

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

ADKINS ARBORETUM, LTD.

EIN or SSN

52-1163405

Name and title of officer or person subject to tax

VIRGINIA TIERNAN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 4 columns: Line number, Form type, Description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize ACCOUNTING STRATEGIES GROUP, LLC to enter my PIN 10869. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52720049970

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/10/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ADKINS ARBORETUM, LTD.</b>	Taxpayer identification number (TIN) <b>52-1163405</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12610 EVELAND ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RIDGELY, MD 21660</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

- The books are in the care of ▶ **12610 EVELAND ROAD - RIDGELY, MD 21660**
- Telephone No. ▶ **410-634-2847** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

### A For the 2022 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ADKINS ARBORETUM, LTD.</b>		<b>D</b> Employer identification number <b>52-1163405</b>
	Doing business as		<b>E</b> Telephone number <b>410-634-2847</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>12610 EVELAND ROAD</b>		<b>G</b> Gross receipts \$ <b>1,325,120.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>RIDGELY, MD 21660</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>VIRGINIA TIERNAN</b> <b>12610 EVELAND ROAD, RIDGELY, MD 21660</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: <b>WWW.ADKINSARBORETUM.ORG</b>		<b>H(c)</b> Group exemption number	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1979</b>	<b>M</b> State of legal domicile: <b>MD</b>

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MAINTAIN, ENHANCE AND DEVELOP ADKINS ARBORETUM AT TUCKAHOE STATE PARK, CAROLINE COUNTY</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>965,863.</b>	<b>415,390.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>32,055.</b>	<b>86,860.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>347,560.</b>	<b>177,308.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>79,124.</b>	<b>73,120.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,424,602.</b>	<b>752,678.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>337,739.</b>	<b>337,801.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>111,828.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>514,255.</b>	<b>607,860.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>851,994.</b>	<b>945,661.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>572,608.</b>	<b>-192,983.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>5,843,220.</b>	<b>5,033,557.</b>
		<b>85,894.</b>	<b>82,753.</b>
		<b>5,757,326.</b>	<b>4,950,804.</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date		
	<b>VIRGINIA TIERNAN, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>LISA K. DURHAM, CPA</b>	<b>LISA K. DURHAM, CPA</b>	<b>11/10/23</b>		<b>P00749970</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>ACCOUNTING STRATEGIES GROUP, LLC</b>	<b>26-3654652</b>		<b>410-673-1384</b>	
	Firm's address				
	<b>PO BOX 369</b>				
	<b>PRESTON, MD 21655</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: MAINTAIN, ENHANCE AND DEVELOP ADKINS ARBORETUM AT TUCKAHOE STATE PARK, CAROLINE COUNTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 640,288. including grants of \$ ) (Revenue \$ 323,288. ) ECOLOGICAL, CULTURAL, RECREATIONAL, HORTICULTURAL, WILDLIFE TO FLORAL COMMUNITIES OF MIXED HARDWOOD UPLANDS, BOTTOMLAND FORESTS, NONTIDAL MARSHES AND OPEN MEADOWS OF THE CENTRAL DELMARVA PENINSULA, AND TO TEACH THE PUBLIC ABOUT THEIR ECOLOGICAL, CULTURAL, RECREATIONAL, HORTICULTURAL, WILDLIFE AND AESTHETIC VALUE.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 640,288.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Checkmarks are present in the 'Yes' or 'No' columns for various questions.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	1a	16	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	16	
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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 exempt status with respect to such arrangements?		
<b>16b</b>			

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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**



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNIE RUCH VICE CHAIR	2.00			X			0.	0.	0.	
(2) PATRICIA BOWELL TREASURER	2.00			X			0.	0.	0.	
(3) DEBBIE BOWDEN SECRETARY	2.00			X			0.	0.	0.	
(4) ANDREW MILLER CHAIR	2.00			X			0.	0.	0.	
(5) JULIANNA PAX TRUSTEE	1.00	X					0.	0.	0.	
(6) JAY FALSTAD TRUSTEE	1.00	X					0.	0.	0.	
(7) KAREN GIANNINOTO TRUSTEE	1.00	X					0.	0.	0.	
(8) LORELLY SOLANO TRUSTEE	1.00	X					0.	0.	0.	
(9) MARY BETH DURKIN TRUSTEE	1.00	X					0.	0.	0.	
(10) LORIE STAVER TRUSTEE	1.00	X					0.	0.	0.	
(11) JOYCE ANDERSON TRUSTEE	1.00	X					0.	0.	0.	
(12) MIKAELA BOLEY TRUSTEE	1.00	X					0.	0.	0.	
(13) KATHY CARMEAN EMERITUS TRUSTEE	1.00	X					0.	0.	0.	
(14) PETER STIFEL EMERITUS TRUSTEE	1.00	X					0.	0.	0.	
(15) JANIS TRAINOR TRUSTEE	1.00	X					0.	0.	0.	
(16) DEBBIE COOPER-HUGHES EX OFFICIO MEMBER	1.00	X					0.	0.	0.	
(17) GREGORY S. FARLEY TRUSTEE	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAMIKA BAKER-WILSON TRUSTEE	1.00	X						0.	0.	0.
(19) LIZ DONADIO TRUSTEE	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b	91,893.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	18,367.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	305,130.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 93,329.			
	h	<b>Total.</b> Add lines 1a-1f		415,390.			
Program Service Revenue	2 a	PROGRAM FEES	Business Code	713990	86,860.	86,860.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f		86,860.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		85,907.	85,907.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
			6b	(ii) Personal			
			6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	572,892.		
			7b	(ii) Other	481,491.		
			7c		91,401.		
	d	Net gain or (loss)		91,401.	91,401.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		14,000.		
			8b		0.		
				14,000.		14,000.	
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
		9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a		150,071.			
		10b		90,951.			
				59,120.	59,120.		
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions		752,678.	323,288.	0.	14,000.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	297,748.	166,681.	87,767.	43,300.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,586.	4,614.	2,673.	1,299.
9 Other employee benefits .....	6,322.	6,098.	224.	
10 Payroll taxes .....	25,145.	14,354.	7,147.	3,644.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	18,757.		18,757.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	29,285.		29,285.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion .....	3,551.	3,299.		252.
13 Office expenses .....	15,527.	6,634.	3,435.	5,458.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	15,263.	15,263.		
17 Travel .....	548.	548.		
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 .....	102,982.	72,087.	30,895.	
23 Insurance .....	17,587.	14,283.	3,304.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>CONSULTANTS</b>	277,546.	226,839.	2,882.	47,825.
b <b>BUILDING AND GROUNDS</b>	43,889.	43,889.		
c <b>SUPPLIES/CATERING/RENTA</b>	32,343.	32,343.		
d <b>PRINTING AND POSTAGE</b>	22,150.	10,962.	1,138.	10,050.
e All other expenses	28,432.	22,394.	6,038.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>945,661.</b>	<b>640,288.</b>	<b>193,545.</b>	<b>111,828.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,402.	<b>1</b>	1,837.
	<b>2</b> Savings and temporary cash investments .....	139,931.	<b>2</b>	117,919.
	<b>3</b> Pledges and grants receivable, net .....	1,375.	<b>3</b>	5,988.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	28,522.	<b>8</b>	28,862.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,704,349.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,472,673.	1,276,629.	<b>10c</b> 1,231,676.
	<b>11</b> Investments - publicly traded securities .....	3,674,841.	<b>11</b>	2,960,866.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	720,520.	<b>15</b>	686,409.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	5,843,220.	<b>16</b>	5,033,557.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	49,021.	<b>17</b>	24,831.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	36,873.	<b>25</b>	57,922.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	85,894.	<b>26</b>	82,753.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	5,304,847.	<b>27</b>	4,508,325.
	<b>28</b> Net assets with donor restrictions .....	452,479.	<b>28</b>	442,479.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,757,326.	<b>32</b>	4,950,804.
<b>33</b> Total liabilities and net assets/fund balances .....	5,843,220.	<b>33</b>	5,033,557.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	752,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	945,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	-192,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,757,326.
5	Net unrealized gains (losses) on investments	5	-613,539.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,950,804.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c 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? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a	X	
2b		X
2c		X
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> ADKINS ARBORETUM, LTD.	<b>Employer identification number</b> 52-1163405
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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.)

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2021 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	282,539.	676,767.	394,442.	965,863.	415,390.	2735001.
<b>2</b> 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 .....	252,337.	263,603.	159,054.	193,233.	250,931.	1119158.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	534,876.	940,370.	553,496.	1159096.	666,321.	3854159.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						3854159.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....	534,876.	940,370.	553,496.	1159096.	666,321.	3854159.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	-228,768.	476,243.	257,154.	414,654.	177,308.	1096591.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	-228,768.	476,243.	257,154.	414,654.	177,308.	1096591.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	306,108.	1416613.	810,650.	1573750.	843,629.	4950750.

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	77.85 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	72.99 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	22.15 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	27.01 %

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**Part VI**

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

COPY

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

ADKINS ARBORETUM, LTD.

Employer identification number

52-1163405

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>ADKINS ARBORETUM, LTD.</b>	Employer identification number  <b>52-1163405</b>
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**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	 <hr/> <hr/> <hr/>	\$ <u>7,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>5,987.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>ADKINS ARBORETUM, LTD.</b>	Employer identification number  <b>52-1163405</b>
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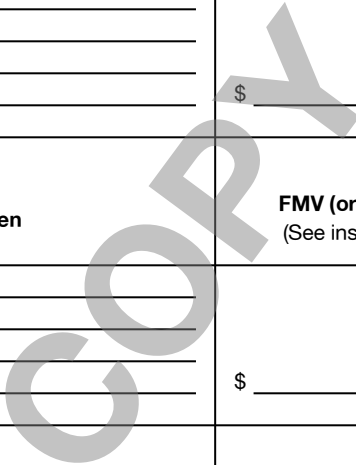
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ADKINS ARBORETUM, LTD.</b>	Employer identification number  <b>52-1163405</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

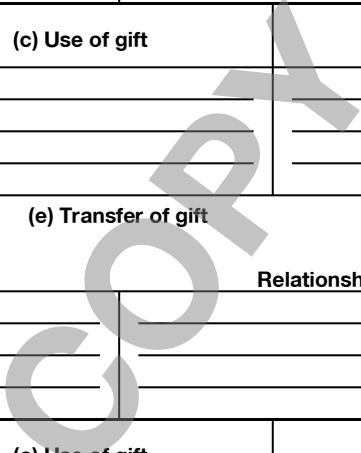
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____



Name of organization <b>ADKINS ARBORETUM, LTD.</b>	Employer identification number <b>52-1163405</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization **ADKINS ARBORETUM, LTD.** Employer identification number **52-1163405**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement 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 holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

\$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

\$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,674,841.	2,876,214.	2,819,500.	2,647,560.	3,213,170.
b Contributions	6,343.	500,739.	9,091.	9,016.	
c Net investment earnings, gains, and losses	-467,999.	387,591.	231,015.	450,298.	-228,813.
d Grants or scholarships					
e Other expenditures for facilities and programs	252,319.	89,703.	183,392.	287,374.	336,797.
f Administrative expenses					
g End of year balance	2,960,866.	3,674,841.	2,876,214.	2,819,500.	2,647,560.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.0000 %
  - b Permanent endowment 11.0000 %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| (i) Unrelated organizations  |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations   |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____ | 3b  |                                     |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		2,704,349.	1,472,673.	1,231,676.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,231,676.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**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	(b) Book value
(1) DIVIDENDS AND INTEREST RECEIVABLE	10,843.
(2) WORKS OF ART	9,077.
(3) CONSTRUCTION IN PROGRESS	666,489.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	686,409.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE	57,922.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	57,922.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	200,805.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-613,539.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	61,666.	
e	Add lines 2a through 2d	2e		-551,873.
3	Subtract line 2e from line 1	3		752,678.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		752,678.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,007,327.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	61,666.	
e	Add lines 2a through 2d	2e		61,666.
3	Subtract line 2e from line 1	3		945,661.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		945,661.

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

BOTANICAL AND NATURE RELATED WORKS OF ART ARE ON DISPLAY TO WELCOME GUESTS TO THE ARBORETUM'S VISITOR CENTER.

**PART X, LINE 2:**

IN ACCORDANCE WITH FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, THE ORGANIZATION HAS ASSESSED THE LIKELIHOOD THAT ALL TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

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

MERCHANDISE EXPENSE

INVESTMENT FEES

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

MERCHANDISE EXPENSE

INVESTMENT FEES

COPY



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**ADKINS ARBORETUM, LTD.**

Employer identification number

**52-1163405**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>PROFESSIONAL SE</b> )	<b>X</b>	<b>8</b>	<b>93,329.</b>	<b>FMV</b>
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

COPY

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

ADKINS ARBORETUM, LTD.

Employer identification number

52-1163405

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:

POLICY APPLIES TO BOARD MEMBERS, STAFF AND CERTAIN VOLUNTEERS OF THE  
ORGANIZATION. ALL INTERESTED PARTIES ARE UNDER A CONTINUING OBLIGATION TO  
DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT AS SOON AS IT IS REASONABLY KNOWN  
BY COMPLETING A QUESTIONNAIRE. A DISCLOSURE STATEMENT IS ALSO REQUIRED TO  
BE COMPLETED ANNUALLY BY ALL INTERESTED PARTIES.

FORM 990, PART VI, SECTION B, LINE 15:

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.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY  
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
	ART														
2	WETLANDS WATERCOLOR ART	10/30/03	L				400.				400.			0.	
	* 990 PAGE 10 TOTAL - ART						400.				400.	0.		0.	0.
	BLUE HERON SCULPTURE														
4	BLUE HERON SCULPTURE	12/31/03	L				8,677.				8,677.			0.	
	* 990 PAGE 10 TOTAL - BLUE HERON SCULPTURE						8,677.				8,677.	0.		0.	0.
	BONSAI														
	* 990 PAGE 10 TOTAL - BONSAI						0.				0.	0.		0.	0.
	CIP														
8	BLDG IMP - VISITORS CENTER - PLANNING	12/31/04	L				6,575.				6,575.			0.	
9	LND IMP - LANDSCAPING DESIGN	12/31/04	L				29,849.				29,849.			0.	
10	LND IMP - LANDSCAPE DESIGN - NEW	12/31/05	L				20,253.				20,253.			0.	
11	LND IMP - SIGNAGE	09/30/05	L				13,135.				13,135.			0.	
12	LND IMP - MICHAEL VAN V - LANDSCAPE DESIGN	12/31/06	L				75,936.				75,936.			0.	
13	LND IMP - ANDREWS, MILLER - SITE SURVEY	12/31/06	L				74,005.				74,005.			0.	
16	BLDG IMP - INTRO SPEC - CIVIL ENG DOCS	12/31/06	L				1,050.				1,050.			0.	
17	BLDG IMP - JOHN HYNES - STRUCTURAL TEST BORING	12/31/06	L				11,895.				11,895.			0.	
19	BLDG IMP - CAROLINE COUNTY - SOIL SITE TEST	01/30/06	L				270.				270.			0.	

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
22	BLD IMP - CONSULTING LAKE FLATO ARCHITECTS	12/13/07	L				38,132.				38,132.			0.	
187	LND IMP - ANDREWS, MILLER & RW BROWN	09/17/09	L				9,028.				9,028.			0.	
194	ARCHITECTS AND DESIGN	09/20/10	L				64,388.				64,388.			0.	
204	ARCHITECTS AND DESIGN	12/31/11	L				63,340.				63,340.			0.	
210	ARCHITECTS - NEW VISITORS CENTER	12/31/12	L				73,927.				73,927.			0.	
220	EDIS VALUE ENGINEERING STUDY	03/06/13	L				37,404.				37,404.			0.	
221	DAVIS BOWEN REENGINEERING	12/26/13	L				42,287.				42,287.			0.	
222	LAKE/FLATO ARCHITECTURAL SERVICES VC	08/12/13	L				61,504.				61,504.			0.	
229	LAKE/FLATO ARCHITECTURAL SERVICES VC	09/18/14	L				28,780.				28,780.			0.	
230	DAVIS BOWEN FRIEDEL VALUE ENGIENEERING REVISIONS	08/01/14	L				12,658.				12,658.			0.	
231	DAVIS BOWEN FRIEDEL SOUTH ENTRANCE	12/30/14	L				2,073.				2,073.			0.	
	* 990 PAGE 10 TOTAL - CIP						666,489.				666,489.	0.		0.	0.
	EQUIPMENT														
24	TRACTOR	08/09/91	SL	20.00		16	15,538.				15,538.	15,538.		0.	15,538.
25	GREENHOUSE EQUIPMENT	06/30/92	SL	20.00		16	2,187.				2,187.	2,187.		0.	2,187.
26	C-250 CUTTER	06/30/93	SL	20.00		16	358.				358.	358.		0.	358.
27	BOOKS - 1993	06/30/93	SL	20.00		16	1,086.				1,086.	1,086.		0.	1,086.
29	KUBOTA TRACTOR	03/10/94	SL	20.00		16	4,300.				4,300.	4,300.		0.	4,300.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
30	BOOKS	06/30/94	SL	20.00		16	1,135.				1,135.	1,135.		0.	1,135.
31	MOWER DECK BEFCO	10/06/94	SL	20.00		16	1,450.				1,450.	1,450.		0.	1,450.
32	WOODEN STORAGE SHELVES	03/30/94	SL	20.00		16	910.				910.	910.		0.	910.
33	ROTARY MOWER	12/14/95	SL	20.00		16	2,449.				2,449.	2,449.		0.	2,449.
34	STORAGE SHED	06/01/95	SL	20.00		16	1,500.				1,500.	1,500.		0.	1,500.
35	BACK PAK BLOWER	12/09/96	SL	20.00		16	450.				450.	450.		0.	450.
36	AIR COMPRESSOR	08/09/97	SL	20.00		16	210.				210.	210.		0.	210.
40	MISCELLANEOUS EQUIPMENT	07/30/98	SL	20.00		16	440.				440.	440.		0.	440.
41	GROUNDS EQUIPMENT	06/30/98	SL	20.00		16	4,415.				4,415.	4,415.		0.	4,415.
42	MISCELLANEOUS EQUIPMENT	06/30/87	SL	7.00		16	21,494.				21,494.	21,494.		0.	21,494.
43	FURNITURE - AUDITORIUM	02/07/00	SL	7.00		16	5,940.				5,940.	5,940.		0.	5,940.
44	FURNITURE - AUDITORIUM	03/13/00	SL	7.00		16	2,568.				2,568.	2,568.		0.	2,568.
45	FURNITURE - AUDITORIUM	04/04/00	SL	7.00		16	2,824.				2,824.	2,824.		0.	2,824.
46	STACKING CHAIR DOLLY	05/05/00	SL	7.00		16	241.				241.	241.		0.	241.
47	1997 CLUB CAR	06/27/00	SL	5.00		16	3,259.				3,259.	3,259.		0.	3,259.
48	TABLE FOR GREENHOUSE	03/08/00	SL	15.00		16	226.				226.	226.		0.	226.
49	PROJECTOR	12/28/01	SL	7.00		16	4,934.				4,934.	4,934.		0.	4,934.
50	BRACKET W/ ARM	02/21/01	SL	7.00		16	90.				90.	90.		0.	90.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
51	GOLF CART	05/20/02	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
52	NURSERY/GROUND	11/27/02	SL	7.00		16	425.				425.	425.		0.	425.
53	DISPLAY CASES	06/03/03	SL	7.00		16	778.				778.	778.		0.	778.
54	PUMP - NURSERY	02/19/04	SL	5.00		16	1,819.				1,819.	1,819.		0.	1,819.
176	SKID SPRAYER	07/31/08	SL	7.00		16	5,017.				5,017.	5,017.		0.	5,017.
177	GENERATOR	08/21/08	SL	7.00		16	2,093.				2,093.	2,093.		0.	2,093.
185	CRATE & BARREL OUTDOOR FURNITURE	06/11/09	SL	7.00		16	1,061.				1,061.	1,061.		0.	1,061.
189	KUBOTA 26 HP 60" PRO COMMERCIAL TRACTOR	01/29/09	SL	20.00		16	11,758.				11,758.	7,595.		588.	8,183.
211	SKID LOADER	02/08/12	SL	7.00		16	24,995.				24,995.	24,995.		0.	24,995.
212	AT3 18.5 HP LAWN MOWER	03/16/12	SL	7.00		16	3,934.				3,934.	3,934.		0.	3,934.
213	(5) 6' CAST BENCHES	10/17/12	SL	7.00		16	6,983.				6,983.	6,983.		0.	6,983.
214	(10) BIKE RACKS	10/17/12	SL	7.00		16	3,340.				3,340.	3,340.		0.	3,340.
225	2009 EZ-GO TXT ELECTRIC SN 2663824	08/07/13	SL	7.00		16	3,000.				3,000.	3,000.		0.	3,000.
226	(6) PICNIC TABLES	06/03/13	SL	7.00		16	18,763.				18,763.	18,763.		0.	18,763.
227	(1) BENCH	08/13/13	SL	7.00		16	2,518.				2,518.	2,518.		0.	2,518.
232	6' CAST BENCH (MARGON GLOVER)	10/08/14	SL	7.00		16	1,610.				1,610.	1,610.		0.	1,610.
233	72" GRAPPLE BUCKET	03/28/14	SL	7.00		16	2,765.				2,765.	2,765.		0.	2,765.
242	PICNIC TABLES	07/27/18	SL	7.00		16	1,245.				1,245.	608.		178.	786.

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
252	ELKAY OUTDOOR EZH2O BOTTLE FILLING STATION	03/29/22	SL	7.00		16	3,204.				3,204.			343.	343.
	* 990 PAGE 10 TOTAL - EQUIPMENT						175,812.				175,812.	167,808.		1,109.	168,917.
	L/H BUILDING IMPROVEMENTS														
56	MAIN BUILDING IMPROVEMENTS	04/06/99	SL	15.00		16	45,680.				45,680.	45,680.		0.	45,680.
57	LUMBER FOR SHELVEING	02/17/00	SL	15.00		16	67.				67.	63.		0.	63.
58	DEPOSIT ON 28X44 BUILDING	03/02/00	SL	15.00		16	2,500.				2,500.	2,500.		0.	2,500.
59	BALANCE IN FULL	03/02/00	SL	15.00		16	10,275.				10,275.	10,275.		0.	10,275.
60	WINDOWS FOR SHED	03/13/00	SL	15.00		16	15.				15.	15.		0.	15.
61	ELECTRIC FOR GREENHOUSE	03/21/00	SL	15.00		16	900.				900.	900.		0.	900.
62	PART & LABOR - PROPANE GREENHOUSE	04/21/00	SL	15.00		16	299.				299.	299.		0.	299.
63	ELECTRIC TO GREENHOUSE	05/02/00	SL	15.00		16	900.				900.	900.		0.	900.
64	ELECTRIC TO GREENHOUSE	06/01/00	SL	15.00		16	1,500.				1,500.	1,500.		0.	1,500.
65	GREENHOUSE - TRANS FROM CIP	06/01/00	SL	15.00		16	16,261.				16,261.	16,261.		0.	16,261.
67	BUILT IN FURNITURE	04/25/01	SL	15.00		16	1,371.				1,371.	1,367.		0.	1,367.
68	ELLIE'S BOOKSHELVES	04/17/02	SL	15.00		16	704.				704.	704.		0.	704.
69	IMPROVEMENTS	05/28/02	SL	15.00		16	1,840.				1,840.	1,840.		0.	1,840.
71	A/C REPAIRS - AUDITORIUM	04/25/02	SL	7.00		16	6,548.				6,548.	6,548.		0.	6,548.
72	HEAT PUMP	07/11/03	SL	7.00		16	5,275.				5,275.	5,275.		0.	5,275.



2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	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
73	NURSERY ADDITION/OFFICE/BATHROOM/WOR	12/31/04	SL	20.00		16	67,297.				67,297.	57,205.		3,365.	60,570.
74	CONSTRUCTION WORK ON NURSERY BLDG	01/01/05	SL	20.00		16	6,000.				6,000.	5,100.		300.	5,400.
75	ELECTRICAL WORK ON NURSERY BLDG	01/01/05	SL	20.00		16	2,718.				2,718.	2,312.		136.	2,448.
76	PLUMBING FOR NURSERY BATHROOM	01/01/05	SL	20.00		16	1,657.				1,657.	1,411.		83.	1,494.
77	WINDOW & THRESHOLD FOR NURSERY	03/14/05	SL	15.00		16	1,000.				1,000.	1,000.		0.	1,000.
78	ELECTRIC WORK FOR NURSERY OFFICE	03/14/05	SL	15.00		16	7,460.				7,460.	7,456.		0.	7,456.
79	SIGNS AT EXISTING VISITORS CENTER	09/01/05	SL	5.00		16	21,050.				21,050.	21,050.		0.	21,050.
80	DOORS FOR EXISTING VISITORS CENTER	01/28/05	SL	15.00		16	1,890.				1,890.	1,890.		0.	1,890.
81	DOORS FOR EXISTING VISITORS CENTER	01/31/05	SL	15.00		16	2,907.				2,907.	2,907.		0.	2,907.
82	BLINDS FOR WINDOWS IN EXISTING VISITORS CTR	03/31/05	SL	15.00		16	2,009.				2,009.	2,009.		0.	2,009.
83	HVAC FOR NURSERY	02/28/05	SL	7.00		16	6,855.				6,855.	6,855.		0.	6,855.
84	BUILT-IN TELEVISION CABINET	04/08/05	SL	15.00		16	1,500.				1,500.	1,500.		0.	1,500.
85	PHONE LINES IN NURSERY	04/18/05	SL	15.00		16	5,569.				5,569.	5,566.		0.	5,566.
86	NEW ROOF ON EXISTING VISITORS CENTER	11/15/05	SL	15.00		16	51,928.				51,928.	51,928.		0.	51,928.
87	BOOKSHELVES	01/15/07	SL	7.00		16	2,514.				2,514.	2,514.		0.	2,514.
186	VISITOR CENTER BANNERS	09/25/09	SL	7.00		16	1,671.				1,671.	1,671.		0.	1,671.
196	GOAT BARN	12/01/11	SL	20.00		16	4,646.				4,646.	2,339.		232.	2,571.
197	GOAT ENCLOSURE FENCING	12/17/11	SL	20.00		16	5,134.				5,134.	2,570.		257.	2,827.

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198	GUTTERS FOR RAIN BARRELS AT NURSERY	06/29/11	SL	15.00		16	3,565.				3,565.	2,499.		238.	2,737.
205	BRIDGE RESTORATION EAST WETLANDS BRIDGE	08/28/12	SL	15.00		16	12,135.				12,135.	7,551.		809.	8,360.
206	NEW VISITORS CENTER BRIDGE	02/14/13	SL	15.00		16	42,750.				42,750.	25,413.		2,850.	28,263.
218	ENTRANCE BRIDGE RAILINGS	02/14/13	SL	15.00		16	61,900.				61,900.	36,799.		4,127.	40,926.
219	ENTRANCE BRIDGE HANDRAIL	02/14/13	SL	15.00		16	9,450.				9,450.	5,618.		630.	6,248.
228	CAPITALIZED INTEREST	12/31/13	SL	20.00		16	12,305.				12,305.	3,075.		615.	3,690.
234	CAPITALIZED INTEREST	12/31/14	SL	20.00		16	5,899.				5,899.	1,475.		295.	1,770.
235	ARBOR	03/31/16	SL	15.00		16	36,672.				36,672.	14,059.		2,445.	16,504.
236	PAVILION	10/11/16	SL	20.00		16	132,949.				132,949.	34,897.		6,647.	41,544.
237	GNOME HOUSE	12/08/16	SL	7.00		16	1,250.				1,250.	895.		179.	1,074.
239	FRONT ENTRANCE GATES	12/27/16	SL	15.00		16	5,504.				5,504.	1,835.		367.	2,202.
240	BRIDGE REPAIR (WEEMS)	08/31/18	SL	15.00		16	13,042.				13,042.	2,897.		869.	3,766.
247	KITCHEN	09/30/19	SL	15.00		16	49,930.				49,930.	7,490.		3,329.	10,819.
248	RESTROOM REMODEL	12/31/20	SL	15.00		16	56,513.				56,513.	3,768.		3,768.	7,536.
249	CARPET TILE FLOORING	03/10/21	SL	15.00		16	10,961.				10,961.	609.		731.	1,340.
250	GALLERY LIGHTING	03/26/21	SL	15.00		16	8,720.				8,720.	436.		581.	1,017.
251	NEW HVAC	06/08/22	SL	7.00		16	54,825.				54,825.			4,569.	4,569.
	* 990 PAGE 10 TOTAL - L/H BUILDING IMPROVEMENTS						806,310.				806,310.	420,726.		37,422.	458,148.

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	LAND IMPROVEMENTS														
14	LND IMP - MCMULLAN - WOOD BRIDGES ENG DESIGN	12/31/06	SL	15.00		16	7,837.				7,837.	2,610.		0.	2,610.
15	LND IMP - CLOUD GESHAN - SIGNAGE	12/31/06	SL	15.00		16	36,603.				36,603.	12,200.		0.	12,200.
18	BLDG IMP - LAKE/FLATO - ARCHITECTURAL DESIGNS	12/31/06	SL	15.00		16	418,610.				418,610.	139,535.		0.	139,535.
20	LND IMP - SIGNAGE	09/28/07	SL	15.00		16	64,989.				64,989.	21,665.		3,249.	24,914.
21	LND IMP - ARRAY SYSTEM	03/16/07	SL	15.00		16	2,520.				2,520.	840.		42.	882.
89	GREENHOUSE	11/01/93	SL	20.00		16	2,895.				2,895.	2,895.		0.	2,895.
93	NEW IRRIGATION LINES	03/23/00	SL	15.00		16	3,128.				3,128.	3,128.		0.	3,128.
94	IRRIGATION MATERIAL	04/24/00	SL	15.00		16	1,269.				1,269.	1,269.		0.	1,269.
95	LUMBER FOR AA SHOP	06/23/00	SL	15.00		16	472.				472.	468.		0.	468.
96	INV 12038	12/29/00	SL	15.00		16	700.				700.	700.		0.	700.
97	GREENHOUSE CONTENTS	02/15/00	SL	15.00		16	1,356.				1,356.	1,353.		0.	1,353.
98	GREENHOUSE CONTENTS	02/18/00	SL	15.00		16	319.				319.	319.		0.	319.
99	GREENHOUSE CONTENTS	02/23/00	SL	15.00		16	847.				847.	843.		0.	843.
100	GREENHOUSE CONTENTS	03/09/00	SL	15.00		16	2,108.				2,108.	2,108.		0.	2,108.
101	MATERIAL FOR PERGOLA	03/31/00	SL	15.00		16	834.				834.	834.		0.	834.
102	ACCOUNT #467862	05/15/00	SL	15.00		16	299.				299.	299.		0.	299.
103	IRRIGATION SYSTEM	09/26/01	SL	15.00		16	2,422.				2,422.	2,418.		0.	2,418.

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104	LANDSCAPING MAIN BUILDING	09/12/01	SL	15.00		16	10,754.				10,754.	10,754.		0.	10,754.
105	GARDEN SIGNS	09/12/01	SL	15.00		16	1,813.				1,813.	1,778.		0.	1,778.
106	DESIGN SURVEY	09/19/02	SL	15.00		16	689.				689.	689.		0.	689.
107	WEED CONTROL	11/01/02	SL	15.00		16	136.				136.	136.		0.	136.
108	NURSERY	11/11/02	SL	15.00		16	400.				400.	400.		0.	400.
109	RANGINE CORP.	12/15/02	SL	15.00		16	289.				289.	289.		0.	289.
110	BOARDWALK	10/07/02	SL	15.00		16	4,500.				4,500.	4,500.		0.	4,500.
111	GRASS PLANTING	07/29/02	SL	15.00		16	200.				200.	197.		0.	197.
112	LND IMP - BOARDWALK	01/01/06	SL	15.00		16	8,759.				8,759.	8,759.		0.	8,759.
113	LAND IMPROVEMENTS	03/04/03	SL	15.00		16	2,970.				2,970.	2,970.		0.	2,970.
114	SIGNS	10/23/03	SL	15.00		16	3,938.				3,938.	3,938.		0.	3,938.
115	BENCH	04/08/04	SL	7.00		16	1,143.				1,143.	1,143.		0.	1,143.
116	BOARDWALK	09/30/04	SL	15.00		16	81,258.				81,258.	81,258.		0.	81,258.
117	LND IMP - LANG MEMORIAL BENCH	03/21/06	SL	7.00		16	2,150.				2,150.	2,150.		0.	2,150.
118	100 AMP ELECTRICAL BENCH	03/14/05	SL	15.00		16	2,095.				2,095.	2,095.		0.	2,095.
119	ELECTRICAL SUPPLY LINES	01/04/05	SL	15.00		16	10,729.				10,729.	10,726.		0.	10,726.
120	MEMORIAL BENCHES	07/18/05	SL	7.00		16	4,550.				4,550.	4,550.		0.	4,550.
178	BENCH	10/09/08	SL	7.00		16	2,150.				2,150.	2,150.		0.	2,150.

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179	LND IMP - SITE DEVELOPMENT/SIGNAGE	12/15/08	SL	15.00		16	34,723.				34,723.	11,575.		2,315.	13,890.
183	COMPOST BIN INSTALLATION	08/19/09	SL	15.00		16	6,440.				6,440.	5,291.		429.	5,720.
184	GREENHOUSE IRRIGATION/INJECTION FEEDER	10/07/09	SL	15.00		16	11,282.				11,282.	9,212.		752.	9,964.
188	LND IMP - M. VAN WALKEN BIKE PATH REDESIGN	05/14/09	SL	15.00		16	7,323.				7,323.	2,440.		488.	2,928.
190	WALKING PATH SIGNAGE DESIGN	12/31/09	SL	15.00		16	11,750.				11,750.	3,915.		783.	4,698.
193	MAP MOUNT	03/17/10	SL	7.00		16	450.				450.	16.		0.	16.
195	WALKING PATH SIGNAGE DESIGN	12/31/10	SL	15.00		16	94,671.				94,671.	31,555.		6,311.	37,866.
199	RAIN GARDEN INTERPRETIVE SIGN	11/22/11	SL	15.00		16	9,940.				9,940.	6,685.		663.	7,348.
200	ENTRANCE SIGNAGE	07/13/11	SL	15.00		16	1,159.				1,159.	770.		77.	847.
201	TRAIL SIGNAGE	04/28/11	SL	15.00		16	4,849.				4,849.	3,446.		323.	3,769.
207	LANDSCAPING - FRONT ENTRANCE, VISTORS AND SOUTH	12/01/12	SL	15.00		16	71,148.				71,148.	43,082.		4,743.	47,825.
208	NEW IRRIGATION WELL, PUMPS AND LINES - ENTRANCE AND SOU	10/21/12	SL	15.00		16	25,705.				25,705.	15,712.		1,714.	17,426.
209	CONSTRUCTION/EXCAVATION - VISITORS AND SOUTH PARKING A	11/01/12	SL	15.00		16	124,130.				124,130.	75,854.		8,275.	84,129.
215	ENTRANCE SIGNAGE	05/29/13	SL	15.00		16	6,000.				6,000.	3,433.		400.	3,833.
216	ENTRANCE AND SOUTH ENTRANCE SIGNS	05/29/13	SL	15.00		16	63,191.				63,191.	36,161.		4,213.	40,374.
217	UGRR SIGNAGE	05/15/13	SL	15.00		16	1,366.				1,366.	789.		91.	880.
238	TRAIL CONSTRUCTION	09/28/16	SL	15.00		16	41,390.				41,390.	14,485.		2,759.	17,244.
241	PARKING LOT ALIVE LANDSCAPE ARCHITECT	06/25/19	SL	15.00		16	14,742.				14,742.	2,457.		983.	3,440.

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243	PARKING LOT ALIVE	06/25/19	SL	15.00		16	292,789.				292,789.	48,798.		19,519.	68,317.
244	SHA TRAIL BRIDGES	03/15/19	SL	15.00		16	24,876.				24,876.	4,698.		1,658.	6,356.
245	LOW FENCE	06/07/19	SL	15.00		16	3,460.				3,460.	597.		231.	828.
246	MEADOW PLATFORM	10/16/19	SL	15.00		16	66,500.				66,500.	9,605.		4,433.	14,038.
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS						1,603,615.				1,603,615.	662,542.		64,451.	726,993.
	OFFICE EQUIPMENT														
123	PHONE UPGRADE	10/02/97	SL	7.00		16	1,931.				1,931.	1,931.		0.	1,931.
124	FIREPROOF FILING CABINET	06/23/97	SL	7.00		16	886.				886.	886.		0.	886.
126	BOOKCASES	03/18/97	SL	7.00		16	520.				520.	520.		0.	520.
127	BOOKCASE, ETC	05/27/97	SL	7.00		16	260.				260.	260.		0.	260.
128	COMPUTER HARDWARE	12/29/97	SL	5.00		16	797.				797.	797.		0.	797.
129	FIRE KING FILE CABINET	04/16/99	SL	7.00		16	1,390.				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	SL	5.00		16	1,434.				1,434.	1,434.		0.	1,434.
132	DIGITAL CAMERA	12/31/01	SL	7.00		16	2,009.				2,009.	2,009.		0.	2,009.
134	BOOKSHELVES	03/16/01	SL	7.00		16	48.				48.	48.		0.	48.
135	FURNITURE	04/13/01	SL	7.00		16	1,034.				1,034.	1,034.		0.	1,034.
136	FURNITURE	05/08/01	SL	7.00		16	575.				575.	575.		0.	575.

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137	FURNITURE	03/01/01	SL	7.00		16	75.				75.	75.		0.	75.
138	COMPUTERS	08/15/02	SL	5.00		16	2,432.				2,432.	2,432.		0.	2,432.
140	FILE CABINETS	02/27/02	SL	7.00		16	670.				670.	670.		0.	670.
141	SHELVES	03/13/02	SL	7.00		16	400.				400.	400.		0.	400.
145	EPSON PRINTER	02/15/03	SL	5.00		16	394.				394.	394.		0.	394.
146	HERBARIUM CASES	01/15/03	SL	7.00		16	200.				200.	200.		0.	200.
148	DELL COMPUTER	10/22/04	SL	5.00		16	898.				898.	898.		0.	898.
149	COMPUTER - DELL	12/15/04	SL	5.00		16	974.				974.	974.		0.	974.
150	TELEPHONE SYSTEM	02/14/04	SL	5.00		16	4,215.				4,215.	4,215.		0.	4,215.
151	SLIDE PROJECTOR	04/02/04	SL	5.00		16	1,875.				1,875.	1,875.		0.	1,875.
152	NURSERY PHONE SYSTEM	05/31/05	SL	5.00		16	5,249.				5,249.	5,249.		0.	5,249.
153	DELL NOTEBOOK COMPUTER	03/15/06	SL	5.00		16	2,782.				2,782.	2,782.		0.	2,782.
154	DELL COMPUTER & PRINTER	09/21/06	SL	5.00		16	3,981.				3,981.	3,981.		0.	3,981.
155	SPECIALTY TAG THERMAL PRINTER	02/01/06	SL	5.00		16	3,083.				3,083.	3,083.		0.	3,083.
180	FILE CABINETS (3)	10/21/09	SL	7.00		16	1,314.				1,314.	1,314.		0.	1,314.
181	DELL LATITUDE E6500 LAPTOP - ELLIE	05/15/09	SL	5.00		16	4,006.				4,006.	4,006.		0.	4,006.
182	DELL LATITUDE E6500 LAPTOP - KATE	10/08/09	SL	5.00		16	1,548.				1,548.	1,548.		0.	1,548.
191	COMPUTER SERVER - JOANNE AND GINNA	02/20/10	SL	5.00		16	1,966.				1,966.	1,966.		0.	1,966.

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192	LAPTOP - L TISON	06/15/10	SL	5.00		16	3,449.				3,449.	3,449.		0.	3,449.
203	DELL PE T610 SERVER	03/03/11	SL	5.00		16	2,136.				2,136.	2,136.		0.	2,136.
223	DELL LATITUDE E6530 LAPTOP	08/07/13	SL	5.00		16	1,869.				1,869.	1,869.		0.	1,869.
224	DELL LATITUDE 3540BTX LAPTOP	12/23/13	SL	5.00		16	635.				635.	635.		0.	635.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT						56,469.				56,469.	56,469.		0.	56,469.
	SOFTWARE														
158	ED. SOFTWARE	11/26/97	SL	3.00		16	658.				658.	658.		0.	658.
159	ED. SOFTWARE	12/10/97	SL	3.00		16	133.				133.	133.		0.	133.
160	COMPUTER SOFTWARE	01/23/97	SL	3.00		16	100.				100.	100.		0.	100.
161	ED. SOFTWARE	11/18/97	SL	3.00		16	416.				416.	416.		0.	416.
163	SOFTWARE	04/15/02	SL	3.00		16	2,030.				2,030.	2,030.		0.	2,030.
164	MISC SOFTWARE	06/30/03	SL	3.00		16	2,755.				2,755.	2,755.		0.	2,755.
166	INVASIVE PLANT CONTROL CUSTOMIZED SOFTWARE	06/14/06	SL	3.00		16	6,492.				6,492.	6,492.		0.	6,492.
167	EDWARD SARGENT PUBLIC ACCESS SOFTWARE	08/03/06	SL	3.00		16	3,424.				3,424.	3,424.		0.	3,424.
168	EDWARD SARGENT PUBLIC ACCESS INTERNET SOFTWARE	09/21/06	SL	3.00		16	2,975.				2,975.	2,975.		0.	2,975.
169	RAISERS EDGE SOFTWARE	01/09/07	SL	3.00		16	2,910.				2,910.	2,910.		0.	2,910.
170	GREEN VENUES SOFTWARE	06/03/07	SL	3.00		16	2,100.				2,100.	2,100.		0.	2,100.
202	QUICKBOOKS POS SOFTWARE AND HARDWARE	01/27/11	SL	3.00		16	4,330.				4,330.	4,330.		0.	4,330.

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	* 990 PAGE 10 TOTAL - SOFTWARE						28,323.				28,323.	28,323.		0.	28,323.
172	TOYOTA TRUCK	07/26/94	SL	5.00		16	5,103.				5,103.	5,103.		0.	5,103.
173	1999 FORD F150	06/23/99	SL	5.00		16	15,629.				15,629.	15,629.		0.	15,629.
174	TOYOTA PAINT JOB	02/21/02	SL	5.00		16	2,591.				2,591.	2,591.		0.	2,591.
175	RTV900W: UTILITY VEHICLE	08/02/07	SL	5.00		16	10,500.				10,500.	10,500.		0.	10,500.
	* 990 PAGE 10 TOTAL - SOFTWARE						33,823.				33,823.	33,823.		0.	33,823.
	* GRAND TOTAL 990 PAGE 10 DEPR						3,379,918.				3,379,918.	1,369,691.		102,982.	1,472,673.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,321,889.			0.	3,321,889.	1,369,691.			1,467,761.
	ACQUISITIONS						58,029.			0.	58,029.	0.			4,912.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,379,918.			0.	3,379,918.	1,369,691.			1,472,673.
	ENDING ACCUM DEPR											1,472,673.			
	ENDING BOOK VALUE											1,907,245.			

UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2023**

Name ADKINS ARBORETUM, LTD.	Employer Identification Number 52-1163405
--------------------------------	--

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	21,502.
MD NET OPERATING LOSS	2,576.

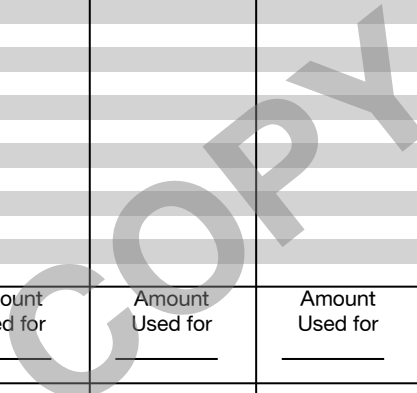
COPY

Type and Entity: VARIOUS GIFT SHOP ITEM POST-2017 NO DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation Section 382 Carryover

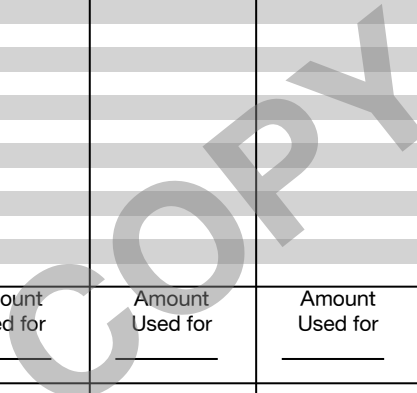
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2018	8,239.	1,330.	1,330.								
2020	14,593.										

Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

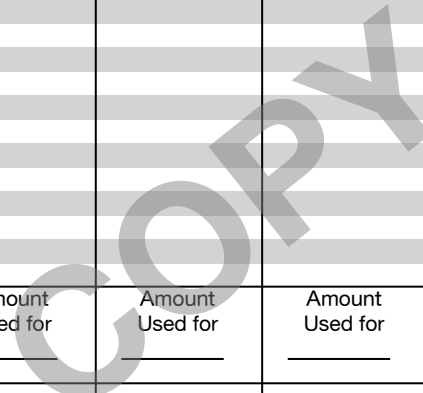



Type and Entity: PRE-2018 NOL FED **DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation		Section 382 Carryover									
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/16	Amount Used for 12/31/19	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2013	3,375.	3,375.	710.	2,665.						
B	2014	3,263.	3,263.		3,263.						
C	2015	6,237.	6,237.		3,058.	3,179.					
D	2017	3,521.	3,521.			2,124.	1,397.				
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
	Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											



Type and Entity: NOL MD		<b>DETAIL CARRYOVER SCHEDULE</b>										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/21	Amount Used for 12/31/22	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2020	14,593.	12,017.	9,290.	2,727.							
B												
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												



IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

ADKINS ARBORETUM, LTD.

EIN or SSN

52-1163405

Name and title of officer or person subject to tax

VIRGINIA TIERNAN EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize ACCOUNTING STRATEGIES GROUP, LLC to enter my PIN 10869. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52720049970

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/10/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ADKINS ARBORETUM, LTD.</b>	Taxpayer identification number (TIN) <b>52-1163405</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12610 EVELAND ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>RIDGELY, MD 21660</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**THE ORGANIZATION**

- The books are in the care of ▶ **12610 EVELAND ROAD - RIDGELY, MD 21660**
- Telephone No. ▶ **410-634-2847** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2022

Department of the Treasury Internal Revenue Service

For calendar year 2022 or other tax year beginning , and ending

Go to www.irs.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 501(c)(3) Organizations Only

Form sections A through F: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 5,033,557; D Employer identification number 52-1163405; E Group exemption number; F Check box if an amended return.

Form sections G through L: G Check organization type 501(c) corporation; H Check if filing only to Claim credit from Form 8941; I Check if a 501(c)(3) organization filing a consolidated return; J Enter the number of attached Schedules A (Form 990-T) 1; K During the tax year, was the corporation a subsidiary; L The books are in care of THE ORGANIZATION Telephone number 410-634-2847

Part I Total Unrelated Business Taxable Income table with 11 rows and 3 columns (description, line number, amount). Total amount: 0.

Part II Tax Computation table with 7 rows and 3 columns (description, line number, amount). Total amount: 0.

LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2022)



<b>Part III Tax and Payments</b>				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b	Other credits (see instructions) .....	<b>1b</b>		
c	General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e	<b>Total credits.</b> Add lines 1a through 1d .....	<b>1e</b>		
2	Subtract line 1e from Part II, line 7 .....	<b>2</b>		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....	<b>3</b>		
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....	<b>4</b>		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	<b>5</b>		0.
6a	Payments: A 2021 overpayment credited to 2022 .....	<b>6a</b>		
b	2022 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c	Tax deposited with Form 8868 .....	<b>6c</b>		
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e	Backup withholding (see instructions) .....	<b>6e</b>		
f	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other    Total .....	<b>6g</b>		
7	<b>Total payments.</b> Add lines 6a through 6g .....	<b>7</b>		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached .....	<b>8</b>		
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		
11	Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <b>Refunded</b> .....	<b>11</b>		

<b>Part IV Statements Regarding Certain Activities and Other Information</b>		(see instructions)	
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year .....		
4	Enter available pre-2018 NOL carryovers here    \$ <u>1,397.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
459420		\$ 22,832.	
\$		\$	
6a	Did the organization change its method of accounting? (see instructions) .....		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

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

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	EXECUTIVE DIRECTOR
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed    PTIN
	LISA K. DURHAM, CPA	LISA K. DURHAM, CPA	11/10/23	P00749970
	Firm's name	Firm's EIN		26-3654652
	Firm's address		Phone no.	
	ACCOUNTING STRATEGIES GROUP, LLC PO BOX 369 PRESTON, MD 21655		410-673-1384	

FORM 990-T PRE 2018 NOL SCHEDULE STATEMENT 1

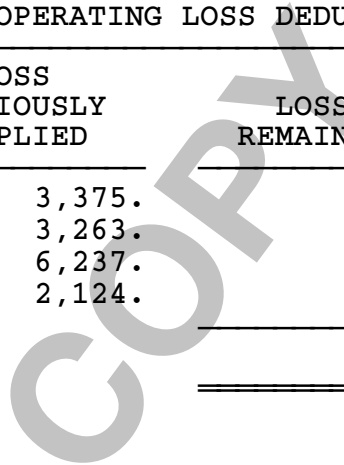
PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 1,397.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 1,397.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE  
 1 0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 1,397.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 332.  
 EXPIRING NET OPERATING LOSSES 0.  
 CARRY FORWARD OF NET OPERATING LOSS 0.

FORM 990-T PRE-2018 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13	3,375.	3,375.	0.	0.
12/31/14	3,263.	3,263.	0.	0.
12/31/15	6,237.	6,237.	0.	0.
12/31/17	3,521.	2,124.	1,397.	1,397.
NOL CARRYOVER AVAILABLE THIS YEAR			1,397.	1,397.



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

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

1

OMB No. 1545-0047

2022

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.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).

<b>A</b> Name of the organization <b>ADKINS ARBORETUM, LTD.</b>	<b>B</b> Employer identification number <b>52-1163405</b>
<b>C</b> Unrelated business activity code (see instructions) <b>459420</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **VARIOUS GIFT SHOP ITEMS**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales <u>46,143.</u>				
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>	46,143.		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>	33,907.		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>	12,236.		12,236.
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b>			
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	<b>4b</b>			
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>			
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....	<b>5</b>			
<b>6</b> Rent income (Part IV) .....	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>			
<b>11</b> Advertising income (Part IX) .....	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b>	12,236.		12,236.

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....					
<b>2</b> Salaries and wages .....	<b>2</b>				5,752.
<b>3</b> Repairs and maintenance .....	<b>3</b>				1,317.
<b>4</b> Bad debts .....	<b>4</b>				
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>				
<b>6</b> Taxes and licenses .....	<b>6</b>				
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>				
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>			<b>8b</b>	
<b>9</b> Depletion .....	<b>9</b>				
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>				
<b>11</b> Employee benefit programs .....	<b>11</b>				
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>				
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>				
<b>14</b> Other deductions (attach statement) .....	<b>14</b>	SEE STATEMENT 3			2,108.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>				9,177.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>				3,059.
<b>17</b> Deduction for net operating loss. See instructions .....	<b>17</b>	STMT 4	STMT 6		1,330.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>				1,729.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation	N/A
1	Inventory at beginning of year .....	1	0.
2	Purchases .....	2	33,907.
3	Cost of labor .....	3	0.
4	Additional section 263A costs (attach statement) .....	4	0.
5	Other costs (attach statement) .....	5	0.
6	<b>Total.</b> Add lines 1 through 5 .....	6	33,907.
7	Inventory at end of year .....	7	0.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	33,907.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)</b>					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
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) .....				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

<b>Part V Unrelated Debt-Financed Income</b> (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property .....				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement) .....				
b	Other deductions (attach statement) .....				
c	Total deductions (add lines 3a and 3b, 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	Divide line 4 by line 5 .....	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6 .....				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9	Allocable deductions. Multiply line 3c by line 6 .....				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11	<b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A B C D checkboxes and lines for periodical names

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8.

Table with 4 columns (A, B, C, D) and 4 rows (Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction)

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns (1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business)

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
OCCUPANCY		458.
INSURANCE		528.
DEPRECIATION		1,122.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,108.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 4
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
22,832.	1,330.	21,502.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	8,239.	0.	8,239.	8,239.
12/31/20	14,593.	0.	14,593.	14,593.
NOL CARRYOVER AVAILABLE THIS YEAR			22,832.	22,832.

SCH A (990-T)	SCHEDULE A NOL DETAIL	STATEMENT 6
TAXABLE INCOME FROM ALL ENTITIES		3,059.
THIS ENTITIES PORTION OF TAXABLE INCOME		3,059.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS		100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS		1,397.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS		1,662.
80% INCOME LIMITATION		1,330.
POST-2017 AVAILABLE		22,832.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION		1,330.

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**ADKINS ARBORETUM, LTD.**

**FORM 990 PAGE 10**

**52-1163405**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,700,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	102,982.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year	/	30 yrs.	MM	S/L	
d	40-year	/	40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	102,982.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



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.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	ART								
2	WETLANDS WATERCOLOR ART	103003	L		400.		400.		0.
	* 990 PAGE 10 TOTAL - ART				400.		400.	0.	0.
	BLUE HERON SCULPTURE								
4	BLUE HERON SCULPTURE	123103	L		8,677.		8,677.		0.
	* 990 PAGE 10 TOTAL - BLUE HERON SCULPTURE				8,677.		8,677.	0.	0.
	BONSAI								
	CIP								
	BLDG IMP - VISITORS CENTER -								
8	PLANNING	123104	L		6,575.		6,575.		0.
9	LND IMP - LANDSCAPING DESIGN	123104	L		29,849.		29,849.		0.
10	LND IMP - LANDSCAPE DESIGN - NEW	123105	L		20,253.		20,253.		0.
11	LND IMP - SIGNAGE	093005	L		13,135.		13,135.		0.
	LND IMP - MICHAEL VAN V - LANDSCAPE								
12	DESIGN	123106	L		75,936.		75,936.		0.
	LND IMP - ANDREWS, MILLER - SITE								
13	SURVEY	123106	L		74,005.		74,005.		0.
	BLDG IMP - INTRO SPEC - CIVIL ENG								
16	DOCS	123106	L		1,050.		1,050.		0.
	BLDG IMP - JOHN HYNES - STRUCTURAL								
17	TEST BORING	123106	L		11,895.		11,895.		0.
	BLDG IMP - CAROLINE COUNTY - SOIL								
19	SITE TEST	013006	L		270.		270.		0.
	BLD IMP - CONSULTING LAKE FLATO								
22	ARCHITECTS	121307	L		38,132.		38,132.		0.
187	LND IMP - ANDREWS, MILLER & RW BROWN	091709	L		9,028.		9,028.		0.
194	ARCHITECTS AND DESIGN	092010	L		64,388.		64,388.		0.
204	ARCHITECTS AND DESIGN	123111	L		63,340.		63,340.		0.
210	ARCHITECTS - NEW VISITORS CENTER	123112	L		73,927.		73,927.		0.
220	EDIS VALUE ENGINEERING STUDY	030613	L		37,404.		37,404.		0.
221	DAVIS BOWEN REENGINEERING	122613	L		42,287.		42,287.		0.
222	LAKE/FLATO ARCHITECTURAL SERVICES VC	081213	L		61,504.		61,504.		0.
229	LAKE/FLATO ARCHITECTURAL SERVICES VC	091814	L		28,780.		28,780.		0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	DAVIS BOWEN FRIEDEL VALUE								
230	ENGIENEERING REVISIONS	080114	L		12,658.		12,658.		0.
231	DAVIS BOWEN FRIEDEL SOUTH ENTRANCE	123014	L		2,073.		2,073.		0.
	* 990 PAGE 10 TOTAL - CIP				666,489.		666,489.	0.	0.
	EQUIPMENT								
24	TRACTOR	080991	SL	20.00	15,538.		15,538.	15,538.	0.
25	GREENHOUSE EQUIPMENT	063092	SL	20.00	2,187.		2,187.	2,187.	0.
26	C-250 CUTTER	063093	SL	20.00	358.		358.	358.	0.
27	BOOKS - 1993	063093	SL	20.00	1,086.		1,086.	1,086.	0.
29	KUBOTA TRACTOR	031094	SL	20.00	4,300.		4,300.	4,300.	0.
30	BOOKS	063094	SL	20.00	1,135.		1,135.	1,135.	0.
31	MOWER DECK BEFCO	100694	SL	20.00	1,450.		1,450.	1,450.	0.
32	WOODEN STORAGE SHELVES	033094	SL	20.00	910.		910.	910.	0.
33	ROTARY MOWER	121495	SL	20.00	2,449.		2,449.	2,449.	0.
34	STORAGE SHED	060195	SL	20.00	1,500.		1,500.	1,500.	0.
35	BACK PAK BLOWER	120996	SL	20.00	450.		450.	450.	0.
36	AIR COMPRESSOR	080997	SL	20.00	210.		210.	210.	0.
40	MISCELLANEOUS EQUIPMENT	073098	SL	20.00	440.		440.	440.	0.
41	GROUNDS EQUIPMENT	063098	SL	20.00	4,415.		4,415.	4,415.	0.
42	MISCELLANEOUS EQUIPMENT	063087	SL	7.00	21,494.		21,494.	21,494.	0.
43	FURNITURE - AUDITORIUM	020700	SL	7.00	5,940.		5,940.	5,940.	0.
44	FURNITURE - AUDITORIUM	031300	SL	7.00	2,568.		2,568.	2,568.	0.
45	FURNITURE - AUDITORIUM	040400	SL	7.00	2,824.		2,824.	2,824.	0.
46	STACKING CHAIR DOLLY	050500	SL	7.00	241.		241.	241.	0.
47	1997 CLUB CAR	062700	SL	5.00	3,259.		3,259.	3,259.	0.
48	TABLE FOR GREENHOUSE	030800	SL	15.00	226.		226.	226.	0.
49	PROJECTOR	122801	SL	7.00	4,934.		4,934.	4,934.	0.
50	BRACKET W/ ARM	022101	SL	7.00	90.		90.	90.	0.
51	GOLF CART	052002	SL	7.00	2,500.		2,500.	2,500.	0.
52	NURSERY/GROUND	112702	SL	7.00	425.		425.	425.	0.
53	DISPLAY CASES	060303	SL	7.00	778.		778.	778.	0.
54	PUMP - NURSERY	021904	SL	5.00	1,819.		1,819.	1,819.	0.
176	SKID SPRAYER	073108	SL	7.00	5,017.		5,017.	5,017.	0.
177	GENERATOR	082108	SL	7.00	2,093.		2,093.	2,093.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
185	CRATE & BARREL OUTDOOR FURNITURE	061109	SL	7.00	1,061.		1,061.	1,061.	0.
	KUBOTA 26 HP 60" PRO COMMERCIAL								
189	TRACTOR	012909	SL	20.00	11,758.		11,758.	8,183.	588.
211	SKID LOADER	020812	SL	7.00	24,995.		24,995.	24,995.	0.
212	AT3 18.5 HP LAWN MOWER	031612	SL	7.00	3,934.		3,934.	3,934.	0.
213	(5) 6' CAST BENCHES	101712	SL	7.00	6,983.		6,983.	6,983.	0.
214	(10) BIKE RACKS	101712	SL	7.00	3,340.		3,340.	3,340.	0.
225	2009 EZ-GO TXT ELECTRIC SN 2663824	080713	SL	7.00	3,000.		3,000.	3,000.	0.
226	(6) PICINIC TABLES	060313	SL	7.00	18,763.		18,763.	18,763.	0.
227	(1) BENCH	081313	SL	7.00	2,518.		2,518.	2,518.	0.
232	6' CAST BENCH (MARGON GLOVER)	100814	SL	7.00	1,610.		1,610.	1,610.	0.
233	72" GRAPPLE BUCKET	032814	SL	7.00	2,765.		2,765.	2,765.	0.
242	PICNIC TABLES	072718	SL	7.00	1,245.		1,245.	786.	178.
	ELKAY OUTDOOR EZH2O BOTTLE FILLING								
252	STATION	032922	SL	7.00	3,204.		3,204.	343.	458.
	* 990 PAGE 10 TOTAL - EQUIPMENT				175,812.		175,812.	168,917.	1,224.
	L/H BUILDING IMPROVEMENTS								
56	MAIN BUILDING IMPROVEMENTS	040699	SL	15.00	45,680.		45,680.	45,680.	0.
57	LUMBER FOR SHELVEING	021700	SL	15.00	67.		67.	63.	0.
58	DEPOSIT ON 28X44 BUILDING	030200	SL	15.00	2,500.		2,500.	2,500.	0.
59	BALANCE IN FULL	030200	SL	15.00	10,275.		10,275.	10,275.	0.
60	WINDOWS FOR SHED	031300	SL	15.00	15.		15.	15.	0.
61	ELECTRIC FOR GREENHOUSE	032100	SL	15.00	900.		900.	900.	0.
62	PART & LABOR - PROPANE GREENHOUSE	042100	SL	15.00	299.		299.	299.	0.
63	ELECTRIC TO GREENHOUSE	050200	SL	15.00	900.		900.	900.	0.
64	ELECTRIC TO GREENHOUSE	060100	SL	15.00	1,500.		1,500.	1,500.	0.
65	GREENHOUSE - TRANS FROM CIP	060100	SL	15.00	16,261.		16,261.	16,261.	0.
67	BUILT IN FURNITURE	042501	SL	15.00	1,371.		1,371.	1,367.	0.
68	ELLIE'S BOOKSHELVES	041702	SL	15.00	704.		704.	704.	0.
69	IMPROVEMENTS	052802	SL	15.00	1,840.		1,840.	1,840.	0.
71	A/C REPAIRS - AUDITORIUM	042502	SL	7.00	6,548.		6,548.	6,548.	0.
72	HEAT PUMP	071103	SL	7.00	5,275.		5,275.	5,275.	0.
	NURSERY								
73	ADDITION/OFFICE/BATHROOM/WORKSTATION	123104	SL	20.00	67,297.		67,297.	60,570.	3,365.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
74	CONSTRUCTION WORK ON NURSERY BLDG	010105	SL	20.00	6,000.		6,000.	5,400.	300.
75	ELECTRICAL WORK ON NURSERY BLDG	010105	SL	20.00	2,718.		2,718.	2,448.	136.
76	PLUMBING FOR NURSERY BATHROOM	010105	SL	20.00	1,657.		1,657.	1,494.	83.
77	WINDOW & THRESHHOLD FOR NURSERY	031405	SL	15.00	1,000.		1,000.	1,000.	0.
78	ELECTRIC WORK FOR NURSERY OFFICE	031405	SL	15.00	7,460.		7,460.	7,456.	0.
79	SIGNS AT EXISTING VISITORS CENTER	090105	SL	5.00	21,050.		21,050.	21,050.	0.
80	DOORS FOR EXISTING VISITORS CENTER	012805	SL	15.00	1,890.		1,890.	1,890.	0.
81	DOORS FOR EXISTING VISITORS CENTER	013105	SL	15.00	2,907.		2,907.	2,907.	0.
	BLINDS FOR WINDOWS IN EXISITING								
82	VISITORS CTR	033105	SL	15.00	2,009.		2,009.	2,009.	0.
83	HVAC FOR NURSERY	022805	SL	7.00	6,855.		6,855.	6,855.	0.
84	BUILT-IN TELEVISION CABINET	040805	SL	15.00	1,500.		1,500.	1,500.	0.
85	PHONE LINES IN NURSERY	041805	SL	15.00	5,569.		5,569.	5,566.	0.
86	NEW ROOF ON EXISTING VISITORS CENTER	111505	SL	15.00	51,928.		51,928.	51,928.	0.
87	BOOKSHELVES	011507	SL	7.00	2,514.		2,514.	2,514.	0.
186	VISITOR CENTER BANNERS	092509	SL	7.00	1,671.		1,671.	1,671.	0.
196	GOAT BARN	120111	SL	20.00	4,646.		4,646.	2,571.	232.
197	GOAT ENCLOSURE FENCING	121711	SL	20.00	5,134.		5,134.	2,827.	257.
198	GUTTERS FOR RAIN BARRELS AT NURSERY	062911	SL	15.00	3,565.		3,565.	2,737.	238.
	BRIDGE RESTORATION EAST WETLANDS								
205	BRIDGE	082812	SL	15.00	12,135.		12,135.	8,360.	809.
206	NEW VISITORS CENTER BRIDGE	021413	SL	15.00	42,750.		42,750.	28,263.	2,850.
218	ENTRANCE BRIDGE RAILINGS	021413	SL	15.00	61,900.		61,900.	40,926.	4,127.
219	ENTRANCE BRIDGE HANDRAIL	021413	SL	15.00	9,450.		9,450.	6,248.	630.
228	CAPITALIZED INTEREST	123113	SL	20.00	12,305.		12,305.	3,690.	615.
234	CAPITALIZED INTEREST	123114	SL	20.00	5,899.		5,899.	1,770.	295.
235	ARBOR	033116	SL	15.00	36,672.		36,672.	16,504.	2,445.
236	PAVILION	101116	SL	20.00	132,949.		132,949.	41,544.	6,647.
237	GNOME HOUSE	120816	SL	7.00	1,250.		1,250.	1,074.	176.
239	FRONT ENTRANCE GATES	122716	SL	15.00	5,504.		5,504.	2,202.	367.
240	BRIDGE REPAIR (WEEMS)	083118	SL	15.00	13,042.		13,042.	3,766.	869.
247	KITCHEN	093019	SL	15.00	49,930.		49,930.	10,819.	3,329.
248	RESTROOM REMODEL	123120	SL	15.00	56,513.		56,513.	7,536.	3,768.
249	CARPET TILE FLOORING	031021	SL	15.00	10,961.		10,961.	1,340.	731.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
250	GALLERY LIGHTING	032621	SL	15.00	8,720.		8,720.	1,017.	581.
251	NEW HVAC	060822	SL	7.00	54,825.		54,825.	4,569.	7,832.
	* 990 PAGE 10 TOTAL - L/H BUILDING IMPROVEMENTS				806,310.		806,310.	458,148.	40,682.
	LAND IMPROVEMENTS								
	LND IMP - MCMULLAN - WOOD BRIDGES								
14	ENG DESIGN	123106	SL	15.00	7,837.		7,837.	2,610.	0.
15	LND IMP - CLOUD GESHAN - SIGNAGE	123106	SL	15.00	36,603.		36,603.	12,200.	0.
	BLDG IMP - LAKE/FLATO -								
18	ARCHITECTURAL DESIGNS	123106	SL	15.00	418,610.		418,610.	139,535.	0.
20	LND IMP - SIGNAGE	092807	SL	15.00	64,989.		64,989.	24,914.	0.
21	LND IMP - ARRAY SYSTEM	031607	SL	15.00	2,520.		2,520.	882.	0.
89	GREENHOUSE	110193	SL	20.00	2,895.		2,895.	2,895.	0.
93	NEW IRRIGATION LINES	032300	SL	15.00	3,128.		3,128.	3,128.	0.
94	IRRIGATION MATERIAL	042400	SL	15.00	1,269.		1,269.	1,269.	0.
95	LUMBER FOR AA SHOP	062300	SL	15.00	472.		472.	468.	0.
96	INV 12038	122900	SL	15.00	700.		700.	700.	0.
97	GREENHOUSE CONTENTS	021500	SL	15.00	1,356.		1,356.	1,353.	0.
98	GREENHOUSE CONTENTS	021800	SL	15.00	319.		319.	319.	0.
99	GREENHOUSE CONTENTS	022300	SL	15.00	847.		847.	843.	0.
100	GREENHOUSE CONTENTS	030900	SL	15.00	2,108.		2,108.	2,108.	0.
101	MATERIAL FOR PERGOLA	033100	SL	15.00	834.		834.	834.	0.
102	ACCOUNT #467862	051500	SL	15.00	299.		299.	299.	0.
103	IRRIGATION SYSTEM	092601	SL	15.00	2,422.		2,422.	2,418.	0.
104	LANDSCAPING MAIN BUILDING	091201	SL	15.00	10,754.		10,754.	10,754.	0.
105	GARDEN SIGNS	091201	SL	15.00	1,813.		1,813.	1,778.	0.
106	DESIGN SURVEY	091902	SL	15.00	689.		689.	689.	0.
107	WEED CONTROL	110102	SL	15.00	136.		136.	136.	0.
108	NURSERY	111102	SL	15.00	400.		400.	400.	0.
109	RANGINE CORP.	121502	SL	15.00	289.		289.	289.	0.
110	BOARDWALK	100702	SL	15.00	4,500.		4,500.	4,500.	0.
111	GRASS PLANTING	072902	SL	15.00	200.		200.	197.	0.
112	LND IMP - BOARDWALK	010106	SL	15.00	8,759.		8,759.	8,759.	0.
113	LAND IMPROVEMENTS	030403	SL	15.00	2,970.		2,970.	2,970.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
114	SIGNS	102303	SL	15.00	3,938.		3,938.	3,938.	0.
115	BENCH	040804	SL	7.00	1,143.		1,143.	1,143.	0.
116	BOARDWALK	093004	SL	15.00	81,258.		81,258.	81,258.	0.
117	LND IMP - LANG MEMORIAL BENCH	032106	SL	7.00	2,150.		2,150.	2,150.	0.
118	100 AMP ELECTRICAL BENCH	031405	SL	15.00	2,095.		2,095.	2,095.	0.
119	ELECTRICAL SUPPLY LINES	010405	SL	15.00	10,729.		10,729.	10,726.	0.
120	MEMORIAL BENCHES	071805	SL	7.00	4,550.		4,550.	4,550.	0.
178	BENCH	100908	SL	7.00	2,150.		2,150.	2,150.	0.
179	LND IMP - SITE DEVELOPMENT/SIGNAGE	121508	SL	15.00	34,723.		34,723.	13,890.	2,315.
183	COMPOST BIN INSTALLATION	081909	SL	15.00	6,440.		6,440.	5,720.	429.
184	GREENHOUSE IRRIGATION/INJECTION FEEDER	100709	SL	15.00	11,282.		11,282.	9,964.	752.
188	LND IMP - M. VAN WALKEN BIKE PATH REDESIGN	051409	SL	15.00	7,323.		7,323.	2,928.	488.
190	WALKING PATH SIGNAGE DESIGN	123109	SL	15.00	11,750.		11,750.	4,698.	783.
193	MAP MOUNT	031710	SL	7.00	450.		450.	16.	0.
195	WALKING PATH SIGNAGE DESIGN	123110	SL	15.00	94,671.		94,671.	37,866.	6,311.
199	RAIN GARDEN INTERPRETIVE SIGN	112211	SL	15.00	9,940.		9,940.	7,348.	663.
200	ENTRANCE SIGNAGE	071311	SL	15.00	1,159.		1,159.	847.	77.
201	TRAIL SIGNAGE	042811	SL	15.00	4,849.		4,849.	3,769.	323.
207	LANDSCAPING - FRONT ENTRANCE, VISTORS AND SOUTH PARKING AREAS	120112	SL	15.00	71,148.		71,148.	47,825.	4,743.
208	NEW IRRIGATION WELL, PUMPS AND LINES - ENTRANCE AND SOUTH PARKING AREA	102112	SL	15.00	25,705.		25,705.	17,426.	1,714.
209	CONSTRUCTION/EXCAVATION - VISITORS AND SOUTH PARKING AREAS	110112	SL	15.00	124,130.		124,130.	84,129.	8,275.
215	ENTRANCE SIGNAGE	052913	SL	15.00	6,000.		6,000.	3,833.	400.
216	ENTRANCE AND SOUTH ENTRANCE SIGNS	052913	SL	15.00	63,191.		63,191.	40,374.	4,213.
217	UGRR SIGNAGE	051513	SL	15.00	1,366.		1,366.	880.	91.
238	TRAIL CONSTRUCTION	092816	SL	15.00	41,390.		41,390.	17,244.	2,759.
241	PARKING LOT ALIVE LANDSCAPE ARCHITECT	062519	SL	15.00	14,742.		14,742.	3,440.	983.
243	PARKING LOT ALIVE	062519	SL	15.00	292,789.		292,789.	68,317.	19,519.
244	SHA TRAIL BRIDGES	031519	SL	15.00	24,876.		24,876.	6,356.	1,658.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
245	LOW FENCE	060719	SL	15.00	3,460.		3,460.	828.	231.
246	MEADOW PLATFORM	101619	SL	15.00	66,500.		66,500.	14,038.	4,433.
	* 990 PAGE 10 TOTAL - LAND IMPROVEMENTS				1603615.		1603615.	726,993.	61,160.
	OFFICE EQUIPMENT								
123	PHONE UPGRADE	100297	SL	7.00	1,931.		1,931.	1,931.	0.
124	FIREPROOF FILING CABINET	062397	SL	7.00	886.		886.	886.	0.
126	BOOKCASES	031897	SL	7.00	520.		520.	520.	0.
127	BOOKCASE, ETC	052797	SL	7.00	260.		260.	260.	0.
128	COMPUTER HARDWARE	122997	SL	5.00	797.		797.	797.	0.
129	FIRE KING FILE CABINET	041699	SL	7.00	1,390.		1,390.	1,390.	0.
130	50% OF PHONE SYSTEM INSTALLATION	073100	SL	5.00	1,434.		1,434.	1,434.	0.
131	50% OF PHONE SYSTEM INSTALLATION	090100	SL	5.00	1,434.		1,434.	1,434.	0.
132	DIGITAL CAMERA	123101	SL	7.00	2,009.		2,009.	2,009.	0.
134	BOOKSHELVES	031601	SL	7.00	48.		48.	48.	0.
135	FURNITURE	041301	SL	7.00	1,034.		1,034.	1,034.	0.
136	FURNITURE	050801	SL	7.00	575.		575.	575.	0.
137	FURNITURE	030101	SL	7.00	75.		75.	75.	0.
138	COMPUTERS	081502	SL	5.00	2,432.		2,432.	2,432.	0.
140	FILE CABINETS	022702	SL	7.00	670.		670.	670.	0.
141	SHELVES	031302	SL	7.00	400.		400.	400.	0.
145	EPSON PRINTER	021503	SL	5.00	394.		394.	394.	0.
146	HERBARIUM CASES	011503	SL	7.00	200.		200.	200.	0.
148	DELL COMPUTER	102204	SL	5.00	898.		898.	898.	0.
149	COMPUTER - DELL	121504	SL	5.00	974.		974.	974.	0.
150	TELEPHONE SYSTEM	021404	SL	5.00	4,215.		4,215.	4,215.	0.
151	SLIDE PROJECTOR	040204	SL	5.00	1,875.		1,875.	1,875.	0.
152	NURSERY PHONE SYSTEM	053105	SL	5.00	5,249.		5,249.	5,249.	0.
153	DELL NOTEBOOK COMPUTER	031506	SL	5.00	2,782.		2,782.	2,782.	0.
154	DELL COMPUTER & PRINTER	092106	SL	5.00	3,981.		3,981.	3,981.	0.
155	SPECIALTY TAG THERMAL PRINTER	020106	SL	5.00	3,083.		3,083.	3,083.	0.
180	FILE CABINETS (3)	102109	SL	7.00	1,314.		1,314.	1,314.	0.
181	DELL LATITUDE E6500 LAPTOP - ELLIE	051509	SL	5.00	4,006.		4,006.	4,006.	0.
182	DELL LATITUDE E6500 LAPTOP - KATE	100809	SL	5.00	1,548.		1,548.	1,548.	0.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



2023 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - ADKINS ARBORETUM, LTD.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
191	COMPUTER SERVER - JOANNE AND GINNA	022010	SL	5.00	1,966.		1,966.	1,966.	0.
192	LAPTOP - L TISON	061510	SL	5.00	3,449.		3,449.	3,449.	0.
203	DELL PE T610 SERVER	030311	SL	5.00	2,136.		2,136.	2,136.	0.
223	DELL LATITUDE E6530 LAPTOP	080713	SL	5.00	1,869.		1,869.	1,869.	0.
224	DELL LATITUDE 3540BTX LAPTOP	122313	SL	5.00	635.		635.	635.	0.
	* 990 PAGE 10 TOTAL - OFFICE EQUIPMENT				56,469.		56,469.	56,469.	0.
	SOFTWARE								
158	ED. SOFTWARE	112697	SL	3.00	658.		658.	658.	0.
159	ED. SOFTWARE	121097	SL	3.00	133.		133.	133.	0.
160	COMPUTER SOFTWARE	012397	SL	3.00	100.		100.	100.	0.
161	ED. SOFTWARE	111897	SL	3.00	416.		416.	416.	0.
163	SOFTWARE	041502	SL	3.00	2,030.		2,030.	2,030.	0.
164	MISC SOFTWARE	063003	SL	3.00	2,755.		2,755.	2,755.	0.
	INVASIVE PLANT CONTROL CUSTOMIZED								
166	SOFTWARE	061406	SL	3.00	6,492.		6,492.	6,492.	0.
	EDWARD SARGENT PUBLIC ACCESS								
167	SOFTWARE	080306	SL	3.00	3,424.		3,424.	3,424.	0.
	EDWARD SARGENT PUBLIC ACCESS								
168	INTERNET SOFTWARE	092106	SL	3.00	2,975.		2,975.	2,975.	0.
169	RAISERS EDGE SOFTWARE	010907	SL	3.00	2,910.		2,910.	2,910.	0.
170	GREEN VENUES SOFTWARE	060307	SL	3.00	2,100.		2,100.	2,100.	0.
202	QUICKBOOKS POS SOFTWARE AND HARDWARE	012711	SL	3.00	4,330.		4,330.	4,330.	0.
	* 990 PAGE 10 TOTAL - SOFTWARE				28,323.		28,323.	28,323.	0.
172	TOYOTA TRUCK	072694	SL	5.00	5,103.		5,103.	5,103.	0.
173	1999 FORD F150	062399	SL	5.00	15,629.		15,629.	15,629.	0.
174	TOYOTA PAINT JOB	022102	SL	5.00	2,591.		2,591.	2,591.	0.
175	RTV900W: UTILITY VEHICLE	080207	SL	5.00	10,500.		10,500.	10,500.	0.
	* 990 PAGE 10 TOTAL - SOFTWARE				33,823.		33,823.	33,823.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR				3379918.		3379918.	1472673.	103,066.

(D) - Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone



OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

ADKINS ARBORETUM LTD

Name of corporation, pass-through entity, estate or trust

521163405

Federal Employer Identification Number

Name and Title of Fiduciary

12610 EVELAND ROAD

Street Address

RIDGELY

City or town

MD

State

21660

ZIP Code

+4

PART I Tax Return Information (whole dollars only)

- 1. Amount of overpayment to be applied to 2023 estimated tax ..... 1. \_\_\_\_\_ .00
2. Amount of overpayment to be refunded ..... REFUND 2. \_\_\_\_\_ .00
3. Total amount due ..... 3. \_\_\_\_\_ .00

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or passthrough entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

[X] I authorize ACCOUNTING STRATEGIES GROUP to enter or generate my PIN as my signature on my tax year 2022 electronically filed income tax return.

10869

Enter five digits. Do not enter all zeros.

[ ] I will enter my PIN as my signature on the tax year 2022 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature

Date

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN

52720049970

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2022 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

EROs signature

111023

Date



OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2022, ENDING \_\_\_\_\_

521163405

Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

102279

Date of Organization or Incorporation (MMDDYY)

459420

Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

ADKINS ARBORETUM LTD

Name

12610 EVELAND ROAD

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

RIDGELY

City or Town

MD

State

21660

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space. ME YE

Amended Return

CHECK HERE IF:

- Name or address has changed, Inactive corporation, First filing of the corporation, Final Return, This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

- Carryback, Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

- 1120, 1120-REIT, 990T, Other: IF 1120S, FILE ON FORM 510

1a. 2727 .00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)

1b. .00

1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a)

1c. 2727 .00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions 2a. .00

2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) 2b. .00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. .00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions 3a. .00

3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) 3b. .00



NAME ADKINS ARBORETU FEIN 521163405

3c.	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c)	▶ 3c.	_____	.00
3d.	Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.)	▶ 3d.	_____	.00
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.)	3e.	_____	.00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)	4.	_____	2727.00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	▶ 5.	_____	5303.00
6.	<b>Maryland Adjusted Federal Taxable Income</b> (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.)	6.	_____	0.00

**MARYLAND ADDITION MODIFICATIONS**

(All entries must be positive amounts.)

7a.	State and local income tax	▶ 7a.	_____	.00
7b.	Dividends and interest from another state, local or federal tax exempt obligation	▶ 7b.	_____	.00
7c.	Net operating loss modification recapture (Do not enter NOL carryover. See instructions.)	▶ 7c.	_____	.00
7d.	Domestic Production Activities Deduction	▶ 7d.	_____	.00
7e.	Deduction for Dividends paid by captive REIT	▶ 7e.	_____	.00
7f.	Other additions (Enter code letter(s) from instructions and attach schedules)	▶ 7f.	_____	.00
7g.	Total Addition Modifications (Add lines 7a through 7f)	7g.	_____	.00

**MARYLAND SUBTRACTION MODIFICATIONS**

(All entries must be positive amounts.)

8a.	Income from US Obligations	▶ 8a.	_____	.00
8b.	Other subtractions (Enter code letter(s) from instructions and attach schedule)	▶ 8b.	_____	.00
8c.	Total Subtraction Modifications (Add lines 8a and 8b)	8c.	_____	.00

**NET MARYLAND MODIFICATIONS**

9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)	9.	_____	.00
10.	Maryland Modified Income (Add lines 6 and 9.)	10.	_____	0.00

**APPORTIONMENT OF INCOME**

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.)	▶ 11.	_____	
12.	Maryland apportionment income (Multiply line 10 by line 11.)	12.	_____	.00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.	_____	0.00
14.	Tax (Multiply line 13 by 8.25%)	14.	_____	0.00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2021 overpayment	▶ 15a.	_____	.00
15b.	Tax paid with an extension request (Form 500E)	▶ 15b.	_____	.00
15c.	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)			
15d.	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)			
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here <input type="checkbox"/> if you are a non-profit corporation.			

You must file this form electronically to  
claim business tax credits from Form 500CR.



NAME ADKINS ARBORETU FEIN 521163405

15f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule 510/511 K-1.)	▶ 15f.	_____	.00
15g. If amending, total payments made with original plus additional tax paid after original was filed	▶ 15g.	_____	.00
15h. Total payments and credits (add lines 15a through 15g)	15h.	_____	.00
16. Balance of tax due (If line 14 exceeds line 15h enter the difference.)	▶ 16.	_____	.00
17. Overpayment (If line 15h exceeds line 14, enter the difference.)	▶ 17.	_____	.00
17a. If amending prior overpayment (Total all refunds previously issued.)	17a.	_____	.00
18. Interest and/or penalty from Form 500UP _____ or late payment interest _____ for original return	▶ 18.	_____	.00
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)	▶ 19.	_____	.00
20. Amount of overpayment from original return to be applied to estimated tax for 2023 (not to exceed the net of lines 17 minus 17a and 18.)	▶ 20.	_____	.00
21. Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 17a and 18 from line 17.)	▶ 21.	_____	.00

**DIRECT DEPOSIT OF REFUND** (See Instructions.) **Verify that all account information is correct and clearly legible.**

If you are requesting direct deposit of your refund, complete the following.

▶  Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶  Check here if this refund will go to an account outside of the United States.

22a. Type of account: ▶  Checking  Savings

22b. Routing Number (9-digits): ▶ \_\_\_\_\_

22c. Account number: ▶ \_\_\_\_\_

22d. Name as it appears on the bank account: \_\_\_\_\_

**INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)**

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss <b>ONLY</b> ). (If line 6 is less than zero, enter on line 23.)	23.	_____	0.00
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the amount from line 9 on line 24.)	24.	_____	0.00

**FOR USE IF AMENDING THE RETURN**

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- ▶  1. Amended to claim a Net Operating Loss Deduction
- 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- 3. Amended to claim Business Tax Credit.
- 4. Amended to claim nonresident PTE Tax Credit
- 5. Amended to report income omitted on previous filing
- 6. Amended to change apportionment factor
- 7. Amended for another reason

Explanation of Changes: \_\_\_\_\_



NAME ADKINS ARBORETU FEIN 521163405

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

<b>NOTE:</b> Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.	<b>Column 1 TOTALS WITHIN MARYLAND</b>	<b>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</b>	<b>Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)</b>
<b>1. Receipts</b>			
a. Gross receipts or sales less returns and allowances .....	.00	.00	
b. Dividends .....	.00	.00	
c. Interest .....	.00	.00	
d. Gross rents .....	.00	.00	
e. Gross royalties .....	.00	.00	
f. Capital gain net income .....	.00	.00	
g. Other income (Attach schedule.) .....	.00	.00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) .....	.00	.00	. . . . .

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

<b>2. Property</b>			
a. Inventory .....	.00	.00	
b. Machinery and equipment .....	.00	.00	
c. Buildings .....	.00	.00	
d. Land .....	.00	.00	
e. Other tangible assets (Attach schedule.) .....	.00	.00	
f. Rent expense capitalized (multiply by eight) .....	.00	.00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) .....	.00	.00	. . . . .
<b>3. Payroll</b>			
a. Compensation of officers .....	.00	.00	
b. Other salaries and wages .....	.00	.00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) .....	.00	.00	. . . . .

**4. Maryland apportionment factor** Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) .....

Check here if special apportionment or alternative apportionment formula is used.



NAME ADKINS ARBORETU FEIN 521163405

**SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

- 1. Telephone number of corporation tax department: 4106342847
- 2. Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_
- 3. Brief description of operations in Maryland: \_\_\_\_\_
- 4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? .....  Yes  No  
If "yes", indicate tax year(s) here: \_\_\_\_\_ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- 5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? .....  Yes  No
- 6. Is this entity part of the federal consolidated filing? .....  Yes  No  
**If a multistate operation, provide the following:**
- 7. Is this entity a multistate corporation that is a member of a unitary group? .....  Yes  No
- 8. Is this entity a multistate manufacturer with more than 25 employees? .....  Yes  No

**SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

- 1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**  
List the name(s) of the qualified charitable entity on the lines below.

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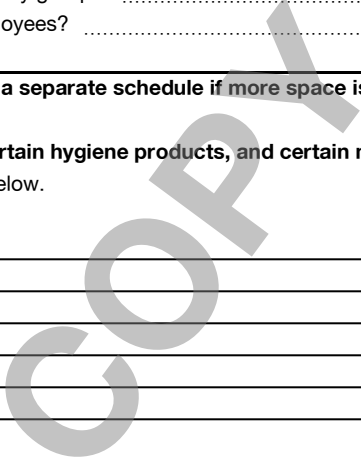
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**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here  if you authorize your preparer to discuss this return with us.

\_\_\_\_\_  
Officer's signature Date

VIRGINIA TIERNAN, EXECUTIVE DIRECTO  
Officer's Name and Title

LISA K DURHAM CPA  
Preparer's signature (Required by Law) Date

4106731384  
Telephone number of preparer

ACCOUNTING STRATEGIES GROUP LLC  
Printed name of the Preparer / or Firm's name

PO BOX 369  
Street address of preparer or Firm's address

PRESTON MD 21655  
City, State, ZIP Code + 4

▶ P00749970  
Preparer's PTIN (Required by Law)

▶ \_\_\_\_\_  
CODE NUMBERS (3 digits per line)

**INCLUDE ALL REQUIRED PAGES OF FORM 500**

**Make checks payable to and mail to:**

Comptroller Of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, Maryland 21411-0001  
(Write Your FEIN On Check Using Blue Or Black Ink.)

