS K (FO		JU) 4	.019

Page **3** 

OLBRICH BOTANICAL SOCIETY, INC

39-1357247

Schedule R (Form 990) 2019

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	of entity (b) (c) Primary activity Legal domici (state or forei country)		from tax under organizations		organizations?		<b>(g)</b> Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													1
(4)													1
(5)													
(6)													+
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													+
16)													

Schedule R (Form 990) 2019

Page **4** 

39-1357247

Schedule R (Form 990) 2019

Page 5

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.