EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning	and ending		
B Check if applicable: C Name of organization		D Employer identifie	cation number
Address change CENTER FOR PLANT SCIENCE AND HEALTH			
Name Doing business as		**_**5082	
Initial Number and street (or P.0. box if mail is not delivered to street address)	Room/su		
Final Fi	104	703-608-4649	
termin- ated City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,336,500.
Amended HAYNADKER VA 20160	5	H(a) Is this a group re	· · · ·
Applica- Applica- F Name and address of principal officer: PETE CANDLAND		for subordinates	
pending 5501 MERCHANTS VIEW SQ STE 104, HAYMARKET, V		H(b) Are all subordinates in	
	a)(1) or 📃 5		list. See instructions
J Website: \mathbb{N}/\mathbb{A}		H(c) Group exemption	
K Form of organization: X Corporation Trust Association Other ►			State of legal domicile: VA
Part I Summary			
Driefly describe the expenization's mission or most significant activities. PL7	ANT SCIENCE	S IS THE STUDY OF	
PLANT GROWTH, REPRODUCTION, EVOLUTION, AND ADAPTATION, AS			
PLANT GROWTH, REPRODUCTION, EVOLUTION, AND ADAPTATION, AS Check this box ► ☐ if the organization discontinued its operations or c Number of voting members of the governing body (Part VI, line 1a)		ara than 25% of its not as	vente
3 Number of voting members of the governing body (Part VI, line 1a)	-	1 1	3
4 Number of independent voting members of the governing body (Part VI, line Ta)			3
 % % 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 			0
6 Total number of volunteers (estimate if necessary)			0
			0.
 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 			0.
	I	Prior Year	Current Year
 Contributions and grants (Part VIII, line 1h) 	F	1,115,000.	1,336,500.
 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	E E E E E E E E E E E E E E E E E E E	1,115,000.	1,336,500.
 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 		110,000.	-5,022.
 14 Benefits paid to or for members (Part IX, column (A), line 4) 	Г	0.	0.
		47,000.	42,000.
 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		893,905.	1,501,963.
 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 		1,050,905.	1,538,941.
 19 Revenue less expenses. Subtract line 18 from line 12 		64,095.	-202,441.
		Beginning of Current Year	End of Year
Image: Second state sta	F	678,900.	233,125.
 20 Total assets (Fair X, line to) 21 Total liabilities (Part X, line 26) 	Г	0.	0.
21 Notal labilities (Part X, life 20) 22 Net assets or fund balances. Subtract line 21 from line 20		678,900.	233,125.
Part II Signature Block			200,120.
Under penalties of perjury, I declare that I have examined this return, including accompanying sch	edules and stat	ements, 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			,

Sign Here		Signature of officer PETE CANDLAND, EXECUTIVE DIRECTOR Type or print name and title			Date					
Paid		t/Type preparer's name ELA HOLLINS, CPA	Preparer's signature	Date	Check if self-employed	PTIN 200923579				
Preparer	Firm	's name 🕨 HOLLINS ASSOCIATES CPAS,	PLLC			***0580				
Use Only	Firm	's address 5501 MERCHANTS VIEW SQ.,	NO 730							
		HAYMARKET, VA 20169			Phone no.571-22	2-4765				
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions									

	n 990 (2020) CENTER FOR PLANT SCIENCE AND HEALTH	**-**5082 Page
Pai	IT III Statement of Program Service Accomplishments	Г
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	L
•	PLANT SCIENCES IS THE STUDY OF PLANT GROWTH, REPRODUCTION, EVOLUTION,	
	AND ADAPTATION, AS WELL AS THE USE OF PLANTS FOR FOOD, FIBER AND	
	ORNAMENTAL PURPOSES.	
2	Did the organization undertake any significant program services during the year which were not li	isted on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any prog If "Yes," describe these changes on Schedule O.	gram services?Yes X
4	Describe the organization's program service accomplishments for each of its three largest progra	am services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,358,152. including grants of \$5, PLANT SCIENCES IS THE STUDY OF PLANT GROWTH, REPRODUCTION, EVOLUTION,	,022.) (Revenue \$ 1,336,500
	AND ADAPTATION, AS WELL AS THE USE OF PLANT GROWTH, REPRODUCTION, EVOLUTION,	
	ORNAMENTAL PURPOSES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
1 ~	Other program conviews (Deparibe on Schodule O.)	
+d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	5
4e	Total program service expenses > 1,358,152.	
		Form 990 (20
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Form 990 (2020) CENTER FOR PLANT S CENTER FOR PLANT SCIENCE AND HEALTH

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

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f	2000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~7	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		1.00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14	2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	D		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	Form	990 (2020) CENTER FOR PLANT SCIENCE AND HEALTH **-***5082		Р	age 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wags and Tax Statements. 2a 0 2b X bit at least one is reported on line 2a, did the organization file at required federal employment tax returns? 2b X a Did the organization have uncluded business groups on may be required to e-file (see instructions) 2a X bit T+se, "has if filed a form 960 To this year? If "Vo' to line 3b, provide an explanation or 3chedule O 3a X bit T+se, "has if filed a form 960 To this year? If "Vo' to line 3b, provide an explanation or 3chedule O 3a X bit T+se, "near if the anor of the france ND as that if the organization is any the organization is any an interest it, or a significant or other subhoft yours, a financial account? 4a X bit T+se, "near if the nance of the organization if a Fore MB To To the instancial Account's (FBAR). 5a X bit do ny taxable party notify the organization that twas or its a party to a prohibited tax sheart chanceal Accounts (FBAR). 5a X bit H+se, "isot it the organization in Prom 886 TO 5a X bit he organization and weak of the goods or subhote and party for goods and service provided to the part of the organization and weak of the goods or subhote and party for goods and service provided to the part of the organization and weak of the goods or subhote and partice fore masee and the organization and we	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
text for the calendar year ending with or within the year covered by the return				Yes	No
b If a teast one is reported on line 2a, did the organization field arregular deformal employment tax returns? 2b X 3a Did the organization have unrelated business gress income of \$1,000 or more during the year? 3a X 3b If Yres, 'has if thirds a Form 3000 tor hits year? 3a X b If Yres, 'has if thirds a Form 3000 tor hits year? 3a X b If Yres, 'has if thirds a Form 3000 tor hits year? 3a X b If Yres, 'has if thirds a Form 3000 tor hits year? 3a X b If Yres, 'has if thirds a Form 3000 tor y great thirds if year 3000 to year at your	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of thes 1a and 2a is greater than 250, you may be negared to e-file (see instructions) Image:		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Det the organization have unreliated business gross income of \$1,000 or more during the yar? 3a 3a 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (such as a bark account, securities account, or other financial account); 4a X b If "Yes," inter the name of the toreign country (such as a bark account, securities account, or other financial account); 4a X b B any table party notity the organization that was or is a party to a prohibited table retransaction? 5a X b D any table party notity the organization that it was or is a party to a prohibited table form 8806.72 5a X b D can y table party notity the organization include with every solicitation an express statement that such contributions solicit any contributions that were not tax deductible a contributions? 5a X b If "Yes," indicate the name of the regranization file from 8806.73 made party as a contribution and party for gods and services provided to the party? 7a X b If "Yes," indicate the number of form 8828.716 duit graph year 7a 7a X b If "Yes," indicate the number of forms 8828.716 duiting the year? 7a 7a 7a c If the organization nucke averable distribution or qualifed indirectly, to pay premiums on a personal benefit contract? 7a 7a c If the organization nucke averable distribution or advised (nucke). 7a X d If "	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b If Yes," has it field a Form 90-T for this yes," <i>JI</i> Yes' to line 30, provide are explanation on Schedule 0 3b 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a torsing outing the tax as blark account, securities account, or other financial accounts (FBAR). 5a 5 Wes the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5D Od any taxable party notify the organization fills from 8086 17 5b X 5b X 6D Oses the organization are not tax deductible as chartable contributions? 5c X 5b X 6D Oses the organization netwe on tax deductible as chartable contributions? 6c X 6b X 7 Organization texit eapuration netwise approximation an express atterment that such contributions or gifts were not tax deductible contributions under section 170(c). 7a X 7b Ya X 10 the organization netwise payment mexess of STS made party as a contribution and party for goods and services provided? 7a X 7b 7a X 10 the organization revice approximation, express payment, express statement that such contributions or gifts were not tax deductible? 7c X 7b 7c X 7b 7c <t< th=""><td></td><td>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)</td><td></td><td></td><td></td></t<>		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
4a At any time during the calendary year, ddy the organization have an interest in, or a signature or other sufficiency over, a financial account in a foreign country b Section Status Section Status	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
francial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, 'enter the name of the foreign country. Sale instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sale instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sale 5a Was the organization ap anyt to a prohibited tax shelter transaction at any time during the tax year? Sale X b If Yes, ' did the organization file Form 8886-17. Sci Sci a Dost the organization such annual gross receives that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible? Ga X b If Yes, ' did the organization notity the donor of the value of the goods or services provided? Ga X b If Yes, ' did the organization notity the donor of the value of the goods or services provided? To Z b If the organization neet explanation notity the donor of the value of the goods or services provided? To X b If the organization neet explanation notity the donor of the value of the goods and services provided? To X c If Yes, ' indicate the number of Forms 8282 filed during the year Td Td Td To c If the organization neeve as outhit to in directly or indirectly, to pay premiums on a personal benefit co	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If 'Yes,' enter the name of the foreign country. ■ See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Se Was the organization a party to a prohibited tax shelter transaction? Sb X D Id any taxable party notry the organization that it was or is a party to a prohibited tax shelter transaction? So X CH 'Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? So X CH Did any taxable party notry the organization that it was or is a party to a prohibited tax shelter transaction? So X CH Did the organization have annual gross models that are normally greater than \$100,000, and did the organization solut So X Or Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To To To O Id the organization notity the donor of the value of the goods or services provided to the payor? Ta X To To <t< th=""><td>4a</td><td>At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a</td><td></td><td></td><td></td></t<>	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for ling requirements for FinCeN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax yea? 5a X 50 Did my taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c X 56 Did the organization have annual gross receives that are normally greater than \$100,000, and did the organization solid at many contributions include with every solidation an express statement that such contributions or gifts were not tax deductible as charitaple contributions? 6a X 7 Organization sets many receive deductible contributions under section 170(c). 6b 7a X 7 D*s.* 10 the organization notid, party the donor of the value of the goods or services provided to the party? 7a X 7 D*s.* 10 the organization notid, party the donor of the value of the goods or services provided? 7b 7c X 10 the organization neceive aparty part premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 11 T*s.* 10 the organization neceive aconthibution of axs, balas, airplanes, or other vehicles, did the organization file Form 8989 as required? 7h 7d		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction 7 any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave not tax deductible as charable contributions? 6a X 7b TYes, ' did the organization include with every solicitation an express statement that such contributions or gifts wave not tax deductible as charable contributions or were provided to the part? 7a X 7 Organization receive apyment in excess of \$75 made party as a contribution and party for pools and services provided to the party? 7a X 7 Organization receive any mutine access of \$75 made party as a contribution and party for pools and services provided to the party? 7a X 8 H "Yes,' did the organization notify the doons or services provided? 7b C C 9 If the organization contribution of qualified uning the year 7d 7d 7d X 16 Hor manization neceive any fund, directly or indirectly, an personal benefit contract? 7r 7r 7d 1d 9 Doth the organization derives business holdin	b	If "Yes," enter the name of the foreign country			
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amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 144 Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X			12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Image: Comparization is licensed to issue qualified health plans b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b				
Note: See the instructions for additional information the organization must report on Schedule O. Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: I					
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organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X					
c Enter the amount of reserves on hand 13c Image: Constraint of the serves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Image: Constraint of the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Image: Constraint of the section an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Image: Constraint of the section 4968 excise tax on net investment income? 16 X	b				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. I I I 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 If "Yes," complete Form 4720, Schedule O. 16 X	С				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X				 	X
excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 10 10 X			14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.	15				
16 X If "Yes," complete Form 4720, Schedule O. If			15		X
If "Yes," complete Form 4720, Schedule O.					
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Γ-	000	(00000

Form **990** (2020)

032005 12-23-20

Par	1990 (2020) CENTER FOR PLANT SCIENCE AND HEALTH rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 t	**-**5			Pa
Fa	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	-	for a "INO" r	espor	75
Sec	Check if Schedule O contains a response or note to any line in this Part VI				-
				Yes	T
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		1
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		2		1
3	Did the organization delegate control over management duties customarily performed by or under t				-
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form				
5	Did the organization become aware during the year of a significant diversion of the organization's a		·····		-
6	Did the organization have members or stockholders?				-
	Did the organization have members of stockholders, or other persons who had the power to elect or a				-
1a			70		
b	more members of the governing body?		7a		-
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
~	persons other than the governing body?		7b		-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
	The governing body?			X	_
	Each committee with authority to act on behalf of the governing body?		8b	х	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		-
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			-
				Yes	-
	Did the organization have local chapters, branches, or affiliates?		10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the forn	n? 11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12c		
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and appro	val by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			
а	The organization's CEO, Executive Director, or top management official		15a		
	Other officers or key employees of the organization				
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a			
	taxable entity during the year?		16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				ļ
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	• •			
			16b		
200	exempt status with respect to such arrangements?				-
					-
	List the states with which a copy of this Form 990 is required to be filed \bigvee VA		()(0)	<u> </u>	
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (Section 501	(c)(3)s only) ava	
	for public inspection. Indicate how you made these available. Check all that apply.				
18	Own website Another's website X Upon request Other (explai	n on Schedule O)			
18	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or the organization made its governing documents).	,	y, and fina	ncial	
17 18 19	Own website Another's website Upon request Other (explaid Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	conflict of interest polic	y, and fina	ncial	
18	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	conflict of interest polic	y, and fina	ncial	
18 19	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b PETE CANDLAND - 703-608-4649	conflict of interest polic	y, and fina	ncial	_
18 19	Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	conflict of interest polic		ncial	_

Form 990 (2	020) CENTER FOR PLANT SCIENCE AND HEALTH	**-***5082	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated	
	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 Complet	to this table for all persons required to be listed. Report compensation for the calendar year onding w	ith or within the organization	'e tax yoar

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			cen se		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	e co				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MATT SALMON	line) 5.00	<u>n</u>	ű	8	Æ	분동	요			
CHAIRMAN	5.00	x		x				27,000.	0.	0.
(2) CHRIS MILLARD	5.00	^		^				27,000.	υ.	0.
	5.00	x		x				0.000	0.	0.
SECRETARY/TREASURER	2 00	~		^				9,000.	υ.	0.
(3) CHRIS BAKE	3.00							C 000	0	0
BOARD MEMBER		Х						6,000.	0.	0.
032007 12-23-20										Form 990 (2020)

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Form 990 (2020) CENTER FOR PI									**-***5	082		P	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)											(F)		
Name and title	hours per week				rson	than is bot pr/trus	h an	from	Reportable compensation from related	ation amo ated of			of
	(list any hours for related organizations below line) below line) below line) below hours for the organizations below line) below line) below line) below line) below line below line) below line belo									fi org an	pensa rom th janizat d relat anizati	ie tion ted	
	line)	Indi	Inst	Officer	Key	High emp	Former						
		-		-		-							
1b Subtotal								42,000.		0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 42,000.		0.			0. 0.
2 Total number of individuals (including but n							no r		l),000 of reportabl				•••
compensation from the organization												Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s								ghest compensated emp			3		x
4 For any individual listed on line 1a, is the su		le co	omp	ensa	atior	n and	d ot	ther compensation from					v
and related organizations greater than \$1505 Did any person listed on line 1a receive or a									idual for services		4		X
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son .	<u></u>				5		X
1 Complete this table for your five highest co										pens	ation	from	
the organization. Report compensation for (A)	the calendar y	ear	endi	ing v	vith	or w	ithi	n the organization's tax (B)	year.		(0	C)	
								C		nsatio	n		
PO BOX 159, CATHARPIN, VA 20143 STRATEGIC CONSULTING									274	,000.			
MAESTRO LTD, 25050 RIDING PLAZA #130, SOUTH RIDING, VA 20152 PUBLIC RELATIONS									260	,041.			
B&C STRATEGIES 3663 NORTH 870 EAST, PROVO, UT 84604 STRATEGIC CONSULTING										227	500		
PINNEY AND ASSOCIATES, 4800 MONTGOMERY										237	,500.		
LANE SUITE 400, BETHESDA, MD 20814								RESEARCH				156	,959.
RED LETTER CONSULTING, 5501 MERCHANTS SQUARE #202, HAYMARKET, VA 20169	S VIEW							CONSULTING				122	,701.
2 Total number of independent contractors (including but not limited to those listed above) who received more than										,			
\$100,000 of compensation from the organi	zation 🕨					5					_	000	

032008 12-23-20

Form **990** (2020)

			2020) CENTER FOR PLANT S	CIENCE AND HEA	LTH		**-**5082	Page 9
Pa	rt \	/	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
s, G			Fundraising events 1c					
Gift Iar J			Related organizations 1d					
imil imil			Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	1,336,500.				
ontr of C		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f	►	1,336,500.			
				Business Code				
ice	2	а						
ervi		b						
n S ent		С						
grar Rev		d						
Program Service Revenue		е						
ш.		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
	4		other similar amounts) Income from investment of tax-exempt bond					
	4 5		Royalties	-				
	5		(i) Real	(ii) Personal				
	6	а		(
	Ŭ		Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities					
			assets other than inventory 7a					
		b	Less: cost or other basis					
anı			and sales expenses 7b					
evenue		с	Gain or (loss)					
č		d	Net gain or (loss)	►				
Other	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8					
			Net income or (loss) from fundraising events	····· P				
	9	a	Gross income from gaming activities. See					
		h	Part IV, line 19 9 Less: direct expenses 9					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances1)a				
		b		Db				
			Net income or (loss) from sales of inventory					
ß			· · · · · · · · · · · · · · · · · · ·	Business Code				
Miscellaneous Revenue	11	а						
an€ ∋nu		b						
cell teve		с						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions	►	1,336,500.	0.	0.	0.
03200	9 12	2-23	-20					Form 990 (2020)

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Page 10

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(D)

Fundraising

expenses

CENTER FOR PLANT SCIENCE AND HEALTH Form 990 (2020) 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 (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 -5,022 -5,022 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 42,000 42,000 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits q Payroll taxes 10 11 Fees for services (nonemployees): а Management 733,429 733,429 b Legal С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q column (A) amount, list line 11g expenses on Sch O.) 116,841 116,841 Advertising and promotion 12 54,233 54,233. 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 124,068 124,068 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 1,958 1,958 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) SCIENTIFIC RESEARCH 213,011 213,011 а PUBLIC RELATIONS 133,825 133,825 b OFFICE / GENERAL ADMIN 122,701 122,701 С BANK CHARGES & FEES 1,872 1,872, d

Form **990** (2020)

180,789

25

Ο.

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е

25

26

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All other expenses

Check here

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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1,358,152

25

1,538,941

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Form 990 (2020)

CENTER FOR PLANT SCIENCE AND HEALTH Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		678,900.	1	233,125.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
	Ū	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa			16	233,125.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
ŝ	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
abi		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
Ś		Organizations that follow FASB ASC 958, che	ck here 🕨 🔛			
icei		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions			27	
ΪB	28	Net assets with donor restrictions			28	
ŭ		Organizations that do not follow FASB ASC 9	58, check here 🕨 🛛			
г		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	0.
sse	30	Paid-in or capital surplus, or land, building, or eq	uipment fund	243,334.	30	0.
ît A	31	Retained earnings, endowment, accumulated inc		435,566.	31	233,125.
Re	32	Total net assets or fund balances		678,900.	32	233,125.
	33	Total liabilities and net assets/fund balances		678,900.	33	233,125.

Form **990** (2020)

Form	990 (2020) CENTER FOR PLANT SCIENCE AND HEALTH	**-***5082		Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,336	,500.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,538	,941.
3	Revenue less expenses. Subtract line 2 from line 1	3		-202	,441.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		678	,900.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-243	,334.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		233	,125.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other		ſ		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ſ		
	separate basis, consolidated basis, or both:		ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis		ĺ		
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	ĺ		
	consolidated basis, or both:		ſ		
	Separate basis Consolidated basis Both consolidated and separate basis		ſ		
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	ĺ		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	[
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name	of t	he organization						Employer	identification nu	umbei
			FOR PLANT SCIE						-***5082	
Par	tl	Reason for Public (Charity Status.	(All organizations must o	omplete tl	nis part.) S	ee instructior	ıs.		
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
з [A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).			
4 [A medical research organiz	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's nar	me,
		city, and state:								
5 [An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6 [A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7 [An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	the general	public described	in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)		-			-	-	
8 [A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9 [An agricultural research org				ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or	
		university:						-		
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts	from
		activities related to its exen	•	-	-			-	-	
		income and unrelated busir		-					-	
		See section 509(a)(2). (Cor		· · · ·		•	-	•		
11 [An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	purposes of one	e or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	heck the box in	
		lines 12a through 12d that								
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the supported organization		-	•	-				
		organization. You must c								
b		Type II. A supporting org	-		tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management o	-				-		-	
		organization(s). You mus			•					
с] Type III functionally inte			in connec	tion with, a	and functiona	Illy integrate	ed with,	
		its supported organization						, ,		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)	
		that is not functionally int		•••				-		
		requirement (see instruct			-		-			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente	er the number of supported of								
		vide the following informatior								
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	,	(vi) Amount of o	
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instru	ctions)
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 CENTER FOR PLANT SCIENCE AND HEALTH

Part II

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	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						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi				12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
10	organization, check this box and stor				-		
Sec	ction C. Computation of Publ						
-	Public support percentage for 2020 (column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
h	33 1/3% support test - 2019. If the d						
~	and stop here. The organization qual	-					
1 7a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te					C C	
h	10% -facts-and-circumstances tes	-		• • • •		17a and line 15 i	
N.	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		
10							
18	Private foundation. If the organization	AT UN TIOL OTHERN A		a, 100, 17d, 01 17			

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 CENTER FOR PLANT SCIENCE AND HEALTH

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")			815,500.	1,115,000.	1,336,500.	3,267,000.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5			815,500.	1,115,000.	1,336,500.	3,267,000.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						3,267,000.
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6			815,500.	1,115,000.	1,336,500.	3,267,000.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)			815,500.	1,115,000.	1,336,500.	3,267,000.
14 First 5 years. If the Form 990 is for th	e organization's fi	irst second third				
check this box and stop here	Ū					► X
Section C. Computation of Publi						
15 Public support percentage for 2020 (I			column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Invest						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2019. If the						und
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
032023 01-25-21		,	. ,		edule A (Form 990	
			16		,	,

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

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rt IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
A family member of a person described in line 11a above?	11b		
A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Section B. Type I Supporting Organizations

Part

11 ⊦ a/

> b / c /

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? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
		Ċ

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.
Section C. Type II Supporting Organizations

Section 6. Type in Supporting Organizations	

Section D All Type III Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1
 1
 1
 1

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Yes

2a

2b

За

3b

No

Yes

1

2

No

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18

Part	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	
Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 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			
c	collection of gross income or for management, conservation, or			
ı	maintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b/	Average monthly cash balances	1b		
сI	Fair market value of other non-exempt-use assets	1c		
d	Fotal (add lines 1a, 1b, and 1c)	1d		
еI	Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 3	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 I	Enter 0.85 of line 1.	2		
3 1	Vinimum asset amount for prior year (from Section B, line 8, column A)	3		
4 I	Enter greater of line 2 or line 3.	4		
5 I	ncome tax imposed in prior year	5		
6 I	Distributable Amount. Subtract line 5 from line 4, unless subject to			
(emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2020

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instructions).

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
-	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

17231213 141729 CEN001

Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and	Provide the explanations required by Part II, line 10; Part II 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sectio 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, li t V, Section E, lines 2, 5, and 6. Also complete this part for	on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V,
(See instructions.)		any additional information.
2028 01-25-21	21	Schedule A (Form 990 or 990-EZ)

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2020
Department of the Treasury Internal Revenue Service	•	_	Attach to Form s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization CENTER FOR PL	ANT SCIENCE AN	D HEALTH					Employer identification number **-***5082
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	stance?						ction Yes X No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					pization answered "		t IV/ line 21 for any
recipient that received more than					anization answered	res on on 990, Fai	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL CONFERENCE OF STATE LEGISLATURES - 7700 E FIRST PLACE - DENVER, CO 80230	**-***2576		-15,000.	0.			UTAH PRESIDENT FUND
MIDWESTERN UNIVERSITY 555 31ST STREET DOWNERS GROVE, IL 60515	**-***1738		9,978.	0.			RESEARCH PROJECT
2 Enter total number of section 501(c)(3) a	•	•	ne line 1 table				·········· •
3 Enter total number of other organization LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) 2020

Schedule I (Form 990) 2020 CENTER FOR PLANT SCIENCE AND HEALTH

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number **-***5082

CENTER FOR PLANT SCIENCE AND HEALTH

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE USE OF PLANTS FOR FOOD, FIBER AND ORNAMENTAL PURPOSES.

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

THE ORGANIZATION EMAILED COPIES OF THE 990 AND SCHEDULES TO EACH BOARD

MEMBER FOR AN AFFIRMATION VOTE PRIOR TO FILING.

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

CENTER FOR PLANT SCIENCE AND HEALTH WILL UPON REQUEST MAKE ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE

TO THE PUBLIC.

FORM 990, PART IX. LINE 1 GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZAT

DUE TO CLEARICAL ERROR IN 2019 THE GRANTS AND OTHER ASSISTANCE TO

GOVERNMENTS AND ORGANIZATIONS WERE OVERSTATED. WE ARE CORRECTING IT

THIS YEAR.

DUPLICATE PAYMENT TO NATIONAL CONFERENCE OF STATE LEGISLATURES FOR THE

UTAH PRESIDENT FUND FOR \$15,000 IN 2019. THEREFORE, WE ARE DEDUCTING

THE DUPLICATE PAYMENT THIS YEAR OF (\$15,000).

THE GRANTS AND OTHER ASSISTANCE TO GOVERNMENTS AND ORGANIZATIONS FOR

2020 ARE AS FOLLOWS:

NATIONAL CONFERENCE OF STATE LEGISLATURES - (\$15,000.00)

MIDWESTERN UNIVERSTY - \$9,978.00

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

Schedule O (Form 990 or 990-EZ) 2020

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lame of the organization				Employer iden	Page tification numbe
	SCIENCE AND HEALTH			**_**508	82
OTAL OF GRANTS AND OTHER ASSISTANCE TO	O GOVERNMENTS AND	ORGANIZATIO	NS		
OR 2020 ARE: (\$5,022.00)					
32212 11-20-20		29		Schedule O (Form 99	0 or 990-EZ) 20
31213 141729 CEN001	2020.05010	29 CENTER	FOR PLA	NT SCIENCE AN	CEN001

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Corporation Schedule of Adjustments



Name as shown on Virginia return CENTER FOR PLANT SCIENCE AND HEALTH	EIN **-***5082	
Use Schedule 500ADJS in addition to the Schedule 500ADJ if you are claiming more additions or subtractive	ons than the Schedule	
500ADJ allows. Refer to the Form 500 Instructions for addition and subtraction codes.		
Check this box and enclose Schedule 500ADJS with your return		
Section A - Additions to Federal Taxable Income		
1. Fixed date conformity addition - Depreciation		
2. Fixed date conformity addition - Other		
3. Taxable addition from Schedule 500AB, Line 10		.00
4. Net income tax and other taxes that are based on, measured by, or computed with reference		00
to net income		
5. Interest on state obligations other than Virginia6. Other Additions		.00
See instructions for addition codes.		
	60	.00
6c		
	······································	.00
Section B - Subtractions from Federal Taxable Income		
1. Fixed date conformity subtraction - Depreciation	1.	.00
2. Fixed date conformity subtraction - Other		
3. Income from obligations or securities of the U.S. exempt from state income taxes,		
but not from federal income taxes	3.	.00
4. Foreign dividend gross-up (IRC § 78)		
5. Refund or credit of income taxes included in federal taxable income		
6. Subpart F income (IRC § 951) and/or Global Intangible Low-Taxed Income (IRC § 951A)		
7. Foreign source income subtraction allowed by Va. Code § 58.1-402 C 8	7	.00
8. Dividends received from corporations in which the recipient owns 50% or more		
of the voting stock, to the extent remaining in federal taxable income	8	.00
9. Other Subtractions. See instructions for subtraction codes.		
Certification Number Code		
	0-	
9a		.00
9b		<u>00.</u> 00.
9c		
		.00
Section C - Amended Return		
If you are filing an amended return, complete Section C to determine if you will receive an additional refund or if you need to	to make an additional paym	ent.
1. Add amount paid with original return plus additional tax paid after it was filed.		
(Do not include amount paid from Form 500, Line 20.)	1.	.00
2. Add Line 1 from above and Line 16 from Form 500 and enter the total here	2.	.00
3. Overpayment, if any, as shown on original return or as previously adjusted		
4. Subtract Line 3 from Line 2		
5. If Line 4 above is less than Line 11 on amended Form 500, subtract Line 4 above from		
Line 11 on amended Form 500. This is the tax you owe	5.	.00
6. Refund. If Line 11 on amended Form 500 is less than Line 4 above, subtract Line 11		
on amended Form 500 from Line 4 above. This is the tax you overpaid	6	.00
EXPLANATION OF CHANGES TO INCOME AND MODIFICATIONS		
Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change	ge is reported and give t	ne reason

Enclose an explanation for amending return. Provide the line reference from the Form 500 for which a change is reported and give the reason for each change. Show any computation in detail and enclose any applicable schedules.

083691 12-16-20 1019 Va. Dept. of Taxation 2601001 Rev. 08/20