Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

AF	or th	e 202	i calendar year, or t	ax year b	eginning		04/	01/2021	and	enaing	_			31/20					
R o	heck if ap	anliaahla	C Name of organization								P	Employer id	entifica	tion num	ber				
	_		THE HERB SOC	IETY OF	' AMERI	CA, II	NC.				34-1596261								
	Addre chang		Doing Business As									34-1596	5261						
	Name	change	Number and street (or l	P.O. box if m	ail is not del	ivered to st	treet addres	ss)	Room	/suite	E Telephone number								
	Initial	l return	9019 KIRTLANI	CHARD	ON ROA	.D					(440)256-0514								
	Termi	inated	City or town, state or p	rovince, cour	ntry, and ZIF	or foreign	postal cod	е											
	Amen return		KIRTLAND, OH	44094							G	Gross receip	ts \$		374	,914.			
	Applio pendi		F Name and address of principal officer: LAURA MARTIN							H(a	 Is this a gro subordinates 		for	Yes	X No				
	•	-	9019 KIRTLAND	CHARDO	N ROAD	, KIR	TLAND,	ОН 4409	94		H(b	Are all subord		uded?	Yes	No.			
ı	Tax-ex	empt sta	atus: X 501(c)(3)	501(0	c) () <	(insert	t no.)	4947(a)(1)	or	527		If "No," attac	ch a list.	(see instru	ctions)				
J	Websi	ite: 🕨	WWW.HERBSOCIET	ΓY.ORG			·		•		H(c) Group exem	ption nur	mber >					
K	Form o	of organ	ization: X Corporation	Trust	Assoc	iation	Other >	>	L	Year of form	ation:	1935 M	State o	f legal do	micile:	ОН			
P	art I	Sur	nmary	•	•		•					•							
	1	Briefly	describe the organizat	ion's missi	on or most	t significar	nt activitie	s: SEE P	PART	III ON	NEX	KT PAGE							
ė		•				_													
auc																			
/er	2	Check	this box if the	organizati	on discont	inued its	operation	ns or dispose	ed of m	ore than 25	% of i	ts net asset	s.						
Governance			er of voting members o	-			•						3			16			
			er of independent voting										4			16			
Activities &			number of individuals e										5						
Έ			number of volunteers (es										6			2,000			
Ac	1		unrelated business reve										7a						
			related business taxab										7b						
						.,		<u> </u>				ior Year	1.2	Curr	ent Ye	ear			
	8	8 Contributions and grants (Part VIII, line 1h)									293,83	37		242	,974.				
nue	9	Progra	am service revenue (Part	· \/III line 2	a)			COP	Y FOR			23,1				,073.			
Revenue	10	Invest	am service revenue (Part ment income (Part VIII,	column (A)	9/ Llings 3 /	and 7d)		PUBLIC IN	NSPEC	TION		105,06				,626.			
ď			revenue (Part VIII, colu									1,8				,241.			
			revenue - add lines 8 th									423,96				,211.			
			s and similar amounts pa													,274.			
											23,273. NONE					NONE			
	4.5		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									122,89			140	,024.			
Expenses	162		ssional fundraising fees										ONE		110	NONE			
ben	h		fundraising expenses (P									IN	OIVE			110111			
Ĕ	17		expenses (Part IX, colu									168,76	5.5		282	,011.			
			expenses. Add lines 13-									314,93				,011. ,309.			
	19		iue less expenses. Subt									109,03				, 309. , 395.			
- S		Kevei	iue iess experises. Subi	Tact line 10	HOIH IIIIe	12					inning	of Current		End	of Yea				
ets (20	Total	assets (Part X, line 16)							209		,510,71							
Net Assets or Fund Balances	21		iabilities (Part X, line 16)											ے ۔		, 703. , 573.			
net/	22		sets or fund balances.			line 20				•••	2	77,9		2		,373. ,190.			
	rt II		anature Block	Subiract III	ie z i iioiii	III le 20						,432,7	70.	ے ۔	, 100	<u>, 190.</u>			
			of perjury, I declare that I h	ave examin	ed this retu	rn includir	ng accomp	anving schedu	ıles anı	d statements	and t	o the hest o	f my kn	owledge	and he				
true	e, corre	ect, and	complete. Declaration of pr	eparer (othe	r than office	r) is based	on all info	mation of which	ch pre	parer has any	knowl	edge.	y		and be				
Sig	ın		Signature of officer									Date							
He																			
			Type or print name and title	<u> </u>															
			Type or print hame and title Type preparer's name	*	Pren	arer's signa	ature		Da	te		0 .	if PI	īN					
Paid	t				1.130	a.o. o oigile						Check	J "		1117				
Pre	parer	DAVID M REAPE, CPA							self-employ	1 -	00068								
Use	Only		name ► HW&CO									n's EIN 🕨		-1663					
	. 41 11							OH 44122-!	5450		Pho	one no.	21	6-831					
_			cuss this return with the				nstruction	S)							es	No			
For	Paper	rwork	Reduction Act Notice,	see the ser	parate inst	ructions.								For	m 99((2021)			

61200Н К369 901800

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х Х
1	Briefly describe the organization's mission:	
	THE HERB SOCIETY OF AMERICA, INC. IS DEDICATED TO PROMOTING THE	
	KNOWLEDGE, USE, AND DELIGHT OF HERBS THROUGH EDUCATIONAL PROGRAMS,	
	RESEARCH, AND SHARING THE EXPERIENCE OF ITS MEMBERS WITH THE	
_	COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	. Yes X No
	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?	. X Yes No
	If "Yes," describe these changes on Schedule O.	
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.	
	(Code:) (Expenses \$ 15,913. including grants of \$) (Revenue \$	10,626.)
Tu	PUBLICATIONS: THE HERB SOCIETY'S PREMIER PUBLICATION, THE	
	HERBARIST, IS AN ANNUAL JOURNAL PUBLISHED IN THE FALL THAT IS	
	PACKED WITH INFORMATIVE ARTICLES, BEAUTIFUL IMAGES, AND	
	FASCINATING CONTENT FROM ALL AROUNT THE HERB WORLD. PUBLICATIONS	
	INCOME IS FROM SPONSORSHIPS AND AD SALES, AND IS OFFERED FOR FREE	
	TO MEMBERS.	
4h	(Code:) (Expenses \$ 14,274. including grants of \$ 14,274.) (Revenue \$	
75		/
	SEE SCHEDULE O	
_		
4c	(Code:) (Expenses \$3,000. including grants of \$3,000.) (Revenue \$)
	SAMULL HERB GARDEN CLASSROOM GRANTS: 10 K-3 CLASSROOMS WERE CHOSEN	
	VIA A COMPETITATIVE PROCESS TO RECEIVE \$300 IN "SEED MONEY" TO	
	PLANT OR CONTINUE AN HERB GARDEN AT THEIR SCHOOLS. THIS ENCOURAGES	
	CHILDREN TO LEARN ABOUT AND APPRECIATE HERBS AND GARDENING.	
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 290,273. including grants of \$) (Revenue \$ 38,688.)	
4e	Total program service expenses ► 323,460.	
JSA		Form 990 (2021)
TE1	020 1.000	23 • (2021)

61200H K369 901800 Form 990 (2021) Page 3
Part IV Checklist of Required Schedules

Part	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	Ė		
·	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	· · · ·	- 21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1		- 21
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
		110		21
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12 a	Schedule D, Parts XI and XII.	12a	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 70		21
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		- 21
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 21
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· ·		- 21
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13	If "Yes," complete Schedule G, Part III	19		Х
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	aomocio governinent en l'atim, column (m), ille 1: 11 res, complete solleudie i, raits l'anu il	141		77

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
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			21
2 4a	\$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		v
L				X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
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		X
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 the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
30	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	- 30		21
31	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 on Schedule O for Part VI, lines 11b and	31		Λ
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ JU		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	_	_	
	2.122 Constant C Contant a respense of field to diff mile in the fact of first first first		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 on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c		

Form	990 (2021)		Р	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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
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).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3.7
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ر ا		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v
	and services provided to the payor?	7a 7b		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
اہ	·	70		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
e 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?	7g		
_	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			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
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			
	Enter the amount of reserves on hand	140		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
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		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		Λ
16		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			21
17				
.,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Form **990** (2021)

Form 990 (2021) Page **6**

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

Sect	ion A. Governing Body and Management	• • •				
	ggg				Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
ıu	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	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lation	shin with	1		
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
·	supervision of officers, directors, trustees, or key employees to a management company or other p			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to el					
. u	one or more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions under					
	the year by the following:	ortant	ar aaring			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?.			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of					
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt pr		-	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p					
	describe on Schedule O how this was done	-		12c	Х	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to ev	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990	and 990-1	C (sec	tion 5	01(c)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website X Upon request Other (explain on Sc	ply.		(300		01(0)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	nents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who possesses the organization's later mapping and the person who person	oooks	and record	s ►		

440-256-0514

Form 990 (2021) Page **7**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ighest imploye imploye (ey emp		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
(1) LAURA LEE MARTIN	40.00								
EXECUTIVE DIRECTOR	NONE			Х			62,847.	NONE	NONE
(2) HENDRIKA SLUDER	10.00			21			02,017.	110111	110111
NOMINATING CHAIR	NONE	X					NONE	NONE	NONE
(3) AMY R. SCHIAVONE	10.00						110112	1101112	110111
PRESIDENT	NONE	X		Х			NONE	NONE	NONE
(4) MARYANN READAL	10.00						110112	110112	
SECRETARY	NONE	Х		Х			NONE	NONE	NONE
(5) GLADYS MCKINNEY	10.00						-		
TREASURER	NONE	Х		Х			NONE	NONE	NONE
(6) PAMELA GOETSCH	5.00								
DISTRICT DELEGATE	NONE	Х					NONE	NONE	NONE
(7) BETSY SMITH	5.00								
EDUCATION CHAIR	NONE	Х					NONE	NONE	NONE
(8) WILLIAM VARNEY	5.00								
DISTRICT DELEGATE	NONE	Х					NONE	NONE	NONE
(9) CHRISSY MOORE	5.00								
HONORARY PRESIDENT	NONE	Х					NONE	NONE	NONE
(10) KIM LABASH	5.00								
DISTRICT DELEGATE	NONE	Х					NONE	NONE	NONE
(11) JACKIE JOHNSON	5.00								
DISTRICT DELEGATE	NONE	Х					NONE	NONE	NONE
(12) LINDA LANGE	5.00								
VICE PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(13) GAYLE ENGLES	5.00								
EDUCATION CHAIR	NONE	Х					NONE	NONE	NONE
(14) CASEY KING	5.00								_
MEMBERSHIP CHAIR	NONE	Х					NONE	NONE	NONE
									Form QQ ((2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees	(continue	ed)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	rson	e than c is both	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	m an	(F) stimated mount of other apensation
	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-MISC	c) fr org an	rom the lanization d related anizations
(15) LISA-MARIE MARYOTT	5.00										
MEMBERSHIP DELEGATE	NONE	X						NONE	NOI	1E	NONE
(16) ROXANNE VARIAN	5.00 NONE	37						NONE	NO		NONT
MEMBERSHIP DELEGATE (17) SHARON HOSCH	5.00	X						NONE	NOI	110	NONE
MEMBERSHIP DELEGATE	NONE	x						NONE	ION	1E	NONE
											1,01,1
1b Sub-total							•	62,847.	NOI		NONE
c Total from continuation sheets to Part VII, S	_							NONE			NONE
d Total (add lines 1b and 1c)	limited to t			d al		e) who	o re	62,847.	NO1 \$100,000 of		NONE
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gro											
individual										4	X
for services rendered to the organization? If "Y										5	Х
Section B. Independent Contractors											
1 Complete this table for your five highest com- compensation from the organization. Report of year.											
(A) Name and business add	dress							(B) Description of se	rvices	(C) Compen	
							+				
							+				
2 Total number of independent contractors (in more than \$100,000 in compensation from the						thos		•	received		

Form 990 (2021) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse or note to an	y line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	Ia				
Contributions, Gifts, Grants and Other Similar Amounts	b		lb 109,259.				
۾ آھ	С	·	Ic				
ifts Ir A	d	-	Id				
פֿוֹּה	е	-	le 46,990.				
Sin	f	All other contributions, gifts, grants,					
utic er (lf 86,725.				
ĘĘ,	g	Noncash contributions included in					
d C	J		lg \$ 1,713.				
a C	h	Total. Add lines 1a-1f		242,974.			
			Business Code				
ဗ္ဗ	2a	MEMBER MEETING	611430	24,213.	24,213.		
ه چَ	b	PUBLICATIONS	511120	10,626.	10,626.		
Program Service Revenue	C	DISTRICT GATHERINGS	611430	6,234.	6,234.		
am eve	d						
Re							
Pro	e	All other program service revenue					
	f g	Total. Add lines 2a-2f		41,073.			
	3	Investment income (including divider		,			
		other similar amounts)		73,727.			73,727
	4	Income from investment of tax-exempt I	. [NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal	-			
	6a	Gross rents 6a	.,				
	b	Less: rental expenses 6b					
	C		NONE NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securiti					
	<i>1</i> a	sales of assets	(,				
			899.				
ø)	b	Less: cost or other basis					
ď			NONE				
Revenue	С	and caree expenses 1 1 12	899.				
	d	Net gain or (loss)		8,899.			8,899
Other				3,022			7,222
ŏ	8a	Gross income from fundraising					
		events (not including \$ of contributions reported on line					
		'	8a NONE				
	L	1c). See Part IV, line 18	8b NONE				
	b C	Net income or (loss) from fundraising ev	0.0	NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a NONE				
	h.		9b NONE				
	b C	Less: direct expenses L Net income or (loss) from gaming activity	0.0	NONE			
				2.02.12			
	10a	Gross sales of inventory, less returns and allowances	10a NONE				
	L		10b NONE				
	b C	Net income or (loss) from sales of invento		NONE			
S		, ,	Business Code				
o o	11a	MISCELLANEOUS REVENUE	900009	8,241.	8,241.		
ane	i i a b						
elk eve							
Miscellaneous Revenue	C d	All other revenue					1
Σ		Total. Add lines 11a-11d		8,241.			
	12	Total revenue. See instructions		374,914.	49,314.		82,626
JSA				, , , , , ,			Form 990 (2021
1E105	1 1.000 61	200н к369		901800			

Form 990 (2021) Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	oonse or note to any lin	e 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	3,000.	3,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	14,274.	14,274.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	62,847.	51,535.	8,798.	2,514
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	66,012.	54,130.	9,242.	2,640.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	NONE			
10	Payroll taxes	11,165.	9,155.	1,563.	447
	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	1,571.	424.	1,147.	
	Accounting	12,551.	3,389.	9,162.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	22,756.		22,756.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O		0.5 .5 .	
	(A), amount, list line 11g expenses on Schedule O.)	49,937.	13,483.	36,454.	
12	Advertising and promotion	5,192.		2 22=	5,192
13	Office expenses	14,717.	11,263.	2,907.	547
14	Information technology	NONE			
15	Royalties	NONE	F 060	1 550	202
16	Occupancy	9,827.	7,862.	1,572.	393
	Travel	92.	75.	13.	4
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE	10.005	506	0.5.2
	Conferences, conventions, and meetings	11,044.	10,285.	506.	253
	Interest	NONE			
21	•	NONE 20 019	16 014	2 202	0.01
22	Depreciation, depletion, and amortization	20,018.	16,014.	3,203.	801 198
	Insurance	4,960.	3,968.	794.	198
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.)				
_	MAINTENANCE AND REPAIRS	58,263.	56,610.	1,322.	331
				1,322.	331
b	EDUCATION AND DEVELOPMENT	37,113.	37,113.	60.	110
C	MEMBER BENEFITS	10,685.	10,506. 8,362.	1,428.	119 408
	STAFF RECRUITMENT	10,198.	12,012.	851.	224
	All other expenses Add lines 1 through 24a	13,087. 439,309.		101,778.	14,071
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	439,309.	323,460.	101,//8.	14,0/1
_5	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X						
			(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing	19,517.	1	28,074.				
	2	Savings and temporary cash investments	NONE	2	NON				
	3	Pledges and grants receivable, net	NONE	3	NONI				
	4	Accounts receivable, net	NONE	4	414.				
	5	Loans and other receivables from any current or former officer, director,							
		trustee, key employee, creator or founder, substantial contributor, or 35%							
		controlled entity or family member of any of these persons	NONE	5	NONE				
	6	Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE				
ß	7	Notes and loans receivable, net	NONE	7	NONE				
Assets	8	Inventories for sale or use	5,577.	8	NONE				
As	9	Prepaid expenses and deferred charges	17,774.	9	23,774.				
		Land, buildings, and equipment: cost or other	,,		257771				
		basis. Complete Part VI of Schedule D 10a 839, 241.							
	h	Less: accumulated depreciation	409,721.	100	389,703.				
	11	Investments - publicly traded securities	3,028,674.	11	2,765,351.				
	12	Investments - other securities. See Part IV, line 11	NONE		NONE				
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE				
	14								
		Intangible assets	NONE		NONE				
	15	Other assets. See Part IV, line 11	29,447.	15	29,447.				
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,510,710.	16	3,236,763.				
	17	Accounts payable and accrued expenses	22,303.	17	16,550.				
	18	Grants payable	2,500.	18	1,250.				
	19	Deferred revenue	29,634.	19	58,773.				
	20	Tax-exempt bond liabilities	NONE		NONE				
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE				
es	22	Loans and other payables to any current or former officer, director,	nt or former officer, director,						
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%							
jab		controlled entity or family member of any of these persons	NONE		NONE				
_	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE				
	24	Unsecured notes and loans payable to unrelated third parties	23,495.	24	NONE				
	25	Other liabilities (including federal income tax, payables to related third							
		parties, and other liabilities not included on lines 17-24). Complete Part X							
		of Schedule D	NONE	25	NONE				
	26	Total liabilities. Add lines 17 through 25	77,932.	26	76,573.				
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.							
lar	27	Net assets without donor restrictions	702,569.	27	666,328.				
ä	28	Net assets with donor restrictions	2,730,209.	28	2,493,862.				
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			, ,				
ō	29	Capital stock or trust principal, or current funds		29					
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30					
SS	31	Retained earnings, endowment, accumulated income, or other funds		31					
Net Assets or	32	Total net assets or fund balances	3,432,778.	32	3,160,190.				
Z	33	Total liabilities and net assets/fund balances	3,432,778.	33	3,100,190.				
	100	Total habilities and not assets/faile balances, , , , , , , , , , , , , , , , , , ,	3,310,710.	<u> </u>	Form 990 (2021)				

61200H K369 901800 Form 990 (2021) Page **12**

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>914</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 309</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		_	64,	<u> 395</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,4	32,	<u>778</u>
5	Net unrealized gains (losses) on investments	5		-2	08,	<u> 193</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		3,1	60,	190.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," ex	plain	on			
	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 com	piled	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsiah	t of			
_	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	φ	•			
3 <i>a</i>	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
va	Single Audit Act and OMB Circular A-133?			3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b		
				Form	990	(2021)

6120OH K369 901800

SCHEDULE A (Form 990)

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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

THE	HE	RB SOCIETY OF AMER	ICA, INC.				34-1	596261
Par		Reason for Public Cha		organizations must	complet	te this pa	art.) See instruction	S.
Γhe	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associat	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
•		section 170(b)(1)(A)(iv). (C		romonantal conit danariba	d in ===4	:am 470/	L\/4\/A\/\	
6 7	\vdash	A federal, state, or local go	•			•		om the general nubli
′		An organization that normal described in section 170(b)	•	•	pport in	Jili a go	verninental unit of it	om the general public
8		A community trust describe			Dort II \			
9	\vdash	An agricultural research org					Lin conjunction with a	land-grant college
3		or university or a non-land-				-	=	
		university:	grant conege or ag	griculture (see iristruct	ЮПЗ). С	iller tille i	name, only, and state of	i the college of
0	v	An organization that norma	lly receives (1) mo	ore than 331/3 % of its	sunnort	from cor	ntributions membersh	nin fees, and gross
		receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt fuent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions me (less	s; and (2) no more that s section 511 tax) from	n 331/3 % of its
1		An organization organized	•	•	•		. , . ,	
2		An organization organized a	•	•				
		one or more publicly support	_					
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		ot Type I. A supporting orga	•	•	•		• , ,	
		the supported organization	. , .	• • • •		ajority of	the directors or truste	ees of the
		$_{\neg}$ supporting organization. $ ho$	•					
b			•					
		control or management of		=	the sam	e person	is that control or mar	nage the supported
		organization(s). You must	•					
С		☐ Type III functionally integ						lly integrated with,
		its supported organization		•				
d		☐ Type III non-functionally			-			= ::
		that is not functionally inte	•	• •			•	d an attentiveness
_		requirement (see instruct	•	•				II. Tumo III
е		Check this box if the orga functionally integrated, or					•••	п, туре ш
f	Ent	er the number of supported	• •	ionally integrated sup	porting t	nyanizai	IOTI.	
g		vide the following information	J					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,		(-,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
•								
A)								
B)								
C)								
D)								
E)								
Γota	ıl							

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **2**

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support		I	T	T	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2021 (li		•			14	<u>%</u>
15	Public support percentage from 2020						<u>%</u>
гьа	331/3% support test - 2021. If the organization of	=					
L	box and stop here. The organization q 331/3% support test - 2020. If the organization q			_			
D		=					
172	this box and stop here . The organization 10%-facts-and-circumstances test - 2	•		_			
ı ı a	10% or more, and if the organization	-					
	Part VI how the organization meets					•	•
	organization			-	· ·	-	
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization	`	-				
	in Part VI how the organization meets					-	•
	organization			•	•		
18	Private foundation. If the organization						
-	instructions						

Schedule A (Form 990) 2021 Page **3**

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

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

<u></u>	ii the organization falls to qu	-		<u> </u>	-	·	
	tion A. Public Support	(-) 0047	/I-> 0040	(-) 0040	(-1) 0000	(-) 0004	(D T-1-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees	SEE SUPP PAGE					
•	received. (Do not include any "unusual grants.")	209,855.	188,349.	206,470.	293,837.	242,975.	1,141,486.
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	115,482.	80,227.	77,695.	23,190.	41,073.	337,667.
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						NONE
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						NONE
6	Total. Add lines 1 through 5	325,337.	268,576.	284,165.	317,027.	284,048.	1,479,153.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons		6,357.	9,896.	35,078.		51,331.
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						NONE
	Add lines 7a and 7b.		6,357.	9,896.	35,078.		51,331.
8	Public support. (Subtract line 7c from						
500	tion B. Total Support						1,427,822.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	325,337.	268,576.	284,165.	317,027.	284,048.	1,479,153.
	Gross income from interest, dividends,	323,337.	20075701	2017203.	317,6271	20170101	1,1,5,133.
iva	payments received on securities loans, rents, royalties, and income from similar	32,484.	74,315.	91,764.	72,510.	73,727.	344,800.
	payments received on securities loans, rents, royalties, and income from similar sources	32,484.	74,315.	91,764.	72,510.	73,727.	344,800.
	payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less	32,484.	74,315.	91,764.	72,510.	73,727.	344,800.
	payments received on securities loans, rents, royalties, and income from similar sources	32,484.	74,315.	91,764.	72,510.	73,727.	344,800.
b	payments received on securities loans, rents, royalties, and income from similar sources	32,484.		91,764. 91,764.	72,510. 72,510.	73,727.	
b	payments received on securities loans, rents, royalties, and income from similar sources		74,315. 74,315.				NONE
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
b	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						NONE
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		74,315.				NONE 344,800.
b	payments received on securities loans, rents, royalties, and income from similar sources		74,315.				NONE 344,800.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		74,315.				NONE 344,800.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources	32,484.	74,315. 1,021.	91,764.	72,510.	73,727.	NONE 344,800. 1,021.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE	32,484.	74,315. 1,021.	91,764.	72,510.	73,727.	NONE 344,800. 1,021.
b c 11	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11,	32,484. 2,022. 359,843.	74,315. 1,021. 6,267. 350,179.	91,764. 2,853. 378,782.	72,510. 1,867. 391,404.	73,727. 8,241. 366,016.	NONE 344,800. 1,021. 21,250. 1,846,224.
b c 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here	32,484. 2,022. 359,843. r the organizatio	74,315. 1,021. 6,267. 350,179. on's first, second	91,764. 2,853. 378,782. , third, fourth,	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section	1,021. 21,250. 1,846,224. 501(c)(3)
b c 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup	32,484. 2,022. 359,843. r the organizatio	74,315. 1,021. 6,267. 350,179. on's first, second	91,764. 2,853. 378,782. third, fourth,	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section	1,021. 21,250. 1,846,224. 501(c)(3)
b c 11 12 13 14	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here	32,484. 2,022. 359,843. r the organizatio	74,315. 1,021. 6,267. 350,179. on's first, second	91,764. 2,853. 378,782. third, fourth,	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section	1,021. 21,250. 1,846,224. 501(c)(3)
11 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Sche	2,022. 359,843. r the organization port Percenta , column (f), dividedule A, Part III, lin	74,315. 1,021. 6,267. 350,179. on's first, second.	91,764. 2,853. 378,782. third, fourth,	1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3)
b c 11 12 13 14 Sec 15 16	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8) Public support percentage from 2020 Schettion D. Computation of Investment	2,022. 359,843. r the organizatio port Percenta, , column (f), divided adule A, Part III, linut Income Percenta	74,315. 1,021. 6,267. 350,179. on's first, second. ge ed by line 13, colume 15 entage	91,764. 2,853. 378,782. third, fourth,	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3)▶ 77.34% 80.08%
11 12 13 14 Sec 15 16 Sec 17	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8) Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage for 2021 (line 8)	2,022. 359,843. r the organization port Percentage , column (f), dividendule A, Part III, linut Income Percentage ne 10c, column (f)	74,315. 1,021. 6,267. 350,179. on's first, second. ge ed by line 13, colume 15 entage i), divided by line 15.	91,764. 2,853. 378,782. third, fourth, an (f))	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section 15 16	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3)▶ 77.34% 80.08% 18.68%
b c 11 12 13 14 Sec 15 16 Sec 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE. Total support. (Add lines 9, 10c, 11, and 12.)	2,022. 359,843. r the organization port Percentage, column (f), divide edule A, Part III, linut Income Percentage in the solumn (f).	74,315. 1,021. 6,267. 350,179. on's first, second. ge ed by line 13, colume 15	91,764. 2,853. 378,782. third, fourth, an (f))	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section 15 16	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3) 77.34% 80.08% 18.68% 16.18%
b c 11 12 13 14 Sec 15 16 Sec 17 18	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,022. 359,843. r the organization port Percenta, , column (f), divide edule A, Part III, linkt Income Percenta (schedule A, Part rganization did n	74,315. 1,021. 6,267. 350,179. on's first, second. ge ed by line 13, colume 15 entage 1), divided by line 1: Ill, line 17 ot check the box	91,764. 2,853. 378,782. third, fourth, nn (f))	72,510. 1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section 15 16 17 18 re than 331/3%,	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3) 77.34% 80.08% 18.68% 16.18% and line
11 12 13 14 Sec 15 16 Sec 17 18 19 a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage from 2020 331/3% support tests - 2021. If the or 17 is not more than 331/3%, check this	2,022. 2,022. 359,843. The organization port Percentage , column (f), dividedule A, Part III, lin t Income Percentage ne 10c, column (f) Schedule A, Part III, son the	74,315. 1,021. 6,267. 350,179. on's first, second. ed by line 13, colume 15 entage f), divided by line 1: lill, line 17 ot check the box here. The organi	91,764. 2,853. 378,782. third, fourth, an (f)) 3, column (f)) on line 14, an zation qualifies	1,867. 391,404. or fifth tax yea	73,727. 8,241. 366,016. ar as a section 15 16 17 18 re than 331/3%, pported organizat	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3) 77.34% 80.08% 18.68% 16.18% and line ion ▶ X
11 12 13 14 Sec 15 16 Sec 17 18 19 a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Schetton D. Computation of Investment Investment income percentage from 2020 331/3% support tests - 2021. If the organization, support tests - 2020. If the organization of support tests - 2020.	2,022. 359,843. r the organizatio port Percenta , column (f), dividedule A, Part III, lin tt Income Perc ne 10c, column (f) Schedule A, Part rganization did not s box and stop anization did not	74,315. 1,021. 6,267. 350,179. on's first, second. ge ed by line 13, colume 15. entage i), divided by line 1: ot check the box here. The organicheck a box on line 1.	91,764. 2,853. 378,782. third, fourth, 3, column (f)) on line 14, an zation qualifies ine 14 or line 1	1,867. 391,404. or fifth tax yea do line 15 is mo as a publicly su 9a, and line 16 is	73,727. 8,241. 366,016. ar as a section 15 16 17 18 re than 331/3%, pported organizat is more than 331/	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3) 77.34% 80.08% 18.68% 16.18% and line ion ▶ X 3%, and
11 12 13 14 Sec 15 16 Sec 17 18 19 a	payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE SUPP PAGE Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2021 (line 8 Public support percentage from 2020 Schettion D. Computation of Investment Investment income percentage from 2020 331/3% support tests - 2021. If the or 17 is not more than 331/3%, check this	2,022. 359,843. r the organization port Percenta , column (f), divide edule A, Part III, lin it Income Percenta ne 10c, column (f) Schedule A, Part rganization did not s box and stop anization did not this box and st	74,315. 1,021. 6,267. 350,179. on's first, second. ed by line 13, colume 15 entage), divided by line 1: ot check the box here. The organicheck a box on lop here. The organicheck are considered.	2,853. 378,782. third, fourth, an (f)) on line 14, an zation qualifies ine 14 or line 1 anization qualifier	1,867. 391,404. or fifth tax yea do line 15 is mo as a publicly su ga, and line 16 is as a publicly services as a publicly services.	8,241. 366,016. ar as a section 15 16 17 18 re than 331/3 %, pported organizatis more than 331/supported organization and the section organization organization and the section organization o	NONE 344,800. 1,021. 21,250. 1,846,224. 501(c)(3) 77.34% 80.08% 18.68% 16.18% and line ion ▶ X 3%, and ation ▶

Schedule A (Form 990) 2021 Page 4

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.
_	

- Did the organization have any supported organization that does not have an IRS determination of statu 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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 discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(I purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and El 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 actic was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on lin 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in whic the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		res	NO
ng			
b <i>y</i>			
•	1		
JS			
as ed			
Ju	2		
-	_		
er	3a		
	Ja		
nd			
ne	2 L		
	3b		
3)			
	3с		
If			
	4a		
gn			
on			
	4b		
n			
ed			
B)			
-/	4c		
5,"			
s, IN			
n; on			
ווע			
	5a		
yk			
	5b		
	5c		
to			
ed			
or			
	6		
or			
ty			
,	7		
ne			
10	8		
ro			
re ns			
13	9a		
	Ja		
h	٥L		
	9b		
fit			
	9с		
n			
ed			
	10a		
to			
	10b		
dul		rm 990	1) 2021

Schedule A (Form 990) 2021 Page **5**

Part I	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	. ,	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	·	11c		
Section	on B. Type I Supporting Organizations			
	ſ		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sactio	on D. All Type III Supporting Organizations	1		
Secur	on D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously	_		
_	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	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 inst	tructi	ons).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
_			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	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</i> "Yes," <i>describe in Part VI the role played by the organization in this regard.</i>	3b		

6120OH K369 901800

Schedule A (Form 990) 2021 Page **6**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	anization	 S	rage
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust on	Nov. 20, 1970 (expla	
instructions. All other Type III non-functionally integrated supporting orga	nizations r	nust complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting	g organization

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity	2				
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.	6				
7	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 2021 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART III - OTHER INCOME							
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL	
MISC REVENUE	2,022.	6,267.	2,853.	1,867.	8,241.	21,250.	
TOTALS	2,022.	6,267.	2,853.	1,867.	8,241.	21,250.	

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

THE HERB SOCIETY OF AMERICA, INC 34-1596261 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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**

regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

THE HERB SOCIETY OF AMERICA, INC.

Employer identification number 34-1596261

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$46,990.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$6,114.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$5,838.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE HERB SOCIETY OF AMERICA, INC.

Employer identification number 34-1596261

Part II	Noncash Property	(see instructions)	Lise dunlicate	conies of Part II if	additional snac	hahaan zi a
aitii	Noncasii i ropeity	(SEE IIISH UUHUHS).	. Use auplicate	COPICS OF FAIL II II	audilional spac	e is necucu.

(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
		\$	

Name of organization Employer identification number 34-1596261 THE HERB SOCIETY OF AMERICA, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

901800

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number THE HERB SOCIETY OF AMERICA, INC. 34-1596261 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Revenue included on Form 990, Part VIII, line 1.

Schedule D (For	2021					Page 2
		 		 <u> </u>	_	 / (' 1)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection toms (check all that apply): a	Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Ass	sets (c	ontinue	d)
a	3	Using the organization's acquisition	n, accession, and	other recor	ds, check	any of t	he follov	ving that mak	ke sign	ificant us	se of its
b		collection items (check all that app	ly):		_						
c	а	x Public exhibition		d	Loan c	or exchan	ge progra	m			
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b			e	Other						
Sull	С	X Preservation for future gene	rations								
Source to be sold to riske funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's collection	s and expla	ain how t	hey furth	er the or	ganization's	exempt	purpose	in Part
Section and Custodial Arrangements Section											
Part V Escrow and Custodial Arrangements.	5								_	_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ Ves □ No If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ 1c □				tained as pa	rt of the c	organizati	on's colle	ction?		Yes	X No
Included on Form 990, Part X?		Complete if the organiza 990, Part X, line 21.	tion answered "Y							t on For	m
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1 a								not _	_	
c Beginning balance . 1c		included on Form 990, Part X?							L	Yes	No
C Beginning balance 1c 1d	b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fol	lowing tab	ole:					
d Additions during the year. Distributions during the year. Distributions during the year. Distributions during the year. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Describe in Part XIII. (a) Curren year. (b) Prior years back (c) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Contributions. 29,960. 182,324. 1,98,925. 1,864,039. 2,068,494. 2,002,934. 1,760,532. 26,734. 20,928. d Grants or scholarships. Cother expenditures for facilities and programs. 207,960. 116,613. 133,337. 133,337. 133,178. 41,077. Administrative expenses. 207,960. 116,613. 133,337. 133,337. 133,178. 41,077. Administrative expenses. 207,960. 116,613. 133,337. 133,337. 20,058,944. 2,002,934. 20,0595. 41,077. Administrative expenses. 207,960. 116,613. 133,337. 133,178. 41,077. Administrative expenses. 207,960. 116,613. 133,337. 133,337. 133,178. 41,077. Administrative expenses. 207,565,352. 3,028,675. 1,864,039. 2,068,494. 2,002,934. 41,077. Administrative expenses. 207,960. 116,613. 133,337. 133,337. 133,178. 41,077. Administrative expenses. 207,960. The mendowment ▶ 72.6400. The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶ 72.6400. The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations. (ive the property of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endow								A	mount		
Expression of the property Finding balance Findig balance Finding balance Finding balance Finding balance	_										
f Ending balance											
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_										
Describe in Part XIII. Check here if the explanation has been provided on Part XIII. Describe in Part XIII. Check here if the explanation has been provided on Part XIII.	_						-	account liabili	itv2	Vos	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		<u> </u>							_		
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		· · · · · · · · · · · · · · · · · · ·	TT GIT AIII. OHOOK I	1010 11 1110 02	Apiariation	1100 00011	provided	on are and			·
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions 3,028,675. 1,864,039. 2,048,494. 2,002,934. 1,760,532. b Contributions 92,960. 182,324. 93,102. 83,356. 44,115. c Net investment earnings, gains, and losses -148,323. 1,098,925. -144,220. 102,116. 239,028. d Grants or scholarships 207,960. 116,613. 133,337. 113,178. 41,077. f Administrative expenditures for facilities and programs 207,960. 116,613. 133,337. 113,178. 41,077. g End of year balance 2,765,352. 3,028,675. 1,864,039. 2,048,494. 2,002,934. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 72,6400. % 7,5200. % Term endowment ► 72,6400. % Yes No. Term endowment ► 19.8400. % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a(i) X 3a (i) Related organizations 3a(i) X (i) Unrelated organizations 3a(i) X			tion answered "Y	es" on For	m 990, F	Part IV, lir	ne 10.				
b Contributions 92,960. 182,324. 93,102. 83,356. 44,115. c Net investment earnings, gains, and losses 1,1,098,925. 144,220. 102,116. 239,028. d Grants or scholarships 207,960. 116,613. 133,337. 113,178. 41,077. f Administrative expenses 207,960. 116,613. 133,337. 113,178. 41,077. g End of year balance 2,765,352. 3,028,675. 1,864,039. 2,048,494. 2,002,934. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 7.5200 % Permanent endowment ▶ 19.8400 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii)				1				(d) Three years	s back	(e) Four y	ears back
b Contributions 92,960. 182,324. 93,102. 83,356. 44,115. c Net investment earnings, gains, and losses 1,1,098,925. 144,220. 102,116. 239,028. d Grants or scholarships 207,960. 116,613. 133,337. 113,178. 41,077. f Administrative expenses 207,960. 116,613. 133,337. 113,178. 41,077. g End of year balance 2,765,352. 3,028,675. 1,864,039. 2,048,494. 2,002,934. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 7.5200 % Permanent endowment ▶ 19.8400 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii)	1 2	Reginning of year balance	3,028,675.	1,86	54,039.	2,048	3,494.	2,002,	934.	1,76	50,532.
c Net investment earnings, gains, and losses. -148,323. 1,098,925. -144,220. 102,116. 239,028. d Grants or scholarships. 207,960. 116,613. 133,337. 113,178. 41,077. f Administrative expenses. 2,765,352. 3,028,675. 1,864,039. 2,048,494. 2,002,934. g End of year balance. 2,765,352. 3,028,675. 1,864,039. 2,048,494. 2,002,934. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ► 7,5200 % 7,5200 % Permanent endowment ► 19.8400 % 7,5200 % Yes No 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations. 3a(i) X 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. (a) Cost or other basis (n) Accomplete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line	_										
and losses											
d Grants or scholarships	·		-148,323.	1,09	98,925.	-14	1,220.	102,	116.	23	39,028.
e Other expenditures for facilities and programs	Ь							26,	734.	- 2	20,895.
and programs											
f Administrative expenses		-	207,960.	13	16,613.	133	3,337.	113,	178.		41,077.
g End of year balance	f	· -								:	20,559.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 7.5200 % b Permanent endowment ▶ 72.6400 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations . 3a(ii)	g	•	2,765,352.	3,02	28,675.	1,86	1,039.	2,048,	494.	2,00	02,934.
b Permanent endowment ▶ 72.6400 % c Term endowment ▶ 19.8400 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	2		of the current year	end balance	e (line 1g,	column (a	a)) held as	s:			
c Term endowment ▶ 19.8400 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 5 If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation of property (investment) 1a Land. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation depreciation as 32, 375. b Buildings. 746,307. 386,468. 359,839. c Leasehold improvements. d Equipment. 31,437. 30,102. 1,334. e Other. 33,122. 32,968.	а	Board designated or quasi-endown	nent ▶ 7.5200)_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) (other) 1a Land. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) 28,375. 28,375. b Buildings C Leasehold improvements d Equipment. 31,437. 30,102. 1,334. e Other 33,122. 32,968.	b										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. 28,375. b Buildings 746,307. 386,468. 359,839. c Leasehold improvements. d Equipment. 231,437. 30,102. 1,334. e Other 155.	С		•								
organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land. 28,375. 28,375. b Buildings. 28,375. c Leasehold improvements. d Equipment. 31,437. 30,102. 1,334. e Other. 33,122. 32,968.	•		•		Car that			data and tandh			
(i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (other) (investment)	3a		the possession of t	ne organiza	ition that	are neid a	and admii	nistered for the	Э	V	es No
(ii) Related organizations . 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (investment) 1a Land . 28,375. b Buildings . 28,375. c Leasehold improvements . 31,437. 30,102. 1,334. e Other . 33,122. 32,968. 155.		,								$\overline{}$	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?											
Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (investment) (c) Accumulated depreciation (d) Book value (d) Book value 28,375. b Buildings C Leasehold improvements d Equipment 31,437. 30,102. 1,334. e Other	b	`,									
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 28,375. 28,375. b Buildings 746,307. 386,468. 359,839. c Leasehold improvements 31,437. 30,102. 1,334. e Other 33,122. 32,968. 155.	_		•								
1a Land 28,375 28,375 b Buildings 746,307 386,468 359,839 c Leasehold improvements 31,437 30,102 1,334 e Other 33,122 32,968 155	Pa	rt VI Land, Buildings, and Equ	ipment.				ne 11a.	See Form 99	90, Paı	rt X, line	10.
1a Land 28,375 28,375 b Buildings 746,307 386,468 359,839 c Leasehold improvements 31,437 30,102 1,334 e Other 33,122 32,968 155			(a) Cost o	or other basis	(b) Cost of	or other basis	(c) Ac	cumulated			
b Buildings 746,307. 386,468. 359,839. c Leasehold improvements. 31,437. 30,102. 1,334. e Other 33,122. 32,968. 155.	12	Land	,	Suneni)	(0)		<u> </u>	ECIATION		20	375
c Leasehold improvements. 31,437. 30,102. 1,334. e Other 33,122. 32,968. 155.					7			86.468			
d Equipment. 31,437. 30,102. 1,334. e Other 33,122. 32,968. 155.					, , , , , , , , , , , , , , , , , , ,	10,307	+ - 3	, 100.		337	,000.
e Other	-	-				31.437		30,102		1	.334
		I. Add lines 1a through 1e. (Column	(d) must equal For	m 990, Part	X, columr					389	

Schedule	D (FOIII 990) 2021		Page 3
Part \	Investments - Other Securities.		
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value

Complete if the organization answered	I "Yes" on Form 99	0. Part IV. line 11b. See Form 990.	. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered	l "Yes" on Form 99	0, Part IV, line 11c. See Form 990,	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	
		Cost or end-of-year mark	tet value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	I "Yes" on Form 99	0, Part IV, line 11d. See Form 990,	, Part X, line 15.
(a) De	scription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X Other Liabilities.			222 5
Complete if the organization answered	I "Yes" on Form 99	0, Part IV, line 11e or 11f. See For	m 990, Part X,
line 25.			
	tion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 1E1270 1.000

6120ОН К369 901800 Schedule D (Form 990) 2021 Page 4

Part	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	143,965.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	110,7001
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	
	Add lines 2a through 2d	2e	-208,193.
3	Subtract line 2e from line 1	3	352,158.
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 22,756.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	22,756.
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	374,914.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	416,553.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e 3	/16 FE2
3	Subtract line 2e from line 1	3	416,553.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a	, , , , , , , , , , , , , , , , , , , ,	-	
b C	Chior (Becombe in rate value)	4c	22,756.
5	Add lines 4a and 4b	5	439,309.
Part	XIII Supplemental Information.		100 / 000 1
	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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Schedule D (Form 990) 2021 Page **5**

Part XIII Supplemental Information (continued)

PART III, LINE 4

THE HERB SOCIETY OF AMERICA LIBRARY COLLECTION INCLUDES MORE THAN 3,500 VOLUMES COVERING A WIDE RANGE OF TOPICS RELATED TO HERBS AND GARDENING.

MATERIALS COLLECTED INCLUDE BOOKS, PERIODICALS, MULTIMEDIA, ART, RARE BOOKS AND HISTORICAL ARCHIVES. RESOURCES ARE AVAILABLE TO MEMBERS AND THE GENERAL PUBLIC BY APPOINTMENT. RESOURCES ARE ALSO USED FOR ONGOING EDUCATIONAL PROGRAMING AND PUBLICATIONS PRESENTED BY THE SOCIETY.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Open to Public Inspection

Name of the organization Employer identification number THE HERB SOCIETY OF AMERICA, INC. 34-1596261 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (b) EIN (h) Purpose of grant (if applicable) cash assistance noncash assistance or assistance or government grant (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11) (12)

Schedule I (Form 990) (2021)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
$oldsymbol{1}$ stipend for intern at the U.S. national arboretum		14,274.		COMPETITIVE SALARY	
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2

TWO SEPERATE VOLUNTEER COMMITTEES MADE UP OF MEMBERS WHO ARE NOT ON THE BOARD OF DIRECTORS AND NOT AFFILIATED WITH ANY GRANTEE ARE CONVEENED TO REVIEW APPLICANTS. HSA REQUIRES THAT A GRANTEE ORGANIZATION SIGN A CONTRACT PRIOR TO RECEIVING FUNDING FOR THE GRANT FUNDED PROGRAM. IN THE CASE OF THE CLASSROOM GRANTS, THE 10 \$300 GRANTS ARE AWARDED TO QUALIFIED SCHOOLS WHO ALSO AGREE TO PROVIDE A FINAL GRANT REPORT. REASEARCH GRANTS ARE COMPETATIVE AND THE AWARD IS \$5,000. ELIGIBLE APPLICANTS MAY BE STUDENTS, PROFESSIONALS, OR INDIVIDUALS. HOWEVER, THE VAST MAJORITY OF

Schedule I (Form 990) (2021)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
_ 7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

RECIPIENTS ARE AFILIATED WITH AN ACADEMIC OR RESEARCH ORGANIZATION. GRANT

RECIPIENTS ARE REQUIRED TO SIGN A GRANT ACCEPTANCE FORM PRIOR TO THE

AWARD OF A GRANT. ONLY U.S. RESIDENTS MAY APPLY.

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE HERB SOCIETY OF AMERICA, INC.

34-1596261

FORM 990, PART I

THE HERB SOCIETY OF AMERICA, INC. IS A NONPROFIT CORPORATION ORGANIZED IN

1933 FOR THE PURPOSE OF FUTHERING THE KNOWLEDGE AND USE OF HERBS AND

CONTRIBUTING THE RESULTS OF THE EXPERIENCE AND RESEARCH OF ITS MEMBERS TO

THE RECORDS OF HORTICULTURE, SCIENCE, AND RELATED ARTS.

FORM 990, PART III, LINE 4D

VARIOUS ACTIVITIES FURTHERING THE EXEMPT PURPOSE OF HSA INCLUDING THE OPERATION OF A LIBRARY AND MAINTAINING A WEBSITE, BOTH OF WHICH ARE AVAILABLE FOR USE BY MEMBERS AND THE GENERAL PUBLIC.

FORM 990, PART VI, LINE 6, 7A, 7B

HSA HAS MEMBERS. THE GOVERNING BODY IS ELECTED BY MEMBERS AND HOLD TERMS
FOR 2 TO 3 YEARS. DECISIONS OF THE GOVERNING BODY ARE REPORTED TO
MEMBERS. A MEETING OF MEMBERS IS HELD ANNUALLY.

FORM 990, PART VI, LINE 11B

THE 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND IS PROVIDED TO THE FINANCE & OPERATIONS COMMITTEE FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY UPON ELECTION AND ANNUALLY WHILE THEY ARE A MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15

COMPENSATION OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES, IF ANY, IS REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. COMPENSATION AMOUNTS ARE INFORMED BY THE APGA COMPENSATION STUDY.

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, FINANCIAL

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

STATEMENTS, AND TAX RETURNS ARE AVAILABLE THROUGH HSA'S WEBSITE.

FORM 990, PART III, LINE 3

EDUCATIONAL CONFERENCE - THE ANNUAL NATIONAL CONFERENCE OFFERS LECTURES, WORKSHOPS, AND OTHER EDUCATIONAL FORUMS TO FURTHER THE KNOWLEDGE OF HERBS FOR MEMBERS AND THE GENERAL PUBLIC. THE FY21 AND FY22 CONFERENCES WERE MODIFIED TO HELD VIRTUALLY AND FOR FREE DUE TO COVID-19 GLOBAL PANDEMIC RESTRICTING TRAVEL AND IN-PERSON GATHERINGS. THE HERB SOCIETY DID NOT HAVE ANY INCOME FROM THIS PROGRAM IN FY21 OR FY22, HOWEVER, THEY INTEND TO BEGIN CHARGING THE TYPICAL CONFERENCE REGISTRATION FEES AGAIN IN FY23. THE MONTHLY EDUCATIONAL WEBINARS ABOUT HERBS AND THEIR USES ARE OFFERED FREE TO MEMBERS AND FOR A SMALL FEE TO NON-MEMBERS.

Name of the organization

THE HERB SOCIETY OF AMERICA, INC.

Employer identification number 34-1596261

FORM 990, PART III - PROGRAM SERVICE

LINE 4B, PROGRAM SERVICE

RESEARCH GRANTS: AWARDS ARE MADE THROUGH A COMPETITIVE PROCESS TO TEACHERS AND RESEARCHERS WHO APPLY FOR FUNDING TO COMPLETE A SCIENTIFIC INQUIRY OR ACADEMIC PROGRAM THAT FURTHERS THE KNOWLEDGE AND USE OF HERBS. THE EDUCATION COMMITTEE REVIEWS ALL APPLICATIONS AND SUBMITS FUNDING RECOMMENDATIONS TO THE BOARD OF DIRECTORS FOR APPROVAL. RECIPIENTS ARE REQUIRED TO SUBMIT INTERIM PROGRESS REPORTS AND FINAL REPORTS ON THEIR PROJECTS. GRANTS ARE FUNDED THROUGH BOARD DESIGNATED FUNDS ALLOCATED FOR THIS PURPOSE. THE SOCIETY PROVIDES FUNDING TO SUPPORT A STIPEND FOR AN INTERN TO WORK AT THE NATIONAL HERB GARDEN AT THE U.S. NATIONAL ARBORETUM. GRANTS ARE FUNDED THROUGH RESTRICTED ASSETS DESIGNATED BY THE DONORS FOR THIS PURPOSE.

Name of the organization			Employer identificatio	n number
THE HERB SOCIETY OF AMER	34-1596261			
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER FEES	49,937.	13,483.	36,454.	
TOTALS				
	49,937.	13,483.	36,454.	