** PUBLIC DISCLOSURE COPY **

Form **990**

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2020	
Open to Public Inspection	1

A F	or the	2020 calendar year, or tax year beginning and	ending	_				
B ci	ieck if plicable:	C Name of organization		D Employer identific	eation number			
	Address	ADKINS ARBORETUM, LTD.						
	Name change	Doing business as			52-1163405			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 12610 EVELAND ROAD	Room/suite	E Telephone number 410-634-:				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts	1,990,365.			
	Amendo return			H(a) is this a group re	turn			
	Applica	F Name and address of principal officer: VIRGINIA TIERNAN		for súbordinatès	? Yes X No			
	pending	12010 EVEHAND ROAD, RIDGELY, MD 21000		H(b) Are all subordinates in	cluded? Yes No			
		mpt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c	or 527	∠lf."No," attach a	list. See instructions			
		e:▶ WWW.ADKINSARBORETUM.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: (1979) N	1 State of legal domicile: MD			
Pa		Summary						
dı		Briefly describe the organization's mission or most significant activities: $ m \underline{MAIN}$			DEVELOP			
Governance	-		·····	ENE COUNTY				
ž	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos						
ŏ		Number of voting members of the governing body (Part Vi, line 1a)	(<u>3</u>	18			
	4 1	Number of independent voting members of the governing body (Part VI, line 1b) †		4	18			
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a))	Z <u>5</u>	16			
Activities &		Total number of volunteers (estimate if necessary)			0			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b i	Net unrelated business taxable income from Form 990 T, Part I, line 11		·	0,			
	_		ÿ	Prior Year	Current Year			
9		Contributions and grants (Part VIII, line 1h)		676,767.	394,442.			
Revenue		Program service revenue (Part VIII, line 2g)		94,961. 545,687.	32,138.			
Pe Pe		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		72,660.	40,975.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	1,390,075.	494,787.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1:3). Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		284,124.	303,041.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ě	h	Fotal fundraising expenses (Part IX, column (D), line 25) \rightarrow 96, 0	43.					
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		444,358.	390,001.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		728,482.	693,042.			
		Revenue less expenses. Subtract line 18 from line 12		661,593.	-198,255.			
5%			Ве	eginning of Current Year	End of Year			
Assets or	20	Total assets (Part X, line 16)		5,153,242.	5,147,277.			
A P	21	Total liabilities (Part X, line 26)		67,287.	29,654.			
Net /	22	Net assets or fund balances, Subtract line 21 from line 20		5,085,955.	5,117,623.			
L		Signature Block						
Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	y knowledge and belief, it is			
true	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparer	has any knowledge.				
			www					
Sig	n	Signature of officer		Date				
Her	е	VIRGINIA TIERNAN, EXECUTIVE DIRECTOR Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	I		CPA 1	L1/08/21 self-empto	yed ₽00749970			
Preparer Firm's name ACCOUNTING STRATEGIES GROUP, LLC Firm's EIN 26-30								
	Only	Firm's address PO BOX 369		7,7122 -111				
	,	PRESTON, MD 21655		Phone no. 41	0-673-1384			
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

Form 990 (2020) ADKINS ARBORETUM, LTD.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		42	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	1 100,5 (20)
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.	3 H434 ()	106:540	Marika
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		<u> </u>
¢	Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total	11c		x
.4	assets reported in Part X, line 16? If "Yes," complete Schedule D/Part VIII	110		
d		11d	Х	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		1
120	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	r	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			l
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
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		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			١,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross Income and contributions on Part VIII, lines			_ v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19	 	X
20a	, , , , , , , , , , , , , , , , , , , ,	20a	-	<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			1 47

Part IV	Checklist of Re	quired Schedules	(continued)

1 LII	TTV Officerring of Frequency Continues				
		Γ		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual				v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes	s," complete			х
	Schedule J	h400 000	23		
	Dld the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d	·			v
	Schedule K. If "No," go to line 25a		24a	_	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the	Autrorec - 187008			
	any tax-exempt bonds?		24c	-	ļ
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	288888888888	24d	<u> </u>	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	SEY 7559			,,
	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	His. Parketing.			
	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	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste	ee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,			ĺ	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete S		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule				
	instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? If			
-	"Yes," complete Schedule L, Part IV		28a		X
h	A family member of any individual described in line 28a? If "Yes, "complete Schedule L, Part IV		28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?				
·	"Yes," complete Schedule L, Part IV		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu		29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie				
50	contributions? If "Yes," complete Schedule M	G 00/(20/10/00/00/00/00/00/00/00/00/00/00/00/00	30		X
0.4	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	ula N. Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		<u> </u>	T	
32		complete	32		X
	Schedule N, Part II	dotione	<u> </u>	\vdash	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu		33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		- 33	 	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part		24		X
	Part V, line 1		34	+	X
	· · · · · · · · · · · · · · · · · · ·		35a	+	+ 12
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		65.		
	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				77
	If "Yes," complete Schedule R, Part V, line 2		36	+-	<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1	1,7
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 1	1b and 19?		1	
	Note: All Form 990 filers are required to complete Schedule O	***************************************	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				J
	Check if Schedule O contains a response or note to any line in this Part V	*****************************			
		,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8			
b	many of the state	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming	11.0		
,	(gambling) winnings to prize winners?		1c	X	
02000	4 12-23-20		Forr	n 990	(2020

Form 990 (2020)	ADKINS ARBORETUM,		
Part 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,		What is	
	filed for the calendar year ending with or within the year covered by this return		4,53	483
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 e-file (see instructions)	3666	1994	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
	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	2513224	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Same and the same		v
	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		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				X
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts'	eh.		
	were not tax deductible?	6b	2.50	13.5
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
a h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	 ^
b c		 		\vdash
U	to file Form 8282?	7c	1	Х
d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	the state of the s	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	NE.		1000
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
а	1000/			
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				
b	1000			
	amounts due or received from them.) 11b	10	il sustan	1000
12a		12a		1 444
b	•	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-	A 32000	
a	·	13a	O JEAN	
	Note: See the instructions for additional information the organization must report on Schedule O.	200 A		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization to mornious to room quantous rooms provide an arrangement of the control of the con	1		
		14a	_	Х
148	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	141:		† <u></u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	***		1
15	excess parachute payment(s) during the year?	15		x
		3.3	6 285E	
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	X
10	If "Yes," complete Form 4720, Schedule O.			
	n 100, Sonipote 10mm-m20, Sonipode 51	For	m 99 0	(202

Form 990 (2020) ADKINS ARBORETUM, Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI	-14444	.,	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5		6		X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
7a		7a		х
	more members of the governing body?	/ a		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x
_	persons other than the governing body?	7b	Nijes.	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0	Х	500000000
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	d8	<u> </u>	\vdash
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			77
	organization's malling address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4,1111	100000	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├─
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	<u> </u>
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	skoek	1111/11	1999
а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		HEM	
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	489	Silling.	
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶MD			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection, Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Uther (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 410-634-2847			
	12610 EVELAND ROAD, RIDGELY, MD 21660			

032006 12-23-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X 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	Ďοx,	not cl unles	(C Posineck nas pers s pers d a di	tion nore t son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGOT MCCONNEL PRESIDENT		2.00			Х			(2) (3) (4)	0.	0.	0.
(2) PATRICIA BOWELL		2.00		<u> </u>		. 5	7				
VICE PRESIDENT	Ī				Х			18%	0.	0.	0.
(3) MARY REVELL		2.00				10			1,77		
SECRETARY	Ţ				Χ	Bij			0.	0.	0.
(4) ANDREW MILLER		2.00		(in)	W. (1)						_
TREASURER			1	7	X				0.	0.	0.
(5) JULIANNA PAX	ļ	1.00			1	4	ľ				_
TRUSTEE		/s	X			\mathbb{Z}			0.	0.	0.
(6) JAY FALSTAD		1.00		100	1	ľ			_		•
TRUSTEE			X		Į.				0.	0.	0.
(7) KAREN GIANNINOTO		<u></u>	1					l	_		_
TRUSTEE			X	Ľ_	<u> </u>		1	<u> </u>	0.	0.	0.
(8) KATE RATTIE	Á	1.00	7			ł					
TRUSTEE			X	<u> </u>	<u> </u>	.	<u> </u>	 _	0.	0.	0.
(9) GREG WILLIAMS		1.00					İ				_
TRUSTEE	``		X	ļ		<u> </u>	_	_	0.	0.	0.
(10) LORIE STAVER		1.00								_	_
TRUSTEE			X		↓_	ļ	<u> </u>	—	0.	0.	0.
(11) JOYCE ANDERSON		1.00	١							0.	_
TRUSTEE		4 00	X	\vdash	╀	┼	-	+	0.	U •	0.
(12) MIKAELA BOLEY		1.00	١.,						0.	0.	0.
TRUSTEE		1 00	X	-	╁	-	╁	╀	V •	V •	· ·
(13) KATHY CARMEAN		1.00	١.,						0.	0.	0.
EMERITUS TRUSTEE		1 00	X	-	 	╁	+	╀	V •	U •	· ·
(14) PETER STIFEL		1.00	٠,		ĺ				0.	0.	0.
EMERITUS TRUSTEE		1.00	X	+	+	-	+-	+	V.	U •	
(15) JANIS TRAINOR		1.00	$ _{\mathbf{x}}$						0.	0.	0.
TRUSTEE		1.00	╀≏	+	╁	+	+	+	V •		1
(16) DEBBIE BOWDEN		1.00	$ _{\mathbf{x}}$						0.	0.	0.
TRUSTEE (17) DEBBIE COOPER-HUGHES		1.00	┼≏	-	+	+	+-	+	0,	•	
EX OFFICO MEMBER		100	$ _{\mathbf{x}}$						0.	.l o.	0.
EX OFFICO MEMBER		<u> </u>	$ \Lambda$	1	1	1				· · · · · · · · · · · · · · · · · · ·	- 000 (0000)

032007 12-23-20

Form 990 (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	and	Hig	ghes	t Co	mpensated Employee	s (continued)			
(A)	(B)			(C	2)			(D)	(E)		(F)	
Name and title	Average	/do		Posi		l than c	na	Reportable	Reportable	•	Estimated	
	hours per	box,	untes	s per	son i	s both	an	compensation	compensati	on	amount of	
	week	offic	er an	dadi	irecto	r/trust	ee}	from	from relate	d	other	
	(list any	ector						the	organizatio		compensation	ı
	hours for	ig i				ted		organization	(W-2/1099-MI	SC)	from the	
	related	individual trustee or director	institutional trustee		١	Highest compensated employee		(W-2/1099-MISC)			organization	
	organizations	랿	nait		Key employee	E 60 as					and related	
	below line)	ivide	tituti	Officer	emp	Plest Ploye	Former				organizations	
		프	SE .	HO.	ā	포물	G.					
(18) GREGORY S. FARLEY	1.00										_	
TRUSTEE		X				<u> </u>		0.	1001	0.	0	<u>•</u>
(19) DAMIKA BAKER-WILSON	1.00				ļ							
TRUSTEE		Х						0.	received the	<u> </u>	0	•
(20) JOHN SCHRATWIESER	1.00							4				
TRUSTEE		X						/0 ↔	l. <i>19</i>	0.	0	
(21) ANNIE RUCH	1.00	Ť	 		\vdash	1		V.				_
TRUSTEE		X						/ 0 .		0.	l o	
1,1001.01		- 23			┢	+	-		7 25			
	-	ł										
		<u> </u>	 		┼	-		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u> </u>			
		<u> </u>		<u> </u>	\vdash	<u> </u>	_					
											1	
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		1				1		1				
dh Cubasal		.I	1	<u>. </u>	1000			0.		0.	0).
1b Subtotal					erene Spring			0.		0.) .
c Total from continuation sheets to Part V				100	iiib.			0.		0.) .
d Total (add lines 1b and 1c)			, (),			· · · · ·	<u> </u>					•
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	θ) wł	no re	eceived more than \$100	,000 of reportab	le		Λ
compensation from the organization		/37	5, 7	1	\$	lou.					132 1 42	<u>0</u>
	48	147) No.		Z Balai	- /						Yes N	0
3 Did the organization list any former officer	, director, trus	lee,	key	emp	loye	e, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for	such individual	100		h							3 2	ζ_
4 For any individual listed on line 1a, is the s	um of reportab	le c							the organization			
and related organizations greater than \$15											4 2	<u>Z</u>
5 Did any person listed on line 1a receive or	accine compe	neal	ion 1	rom	anı	, iinr	elati	ed organization or indivi	dual for services	3		
								od organization of marri	dad: 101 001 11001	•	5 3	X
rendered to the organization? if "Yes." coi	nolete Schedu	e J	ior s	ucn	per	SOD		***************************************	***************************************			
Section B. Independent Contractors	<u> </u>			_					M400 000 of oor		tion from	—
Complete this table for your five highest or										npensa	ation from	
the organization. Report compensation for	the calendary	ear	endi	ng v	vith	or w	ithir	;	year.	1		
(A)								(B)			(C)	
Name and busines	s address	N	ON	E				Description of	Services	ļ'	Compensation	
												_
	·····									"		
· · · · · · · · · · · · · · · · · · ·										-		
										1.5%		
2 Total number of independent contractors		not I	imite	d to) the		stec	above) who received n	nore than			
\$100,000 of compensation from the organ	nization 🕨					0						
											Form 990 (20)	20)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè excluded Unrelated Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 85,284, Membership dues 1b Fundraising events 10 d Related organizations 1d 192,603. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 116,555 similar amounts not included above 21,629. 1g|\$ g Noncash contributions included in lines 1a-1f 394,442 Total. Add lines 1a-1f Business Code 2 a PROGRAM FEES 713990 32,138 32,138 Program Service f All other program service revenue 32,138, Total. Add lines 2a-2f Investment income (including dividends, interest, and 56,759 56,759 other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6b b Less: rental expenses ... Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of 1,380,111 assets other than inventory b Less: cost or other basis 1,409,638 and sales expenses Revenue c Gain or (loss) ______7c -29,527 -29 527 d Net gain or (loss) Other 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 80 Part IV, line 18 0. b Less: direct expenses 80. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 126,835 and allowances 85,940. b Less: cost of goods sold 40,895 40,895 c Net income or (loss) from sales of inventory Business Code d All other revenue e Total. Add lines 11a-11d

032009 12-23-20

494,787

100,265

Total revenue. See instructions

Form 990 (2020) ADKINS ARBORETUM, LTD.
Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ipiete column (A).	
Do n 7b, 8	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		•		
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	262 222		- 100	20 002
7	Other salaries and wages	262,338.	147,562.	75,483.	39,293.
8	Pension plan accruals and contributions (include	c 000	4 4-02	/ 0 145	
	section 401(k) and 403(b) employer contributions)	6,929.	4,183.	2,145.	601.
9	Other employee benefits	14,004.	9/574/	-805.	5,235.
10	Payroll taxes	19,770.	12,201.	5,781.	1,788.
11	Fees for services (nonemployees):		\		
а	Management		<u> </u>		
b	Legal	14 770	/////n.	14,778.	
C	Accounting	14,778.	7 10000	14,110.	
d	Lobbying	<u>/</u> *	. /		
е	Professional fundraising services. See Part IV, line 17	24 000		24,990.	
f	Investment management fees	24,990.		24,330.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)		<u></u>		
12	Advertising and promotion	41,674.	1,354.		320
13	Office expenses	19,245,	8,257.	3,202.	7,786
14	Information technology				
15	Royalties			0.015	
16	Occupancy	20,051.	17,734.	2,317.	
17	Travel	324.	162.	162.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	/ /			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	131,049.	91,734.	39,315.	
23	Insurance	20,222.	16,093.	4,129.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	04 200	40 AE3	4,140.	32,130
a		84,322. 27,569.	48,052.		8,782
b			21,196.		0,702
C		21,418. 9,496.	<u>21,130.</u>	9,438.	58
d		14,863.	11,270.		50
	All other expenses	693,042.			96,043
25	Total functional expenses. Add lines 1 through 24e	033,044.	400,039.	190,300	70,043
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>			Form 990 (202

Form Par	990 (2	2020) ADKINS ARBORETUM, LTD. Balance Sheet		52-:	1163405 Page 11
	• • •	Check if Schedule O contains a response or note to any line in this Part X			
		GINDON II SONOGGIO O CONTANTO A TOODONICO OF THE CONTANT AND AN ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO AND ANTINO ANTINO ANTINO ANTINO ANTINO ANTINO ANTINO ANTINO ANTINO ANTINO AN	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,535.	1	1,705.
	2	Savings and temporary cash investments	136,732.	2	170,846.
ļ	3	Pledges and grants receivable, net	9,622.	3	
	4	Accounts receivable, net		4	
l	5	Loans and other receivables from any current or former officer, director,			
-		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		∖5	
	6	Loans and other receivables from other disqualified persons (as defined			
1	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	//	6	
,	7	Notes and loans receivable, net		7	*
Assets	8	Inventories for sale or use	41,230,	8	27,327.
As	9	Prepaid expenses and deferred charges	(b. //	9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,626,639.			
	b	Less: accumulated depreciation 10b 1,239,538.	1,461,637.	10c	1,387,101.
	11	Investments - publicly traded securities	2,819,500.	11	2,876,214.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	7 🖎	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	682,986.	15	684,084.
	16	Total assets, Add lines 1 through 15 (must equal line 33)	5,153,242.	16	5,147,277.
	17	Accounts payable and accrued expenses	16,670.	17	19,654.
i	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
G	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	40,995.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24)/Complete Part X		ŀ	4.0.00
		of Schedule D	9,622.		10,000.
	26	Total liabilities. Add lines 17 through 25 /	67,287.	26	29,654.
		Organizations that follow FASB ASC 958, check here 🕨 🗓			
SS		and complete lines 27, 28, 32, and 33.			A CET 4
<u>a</u>	27	Net assets without donor restrictions	4,643,476.		4,675,144.
et Assets or Fund Balances	28	Net assets with donor restrictions	442,479.	28	442,479.
pur		Organizations that do not follow FASB ASC 958, check here			
ιĽ		and complete lines 29 through 33.	many probability to the black		
Š	29	Capital stock or trust principal, or current funds		29	
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	5,085,955	31	5,117,623,
(N)	100	Total not assets or fund halanges	. a.uaa.yaa.	32	1 2.TT/.043.

5,117,623. 5,147,277. Form 990 (2020)

5,085,955. 5,153,242.

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

	Official deficiency of contains a response of fictor to any line of the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a females and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the contains a female and the co	************		1111	
			40.		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,78	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,04	
3	Revenue less expenses. Subtract line 2 from line 1	3	-198		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,085		
5	Net unrealized gains (losses) on investments	5	229	9,92	<u> 23.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7	···		
8	Prior period adjustments	્8ે.			
9	Other changes in net assets or fund balances (explain on Schedule O)	\9\			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,11	7,62	23.
Pai	t XIII 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	7			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			3.555.5
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				18161347
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:			TAX SA	
	Separate basis Consolidated basis Both consolidated and separate basis		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		VECKE
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.		1100000	186848
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3a		X.
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Form	990	(2020)

ADKINS ARBORETUM, LTD.

Form 990 (2020) ADKINS AR
Part XI Reconciliation of Net Assets

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number

		ADKIN	NS ARBORETU	M, LTD.				52-1163405
Part	П	Reason for Public C	harity Status. (A	Ail organizations must co	mplete thi	s part.) Se	e instructions.	
The or	gani	zation is not a private founda	tion because it is: (Fe	or lines 1 through 12, ch	eck only o	ne box.)		
1		A church, convention of chu					(A)(i).	
2		A school described in section	on 170(b)(1)(A)(ii). (A	ttach Schedule E (Form	990 or 990	0·EZ).)	,	
з [A hospital or a cooperative h). 🔷	
4		A medical research organiza	ation operated in conj	junction with a hospital o	described i	in section	າ 170(b)(1)(A)(iii), È̇̀̀̀̀̀̀̀̀̀̀́	iter the hospital's name,
		city, and state:					/=== \}	Park.
5		An organization operated for	r the benefit of a colle	ege or university owned	or operate	d by a gov	ernmental unit desc	ribed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)				(// ⁻ \)	*
6		A federal, state, or local gov	ernment or governme	ental unit described in s	ection 17	0(b)(1)(A)(v).	
7		An organization that normal	ly receives a substan	tial part of its support fro	om a govei	rnmental u	nit or from the gene	ral public described in
		section 170(b)(1)(A)(vi). (Complete Part II.)						
8 🗆		A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Part	11.)			
9		An agricultural research org				d in cò njù i	nction with a land-gr	ant college
		or university or a non-land-g	rant college of agricu	ilture (see instructions). I	Enter the <u>n</u>	ame, city,	and state of the coll	lege or
		university:			<u> </u>	7 4	<u> </u>	
10	X	An organization that normal						
		activities related to its exem	pt functions, subject	to certain exceptions; a	nd (2) no r	nore than	33 1/3% of Its suppo	ort from gross investment
		income and unrelated busin	iess taxable income (less section 511 tax) fro	m busines	ses acquir	ed by the organization	on after June 30, 1975.
_		See section 509(a)(2). (Con						
11 L		An organization organized a						
12 L		An organization organized a						
		more publicly supported org						3), Check the box in
		lines 12a through 12d that o						
а	ш	Type I. A supporting orga						
		the supported organization		Control to the Control	majority o	the direc	tors or trustees of th	e supporting
_	_	organization, You must c		" A MANAGE AND AND AND AND AND AND AND AND AND AND				. In market mark
b	L	☐ Type II. A supporting orga						
		control or management of		The sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the sales of the s	ime persor	ns that cor	itroi or manage the s	supported
	_	organization(s). You mus			(م طائب م	nd functionally lates	roted with
С	L	Type III functionally inte						pateu witii,
	_	its supported organization						renization(a)
d	1	Type III non-functionally						
		that is not functionally int	175 miles	5000 A				aumanie22
	_	requirement (see instructi Check this box if the orga						. III
е	<u> </u>	Check this box if the orgationally integrated, or					Type i, Type ii, Type	7 111
ı	Cot	er the number of supported o				anom		
		vide the following information	•	d organization(s)				(+(+)+
	гю	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization tisted ing document?	(v) Amount of moneta	ary (vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ons) support (see instructions)
				acoro (coo monostrono)				
		White I						
_								
						_		
							-	

Total								

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					. 1	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to					1 1	
	the organization without charge				/ 0,00		
Л	Total. Add lines 1 through 3				(2) C	N	
5	The portion of total contributions						
J	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,						
	m = 1,			6.7			
_	column (f)						
	Public support. Subtract line 5 from line 4.					*1000*10*10*100000000000000000000000000	
	tion B. Total Support		410047	A 2040	/ n 0040	4-3-0000	(A) Tatal
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4			<u> </u>			
8	Gross income from interest,		3 				
	dividends, payments received on		46	> I			
	securities loans, rents, royalties,						
	and income from similar sources		/5000000000000000000000000000000000000	7			
9	Net income from unrelated business		fry "	le.			
	activities, whether or not the			37			
	business is regularly carried on			<u>y</u>			
10	Other income. Do not include gain		S. 1				
	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. (see instructio	ons) 🥖			12	
13	First 5 years. If the Form 990 is for the	ne organizatión's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
	organization, check this box and sto						
Se	ction C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2020 (line 6, column (f), d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	il, line 14	*********	14-14-1-1	15	%
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization		************		▶∟
b	33 1/3% support test - 2019. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes						
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	ere. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to						
ı	10% -facts-and-circumstances tes						
•	more, and if the organization meets t						
	organization meets the facts and circ						▶ □
40	Private foundation. If the organization						•
10	Filvate foundation. If the organization	on did not oneck a	JUN OF HIS TOLLIG	m, 100, 174, 01 (7)		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2020 ADKINS ARBORETUM, LTD. 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

C	qualify under the tests listed be	low, please compl	ete Part II.)				
	tion A. Public Support					4.5000	
	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	254 101	200 206	202 520	676 767	394,442.	1817135.
	include any "unusual grants.")	254,181.	209,200.	202,339.	0/0,/0/.	394,444.	101/132
	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	207,207.	229,832.	252,337.	263,603.	159,054.	1112033.
	Gross receipts from activities that				A	, (
	are not an unrelated trade or bus-				4.000		
	iness under section 513				(1977 - 19		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		<u> </u>			7	
5	The value of services or facilities		!			-	
	furnished by a governmental unit to						
	the organization without charge				7		
6	Total. Add lines 1 through 5	461,388.	439,038.	534,876.	940,370.	553,496.	2929168.
7a	Amounts included on lines 1, 2, and			(A),			•
	3 received from disqualified persons			N. S.			0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	:					0.
	Add lines 7a and 7b		/s:	7 1999			0.
	Public support. (Subtract line 7c from line 6.)						2929168.
	ction B. Total Support		/200	~ · · · · · · · · · · · · · · · · · · ·	1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	461,388.	439,038.	534,876.	940,370.	553,496.	2929168.
	Gross Income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		423,009.	· · · · · · · · · · · · · · · · · · ·	476,243.	257,154.	1074287.
k	Unrelated business taxable income		7				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b	146,649.	423,009.	-228,768.	476,243.	257,154.	1074287.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		· ·				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					010 650	4003455
13	Total support. (Add lines 9, 10c, 11, and 12.)		862,047.	<u></u>	1416613.		4003455.
14	First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3) organization	on,
_	check this box and stop here				+411.411.41.41.41.41.41.41.41.41.41.41.41	B+15141117.4341144/244/21418	<u></u>
Se	ction C. Computation of Publ					T	72 17
15	Public support percentage for 2020 (column (f))	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	73.17 %
16	Public support percentage from 2019					16	76.06 %
Se	ction D. Computation of Inve					1	06 02
17	Investment income percentage for 2					17	26.83 %
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			[18]	24.09 %
19	a 33 1/3% support tests - 2020. If the						N IVI
	more than 33 1/3%, check this box a						
١	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
~~	Private foundation. If the organization	on did not check a	nox on line 14, 19	ia or 19b. check ti	nis box and see in:	STRUCTIONS	

10869.01

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 status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? //
 "Yes, " and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or Indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No_
1		31345
2		
3a	5	
3b		
		000000
Зс	3770-574	1000000000
		aais.
4a	2514754	23.5444
4b		4237444
149745999	10/10/40/20	199999
4c	5050	ANN
	33.444	
	Statistics Statistics Statistics	
5a	****	
5b		
5c		
6		
7		
	10000	
8	10000	1 111111111
9a	9 333 200	3 .5 See 5
		9 (2) (2)
9b		N SEESE
<u> </u>		
9c	: [4] (#.)4.0	
10a		

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.

Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

2b

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying to	ust on	Nov. 20, 1970 (explain in P	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	mplete	e Sections A through E.	
Secti	on 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		(À)	
	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	2000a.	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		'
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	Instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b:	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	Fair market value of other non-exempt-use assets	1c/		
	Total (add lines 1a, 1b, and 1c)	1d \		
	Discount claimed for blockage or other factors	N.		
	(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,	1		
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, Ilne 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-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509(a	a)(3) Supporting Organ	nizations _{(continu}	ed)	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exen	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	vide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			ે 9	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
10	Line 8 amount divided by line 9 amount		41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10	<u> </u>
		(i)	(0)/)	(III)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	15	Distributable Amount for 2020
			.,	mer.	711104111101 2040
1	Distributable amount for 2020 from Section C, line 6			7	
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required · explain in Part VI). See instructions.		\ \ <u>\</u>	er e salina	
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
<u>C</u>	From 2017		SP (man, medically)	gilliger en er De er ren er	
<u>d</u>	From 2018				
e	From 2019	///			
f_	Total of lines 3a through 3e			in Name	
<u>.g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)	/ /			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years			es Visinsii	
	Applied to 2020 distributable amount	fix Till			
	Remainder. Subtract lines 4a and 4b from line 4.			erine[]Ni	
5	Remaining underdistributions for years prior to 2020, if	le ·			
	any, Subtract lines 3g and 4a from line 2. For result greater		,		
	than zero, explain in Part VI. See instructions.		The sale of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servi	versilation	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016			neti Rejejek	
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020	The second of the second of the second of the second of the second			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Employer identification number

52-1163405 ADKINS ARBORETUM, Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 X For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990 EZ, line 1. Complete Parts I and IL For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______ \$. Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990 EZ or on its Form 990 PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

ADKINS	ARBORETUM,	LTD
--------	------------	-----

52-1163405

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(d) Type of contribution
2		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$5,084.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	

Employer identification number

ADKINS	ARBORETUM, LTD.		52-1163405
Part I	Contributors (see Instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ons Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ADKINS ARBORETUM, LTD.

52-1163405

irt II	Noncash Property (see instructions), Use duplicate copies of Part II if ad	ditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(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
i		\$	990, 990-EZ, or 990-PF) (

F	mnlover	identification number	

	ARBORETUM, LTD.		52-1163405
art III	from any one contributor. Complete columns (:	a) through (a) and the following line entry	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.)
No.	Ose duplicate copies of Fart III II additional		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

- -			
		(e) Transfer of gift	
	Transferee's name, address, a	and 7IP + 4	Relationship of transferor to transferee
	Transferor of Harney duditions,		432. /4/
) N =			
) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
artl	A		77
		-	
		(e) Transfer of gift	
			%
L	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
	11.11.11.11.11.11.11.11.11.11.11.11.11.		

a) No. Irom	(b) Down and oith	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Ose of girt	(a) Description of not girl is not
— I			
-		(e) Transfer of gift	
	\mathcal{A}		
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No.			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
VII. 5.1			
1	· · · · · · · · · · · · · · · · · · ·		
		/_\	
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
+	mansieree a name, accireas,	MILES END	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number 52-1163405

Parl	ADKINS ARBORETOM, LTD Organizations Maintaining Donor Advised Fu	• nds or Other Similar Funds (or Accounts Complete if the
Fair		nas of Other Ommar I and C	on hose and on complete it the
	organization answered "Yes" on Form 990, Part IV, line 6.	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) I dida and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		AS
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in writing		
	are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adviso	rs in writing that grant funds can be ப	ised only
	for charitable purposes and not for the benefit of the donor or don		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organize	Total V	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (ch		
	Preservation of land for public use (for example, recreation of	r education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified c	onservation contribution in the form o	of a conservation easement on the last
	day of the tax year.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Held at the End of the Tax Year
а		<i>[</i>	2a
b	Total number of conservation easements	///	2b
С	Number of conservation easements on a certified historic structur	e included in (a)	2c
	Number of conservation easements included in (c) acquired after		
-	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	organization during the tax
•	year ▶		
4	Number of states where property subject to conservation easeme	nt is located ▶	
5	Does the organization have a written policy regarding the periodic	monitoring, inspection, handling of	
•	violations, and enforcement of the conservation easements it hold		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand		
v		· · · · · · · · · · · · · · · · · · ·	
7	Amount of expenses incurred in monitoring, inspecting, handling	ッ of violations. and enforcing conserva	tion easements during the year
'	> \$		•
8	Does each conservation easement reported on line 2(d) above sat	isfy the requirements of section 1700	h)(4)(B)(i)
0			
^	In Part XIII, describe how the organization reports conservation es		
9	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.	to the organization of marrotal organization.	
Pa	† III Organizations Maintaining Collections of Ar	t. Historical Treasures, or Ot	her Similar Assets.
1.4	Complete if the organization answered "Yes" on Form 990		
	If the organization elected, as permitted under FASB ASC 958, no		and balance sheet works
та	of art, historical treasures, or other similar assets held for public e	whibition adjustion or research in fu	utherance of public
	service, provide in Part XIII the text of the footnote to its financial	report in its revenue statement and	halance sheet works of
b	If the organization elected, as permitted under FASB ASC 958, to	hitian advantion or recover in furt	horance of public service
	art, historical treasures, or other similar assets held for public ext	idition, education, or research in furti	letance of public service,
	provide the following amounts relating to these items:		• •
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		• •
2	If the organization received or held works of art, historical treasur		ai gain, provide
	the following amounts required to be reported under FASB ASC		. .
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.	Schedule D (Form 990) 2020

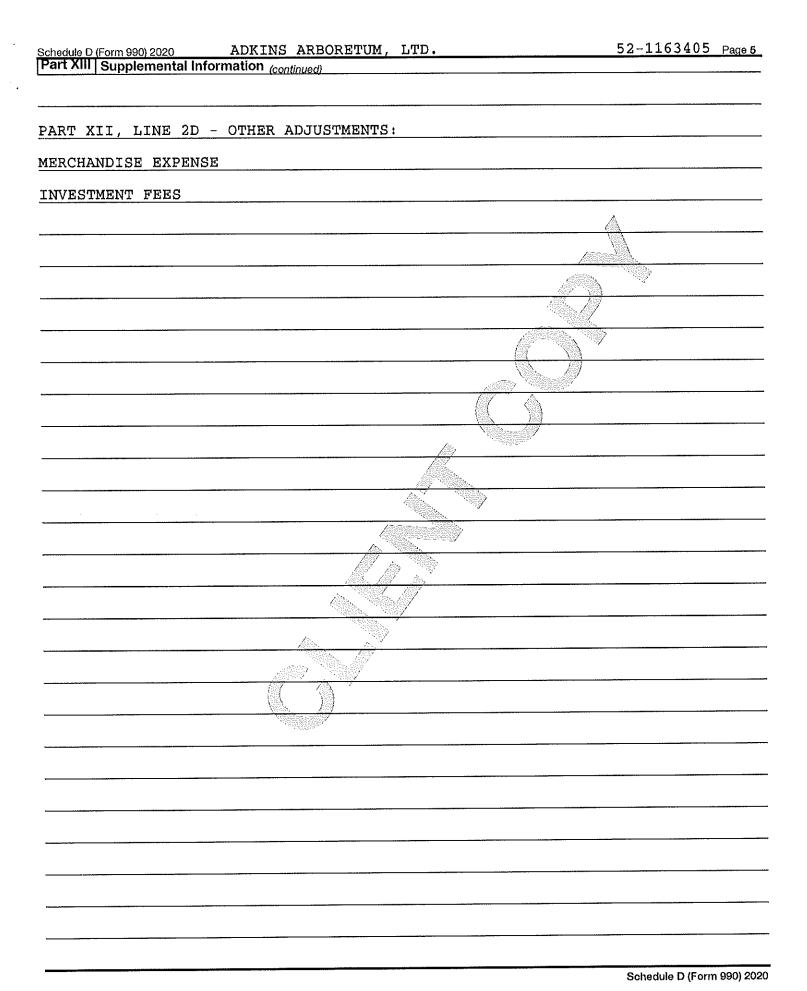
032051 12-01-20

Sched	ule D (Form 990) 2020 ADKINS A	RBORETUM,	LTD.		52-11	63405	Pag	_{је} 2
Part		llections of Art	, Historical Tre	asures, or Othe	er Similar Assets	(continu	ed)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the fo	ollowing that make	significant use of its			
4	collection items (check all that apply):							
а	X Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					·····
c	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's ex	empt purpose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other simil				
	to be sold to raise funds rather than to be ma	ntained as part of th	e organization's col	lection?	<u> X</u>	Yes		No
Par	· · · · · · · · · · · · · · · · · · ·		te if the organizatio	n answered "Yes" o	on Form 990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part							
1a	ls the organization an agent, trustee, custodia	ın or other intermedi	ary for contributions	s or other assets no	t included	_		
	on Form 990, Part X?				<i></i>	Yes	<u> </u>	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	owing table:				×	
						Amount		
C	Beginning balance	************			3 / <mark>/1c </mark>			
d	Additions during the year	<		1,414,444,1414,444,444,444,444,444,444,				
е	Distributions during the year	***************************************	•••••	<i>f.,,</i>	20078			
	Ending balance				.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	–		
	Did the organization include an amount on Fo			** (*********************************	2007	Yes	\vdash	No
	if "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete it			5.09		T		
		(a) Current year	(b) Prior year	(c) Two years back				
	Beginning of year balance	2,819,500.	2,647,560.	3,213,170	. 3,031,641.	3,3	191,9	754.
b	Contributions	9,091.	9/016.	· · · · · · · · · · · · · · · · · · ·	404.010	-	146 1	
С	Net investment earnings, gains, and losses	231,015.	450,298.	-228,813	. 424,910,		146,5	339.
d	Grants or scholarships			5 N.C.				
е	Other expenditures for facilities		48a	7	0.10.204		300 1	050
	and programs	183,392.	287,374.	336,797	. 243,381.		306,8	352,
f	Administrative expenses		Z = T=7		0.010.150		004	
g	End of year balance	2,876,214%	Charles S.		. 3,213,170.	3,	031,6	341.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment		<u>_</u> % <u>/</u> >					
b	Permanent endowment >	% />,	(s. 4)					
С		%						
	The percentages on lines 2a, 2b, and 2c sho)					
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered for	the organization	[
	by:	- 10 mg/mg/					Yes	No_
	(i) Unrelated organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************************	***************************************			<u>X</u>
	(ii) Related organizations							_X_
b	if "Yes" on line 3a(ii), are the related organiza	2000				. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm				V " 40			
	Complete if the organization answere			į.		(A) D 1	1	
	Description of property	(a) Cost or o	1 7 7) Accumulated	(d) Book	value	3
		basis (investi	nent) Dasis	s (other)	depreciation			
1a	Land			1,000				
b	Buildings							
С	Leasehold improvements							
d	Equipment		2 61	26,639. 1	,239,538.	1,387	7 1	01
<u>e</u>	Other				, 400, 000	1.385	<u>,上、</u> 7.1)	01.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(8)		,	
(C)			
(D)			
(E)		A	
(F)		/==33.	
(G)		Z (1000)	A
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.		77	
<u> </u>	E 000 D 184 C	14 O 5 5 000 D 1 V II / 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(D) DOOK Value	(c) Method/bi-valuation: Oost of One	or your market take
(1)			
(2)		2. 7	
(3)		/ / /	
(4)			
(5)			
(6)			
(8)	4		
(9)	<i>A</i> 2000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	Ż.		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description	2007	(b) Book value
(1) DIVIDENDS AND INTEREST RE	CEIVABLE		8,518.
(2) WORKS OF ART	/%. /Y /s		9,077.
(3) CONSTRUCTION IN PROGRESS	- /s		666,489.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	A T		
Total. (Column (b) must equal Form 990, Part X col. (B) lin.	-de i	>	684,084.
Part X Other Liabilities.	<i>y</i>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	Olly Olly Odd; Fale (1) mile		(b) Book value
(1) Federal income taxes (2) DEFERRED REVENUE			10,000.
(3)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		10,000.
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	o <u>e 25.)</u>	>	
2. Liability for uncertain tax positions. In Part XIII, provid-	e the text of the footnote t	o the organization's financial statements t	nat reports the
organization's liability for uncertain tax positions unde	r FASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII X

Schedule D (Form 990) 2020



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer Identification number

	ADKINS ARBORI	ETUM, I	TD.		52-1	163405
Par						_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	
1	Art · Works of art					
2	Art - Historical treasures				/ /	
3	Art - Fractional Interests				<u>/@</u>	
4	Books and publications			11		
5	Clothing and household goods					
6	Cars and other vehicles			<u> </u>	. ///	
7	Boats and planes			717	<u> </u>	
8	Intellectual property				<u> </u>	
9	Securities - Publicly traded	X	4	9,091.	PMV	
10	Securities - Closely held stock				1	
11	Securities · Partnership, LLC, or				,	
	trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other			<u>X</u>		
15	Real estate - Residential		(%)			
16	Real estate · Commercial			7		
17	Real estate - Other			Mary Market		
18	Collectibles		/			
19	Food inventory					
20	Drugs and medical supplies	ļ	<u> </u>			
21	Taxidermy					
22	Historical artifacts	Att.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
23	Scientific specimens	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
24	Archeological artifacts	<u></u>		10 500		
25	Other (PROFESSIONAL)	<u> </u>	5	12,538.	FMV	
26	Other	1900A.				
27	Other > (
28	Other ► (<u> </u>			
29	Number of Forms 8283 received by the organi for which the organization completed Form 82					
	to mich the eigenauton temperature and					Yes No
30a	During the year, did the organization receive b	v contributio	on any property rec	orted in Part I. lines 1 throu	nh 28, that it	
Quu	must hold for at least three years from the dat	e of the initia	al contribution, and	I which isn't required to be u	sed for	
	exempt purposes for the entire holding period					30a X
h	If "Yes," describe the arrangement in Part II.		,,	***************************************		
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	tions?	31 X
	Does the organization hire or use third parties				117717777777777777777777777777777777777	
V-U	contributions?					32a X
h	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column (a) is che	cked,	
	describe in Part II.					
LHA		the Instruc	tions for Form 99	0.	Schedule l	И (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization ADKINS ARBORETUM, 52-1163405 LTD. FORM 990, PART VI, SECTION B, LINE 11B: FINAL DRAFT OF TAX RETURN EMAILED TO ALL BOARD OF TRUSTEES FOR REVIEW PRIOR TO IT BEING SIGNED OR MAILED FORM 990, PART VI, SECTION B, LINE 12C: STAFF AND CERTAIN VOLUNTEERS OF THE POLICY APPLIES TO BOARD MEMBERS, ORGANIZATION. ALL INTERESTED PARTIES ARE UNDER A CONTINUING OBLIGATION TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT AS SOON AS IT IS REASONABLY KNOWN A DISCLOSURE STATEMENT IS ALSO REQUIRED TO BY COMPLETING A QUESTIONNAIRE. BE COMPLETED ANNUALLY BY ALL INTERESTED PARTIES. SECTION B, LINE 15: FORM 990, PART VI, COMPENSATION OF EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD. THE COMPENSATION IS BASED ON AN EVALUATION OF THE EXECUTIVE DIRECTOR'S PERFORMANCE WHICH IS DONE ANNUALLY, AS WELL AS COMPARING THE SALARY WITH OTHER NONPROFITS OF THE SAME SIZE IN THE AREA. SECTION C LINE 19: FORM 990, PART VI, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

2020 DEPRECIATION AND AMORTIZATION REPORT

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2020 DEPRECIATION AND AMORTIZATION REPORT

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	Date Acquired		an/TC/7T	12/31/06		01/30/08		12/13/07	ı	09/17/09	09/20/10	12/31/11		03/06/13	12/26/13		08/12/13	09/18/14		08/01/14	12/30/14		16/60/80	
FORM 990 PAGE 10	Description	BLDG IMP - INTRO SPEC -	- 1	BLDG IMP - JOHN HYNES - STRUCTURAL TEST BORING	BLDG IMP - CAROLINE COUNTY -	SOIL SITE TEST	BLD IMP - CONSULTING LAKE	FLATO ARCHITECTS	IND IMP - ANDREWS, MILLER &	RW BROWN	ARCHITECTS AND DESIGN	ARCHITECTS AND DESIGN	ARCHITECTS - NEW VISITORS	CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER CENTER	DATE POWEN PERICHNERING	TAKE/PLAD ARCHTPROMIRAL	SERVICES VC	LAKE/FLATO ARCHITECTURAL SERVICES VC	DAVIS BOWEN FRIEDEL VALUE	ENGIENEERING REVISIONS	DAVIS BOWEN FRIEDEL SOUTH ENTRANCE	* 990 PAGE 10 TOTAL - CIP	TRACTOR	
RM 99(Asset No.	1-	16	17		19		22	_	187	194	204	_	022		_	222	229		230	231		24	

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	Cor>	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
26	C-250 CUTTER	26/02/90	SI	20.00	16	358.				358.	358.		- 0	358.
29.	BOOKS	06/30/93	31.0	20.00	16	1,086.				1,086.	1,086.		0	1,086.
29	KUBOTA	03/10/94		20.00	16	4,300.				4,300	4,300		0	4,300.
30	BOOKS	06/30/94	Ŋ	20.00	16	1,135.				1,135.	1,135.		0.	1,135.
31	-	10/06/94	SI	20.00	16	1,450.			Vietnoses - Cer	1,450.	1,450.		0.	1,450.
32	WOODEN STOR	03/30/94	SI	20.00	16	910.				910.	910.		0	910.
33	ROTARY MOWER	12/14/95	SŢ	20.00	16	2,449.		É		2,449.	2,449.		0	2,449.
7E		06/01/95	SI	20 00	16	1,500.				1,500.	1,500.		0.	1,500.
3.5		12/09/96		20,00	1.6	450.				450.	450.		0	450.
36	AIR COMPI	76/60/80	뷶	20.00	16	210.				210	210.		-0	210.
40		86/08/20	SL	20 00	16	440.).			440.	440.		0	440.
4 1		86/08/90	Ŋ	20,00	16	4,415.				4,415.	4,415.		•	4,415.
42	MISCELLANEOUS EQUIPMENT	06/30/87	SIL	7.90	\ \g	21,494.				21,494.	21,494.		0	21,494.
43	FURNITURE - AUDITORIUM	02/01/00	SL	7.00	16	5,940.				5,940.	5,940.		0	5,940.
44	FURNITURE - AUDITORIUM	03/13/00	, IS	7.00	9	2,568.				2,568.	2,568.		0	2,568.
45	FURNITURE -	04/04/00	TS (7.00	16	2,824.				2,824.	2,824.		.0	2,824.
46	STACKING CHAIR DOLLY	02/02/00	ZI.	7.00	16	241.				241.	241.		• 0	241.
47		06/27/00	SI	5.00	16	3,259.				3,259.	3,259.		0.	3,259
028111 (028111 04-01-20					(D) - Asset disposed	pesed		*	ПС, Salvage	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	lization Deduc	tion, GO Zone

FORM 95	FORM 990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
48	TABLE FOR GREENHOUSE	03/08/00	Ŋ.	15.00	16	226.				226.	226.		.0	226.
b.F	PROTECTOR	12/28/01	SI	7.00	1.6	4,934.				4,934.	4,934.		0	4,934.
0%		02/21/01	1	7.00	16	.06				*06	06		0	90.
51		05/20/02	肾	7.00	16	2,500.				2,500.	2,500.	#K	0	2,500.
52	NURSERY/GROUND	11/27/02	F	7.00	16	425.		:		425.	425.		0.	425.
53	DISPLAY CASES	£0/£0/90	TS	7.00	16	778.				778.	778.		0	778.
54	PUMP - NURSERY	02/19/04	ST	5.00	16	1,819.		É		1,819.	1,819.		0.	1,819.
176		07/31/08	SI.	7.00	16	2,017			in the second	5,017.	5,017.		0.	5,017.
177	GENERATOR	08/21/08	ST	7.00	16	2,093				2,093.	2,093.		0	2,093.
185	CRATE & BARREL OUTDOOR FURNITURE	06/11/09	TS.	7.00	16	1,061.				1,061.	1,061		•0	1,061.
189	KUBOTA 26 HP 60" PRO COMMERCIAL TRACTOR	01/29/09	TS.	20.00	€ 9	11,758.				11,758.	6,419.		588.	7,007.
211	SKID LOADER	02/08/12	775	7.00	16	24,995.				24,995.	24,995.		0	24,995.
212	ats 18.5 HP LAWN MOWER	03/16/12	ST	7.90	7	3,934.				3,934.	3,934.		0	3,934.
213	(5) 6' CAST BENCHES	10/17/12	7S	7.00	16	. 6, 983.				6,983.	6,983.		• 0	6,983.
214	(10) BIKE RACKS	10/17/12	ZIS	7.00	16	3,340.			Wilderson Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	3,340.	3,340.		• 0	3,340.
225	2009 EZ-GO TXT ELECTRIC SN 2663824	08/07/13	SI	7.00	16	°000′ε				3,000.	2,753.		247.	3,000.
226	(6) PICINIC TABLES	06/03/13	SI	7.00	16	18,763.				18,763.	17,644.		1,119.	18,763.
227	(1) BENCE	08/13/13	SL	7.00	16	2,518.				2,518.	2,310.		208.	2,518.
028111 04-01-20	4-01-20					(D) - Asset disposed	pesod		*	ITC, Salvage	, Bonus, Comir	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

FORM 9	990 PAGE 10				Ì		066							
Asset No.	Description	Date Acquired	Method	Life	C Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
232	6' CAST BENCE (MARGON GLOVER)	10/08/14	Sī	7.00	16	1,610.				1,610.	1,208.		230.	1,438.
		03/28/14	J.S	7.00	16	2.765.				2,765.	2,271.		395.	2,666.
242	PICA	07/27/18	Z.	7.00	16					1,245	252.		178.	430.
	* 990 PAGE 10 TOTAL BOUIPMENT					172,608.				172,608.	163,806.		2,965.	166,771.
	L/H BUILDING IMPROVEMENTS			-					N					
56		04/06/99	IS	15.00	16	~089´S				45,680.	45,680.		0	45,680.
57		02/17/00	ST	15.00	16	67.				67.	63.		0	63.
80	DEPOSIT ON	03/02/00	J.S.	15.00	16	2,500.		los (j		2,500	2,500.		0.	2,500.
59		03/02/00	SI	15.00	16	10,275	Ž,			10,275.	10,275.		0.	10,275.
09		03/13/00	TS.	15.00	16	15.				15.	15.		0.	15.
61		03/21/00	SL	15.00	्र 16	006				900.	.006		0.	-006
62	PART & LABOR - PROPANE GREENHOUSE	04/21/00	īs	15.00	16	299.				299.	299.		• 0	299.
63	ELECTRIC TO GREENHOUSE	05/02/00	SI	15,00	16	900.				900.	900°		0.	- 006
64	ELECTRIC TO GREENHOUSE	06/10/90	SL	15.00	16	1,500.				1,500.	1,500.		0.	1,500.
	GREENHOUSE - TRANS FROM CIP	06/01/00	7.S	15.00	9 †	16,261.				16,261.	16,261.		0	16,261.
67	BUILT IN FURNITURE	04/25/01	ZIS	15.00	16	1,371.				1,371.	1,367		• 0	1,367.
89	ELLIE'S BOOKSHELVES	04/17/02	SL	15.00	16	704.				704.	704.		0	704.
69	INPROVEMENTS	05/28/02	Sī	15.00	16	1,840.				1,840.	1,840.		•	1,840.
028111 04-01-20	04-01-20					(D) - Asset disposed	peso		*	ПС, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revital	ization Deduci	tion, GO Zone

% Expense Basis Depreciation Depreciation Depreciation Set 7.297 C 5.48. C 5.48. C 5.48. C 5.48. C 5.49. C 0. 6, 248. 6, 548. 6, 548. 0. 0. 0. 7, 275. 5, 275. 5, 275. 0. 0. 6, 000. 4, 500. 4, 500. 300. 7, 460. 7, 372. 833. 7, 460. 7, 372. 833. 7, 460. 7, 372. 833. 7, 460. 7, 372. 833. 833. 1, 000. 393. 7. 7, 460. 7, 372. 833. 14. 7, 460. 7, 372. 833. 14. 833. 1, 14. 1, 14. 1. 834. 2, 909. 1, 976. 333. 835. 6, 855. 6, 855. 6, 865. 837. 1, 475. 2, 883. 837. 2, 514. 2, 514. 837. 2, 514. 2, 514.	990 PAGE 10		C ata						Section 179	* Reduction In	Basis For	Beginning	Current	Current Year	Ending
5,275 5,275 5,275 0. 5, 6,000 6,000 4,500 306. 4, 6,000 6,000 4,500 306. 4, 1,000 1,000 393. 7. 1, 1,000 1,000 393. 7. 1, 2,000 1,000 393. 7. 1, 1,000 1,000 393. 7. 1, 1,000 1,000 393. 7. 1, 2,007 2,907 2,893. 10. 21. 2,907 2,893. 14. 2 2,907 2,893. 14. 2 2,907 2,893. 14. 2 2,907 2,893. 14. 2 2,893 1,475 33. 2 6,885 6,885 0. 6 1,500 1,500 1,475 2,883 51. 2,542 2,542 2,883 51. 2 2,514 2,514 2,514 0. 6 2,514 <th>Description Date Description Acquired Method Life on No</th> <th>Method Life o</th> <th>Method Life o</th> <th>Life</th> <th></th> <th>≌ .</th> <th>onadjusted Cost Or Basis</th> <th>Excl</th> <th>Expense</th> <th></th> <th>Depreciation</th> <th>Accumulated Depreciation</th> <th>Sec 179 Expense</th> <th>Deduction</th> <th>Accumulated Depreciation</th>	Description Date Description Acquired Method Life on No	Method Life o	Method Life o	Life		≌ .	onadjusted Cost Or Basis	Excl	Expense		Depreciation	Accumulated Depreciation	Sec 179 Expense	Deduction	Accumulated Depreciation
5,275. 5,275. 5,275. 0. 5, 6,000. 6,000. 4,500. 300. 4, 1,657. 1,245. 136. 2, 1,000. 1,000. 993. 7, 1, 1,000. 1,000. 1,000. 1,000. 21, 2,000. 1,000. 1,000. 1,000. 21, 2,000. 1,890. 1,880. 10. 21, 2,000. 2,007. 2,007. 2,893. 14. 2, 2,000. 2,007. 2,893. 14. 2, 2,000. 1,500. 1,475. 0. 6,855. 6,855. 6,855. 6,855. 6,855. 14,475. 14. 5,55. 14. 5,559. 14,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. 1,475. <td>A/C REPAIRS - AUDITORIUM 04/25/02 SL 7.00</td> <td>SL 7.00</td> <td>SL 7.00</td> <td></td> <td></td> <td>9</td> <td>•</td> <td></td> <td></td> <td></td> <td>~</td> <td>N .</td> <td></td> <td>0.</td> <td>~ 1</td>	A/C REPAIRS - AUDITORIUM 04/25/02 SL 7.00	SL 7.00	SL 7.00			9	•				~	N .		0.	~ 1
67,297. 67,297. 50,475. 3365. 53, 6,000. 4,500. 300. 4, 2,718. 2,718. 2,040. 136. 2, 1,000. 1,000. 993. 7, 1, 1,000. 1,000. 21,050. 7,460. 7,460. 7,460. 7,11. 1,000. 21,050. 1,200. 0,21. 21,200. 0,21. 21,200. 0,21. 21,200. 0,21. 22,207. 2,009. 1,976. 33. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22. 2,22.	1.00 TRBAT PUMP 7.00	JS.	JS.	7.00		16					72,			•0	
6,000, 6,000, 4,500. 300. 4, 2,718. 2,040. 136. 2, 1,657. 1,000. 993. 7. 1, 1,000. 1,000. 993. 7. 1, 21,050. 7,460. 7,460. 7,460. 0. 21, 1,890. 1,880. 1,1 1, 1, 1, 2,997. 2,009. 1,880. 1,0 1, 1, 2,997. 2,009. 1,976. 33. 2, 2,897. 6,855. 6,855. 0. 6, 1,500. 1,475. 2,342. 1,4 5, 5,50. 5,569. 5,442. 2,548. 5, 5,50. 5,569. 5,442. 2,548. 5, 2,514. 2,514. 2,514. 0. 2, 1,671. 1,671. 1,671. 1,671. 1,671. 1,671.	NURSERY ADDITION/OFFICE/BATHROOM/WOR 12/31/04 SL 20.00	12/31/04 SL	SI	20.00							, 297	/ 4		- 1	m
2,718. 2,040. 136. 2, 1,657. 1,657. 1,245. 83. 1, 1,000. 1,000. 993. 7. 1, 1,000. 1,000. 993. 7. 1, 21,050. 21,050. 21,050. 0. 21, 2,907. 2,893. 14. 2, 2,009. 1,976. 33. 2, 6,855. 6,855. 6,855. 0. 6, 1,500. 1,500. 1,475. 25. 1,4 5, 2,1928. 5,569. 5,442. 2,843. 21, 2, 2,1928. 2,514. 2,514. 0. 2, 2,514. 2,514. 0. 2, 2, 1,671. 1,671. 1,671. 0. 2,	24,754,757	01/01/05 SL	1S	20.00	H00000	19					650 m			300.	
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1,000. 993. 7. 460. 7,460. 7,7373. 833. 7,7 21,050. 21,050. 21,050. 0. 21, 21,050. 0. 21, 1,890. 1,890. 1,890. 10. 11, 12, 2,007. 2,907. 2,893. 14. 2, 2,009. 1,976. 33. 2, 6,815. 6,815. 6,815. 6,855. 1,500. 1,475. 25. 1,475. 5,569. 5,569. 5,569. 2,514. 2,514. 2,514. 2,514. 2,514. 0. 2,283. 1,671. 1,671. 1,671. 1,671.	PLUMBING FOR NURSERY 01/01/05 SL 20.00	Ts.	Ts.	20.02		16					φ.			833	
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6 21,050 21,050 21,050 0 21, 6 1,890 1,880 10 1, 6 2,907 2,907 2,893 14 2, 6 2,907 2,907 2,893 14 2, 6 2,907 2,907 2,893 14 2, 6 2,907 1,976 33 2, 6 1,500 1,475 6 855 6,855 0 6, 6 1,500 1,475 2,442 2,5 1, 5, 6 5,569 5,442 2,833 51, 6 2,514 2,514 2,514 0 2, 7 2,514 2,514 0 2, 2, 8 1,671 1,671 1,671 0 1,	C WORK FOR NURSERY	03/14/05 SL	328	15.00		19								83	
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2,907. 2,893. 14. 2, 2,009. 2,009. 1,976. 33. 2, 6,855. 6,855. 6,855. 0. 6, 1,500. 1,500. 1,475. 25. 1, 5,569. 5,569. 5,442. 124. 5, 51,928. 51,928. 49,045. 2,883. 51, 2,514. 2,514. 0. 2, 1,671. 1,671. 1,671. 0. 1,	DOORS FOR EXISTING VISITORS CENTER 01/28/05 SL 15.00	01/28/05 SL	TS	15.00		16								10.	
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106	DESIGN SURVEY	09/19/02	SI	15.00	16	10	689.				689	-689		0.	689.
107	WEED COMPROI	11/01/02		15.00	1 4	vo	136.				136	136.		0	136.
108	NURSERY	11/11/02	3	15.00	19	9	400.				400%	7.00		0.	400.
109	RANGINE CORP.	12/15/02	Į.	15.00	1,6	Vo.	289.				289.	289.		0	289.
110	BOARDWALK .	10/07/02	SI	15.00	16	9	4,500.				4,500.	4,500.		0.	4,500.
111	GRASS PLANTING	07/29/02	1	15.00	<u> </u>	9	200.				200.	197.		0	197.
112	LND IMP - BOARDWALK	01/01/06	ZS	15,00	1,6	9.	8,759.		Ó		8,759.	8,176.		583.	8,759.
113	LAND IMPROVEMENTS	03/04/03	TS	15.00	16	w	2,970.				2,970.	2,970.		0	2,970.
114	SIGNS	10/23/03		15.00	16	9	3,938.	,6			3,938.	3,938.		0.	3,938.
115	BENCE	04/08/04	75	7.00	i i	9	1,143.				1,143,	1,143.		0	1,143.
116	BOARDWALK	09/30/04	TS	15.00	16		81,258	^			81,258.	81,258.		0.	81,258.
117	LND IMP - LANG MEMORIAL BENCH	03/21/06	Ts	7.00	ă	9	2,150.				2,150.	2,150.		O	2,150.
118	100 AMP ELECTRICAL BENCH	03/14/05	TS) 15,00	,699 ,489,7	16	2,095.		:		2,095.	2,076.		19.	2,095.
119	ELECTRICAL SUPPLY LINES	01/04/05	SL	-15.00		9	10,729.				10,729.	10,726.		7 0	10,726.
120	MEMORIAL BENCHES	07/18/05	SI	7.00	Ť	9	4,550.				4,550.	4,550.		0	4,550.
178		10/09/08	SL	7.00	- SA	9	2,150.				2,150	2,150.		• 0	2,150.
179	LND IMP - SITE DEVELOPMENT/SIGNAGE	12/15/08	SL	15.00	러	9	34,723.				34,723.	6,945.		2,315.	9,260.
183	COMPOST BIN INSTALLATION	08/19/09	SL	15.00		16	6,440.				6,440.	4,433.		429	4,862.
028111 04-01-20	4-01-20					<u>(C</u>	(D) - Asset disposed	pes		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revital	lization Deduct	ion, GO Zone

FORM 9	990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
184	GREENHOUSE IRRIGATION/INJECTION FEEDER	10/07/09	SI	15.00	16	11,282.			-	11,282.	7,708.		752.	8,460.
188		05/14/09	IS	15.00	16	7,323.				7,323.	1,464.		488.	1,952.
190		12/31/09	SI	15.00	16	11,750.				11,750	2,349.		783.	3,132.
103		03/17/10	TS.	7.00	16	450.				450_	.91		0	16.
195	_	12/31/10	1	15.00	16	94,671.				94,671.	18,933.		6,311.	25,244.
199	RAIN GARDEN I	11/22/11	13	15.00	16	9,940.				9,940.	5,359.		. 663.	6,022.
200		07/13/11	Ş	15.00	16	1,159.		Ų.		1,159.	-919		77.	693.
201		04/28/11	SI	15.00	16	4,849.				4,849.	2,800.		323.	3,123.
207	-	12/01/12	1	15.00	16	71,148				71,148.	33,596.		4,743.	38,339.
208	NEW IRRIGA	10/21/12 St	SL	15.00	16	25,705.				25,705.	12,284.		1,714.	13,998.
209	-	11/01/12	SI	15.00	(⁹ 1	124,130.).			124,130.	59,304.		8,275.	67,579.
215	ENTRANCE SIGNAGE	05/29/13	TS	15.00	16	6,000.				6,000.	2,633.		400.	3,033.
216		05/29/13	lg .	15,00	\ }4 	63,191.				63,191.	27,735.		4,213.	31,948.
217	7 UGRR SIGNAGE	05/15/13	SL	15.00	16	1,366.				1,366.	.607.		91.	.869
238	TRAIL CONSTRUCTION	09/28/16	"	15.00	16	41,390.				41,390.	8,967.		2,759.	11,726.
241	PARKING LOT ALIVE LANDSCAPE ARCHITECT	06/25/19	SIL	15,00	16	14,742.				14,742.	491.		983.	1,474.
243	3 PARKING LOT ALIVE	06/25/19	SI	15,00	16	292,789.				292,789.	9,760.		19,519.	29,279.
244	4 SHA TRAIL BRIDGES	03/15/19	SI	15.00	16	24,876.				24,876.	1,382.		1,658.	3,040.
028111						(D) - Asset disposed	pesod		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	lization Deduct	ion, GO Zone

FORM 9	FORM 990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
245	LOW PENCE	06/07/19	SL	15,00	16	3,460.				3,460.	135.		231.	366.
246		10/16/19	1	15.00	16	.005,99				.005,330	739.		4,433.	5,172.
	_					603 615.				.,603,615	468,880		97,132.	566,012.
	OPFICE BOUIDWINT													
123		10/02/97	SI	7.00	16	1,931.			Name of the second	1,931.	1,931.		0.	1,931.
124		06/23/97	7IS	7.00	16	886.				886.	. 886.		0	886.
126		03/18/97	SL	7.00	16	520.		Ć		520.	520.		0.	520.
127		05/27/97	TS.	7.00	16	260.				260.	260.		0.	260.
128	COMPUTER	12/29/97	SI	5.00	16	797				797.	797.		0	797.
129		04/16/99	SI	7,00	16	.08E,1				1,390.	1,390.		.0	1,390.
130	50% OF PHONE SYSTEM INSTALLATION	07/31/00	SL	5.00	16	1,434)			1,434.	1,434.		0	1,434.
131	50% OF PHONE SYSTEM INSTALLATION	09/01/00	SI	5.00	16	1,434.				1,434.	1,434.		0	1,434.
132	DIGITAL CAMERA	12/31/01	ST	7.90	1.6	2,009.				2,009.	2,009.		0	2,009.
134	BOOKSHELVES	03/16/01	SL	7.00	1.6	48.				.87	48.		0	48.
135	FURNITURE	04/13/01	SI	7.00	9 H	1,034.		i		1,034.	1,034.		0	1,034.
136	FURNITURE	05/08/01	ST,	7.00	16	575.				575.	575.		• 0	575.
137	FURNITURE	03/01/01	SL	7.00	16	75.				75.	75.		0.	75.
138	COMPUTERS	08/15/02	ST	5.00	16	2,432.				2,432.	2,432.		0	2,432.
028111	028111 04-01-20					(D) - Asset disposed	pesoc		*	ITC, Salvage,	, Bonus, Сопп	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

FORM 9	FORM 990 PAGE 10						990							
Asset No.	Description	Date Acquired	Method	Lífe	C Line د ۲ No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
140	FILE CABINETS	02/27/02	SL	7.00	16	.078				670.	670.		-0	670.
1.7		03/13/02	100000000	7.00	16	400				700*	400.		0	400.
145		02/15/03		5.00	16	394.				394	394.		0	394.
146		01/15/03	15.50	7.00	16	200.				200.	200.	4.	0	200.
148	_	10/22/04	1	5.00	16	898				898.	898.		0	898.
149	СОМРТ	12/15/04	Si	5.00	16	974.				974.	974.		0	974.
150	TELEPHONE SYSTEM	02/14/04	TS	5.00	16	4,215.				4,215.	4,215.		0	4,215.
151	SLIDE PROJECTOR	04/02/04	ŢS	5.00	16	1,875.		is planted		1,875.	1,875.		0	1,875.
152	-	05/31/05	SL	5.00	16	5,249;	\$ 1			5,249.	5,249.		0	5,249.
153		03/15/06	IS	5.00	16	2,782.		4		2,782.	2,782.		0	2,782.
154	DELL COMPUTER & PRINTER	09/21/06	ZI	5.00	16	3,981				3,981.	3,981.		0	3,981.
155	SPECIALIY TAG TEERMAL PRINTER	02/01/06	īs	5.00	16	3,083.				3,083.	3,083.		0	3,083
180	 	10/21/09	St.	7.90	\ 16	1,314.				1,314.	1,314.		0	1,314.
181	-	05/15/09	SE	5,00	16	4,006.				4,006.	4,006.		-0	4,006.
182	DELL LATITUDE E6500 LAPTOP -	10/08/09	, IS	5.00	16	1,548.				1,548.	1,548.		0.	1,548.
191	COMPUTER SERVER - JOANNE AND GINNA	02/20/10	Sī	5.00	16	.996,1				1,966	1,966.		0	1,966.
192	LAPTOP - L TISON	06/15/10	SI	5.00	16	3,449.				3,449.	3,449.		•0	3,449.
203	DELL PE T610 SERVER	03/03/11	St	5.00	16	2,136.				2,136.	2,136.		0	2,136.
028111 04-01-20						(D) - Asset disposed	pesod		*	ITC, Salvage	, Bonus, Comn	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

	Ending Accumulated Depreciation	1,869.	635.	56,469.		658.	133.	100.	416.	2,030.	2,755.	6,492.	3,424.	2,975.	2,910.	2,100.	4,330.	28,323.	5,103.	ion, GO Zone
	Current Year Deduction	0	0.	0.		0.	Ō	0	.0	0	0	0.	0	0	0	o	o	0.	0	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense	:																		nercial Revita
	Beginning Accumulated Depreciation	1,869.	635.	*69 * /95		658.	133.	100.	416.	2,030.	2,755.	6,492.	3,424.	2,975.	2,910.	2,100.	4,330.	28,323.	5,103.	Bonus, Comr
	Basis For Depreciation	1,869.	635.	56,469		658.	133.	100.	416.	2,030.	2,755.	6,492.	3,424.	2,975.	2,910.	2,100.	4,330.	28,323.	5,103.	ITC, Salvage,
	Reduction In Basis					V)												*
	Section 179 Expense																			
990	Bus % Excl																			pasoc
	Unadjusted Cost Or Basis	1,869.	635.	56 469.		658.	133,	100.	416.	2,0305	2,755.	6,492.	3,424.	2,975.	2,910.	2,100.	4,330.	28,323.	5,103.	(D) - Asset disposed
	Line No.	16	16			16	16	16	₩ ₩	16	16	(§	16	1.5	16	16	16		16	
	Life	5.00	5.00			3.00	3.00	3.00	3_00	3.00	3.00	3.00	3.00	3.00	3_00	3.00	3.00		5.00	
	Method	SI	IS			SI.	iš.	TS.	SI	SI	S.F.	SI	Si	SI,	SI	ZIS T	SI		ST	
	Date Acquired	08/07/13	1 19 100			11/26/97	12/10/97	01/23/97	11/18/97	04/15/02	20/02/90	06/14/06	90/60/80	09/21/06	10/60/10	06/03/07	11/22/11		07/26/94	
990 PAGE 10	Description	DELL LATITUDE E6530 LAPTOP			SOFTWARE	ED. SOFTWARE	<u>a</u>		ED. SOFTWARE	SOF		INVASIVE PLANT CONTROL CUSTOMIZED SOFTWARE	EDWARD SARGENT PUBLIC ACCESS SOFTWARE	EDWARD SARGENT PUBLIC ACCESS INTERNET SOFTWARE	RAISERS EDGE SOFTWARE	GREEN VENUES SOFTWARE	QUICKBOOKS POS SOFTWARE AND HARDWARE	* 990 PAGE 10 TOTAL - SOFTWARE		4-01-20
FORM 95	Asset No.	223	224			158	159	160	161	163	164	166	167	168	169	170	202		172	028111 04-01-20

	Ending Accumulated Depreciation	15,629.	2,591.	10,500.	33,823.	,239,538.			,239,538.	*0	• 0	,239,538.				ion, GO Zone
	Current Year Deduction	0.	0	0.	•	131,049.		:								* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone
	Current Sec 179 Expense					,										nercial Revita
	Beginning Accumulated Depreciation	15,629.	2,591.	10,500.	33,823.	108,489.			,108,489.	0.	0	,108,489.	,239,538.	,062,670.		Bonus, Сотл
	Basis For Depreciation	15,629.	2,591.	10,500%	33,823.	,302,208.)		,245,695.1	56,513.	0	,302,208.				ITC, Salvage,
	Reduction In Basis					8			0 3	0.	0	0.3				*
	Section 179 Expense							Ŕ								
066	Bus % Excl															pesoc
:	Unadjusted Cost Or Basis	15,629.	2,591.	10,500.	33,823.	,302,208.			,245,695.	56,513	.0	,302,208_				(D) - Asset disposed
	ν α ο C No.	16	14	16		•						4 8				
	Life	2.00	5.00	5.00												
	Method	Z.	SI												7 Harris 1	
	Date Acquired	06/23/99	02/21/02													
FORM 990 PAGE 10	Description	1999 FORD F150	TOYOTA PAINT JOB	RIV900W: UTILITY VEHICLE	* 990 PAGE 10 TOTAL SOFTWARE	* GRAND TOTAL 990 PAGE 10 DEPR		CURRENT YEAR ACTIVITY	BEGINNING BALANCE	ACQUISITIONS	DISPOSITIONS/RETIRED	ENDING BALANCE	ENDING ACCUM DEPR	ENDING BOOK VALUE		4-01-20
ORM 99	Asset No.	173	1		20000000											028111 04-01-20

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2021

Name ADKINS ARBORETUM, LTD.	Employer Identificatio	n Number 15
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL POST-2017 NET OPERATING LOSS - VARIOUS GIFT	SHOP ITE	22,832.
FEDERAL PRE-2018 NET OPERATING LOSS		6,700.
MD NET OPERATING LOSS		14,593.
	7	
	-	
	· · · · · · · · · · · · · · · · · · ·	
		- International Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contr

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

iling of th	als form, visit www.lrs.gov/e-file-providers/e-file-for-chari	ties-and-no	on-profits.			
Automa	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).			
	rations required to file an income tax return other than Fo			MICs,	and trusts	
nust use	Form 7004 to request an extension of time to file income	e tax returi	ns.	\	\	
Type or	Name of exempt organization or other filer, see instru-	ctions.	Tax	payer	identification numb	er (TIN)
orint)	F0 446040	_
ile by the	ADKINS ARBORETUM, LTD.			1	52-116340	5
lue date for iling your eturn, See	Number, street, and room or suite no. If a P.O. box, s 12610 EVELAND ROAD	ee instruct	ions.	Ż		
nstructions.	City, town or post office, state, and ZiP code. For a for RIDGELY, MD 21660	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			07
Applicat	ion	Return	Application (Return
s For		Code	Is For			Code
	O or Form 990-EZ	01	Form 990-T (corporation)			07
orm 990		02	Form 1041-A			09
	20 (individual)	03	Form 4720 (other than individual)			10
orm 99		04	Form 5227			11
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			12
orm 99	O-T (trust other than above) THE ORGANIZATIO	06	Form 8870			<u> </u>
Telep If the If this	cooks are in the care of \blacktriangleright 12610 EVELAND Inhone No. \blacktriangleright 410-634-2847 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	s in the Un Group Exe	Fax No. ► ited States, check this box imption Number (GEN) If this	s is for	the whole group, o	check this
1 Ire	equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2020 or tax year beginning the tax year entered in line 1 is for less than 12 months, organized than 2 months, organized than 2 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months, organized than 3 months and 3 months are supplied to the second than 3 months and 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supplied to the second than 3 months are supp	NOVE	MBER 15, 2021 , to file the return for:		pt organization retu ·	
	this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less	За	\$	0.
	ny nonrefundable credits. See instructions. Ithis application is for Forms 990·PF, 990·T, 4720, or 606:	9. enter an	v refundable credits and		-	
	triis application is for Forms 93041, 93041, 4720, or 9004 stimated tax payments made. Include any prior year over			3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your p	ayment wi	th this form, if required, by			
	sing EFTPS (Electronic Federal Tax Payment System). Se			3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa	l (direct de	bit) with this Form 8868, see Form 8453-	·	d Form 8879-EO fo	r payment
	For Privacy Act and Panerwork Reduction Act Notice	, see Instr	uctions.		Form 8868 (F	Rev. 1·2020)

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 990-T	E	EXTENDED TO NOVEMBER 15, 2021 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-	OMB No. 1545-0047
	For cal	endar year 2020 or other tax year beginning, and ending		2020
	, 5. 5	Go to www.irs.gov/Form990T for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	>	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed.		Name of organization (Check box if name changed and see Instructions.)	D Employ	er identification number
B Exempt under section	Print	ADKINS ARBORETUM, LTD.	52	2-1163405
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see Instructions. 12610 EVELAND ROAD		exemption number structions)
408A 530(a) 529(a) 529S		City or town, state or province, country, and ZIP or foreign postal code RIDGELY, MD 21660	F	Check box if
	С Во	ok value of all assets at end of year > 5,147,277.	<u> </u>	an amended return.
G Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	plicab	le reinsurance entity
H Check if filing only to	o >	Claim a refund shown on Form 2439	7	*
Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
***************************************		ed Schedules A (Form 990·T)	1	
K During the tax year,	was th	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	>	Yes X No
		d identifying number of the parent corporation.	4 4	
		THE ORGANIZATION Telephone number > 4	10-6	34-2847
		d Business Taxable Income		
		ss taxable income computed from all unrelated trades or businesses (see		14 502
			1	-14,593.
			2	-14,593.
3 Add lines 1 and 2	*****		3 4	0.
		(see instructions for limitation rules)	5	-14,593.
		taxable income before net operating losses. Subtract line 4 from line 3	6	0.
		ing loss. See instructions ss taxable income before specific deduction and section 199A deduction.	0	
7 Total of unrelated Subtract line 6 from		_	7	-14,593.
		5 orally \$1,000, but see instructions for exceptions)	8	1,000.
		duction. See instructions	9	
10 Total deductions			10	1,000.
		able income. Subtract line 10 from line 7, if line 10 is greater than line 7,		
enter zero	oo wa	4. //	11	0.
Part II Tax Com	putal			
1 Organizations ta	xable a	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
		rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 fror		Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See in		ons		
4 Other tax amount		629 Asa 6	4	
5 Alternative minim	um tax	1984 1983	5_	
6 Tax on noncomp	oliant fa	acility income. See instructions	6	
		gh 6 to line 1 or 2, whichever applies	7	0.
LHA For Paperwork	Reduc	tion Act Notice, see instructions.		Form 990-T (2020)

orm 99	$\overline{}$							Pag	j ө 2
Part I	T	ax and Payments				"I maintaine			
1a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a						
b	Other o	credits (see instructions)	1b						
		Il business credit. Attach Form 3800 (see instructions)							
d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	1d			1,5,4,1			
e	Total o	eredits. Add lines 1a through 1d		*******		1e			
2	Subtra	ct line 1e from Part II, line 7				2	<u></u>	(0.
3	Other 1	axes. Check if from: Form 4255 Form 8611 Form 8 Other (attach statement)				3			
		ax. Add lines 2 and 3 (see Instructions).		ferred un	der	4		4	0.
		1 1294, Enter tax amount here				5			0.
		tet 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line			······\				<u> </u>
		ints: A 2019 overpayment credited to 2020			Z-0200000000000000000000000000000000000	1			
		estimated tax payments. Check if section 643(g) election applies Leading the form 9888	1 . 1	Á		┨			
C		posited with Form 8868			. 2	1			
ď	_	n organizations: Tax paid or withheld at source (see instructions)	1	*199000	7/				
e		p withholding (see instructions)	1	480 80 440	· · · · · · · · · · · · · · · · · · ·	1			
f		for small employer health insurance premiums (attach Form 8941)	01/	7		1			
g		Form 4136 Total	60	1		ASSESSED A			
		payments, Add lines 6a through 6g		1816186	7559 7	7			
7		ated tax penalty (see instructions). Check if Form 2220 is attached	,			8			
8 9		ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9			_
10		ayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa				10			
11	Enter	the amount of line 10 you want: Credited to 2021 estimated tax			efunded >	11			
		Statements Regarding Certain Activities and Other Information	on (se						
1		time during the 2020 calendar year, did the organization have an interest in or					Y	'es	No
•		financial account (bank, securities, or other) in a foreign country? If "Yes," the							
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the					*		
	here	Zeromana Distriction			-				Х
2		the tax year, did the organization receive a distribution from, or was it the gran	itor of, o	r transfei	or to, a				
		n trust?				*******			X
		s," see instructions for other forms the organization may have to file.							
3		the amount of tax-exempt interest received or accrued during the tax year			\$				
4a							L		X
b		B "Yes," has the organization described the change on Form 990, 990 EZ, 990 P	F, or Fo	rm 1128	? If "No,"		3		
		n in Part V				******	,,,,,,,,,,		
Part	V :	Supplemental Information							
Provid	e the ex	splanation required by Part IV, line 4b. Also, provide any other additional information	ation. Se	e instruc	tions.				
	U	ider penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statements,	and to the	best of my know	ledge and b	ellef, it is true,		
Sign	i	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepar	eer nas any	VIIOMIGGBO		May the IRS	discuss this re	durn wit	ih .
Here		EXECUT	IVE	DIRE	CTOR_		shown below ("
		Signature of officer Date Title				instructions))? X Yes		No
		Print/Type preparer's name Preparer's signature	Date		Check	if PTIN	1		
Paid		LISA K. DURHAM,			self- employe				
Prep	arer	LISA K. DURHAM, CPA CPA 1	1/08	/21			007499		
Use		Firm's name ACCOUNTING STRATEGIES GROUP, LLC	C		Firm's EIN	> 2€	6-3654	652	}
-J-J	J. IIIy	PO BOX 369							
		Firm's address ▶ PRESTON, MD 21655			Phone no.	410-6	<u> 573-13</u>		
			·				Form 990	0-T (2	2020)

1

OMB No. 1545-0047

Unrelated Business Taxable Income From an Unrelated Trade or Business

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection for 601(c)(3) Organizations Only

A Na	me of the organization ADKINS ARBORETUM, LTD.			B Employer id 52-11 (er
C Ur	related business activity code (see instructions) > 45322	0		D Sequence:	1	of	1
E De	escribe the unrelated trade or business VARIOUS GIFT	SHO	OP ITEMS				
	I Unrelated Trade or Business Income		(A) Income	(B) Expenses	À	(C) Net
1a (Gross receipts or sales4 , 049 .						
	Less returns and allowances c Balance >	1c	4,049.				
	Cost of goods sold (Part III, line 8)	2	10,656.		(m.95, 3)		
	Gross profit, Subtract line 2 from line 1c	3	-6,607,	\$ 6 A		-	-6,607.
	Capital gain net income (attach Sch D (Form 1041 or Form		/	10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg / 10 mg			
	1120)) (see instructions)	4a					
	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b	N.	<u> </u>			
	Capital loss deduction for trusts	40					-
	Income (loss) from a partnership or an S corporation (attach	···					
		5					
	statement) Rent income (Part IV)	6		Ž	-		
	Unrelated debt-financed income (Part V)	7	As a second	·		-	
		-			<u> </u>		
	Interest, annuities, royalties, and rents from a controlled	١,		İ			
	organization (Part VI)	8	7				
	Investment income of section 501(c)(7), (9), or (17)) ,		l		
	organizations (Part VII)	9	_ 1				
	Exploited exempt activity income (Part VIII)	10					
11	Advertising Income (Part IX)	11			inghesi.		
	Other income (see instructions; attach statement)	. 12	£ 607	Approximate to the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the	******		-6,607.
_	Total. Combine lines 3 through 12	13	w'				
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	com	9			must	be
1	Compensation of officers, directors, and trustees (Part X) Salaries and wages		(*)		1		F 206
2	Salaries and wages				2		5,206. 643.
3	Repairs and maintenance	,,,,,,,,		*******	3		643.
4	Bad debts			***************************************	4		
5	Interest (attach statement) (see instructions)				5		
6	Taxes and licenses				6		
7	Taxes and licenses Depreciation (attach Form 4562) (see instructions)	,,,,,,,,,,	7	928.	THEFT		
8	Less depreciation claimed in Part III and elsewhere on return				8b		928.
9	Depletion	*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9		
10	Contributions to deferred compensation plans				10		
11	Employee benefit programs				11		
12	Excess exempt expenses (Part VIII)				12		
13	Excess readership costs (Part IX)		***************************************		13		
14	Other deductions (attach statement)		SEE STA	TEMENT 1	14		1,209.
15	Total deductions, Add lines 1 through 14				15		7,986.
16	Unrelated business income before net operating loss deduction.						
,,,	column (C)				16	_	14,593.
17	Deduction for net operating loss (see instructions)				17		0.
18	Unrelated business taxable income. Subtract line 17 from line 1				18		14,593.
LHA	For Paperwork Reduction Act Notice, see Instructions.			5	Schedule		n 990-T) 2020

chedu	le A (Form 990-T) 2020				Page 2
Part I	II Cost of Goods Sold Enter met	nod of inventory valuati	on ► N/A		
1	Inventory at beginning of year			1	0.
	Purchases			, ,	10,656.
	Cost of labor			1 1	0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				10,656.
7	Inventory at end of year				0.
-	Cost of goods sold. Subtract line 7 from line 6. Enter			-	10,656.
8 9	Do the rules of section 263A (with respect to property				Yes X No
art I	V Rent Income (From Real Property and				
1	Description of property (property street address, city, s			X25553X	
•	A	nate, zii codej. Onock	ii a daal abo looc iilotta	() () () () () () () () () ()	
	.			/	
	B				
	c				
	D			<u> </u>	
		Α	B	<u> </u>	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%		100		
	but not more than 50%)		1 No. 1		
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.	6			
•	Add lines 2a and 2b, columns A through D		/		
5	Total deductions, Add line 4 columns A through D. E		line 6, column (B)		0.
Part	V Unrelated Debt-Financed Income (s	see instructions)			
1	Description of debt-financed property (street address,	city, staté, ZIP códe). (Check if a dual-use (see	instructions)	
	A 🔲				
	В				
	c 🗆 🔼	/h.			
	D 🔲	~ /7			
		A	В	С	D
2	Gross income from or allocable to debt-financed	7			
	property				
3	Deductions directly connected with or allocable				
~	to debt-financed property				
а	Straight line depreciation (attach statement)				
a b	Other deductions (attach statement)				
	Total deductions (add lines 3a and 3b,				
С	•				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)		,	6.4	^
6	Divide line 4 by line 5		%	%	9
7	Gross income reportable. Multiply line 2 by line 6				0.
8	Total gross income (add line 7, columns A through [D). Enter here and on Pa	art I, line 7, column (A)		V •
				l l	
9	Allocable deductions. Multiply line 3c by line 6				^
10	Total allocable deductions. Add line 9, columns A ti				0.
11	Total dividends-received deductions included in lin	e 10,	***************************************		0.

Sched Part	ile A (Form 990-T) 2020 IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	consolidated basis	•	
•	A	'			
	В				
	c	ALL A SWANINGS IN			
	D				
Enter a	mounts for each periodical listed above in the co				D
^	Our an anti-restriction in the second	A	В	C	<u> </u>
2	Gross advertising income Add columns A through D. Enter here and on P				0.
a	Add coldining A tillodgit b, Enter fiele and on F	arti, into 11, column (A)			
3	Direct advertising costs by periodical			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
а	Add columns A through D. Enter here and on P			/i) >	0.
	· ·			.//%	2
4	Advertising gain (loss). Subtract line 3 from line				
	2. For any column in line 4 showing a gain,			13.7	
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete		1	/= <u>``\</u>	
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs	•			
6 7	Circulation income Excess readership costs. If line 6 is less than			\$.	
'	line 5, subtract line 6 from line 5. If line 5 is less				
	than line 6, enter zero	I		7	
8	Excess readership costs allowed as a		()		
	deduction. For each column showing a gain or	n			
	line 4, enter the lesser of line 4 or line 7	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR			
а	Add line 8, columns A through D. Enter the gre	eater of the line 8a, columns to	otal or zero here an	d on	0.
Part	X Compensation of Officers, Dire				<u> </u>
rait	Compensation of Officers, Dire	otors, and r) asteces	800 jii istrucdonsj	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
		44. <i>ja <u>1</u>4.</i> , 1		to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
	I Established and a David Billion 4	7			0.
	I. Enter here and on Part II, line 1 XI Supplemental Information (see	instribational	/*************************************		
T Car	. XI 1 Cupplemental information (Sec	a mondenone)			
		- 47			
-					
	L. L. L. L. L. L. L. L. L. L. L. L. L. L				
-					
		-			
	- Williams	***************************************			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OCCUPANCY INSURANCE		602. 607.
TOTAL TO SCHEDULE A, PAI	RT II, LINE 14	1,209.

Depreciation and Amortization (Including Information on Listed Property)

990

OM8 No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

| Business or activity to which this form relates Attachment Sequence No. 179

ADKINS ARBORETUM, LT	D.	PG	RM 990	PAGE 10		52-1163405
Part I Election To Expense Certain Pr	operty Under Section 179	Note: If you have any	listed property	, complete Part \	/ before yo	u complete Part I.
1 Maximum amount (see instructions)					1	1,040,000.
2 Total cost of section 179 property p						
3 Threshold cost of section 179 prop	•				1 4 1	2,590,000.
4 Reduction in limitation. Subtract lin	•				A .	
5 Dollar limitation for tax year, Subtract line 4 from					5	
6 (a) Description	4 111111111111111111111111111111111111		isiness use only)	(o) Elected c	ost -\\	
				,41/2006.		
				197		
				435. Z	7	
					·.	
7 Listed property. Enter the amount f	rom line 29		7	/	Ż	
8 Total elected cost of section 179 p	***************************************			(1)	8	
9 Tentative deduction. Enter the small					9	
10 Carryover of disallowed deduction					·· +	
11 Business income limitation. Enter the				(11	
12 Section 179 expense deduction. A			\$5.000 B	/	12	
13 Carryover of disallowed deduction			→ 3	1.7		
Note: Don't use Part II or Part III below	······································		//	500-1 1000-1000		
Part II Special Depreciation All			ude listed pron	erty.)		
14 Special depreciation allowance for	<u> </u>	5,25,5,5				
·		. 7	N 1985 C (ATTA)	ce during	. 14	
				***********************	15	
15 Property subject to section 168(f)(1					16	131,049.
Part III MACRS Depreciation (D	on!+ include listed pro	nerty See instructions	<i>Y</i>	************************	1 10	
Tare in MAONS Depreciation (D	Off t isloade issued pro	Section A	<u> </u>			
17 MACRS deductions for assets place	and in convice in tay yes	Francis Const. Const.	120		17	
18 If you are electing to group any assets placed in				>	1 8.000	
Section R - As	sets Placed in Service	e During 2020/Tax Ye	ar Using the G	eneral Deprecia	tion Syste	m
	(b) Month and	(c) Basis for depreciation	(d) Pagaria		1	
(a) Classification of property	year placed In service	(business/investment use only - see instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		. 139				
b 5-year property	(S) APPAR					

		,				
d 10-year property						
e 15-year property						
f 20-year property			25 yrs		S/L.	
g 25-year property	Teagle and desirable		27.5 yrs	1	S/L	
h Residential rental property			27.5 yr		S/L	
					S/L	
i Nonresidential real property			39 yrs	MM	S/L	
	ata Diagoni in Comico	During 2020 Tax Yea	Lleing the Alt			tem
	ets Placed in Service	During 2020 Tax Tea	Using the Aid	ernadve Deprec		I
20a Class life			40		S/L S/L	
b 12-year	114,12,141,111,144,444,44		12 yrs		S/L S/L	
c 30-year			30 yrs		S/L	
d 40-year			40 yrs	. <u> </u> MM	5/L	
Part IV Summary (See instruction					1	
21 Listed property. Enter amount from					21	
22 Total. Add amounts from line 12,	lines 14 through 17, lir	nes 19 and 20 in colum	n (g), and line 2	1.		131,049.
Enter here and on the appropriate				nstr	22	131,043.
23 For assets shown above and place						
portion of the basis attributable to	section 263A costs	***************************************	23			to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A all of Section B, and Section C if applicable.

	24b, columns () of Section A on and Other							mits for r	assend	er autom	obiles.)		
240	Do you have evidence to s						es	7	24b If "Y					Yes	No
<u> 24a</u>	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmentuse percenta		(d) Cost or ner basis	Bas	(e) is for depre siness/inves use only	ciation stment	(f) Recovery period	(Met	g) hod/ ention	(I Depred dedu	i) clation	(i Elector section) ed 179
	Special depreciation all										0.5		ļ		
	used more than 50% in						*********	****	····	************	25	<u> </u>		* ******	
26	Property used more tha	in 50% in a q	r						ŀ	1		IN			
		 		%							1858580	72.27			
				%		_		······································		1	/ And a				
~~	Property used 50% or le		 	%					J	Æ		, ASSESS			
2!	Property used 50% of te			%		·				Ts/L			Ţ		
				%						S/L·	7.7				
			1	%		_			1	S/L+	· · · · · · · · · · · · · · · · · · ·				
	Add amounts in column	(h) lines 25	 		and on	lina 21	nage 1		1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		28				
	Add amounts in column										0000	L	29		
20	Add amounts in column	1 (4), 1410 20, 1		Section E			•				7	11111111111			
	mplete this section for verour employees, first ans			on C to s	ee if you	meet a	in except		completi	ng this se	ection fo	r those v	ehlcles.		
30	Total business/investment	miles driven d	luring the	1 '	a) ticle	L	(b) hiclé .	\	(c) /ehicle	1 .	d) ricle	(e Veh	`	(f) Vehi	
	year (don't include comme	uting miles)					<i></i>	3							
	Total commuting miles					À			<u> </u>						
32	Total other personal (no	oncommuting	ı) miles			*									
	driven	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******			AFE		>							
33	Total miles driven durin	ig the year.													
	Add lines 30 through 33	2				As		ļ			T				
34	Was the vehicle availab	ole for persor	ial use	Yes	∕ No ∠	Yes	⊱ No	Ye	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	**************	**********			(<u> </u>	7	ļ							·····
35	Was the vehicle used p	orimarily by a	more											Ì	
	than 5% owner or relat	-	***************************************	ļ	147	5 ₅		-				1			
36	is another vehicle availa	•		4	10	ľ	1								
	use?			7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				<u> </u>		<u> </u>	1		i		
			- Questions	3.3											
	swer these questions to		100.03	эхсөриоп	to com	oleting :	Section E	3 for v	enicies us	ea by en	ibioyees	swno a	rent		
	re than 5% owners or re Do you maintain a writt				di maraan	. معیدام	of vobiole		ludina oo	nmuting	buyou			Yes	No
31														100	110
20	employees? Do you maintain a writt	ton policy eta	tement that r	rohibite r	areonal	use of v	ehicles	eycer	et commut	ina hv v	our	***********		<u> </u>	
50	employees? See the in	, ,													
39	Do you treat all use of														
	Do you provide more th											*************			
	the use of the vehicles														
41	Do you meet the requir														
• •	Note: If your answer to													EXXX	
P	art VI Amortization														
	(a) Description		0.	(b) ite amortization begins		(c) Amortiza amou	able nt		(d) Code section		e Amortiz period or p	ation	A: fc	(f) nortization r this year	
42	Amortization of costs t	hat begins d	uring your 20:		ar:										
72			7-3, 7-3, 50	1 1	T										
_															
43	Amortization of costs t	hat began he	efore your 202		· · · · · · · · · · · · · · · · · · ·							43			
	Total. Add amounts in											44			

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	3,768.	3,768.	• 0	0.		0	0				0	• 0	0	• 0	C	• 0		• በ		0		• 0		* n		• 0	0.	• 0	0	0.
Accumulated Depreciation		0		0			0																							
Basis For Depreciation	56,513.	56,513.	400.	400.		8,677.	8,677.				6,57	9,84	,25	13,135.	1	75,936.		74,005.		1,050.		TT 895		270.		38,132.		64,388.	3,3	73,927.
* Reduction In Basis								page and an artist of the second																						
Unadjusted Cost Or Basis	56,513	56,513.	400.	400.		8,677.	8,677.	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio			6		0,25	13,135.	ا	75,936.],	74,005.		1,050.	,	11,895.		270.	- 1	38,132.	9,028.	4,	3,	73,927.
Life	15.00										>				-02704 100000 100000															
Method	SL	Age Age San				J					Ĺ	L) I	L.	Ž.	ı	^			Ĺ				L		T	J	L	L]	L
Date Acquired	123120	3 3 4	103003			123103					123104	31	NI	09 30 05	*	123106	100	123106		123106		123106		013006		121307	091709	092010	123111	123112
Description	ANAGEMENT AND GENERAL ESTROOM REMODEL	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL	ART	GE 10 TOTAL - ART	HERON SCULPTURE	BLUE HERON SCULPTURE	* 990 PAGE TO TOTAL - BLUE HEKON SCITT DUITER	BONSAI	CIP	BLDG IMP - VISITORS CENTER -	PLANNING	LND IMP - LANDSCAPING DESIGN	LIND IMP - LANDSCAPE DESIGN - NEW	LND IMP - SIGNAGE	LND IMP - MICHAEL VAN V - LANDSCAPE	DESIGN	LND IMP - ANDREWS, MILLER - SITE		BLDG IMP - INTRO SPEC - CIVIL ENG	DOCS	BLDG IMP - JOHN HYNES - STRUCTURAL		BLDG IMP - CAROLINE COUNTY - SOIL	SITE TEST	BLD IMP - CONSULTING LAKE FLATO	ARCHITECTS	LND IMP - ANDREWS, MILLER & RW BROWN	ARCHITECTS AND DESIGN		ARCHITECTS
Asset No.	248		ر ا	7		4					8	6	10	TT		12		13		16		17		19		22	187	194	204	210

(D) - Asset disposed

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	0.	• 0	0	• 0		• 0	0	* 0.5		• 0	0	.03	0.	• 0	0	0.	0.	0	0.	* 0 ***************	0	• 0	0.	0	0.	• 0	0.	• 0	0.	• 0	•0	• 0	0.	0
Accumulated Depreciation								• 0	- 1	15,538.	2,187.		1,086.	-	1,135.	1,450.	910.	- >	1,500.	450.	210.	440.	4,415.	21,494.	5,940.	2,568.	` `	24	3,259.	7	4,934.	•06	2,500.	425.
Basis For Depreciation	` `	-	1,50	28,780.	1		`	666,489.		15,538.	2,187.	358.	1,086.	4,300.	1,135.	1,450.		2,449.	1,500.	450.	210.	440.	4,415.	21,494.	5,940.	•	•	241.	3,259.	226.	4,934.		O	425.
* Reduction In Basis							1									100000000000000000000000000000000000000																		
Unadjusted Cost Or Basis	37,404.	42,287.	, 5	8		9	2,073.	666,489.		15,538.	2,187.	358.	1,086.	4,300.	1,435.	1,450.	910.	2,449.	1,500.	450.	210.	440.	4,415.	21,494.	١.	2,568.	2,824.	241.	3,259.	226.	4,934.	90.	2,500.	425.
Life										00.02	20.00	20.00	20.00	20.00	20:00	20:00	20:00	20.00	٠	•	20.00		20.00	7.00	7.00	7.00	7.00	7.00	5.00	15.00	7.00	7.00	7.00	7.00
Method	LI.	1	ı.	Ţ		L	L)			ПS	SI	SI	SL	SI	SI	SI	SI	TIS:	SI	ZIS	ीS	SE	SL	SI	SI	SI	SI	SI	SI	SI	SL	SI	SI	SL
Date Acquired	030613	<u>1</u> 9	081213	091814		080114	123014			080991	063092	063093	30	031094	063094	10	033094	121495	060195	120996	080997	0.73098	063098	063087	0.20700	031300	040400	02020	27	030800	122801	022101	052002	112702
Description	EDIS VALUE ENGINEERING STUDY	DAVIS BOWEN REENGINEERING	LAKE/FLATO ARCHITECTURAL SERVICES VC	LAKE/FLATO ARCHITECTURAL SERVICES VC	DAVIS BOWEN FRIEDEL VALUE	ONS	DAVIS BOWEN FRIEDEL SOUTH ENTRANCE	* 990 PAGE 10 TOTAL - CIP	ENT	TRACTOR	GREENHOUSE EOUIPMENT	C-250 CUMPER	BOOKS - 1993	A TRACTOR		MOWER DECK BEFCO	WOODEN STORAGE SHELVES	ROTARY MOWER	STORAGE SHED	BACK PAK BLOWER	AIR COMPRESSOR	MISCELLANEOUS EQUIPMENT	SROUNDS EQUIPMENT	MISCELLANEOUS EOUIPMENT	FURNITURE - AUDITORIUM	FURNITURE - AUDITORIUM	FURNITURE - AUDITORIUM	STACKING CHAIR DOLLY	1997 CLUB CAR	TABLE FOR GREENHOUSE	PROJECTOR	BRACKET W/ ARM	GOLF CART	
Asset No.	220	221	222	229		230	231			24	25	26	2.7	2.9	30	31	32	33	34	35	36	40	41	42	43	44	45	46	47	48	49	50	51	52

(D) - Asset disposed

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	0.	0.	0.	. 0	0.		588.	.0	0	• 0000000000	0.	0	0.		172.	O)	<u></u>	1,037.		• n	0	0	0.	• 0	0	0.	0	• 0	0	0	0.	• 0	0	0 •
Accumulated Depreciation	778.	81	5,017.	•	1,061.	111	7,007.	24,995.	্ৰ	•		3,000.	` `	- 1	,	2,666.		166,771.		45,680.	- 1	•	10,275.	15.	-006	299.	-006	1,500.	16,261.	1,367.	704.	,84	6,548.	•
Basis For Depreciation	778.	,81	5,017.	2,093.	(>1,061.	364	11,758.	24,995.	3,934.	6,983.	3,340.	•	18,763.	2,518.	`	O	1,245.	172,608.		45,680.		2,500.	10,275.	15.	-006	299.	900.	1,500.	16,261.	1,371.	704.		6,548.	5,275.
* Reduction In Basis					/3.																													
Unadjusted Cost Or Basis	778.	1,819.	5,017.	2,093.	90′		11,758.	24,995.	3,934.	.886,9	3,340.	3,000.	18,763.	~2,518.	1,610.	2,765.	1,245.	172,608.		45,680.		2,500.	10,275.	15.	900.	299.	•006	1,500.	16,261.	1,371.	704.	1,840.	,54	5,275.
Life	7.00	5.00	7.00	7.00	7.00		20.00	7.00	7.00	7.00	7.00	7.00	7.00	2.00	7.00	7.00	7.00			위	15.00		15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	7.00	7.00
Method	3SI	4SL	SSL	SSI	9SL		9SL	2SL	2SL	2SL	2SL	3SI	3SI		4SL	4SL	8SI.	10000				$_{ m TS}_{ m 0}$	OSI	OSL	OSL	TS0	OSL	OSI	OSI.	1SI	2SL	2SL	2SL	3SL
Date Acquired	06030	021904	073108	082108	06110		01290	2081	161	101712	171	08071	믔	1	1—	032814	07271		į	9	021700	030200	030200	031300	032100	(050200	060100	060100	042501	04170	052802	04250	07110
Description	DISPLAY CASES	12	SPRAYER		CRATE & BARREL, OUTDOOR FURNITURE	0" PRO CO	1	SKTD 1.0ADRR	LAWN MOWER	6. CAST BENCHES	1) BIKE RACKS	9 R7-G	PICINIC TABLES	BENCH	ျင	" GRAPPLE BUCKET	PICNIC TABLES	* 990 PAGE 10 TOTAL - EQUIPMENT	L/H BUILDING IMPROVEMENTS	MAIN BUILDING IMPROVEMENTS	LUMBER FOR SHELVING	DEPOSIT ON 28X44 BUILDING	BALANCE IN FULL	FOR	ELECTRIC FOR GREENHOUSE	ABOR	ES	ТО	GREENHOUSE - TRANS FROM CIP	URNITURE	RITITE'S BOOKSHELVES	123	A/C REPAIRS - AUDITORIUM	FAT PUMP
Asset No.	53	54	176	177	1 2 2	2	189	211	212	213	214	225	226	227	232	233	242			56	57	58	59	09	61	62	63	64	65	67	68	69	71	72

(D) - Asset disposed

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	3,365.	300.	136.	83.	• 0	0.	• 0	• 0	• 0		• 0	0	0	0	• 0	0	• 0	232.	257.	238.		l	-	4,127.	630.	615.	29	2,445.	6,647.	179.	367.	8	3,329.
Accumulated Depreciation	53,840	4,800.	2,176.	1,328.		-	21,050.	- 1	2,907.	ľ	2,009.	,85	1,500.	, 5	51,928.	-	-	-	31	2,261.		اُ	2,5	-		-	1,180.	1,	28,250.	716.	-	읷	4,161.
Basis For Depreciation	67,297.	6,000.	2,718.	<~_1,657.	7,000°	7,460.	21,050.	ᅥ	2,907.	- 1	•	-	1,500:	•	•	•	1,671.	•	നി	3,565.		٠.	3	`	া	,30		٠,		١,	5,504.	, 04	49,930.
* Reduction In Basis							U. 1			Ž.																							
Unadjusted Cost Or Basis	67.297.	ان	2,718.	1,657.	1,000.	7,460.	21,050.	1,890	2,907.	188	2,009.	-9,855	1,500.	5,569.	-	2,514.	1,671.	~	m	3,565.		12,135.	42,750.	1,9	9,450.	12,305.	5,899.	36,672.	132,949.	1,250.	5,504.	13,042.	49,930.
Life	2000		20.00		15.00	15.00	2.00	15.00	15.00		12.00	7.00	15.00	15:00	12.00	7.00	7.00	٠	. •	15.00		15.00	٠	15.00	15.00	20.00	20.00	15.00	20.00	7.00	15.00	15.00	15.00
Method	7. 7.	SI	SI		ISI	SI	SIL		SI		TS	SIL	ISI	SIL	SIL	√SI'√	SI	⊕≽TS]	:TS	⊘TS]		SI	SEL	SI		3SL	4SL		SIL	esi.	SSL	8ST	1S6
Date Acquired	1.23.10.4	2 2	010105	12	140	031405	090105	012805	013105		033105	022805	040805	041805	111505	011507	092509	120111	121711	16290		082812	0.211.41	0-2 1-4 1-3	021413	12311		311	0111	120816	271	083118	09301.9
Description	NURSERY	CONSTRICTION WORK ON NURSERY BLDG	ET. R. T. P. T. WORK ON NITR SERV BI.DG	МОО	THRESHHOLD FOR NURSERY	WORK FOR NURSERY OFFICE	EXISTING VISITORS CENTER	EXISTING VISITORS CENTER	FOR EXISTING VISITORS CENTER	BLINDS FOR WINDOWS IN EXISITING	VISTTORS CTR	HVAC FOR NURSERY	TELEVISION CABINET		ISITORS CENTER		VISITOR CENTER BANNERS	GOAT BARN	GOAT	GUTTERS FOR RAIN BA	BRIDGE RESTORATION EAST WETLANDS	BRIDGE	NEW VISITORS CENTER BRIDGE	ENTRANCE BRIDGE RAILINGS	ENTRANCE BRIDGE HANDRAIL	CAPITALIZED INTEREST	TAPT TAT, TZED	ARBOR	PAVILION	USE	FRONT ENTRANCE GATES	BRIDGE REPAIR (WEEMS)	KITCHEN
Asset No.	73	7.4	7.5	76	77	78	7.9	80	81		82	83	84	8.5	86	87	186	196	197	198		205	206	218	219	228	234	235	236	237	239	240	247

(D) - Asset disposed

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	27.773	•			- 1	2,440.		ol:	4,333.	168.	0.	• 0	0.	• 0	0.	0.	0.	• 0	0	• 0 **********	0	• 0	0.	• 0	0	0	0	• 0	0	• 0	0.	• 0	0.	0.
Accumulated Depreciation	388 140	7 7 7 0			읷	9,760:		$^{\circ}$	17,332.	672.	œؚ	, 12	1,269.	468.	700.	വ	319.	843.	2,108.	834.	- 1	, 41	,	1,778.	689.	136.	400.	289.	4,500.	197.	,	6	e,	1,143.
Basis For Depreciation	106 369	• TC7'C10		3	7,837.	36,603.	1	418,610.	64,989.	2,520.			1,269.	472.	.007	1,356.	319.	847.	2,108.	834.	ŀ	2,422.	٦.	1,813.	689.	136.	400.	289.	4,500.	200.	8,759.	, 97	3,938.	1,143;
* Reduction In Basís																																		
Unadjusted Cost Or Basis	C7E 201	0/2,27T			7,837.	36,603.		418,610.	64,989	2,520.	2,895.	3,128.	1,269.	472.	700.	1,356.	319.	847.	2,108.	834.	299.	2,422.	L'	1,813.	689.	136.	400.	289.	4,500.	200.	8,759.	2,970.	3,938.	1,143.
Life					15.00	15.00		15.00	15.00	15.00	20.00	15.00	15.00	15.00	15:00	15.00	15.00	15.00	15.00	0	15.00	•		15.00	15.00	15:00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	7.00
Method					SSL	esi.		PSI.	7ST	1SI	3SI	OSL	OSL	OSL	OSL	.∵TS0	OSI.	ISO	OSI	ISO		1ST		1ST	2SL	2SL	2SL	2SL	2SL	2SL				
Date Acquired					123106	123106		123106	092807	031607	110193	032300	4	062300	122900		021800	022300	030900	033100	051500	260	091201	09120	09190	11010	11110	12150	10070	07290	010106	030403	102303	040804
Description	* 990 PAGE 10 TOTAL - L/H BUILDING	OΙ	PROVEMENTS	LND IMP - MCMULLAN - WOOD BRIDGES	ENG DESIGN	R	BLDG IMP - LAKE/FLATO -	ARCHITECTUR		- GMT CINIT	GREENHOUSE		TRETGATTON MATERIAL		TNV 12038	GREENHOUSE CONTENTS	GREENHOUSE CONTENTS	RENHOUSE	GREENHOUSE CONTENTS	MATERIAL FC	102ACCOUNT #467862	TRRIGATI	LANDSCAPING MAIN BUILDING	BARDEN SIGNS	DESIGN	WEED CO			ROARDWAT			LAND IMPRO	STGN	BENCH
Asset No.					14	15		18	20	21	80	93	94	С	96	97	86	66	100	101	102	103	104	105	106	107	108	109	110		112	113	114	115

(D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

	Date Acquired	Method	jfe ,	nadjusted st Or Basi	* Reduction In Basis	· S: S: -	preciation	Amount Of Depreciation
0	93004	SL	15.00	- >		81,258.	-	0
- LANG MEMORIAL BENCH	32106	SL		디'		-05T/Z	া	• o
ELECTRICAL BENCH 0	1405	$_{ m SL}$	•]					0
	5	${f SL}$	15.00	10,729.		10,729.		• 0
120 MEMORIAL BENCHES	71805	$^{ m TS}$	7.00	-		< <u>4,550.</u>		0
	100908	SL	7.00	2,150.		2,150.	2,	
NT/SIGNAGE 1	21508	${ m S}\Gamma$	15.00	34,723.		34,723.	δ,	~-I
	081909	${ m ST}$	15.00	6,440.		6,440.	4,862.	429.
JECTION				N. P.				C
	00709	${ m SL}$	15.00	11,282.		11,282.	8,460.	156.
VAN WALKEN BIKE PATH				1				
0	9	${f SL}$	15.00	ς,			1,9	∞
SIGNAGE DESIGN 1	123109		15.00	11,750		11,750.	3,132.	783.
	0		7.00	450.		450.		
195 WALKING PATH SIGNAGE DESIGN	0	ì	15:00	94,671.		94,671.		6,311.
GN	\vdash	${f SL}$	12.00	9,940.		•	6,022.	663.
ENTRANCE SIGNAGE	71311	SL	15:00	1,159.		1,159.	- 1	<u>- </u>
	042811	SL	15.00	4,849.		4,849.	3,123.	323.
FRONT ENTRANCE,			Ś			,	C	C
AREAS	120112	SI	15.00	71,148.		71,148.	38,339	4,743
IRRIGATION WELL, PUMPS AND LINES	<i>b</i>	À		ĺ		-	1	1
ENTRANCE AND SOUTH PARKING AREA	102112	SL	15.00	25,705.		25,705.	13,998.	1,/14.
ß				-		***	1	1
AND SOUTH PARKING AREAS	0112		이	124,130.		~	١.	8,2/5.
	13	$_{ m SI}$	•	~		``	3,	4,6
SOUTH ENTRANCE SIGNS 0	52913	SI	• 1	63,191.		•	31,	4,213.
0	51513	${ m SI}$	15.00	ωĺ		١-	اِی	الع
TRAIL CONSTRUCTION	92816	${ m SI}$	15.00	41,390.		41,390.	11,726.	2,759.
ALIVE LANDSCAPE						- 1	- 1	
	062519	${f SI}$	15.00			-	۱,	
ALIVE 0	2519	$\overline{\mathrm{IS}}$	15.00	7		2	-	19,519.
SHA TRAIL BRIDGES	19	$^{\mathrm{TS}}$		•		,87		1,658.
0			•			رارس	- 1	
MEADOW PLATFORM	101619	${ m SI}$	15.00	66,500.		66,500.	5, 1/2.	4,433.

(D) - Asset disposed

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	96.530		• 0	0	0	0.	• 0	0	• 0	0	• 0	0.	• 0	0.	• 0	0	0	0.	• 0	0	• 0	0.	• 0	0.	• 0	0	• 0	0.	0.	0.	• 0	0.	.0
Accumulated Depreciation	566 012		1,931.	·l	520.	260.	797.	-	1,434.	~	2,009.	- 1	1,034:	575.	75.	2,432.	670.	O	394.	200.	898.	974.		1,875.		١-		3,083.	1,314.	4,006.	1,548.	96′	3,449.
Basis For Depreciation	1603615	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1,931.	.988	520.	260.	. 797.	-	1,434.	۱ ٦	2,009.	48.	1,034.	575.	75.	2,432.	670.	400.	394.	200.	868	974.	4,215.	-	5,249.	`	3,981.	3,083.	1,314.	4,006.	1,548.	1,966.	3,449.
* Reduction In Basis																																	
Unadjusted Cost Or Basis	1603615	•	1.931	886.	520.	260.	797.	1,390	1,434.		2,009.	48.	1,034.	675.	75.	2,432.	670.	400.	394.	200.	*868	974.	4,215.	1,875.	-	2,782.	3,981.	3,083.	1,314.	4,006.	1,548.	1,966.	3,449.
Life			7.00	7.00	7.00	7.00	5.00	7.00	5.00	5.00	7 . 00	7.00	7.00	7.00	7:00	5.00	7.00	7.00	5.00	7.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	7.00	5.00	5.00	5.00	5.00
Method			ST,	SI			SI	SL	SI		SI		SI	SI	> TS	SI	SI	ZI./	ST	SI	SI	SI	SI	TS	SI	SI	$_{ m IS}$	SI	SI		SI	SI	\mathbf{SL}
Date Acquired			1.00297	23	18	S	122997	041699	073100	090100	123101	031601	041301	08	030101	081502	022702	031302	021503	011503	102204	121504	021404	040204	053105	031506	092106	0	102109	\—	응	022010	061510
Description	* 990 PAGE 10 TOTAL - LAND	LAPROVEMENT'S	OFFICE BOULFMENT	FILCHE UFGRAUE CARTNET	SOOK FEETING	BOOKCASE FTC	IJĦ	10	P PHONE SY	PHONE SYSTEM	TTAL CAMER	BOOKSHELVES	PURNITURE	FITRNTMIRE	PITRNITURE	COMPUTERS	FILE CABINETS	SHELVES	EPSON PRINTER	HERBARIUN CASES	DET.I. COMPUTER	COMPUTER - DELL	TELEPHONE SYSTEM	SLIDE PROJECTOR		DELL NOTEBOOK COMPUTER	DRT.T.	SPECTAL, TY TAG	(3)	DELL LATTUDE E6500 LAPTOP - ELLIE	LATITUDE E6500 LAPTOP -	ER - JOANNE AND	L TLSON
Asset No.				197	105	127	128	129	130	131	132	134	35		137	138	140	141	145	146	148	149	150	151	152	153	154	15.5	180	181	182	191	192

(D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL -

ADKINS ARBORETUM, LTD.

Amount Of Depreciation	0.	• 0	0.		0.		0.	• 0	0.	0.	0.	0.		0		. 0		0	•0	• 0	0.	0.	0	0	• 0	0 •	0.	129,108.			
Accumulated Depreciation	•	1,869.	635.		56,469.		658.	133.	100.	416.	2,030.	2,755.		6,492.		3,424.		1	2,910.		4	28,323.	-		2,591.	0	3,82	1239538.			
Basis For Depreciation	2,136.	1,869.	635.		<.56,469·		658.	133.	100.	416.	2,030.	2,755.		6,492.		3,424.		- >	-	2,100.	4,330.	•	•	- 1	-	0,	33,823.	3302208.			
* Reduction In Basis																															
Unadjusted Cost Or Basis	2,136.	1,869.	635.		56,469.		658.	133.	100	416.	2,030.	2,755.		6,492.		3,424.		2,975.	` `	2,100.	4,330.	28,323.	5,103.	15,629.	`	10,500.	33,823.	3302208.			
Life	5.00	5.00	5.00				3.00	3.00	3.00	3.00	3.00	3.00		3.00	J. Committee	3.00	e e	3.00	3.00	3:00	B.00		5.00	5.00	5.00	2.00					
Method	[SI]	SEL	SEL				7SL	1SI	/SI	7SI	SI	SSL		$_{ m 2SL}$			j.	SSL)SIC	_TS/	ीउ		ISI	TS(SEL	ZI.					
Date Acquired	03031	080713	122313				269	121097	012397	11189	04150	06300		061406		080306		092106	010907	0.6030.7	01271		0.72.694	062399	022102	08020					
Description	DELL PE T610 SERVER	DELL LATITUDE E6530 LAPTOP	DELL LATITUDE 3540BTX LAPTOP	* 990 PAGE 10 TOTAL -		SOFTWARE		ED.	COMPUTER SOFTWARE	ED . SOFTWARE	SOFTWARE	MISC SOFTWARE	INVASIVE PLANT CONTROL CUSTOMIZED	SOFTWARE		SOFTWARE	EDWARD SARGENT PUBLIC ACCESS	INTERNET SOFTWARE			202QUICKBOOKS POS SOFTWARE AND HARDWARE	* 990 PAGE 10 TOTAL - SOFTWARE	TOYOTA TRUCK	1999 FORD F150	TOYOTA PAINT JOB	RTV900W: UTILITY VEHICLE	* 990 PAGE 10 TOTAL - SOFTWARE	TAL 990 PAGE			
Asset No.	203	223	224				158	159	160	161	163	164		166		167		168	169	170	202		172	173	174	175					

(D) - Asset disposed

^{*} ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone