Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

2007 Open to Public

		e 2007 calendar year, or tax year beginning April 1 , 2007, and		March 31	, 20 08
		Please C Name of organization	$\neg \neg$	D Employer ide	entification number
		change label or The Herb Society of America, Inc.	16 10 10 10 10	34	1596261
	ame of		Room/suite	E Telephone re	
	tiol rel	See 9019 Kirtland Chardon Road	Hotel I	(440)	256-0514
	mina		4 - 40	F Accounting metho	ed: Cash Accrual
		return toos. Kirtland, OH 44094-5156		Other (sp	pecity) >
		Section 501(c)(3) organizations and 4947(s)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a	group return for a	ction 527 organizations. dfliates? Yes Mo
٧	ebsite	⇒ www.herbsociety.org			affiliates >
c	rganiz	ation type (check only one) ▶ ☑ 501(c) (3) ◄ (insort no.) ☐ 4947(s)(1) or ☐ 527	(If "No," :	filiates included? attach a list. See ecarate return filed	
. 0	heck	nere > If the organization is not a 509(a)(3) supporting organization and its gross	ornacizati	on covered by a on	oup ruling? Yes V No
		are normally not more than \$25,000. A return is not required, but if the organization chooses preturn, be sure to file a complete return.		emption Number	
	100 0	eton, or some to the a companie result.			ganization is not required
0	iross	eceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 574,512			90, 990-EZ, or 990-PF).
	Œ	Revenue, Expenses, and Changes in Net Assets or Fund Balan	ces (See th	e instruction	(.2)
Ť	1			10000	
-1		Contributions, gifts, grants, and similar amounts received:	103.8	10	
ч		Contributions to donor advised fords	100,0	1000	
- 1				3800	
и				988	
П	d		2,658	10	103.810
1		Total (add lines 1a through 1d) (cash \$ 101,152 noncash \$		2	92,171
	2	Program service revenue including government fees and contracts (from Part	VII, line 93)		114,072
4	3	Membership dues and assessments		3	114,072
П	4	Interest on savings and temporary cash investments			
	5	Dividends and interest from securities	5	60,189	
	6a	Gross rents		10000	
1	b	Less: rental expenses		100000	
И	c	Net rental income or (loss). Subtract line 6b from line 6a		6c	
	7	Other investment income (describe >		7	
5	8a		() Other	10000	
ŝ		than inventory		10000	
1	ь	Less: cost or other basis and sales expenses, 195,231 8b		5333	
	c	Gain or (loss) (attach schedule) Stmt 1 685 8c		10000	
3		Net gain or (loss), Combine line 8c, columns (A) and (B)		8d	685
	9	Special events and activities (attach schedule). If any amount is from gaming, chec	k here ▶ □	100000	
П		Gross revenue (not including \$ of		1333	
	u	contributions reported on line 1b)		THE REAL PROPERTY.	
	h	Less: direct expenses other than fundraising expenses . 9b		386	
		Net income or floss) from special events. Subtract line 9b from line 9a		9c	
		Gross sales of inventory, less returns and allowances 10a	5,5	91	
		Less: cost of goods sold	4.8	48	
		Gross profit or floss) from sales of inventory (attach schedule). Subtract line 10b from	om line 10s	10c	743
	11	Other revenue (from Part VII, line 103)	All hisp roa	11	2,763
	12	Total revenue, Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	374,433
-				13	430,754
	13	Program services (from line 44, column (B))		14	60,692
ě	14	Management and general (from line 44, column (C))		15	20,351
	15	Fundraising (from line 44, column (D))		16	20,301
8	16	Payments to affiliates (attach schedule)			511,797
edea	47			17	
	17				
	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	
Assets Expenses	18 19	Excess or (deficit) for the year. Subtract line 17 from line 12 Net assets or fund balances at beginning of year (from line 73, column (19	2,543,948
	18	Excess or (deficit) for the year. Subtract line 17 from line 12			(137,364) 2,543,948 (30,839) 2,375,745

22b	6b, 8b, 9b, 10b, or 16 of Part I. Grants paid from donor advised funds (attach schedule) (cash \$	tto.	(A) Total	services	and general	(D) Fundraising
22b 23	(cash \$ nencash \$) If this amount includes foreign grants, check here ▶ □	(100)				THE RESERVE OF THE PERSON NAMED IN
23	If this amount includes foreign grants, check here 🕨 🗌			Sulfative of		
13						
23		22a				
			THE PERSON NAMED IN	7 - 1 - 1		
	(cash \$31,423 noncash \$Stmt 3)	22b	31,423	31,423		
	If this amount includes foreign grants, check here 🕨 🗌	220	31,423	31,423		
24	Specific assistance to individuals (attach	23				
24	schedule)	-	A STATE OF THE REAL PROPERTY.	100 miles 100 miles 100 miles		
	Benefits paid to or for members (attach schedule)	24				
	Compensation of current officers, directors,	27				
258	key employees, etc. listed in Part V-A	25a	46.394	37.041	7,284	2,069
	Compensation of former officers, directors,		Pa 110			
В	key employees, etc. listed in Part V-B	25b			The second second	
	Compensation and other distributions, not	-				
c	included above, to disqualified persons (as		ora l	Service of	St 1 1000	
	defined under section 4958(f)(1)) and persons	S. bir	To 10 State Av 2019	ne impound a	neutrania 17	
	described in section 4958(c)(3)(B)	25c			No. of the last	
26	Salaries and wages of employees not included	10		Mary Comme	46 0000	
-	on lines 25a, b, and c	26	128,353	102,477	20,152	5,724
27	Pension plan contributions not included on			on the board	a record of	
	lines 25a, b, and c	27	3,280	2,618	515	147
28	Employee benefits not included on lines	- 1	managery (2) Att	2 500	THE PART OF	
	25a - 27	28	CUSHICA TIRE-SOC			and the same of th
29	Payroll taxes	29	14,965	11,948	2,350	667
90	Professional fundraising fees	30	and the second	NAME OF TAXABLE PARTY.	STATE OF STREET	and the second
31	Accounting fees	31	9,800	2,656	7,144	
32	Legal fees	32	904	245	659	
33	Supplies	33	6,564	5,212	1,058 781	29-
34	Telephone	34	4,848	3,848	1,050	294
35	Postage and shipping	35	6,525 16,052	5,181 12,745	2,584	723
36	Occupancy	36	7,239	5,747	1,165	327
37	Equipment rental and maintenance , , , , .	37	63,858	63,858	1,165	321
38	Printing and publications		28,474	15,878	10.039	2,557
39	Travel	39 40	4.357	2,614	1,309	434
40	Conferences, conventions, and meetings	41	4,337	2,014	1,305	43*
41	Interest	42	11,895	9,444	1,916	535
42	Depreciation, depletion, etc. (attach schedule)	42	11,000	9,444	1,510	30.
43	Other expenses not covered above (itemize): See Statment 4	43a	126,866	117,819	2,686	6,361
a b	Jee Statiment 4	43b	120,000	111,010	2,000	
ь		43c				No. 15 (10 - 1011)
d		43d				
a		43e		Control Control		
		431		11 mm	and the Targett Co.	
q		43g	T By my DI and			
-	T-1-1 A					and the
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	511.797	430.754	60.692	20,35

(iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

5

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

M	hat is the organization's primary exempt purpose? See Statement 5	Program Service Expenses
NI of	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) parizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) or (4) orgs., and 4947(s)(1) trusts; but optional for others.)
a	Publications - Available to members and the general public to further the knowledge of herbs.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	147,12
ь	Symposia - National conference with lectures, workshops, and other educational forums to further	
	the knowledge of herbs.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	185,90
c	Library - Available to members and the general public to further the knowledge of herbs.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	23,27
d	Research Grants and Awards - Grants, scholarships and awards. See Statement 6	
	(Grants and allocations \$ 31 423) If this amount includes foreign grants, check here ▶ □	l lose
	(Grants and allocations \$ 31,423) If this amount includes foreign grants, check here ▶ ☐ Other program services (attach schedule)	72,40
e		
	(Grants and allocations \$ See Statement 7) If this amount includes foreign grants, check here ▶ ☐ Total of Program Service Expenses (should equal line 44, column (B), Program services). ▶	
_	Total of Program Service Expenses (should equal line 44, column (b), Program services)	430,75
		Form 990 (20)

The Herb Society of America, Inc. 34-1596261

Part IV Balance Sheets (See the instructions.)

Where required, attached schedules and amounts within the description (A) Beginning of year (B) End of year column should be for end-of-year amounts only. 45 3,633 46 35,225 Savings and temporary cash investments 47a Accounts receivable 47a b Less: allowance for doubtful accounts . 47b 470 48a b Less; allowance for doubtful accounts . 48b 48c 49 50a Receivables from current and former officers, directors, trustees, and 50a Receivables from other disqualified persons (as defined under section 50b 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) Other notes and loans receivable (attach 51a schedule) 51b 51c Less: allowance for doubtful accounts , Inventories for sale or use 11,585 52 13,848 18.634 53 15,391 Prepaid expenses and deferred charges 54a Investments—publicly-traded securities. Stmt. ▶ ☐ Cost ☑ FMV 2.399,946 54a 2.257.057 b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV 54h 55a Investments—land buildings, 55a equipment: basis b Less: accumulated depreciation (attach 55b 55c schedule) Investments-other (attach schedule) . 57a 366,566 57a Land, buildings, and equipment; basis . Less: accumulated depreciation (attach schedule) See Stmt 9 57b 219.107 150,557 57c 147.459 Other assets, including program-related investments (describe ► See Statement 10 43.943 58 41,491 Total assets (must equal line 74). Add lines 45 through 58 2,628,298 59 2.510.471 13,477 60 24,024 61 105,768 62 67,059 62 Loans from officers, directors, trustees, and key employees (attach 63 Tax-exempt bond liabilities (attach schedule) , , , , 648 64a Mortgages and other notes payable (attach schedule) , 64Ł Other liabilities (describe ➤ See Statement 10 3.814 65 4.934 Total liabilities. Add lines 60 through 65 84,350 66 134,726 Organizations that follow SFAS 117, check here > - and complete lines 67 through 69 and lines 73 and 74 1,264,869 67 1.088.039 67 416,040 68 435,154 Permanently restricted 863,039 69 852,552 pun Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74. አ 70 70 Pald-in or capital surplus, or land, building, and equipment fund . 72 Retained earnings, endowment, accumulated income, or other funds 72 73 Total net assets or fund balances, Add lines 67 through 69 or lines te y 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) 2.543.948 73 2,375,745 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 2,510,471

Form	990 (2007)	The Herb Society	of	America.	Inc	. 34-159			Page 5
Pai	t IV-A	Reconciliation of Revenue per Au instructions.)	dited	Financial S	tatem	ents With Rev	renue pe	r Return	
	Total rev	enue, gains, and other support per aud	fited t	inancial state	ments		200	a	348,442
b		included on line a but not on Part I, lin							
1	Net unre	alized gains on investments			.	b1	(30,839)	1000	
2	Donated	services and use of facilities				b2		200	
3	Recover	ies of prior year grants				b3		1000	
4	Other (s	pecify):				b4	W. Joden		
	Add line	s b1 through b4						b	(30,839)
c	Subtract	line b from line a						C	379,281
d	Amounts	included on Part I, line 12, but not on	line a	i:				2000	
1	Investme	ent expenses not included on Part I, line	e 6b			d1		888	
2	Other (s	pecify): Cost of Goods Sold				1		2200	
						d2	(4,848)	3000	- E9-bi-
		s d1 and d2						d	(4,848)
е		venue (Part I, line 12). Add lines c and	d.			7777		0	374,433
Pa	rt IV-B	Reconciliation of Expenses per A	udite	d Financial	Staten	nents With Ex	penses		n
a	Total ex	penses and losses per audited financial	state	ements				a	516,645
b	Amounts	s included on line a but not on Part I, lin	ne 17	:					
1	Donated	services and use of facilities				b1		10000	
2	Prior year	ar adjustments reported on Part I, line 2	20 .			b2		1000	
3	Losses	reported on Part I, line 20				b3		1000	
4	Other (s	pecify): Cost of Goods Sold						188	
						b4	(4,848)	1000	
	Add line	s b1 through b4						b	(4,848)
c	Subtract	line b from line a						С	100000000000000000000000000000000000000
d	Amount	s included on Part I, line 17, but not on	line 8	i:				155551	
1	Investm	ent expenses not included on Part I, line	e 6b			d1		2002	
2	Other (s	pecify):						2000	
						d2		100000	
		s d1 and d2	d d					d	511,797
Pa		Current Officers, Directors, Trustee or key employee at any time during the	es, ar	nd Key Empl	oyees	companented 10	Soo the in	etaintione l	
		(A) Name and address		(B) le and average ho sek devoted to p		(C) Compensation (if not paid, enter -0)	(0) Contribut benefit pla compen	ions to employee ans & deferred sation plans	(E) Expense account and other allowances
901	9 Kirtland	gan, Executive Director Chardon Road, Kirtland, OH 44094	En	ec Director - 40		46,394		865	S None
Sec	Statemen	t 11 for Board of Directors	Se	e Statement 11			THE PERI		Leve Francis
_		The state of the s	-	shing i marine		-0	-	None	None
							100		-
_		The state of the s	-	the state of		CONTRACTOR OF	-	15-6-5-9	0.100
						pants will be	10000	THE PERSON	The last of the
		61							and the said
_		DATE:	-		-	75 10157	-		_
			-				1000		1000
_		V	+		_		-		-
			-		10.00		CHO, Day		No. of Care
_		Commence of the Commence of th	-		-	are an extend to	-	-	-
_	124	Contract of the Contract of th	+				-		-
					100				
_	- 3	417	-	SINISIPA -			-	WIND OF	100
			-						

				16		100	
b	Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part II, or high contractors listed in Schedule A, Part II-A or relationshipa? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	rofessional and other through	other independent family or business	75b		1
	Do any officers, directors, trustees, or key o compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the the definition of "related organization." If "Yes," attach a statement that includes the info Does the organization have a written conflict of in	Part I, or highest co Part II-A or II-B, red at are related to the o	empensated profeive compensati rganization? See	essional and other on from any other	75c	1	1
Par	Former Officers, Directors, Trustees, and officer, director, trustee, or key employee re person below and enter the amount of comp	ceived compensation of	r other benefits (di	escribed below) during	the y	ear, lis	orme at the
i i	(A) Name and address	(B) Loans and Advances	(C) Compensation (f not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans		Expen int and lowance	
None			ca, ima miss	John military have			
			Committee no	Company on the		7 1 2 2 2 2	
		20.90	Service in				
			60 - I- 176	NAME OF TARREST AND	-	- I	Ť.
		reprincipal of Horning	Action Colors		12		
		III)					
	MAN MAN	(il-many) and	hants t		in.		
	Other Information (See the instruction			No. 7 - Table 1	FOREST .	Yes	N
6	Did the organization make a change in its activitie detailed statement of each change			7 If "Yes," attach a	76	-	1
77	Were any changes made in the organizing or gov		t not reported to	the IRS?	77	13000	1
78-	If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gro		or more during t	he year covered by	200	100	
	this return?				78a		1
	If "Yes," has it filed a tax return on Form 990-T for			12.2.1.1.1.1.1	78b	N	A
19	Was there a liquidation, dissolution, termination, of a statement			ar? If "Yes," attach	79	ROGICON	1
30a	Is the organization related (other than by associa common membership, governing bodies, truste	es, officers, etc., to			80a		1
b	organization?		ie 🗌 everent	nonexempt			
81a	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	ee line 81 instruction	s.) 81a	- Introvempt	81b		1

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Par	VI Other Information (continued)			Yes	No
	Did the organization receive donated services or the use of materials, equipment or at substantially less than fair rental value?		82a	1	0
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.				
	(See instructions in Part III.)	82b	Sec.		
02-	Did the organization comply with the public inspection requirements for returns and	exemption applications?	83a	1	
	Did the organization comply with the disclosure requirements relating to quid pro q		83b	1	
	Did the organization solicit any contributions or gifts that were not tax deductible		84a		1
	If "Yes." did the organization include with every solicitation an express statement		G\$1323		100
	gifts were not tax deductible?		84b	N	P
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	N	P
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less' If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h belo received a waiver for proxy tax owed for the prior year.		85b	N	P
c	Dues, assessments, and similar amounts from members	85c NA	1882		
	Section 162(e) lobbying and political expenditures	85d NA	HEAR		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e NA	1000		188
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f NA	10000		1000
	Does the organization elect to pay the section 6033(e) tax on the amount on line	85f?	85g	N	A
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to at to its reasonable estimate of dues allocable to nondeductible lobbying and poli	d the amount on line 85f			
	following tax year?		85h	N	1
	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a NA	6888		
	Gross receipts, included on line 12, for public use of club facilities	86b NA	-		
	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a NA	1933		
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b NA			
88a	At any time during the year, did the organization own a 50% or greater interest in partnership, or an entity disregarded as separate from the organization under Re; 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	gulations sections	88a		1
b	At any time during the year, did the organization, directly or indirectly, own a c meaning of section 512(b)(13)? If "Yes," complete Part XI	ontrolled entity within the	88b		1
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during section 4911 ► None. section 4912 ► None. section	the year under:			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 e during the year or did it become aware of an excess benefit transaction from a p a statement explaining each transaction.		89b		1
-	Enter: Amount of tax imposed on the organization managers or disqualified	C - 100	10000		188
	persons during the year under sections 4912, 4955, and 4958	None	1000		
4	Enter: Amount of tax on line 89c, above, reimbursed by the organization	None	1553		100
	All organizations. At any time during the tax year, was the organization a party t	n a prohibited tax shelter	E2028		
	transaction?		89e	103	1
f	All organizations. Did the organization acquire a direct or indirect interest in any appli		891		1
	For supporting organizations and sponsoring organizations maintaining donor supporting organization, or a fund maintained by a sponsoring organization, have	advised funds. Did the			
	at any time during the year?		89g	N	A
90a	List the states with which a copy of this return is filed ▶ Ohio				
b	Number of employees employed in the pay period that includes March 1; instructions.)	90b	atrif	D.	
91a		Nephone no. ► (440) P + 4 ► 4409		6-05	14
b	At any time during the calendar year, did the organization have an interest in or a si over a financial account in a foreign country (such as a bank account, securities a		-	Yes	No
	account)?		91b	-	1
	If "Yes," enter the name of the foreign country ►NA		2		188

Form 990 (200	77 The Herb Socie	ety of America	, Inc.	34-159626	1	Page 8
Part VI	Other Information (continued)			Incomplete and	stillomolisi s	Yes No
	ny time during the calendar year, did t	he organization main	tain an office	outside of the I	United States?	91c 🗸
If "Y	es," enter the name of the foreign cou	ntry NA	aut ur omoc			
92 Sect	ion 4947(a)(1) nonexempt charitable to	usts filing Form 990 in	Neu of Form	1041-Check	here . NA	▶□
and	enter the amount of tax-exempt intere				▶ 92 NA	
Part VII	Analysis of Income-Producing					
Note: Ente	y gross amounts unless otherwise	Unrelated but	iness income	Excluded by section	on 512, 513, or 514	(E) Related or
indicated.		(A)	(B) Amount	(C) Exclusion code	(D) Amount	exempt function
93 Pro	gram service revenue:	Business code	Amount	Exclusion code	Africant	income
	olications			-		5,945 83.79
	nposia				parties of	2,43
	ed Exchange	VALUE OF THE PARTY AND ADDRESS OF THE PARTY AN	DALLY MADE AND ADDRESS OF THE PARTY OF THE P	-	-10//	2,43
d	1905	11 CO 12 DO DO DO DO	AND DESCRIPTION OF THE PERSON NAMED IN	a service size		Aller I I I I I I I I I I I I I I I I I I I
θ	politica minima for special control	NAME OF TAXABLE PARTY.	The Links in	-	STOLEN STREET	to the second
	dicare/Medicaid payments			1	10.11.92	W. Commission
	s and contracts from government agen	cies		_		114.07
	mbership dues and assessments	i.				,
	rest on savings and temporary cash investment	ients		14	60,189	
	idends and interest from securities . rental income or (loss) from real estat	CONTRACTOR CO.			100000000000000000000000000000000000000	
	t-financed property	ю.	ALC: NAME AND ADDRESS OF			According an address of
	debt-financed property				at a second	
	rental income or (loss) from personal prop	arb.				. I tomas all a
	er investment income	orty	an elimination			
	or (loss) from sales of assets other than inver-	ntory	a managed	18	685	us as a terral or
	income or (loss) from special events	and the second second	Lacobition III 2	11 April 200	ark many and and	The state of the s
102 Gro	ass profit or floss) from sales of invent-	ory	ering position	Hotel records	1000 1000 1000	74
103 Oth	er revenue: a Insurance Assessments		and the latest	Owingo: as we	transport and	1,36
b Lib	rary Revenue					1,40
c					Santa and	
d	+95		The state of the state of	nd - 2007 1 1 1	-total and annual	LING.htc.
e	A STATE OF THE PARTY OF THE PAR	_		-		
	ototal (add columns (B), (D), and (E))	100000000000000000000000000000000000000		The state of the s	60,874	209,74
105 Tot	tal (add line 104, columns (B), (D), and	(E))			1	270,62
	105 plus line 1e, Part I, should equal			Man 46.	- instructions I	
Part VIII	Relationship of Activities to the					
Line No.	Explain how each activity for which in of the organization's exempt purposes	come is reported in colo of their than by providing	umn (b) of Part o funds for su	ch numoses).	nportantly to the	accomplishmen
-	See Statement 12	fourth trial of providen	g .a	a. populati		
	See Statement 12					
-			21.00			
	Part Control					And and and other
Part IX	Information Regarding Taxable 5	Subsidiaries and Dis	regarded En	tities (See the in	nstructions.)	NA
	(A)	(B)	(0		(D)	End-of-war
	ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of	activities	Total income	assets
Nan		%	100	Total Control		
Nan		96				
Nan	948					
Nan	Local Control of the	96	Children our	and the second		to the last
Nan	DAME TO THE PARTY OF THE PARTY	% %				1 1 1 1
	Information Regarding Transfers A	% %	nal Benefit (Contracts (See th	ne instructions.)	
Part X		% % Associated with Perso				☐ Yes ☑ No
Part X	Information Regarding Transfers J the organization, during the year, receive any fur the organization, during the year, pay	% % Associated with Perso ds, directly or indirectly, to	pay premiums o	n a personal benefit	contract? .	

Form 960 Part	XI Information Regarding T		Controlled	34-1596261 Entities. Comp			ation
106	is a controlling organization Did the reporting organization ma the Code? If "Yes," complete the	ke any transfers to a contro	lled entity as	defined in secti	on 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C) cription of cansfer	(D Amount of		fer
a		7					
b							
c							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer	Amount of		for
a							
ь							
c							
_	Totals		3 6 6 6 6				
108	Did the organization have a bindingents, royalties, and annuities des			7, 2006, covering	the interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and comple	have examined this return, including te. Declaration of preparer (other the	accompanying	schedules and statem ed on all information Dat	of which preparer has	my knor	wiedg
Paid	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN	(See Gen	inst,)
Prepare Use Onl				EIN Phone n	F .	_	
_	according, and zer + 4 F			Phone n		m 990	

3447

IRS USE ONLY

SEP 2 9 2008

29404-243-70311-8 341596261 For assistance, call: 1-877-829-5500

> Notice Number: CP211A Date: September 29, 2008

Taxpayer Identification Number:

211A

A0176467

34-1596261 Tax Form: 990 Tax Period: March 31, 2008





098315.541691.0324.007 1 AT 0.346 530

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to November 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov , Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit www.irs.gov. (Access to this site will not provide you with your specific taxpayer account information.)

SCHEDULE A (Form 990 or 990-F7) Internal Revenue Service Name of the organization

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.) ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

18	No.	1545	0047
5		mue	1101

2007

The Herb Society of America, Inc. 34 1596261 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 1 of the instructions, List each one, if there are none, enter "None.") (b) Title and average hours (a) Name and address of each employee paid more (c) Compensation imployee benefit plans & account and other then \$50,000 per week devoted to position deterred compensation allowances Total number of other employees paid over \$50,000 NONE Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services NONE Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of other contractors receiving over

\$50,000 for other services

Par	Statements About Activities (See page 2 of the instructions.)			Yes	No
1	attemp	the year, has the organization attempted to influence national, state, or local legislation, including any to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid med in connection with the lockyling activities \$ (Must equal amounts on line 38, A or line i of Part Vi-B.)	1		1
	organi	izations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other zations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of bying activities.			
2	substr with a owner	It the year, has the organization, either directly or indirectly, engaged in any of the following acts with any intial contributors, frustees, directors, officers, creations, key employees, or members of their families, or by tasked complexions with which any such person is stillations as an officer, director, frustees, majority, or principal beneficiary? (if the answer to any question is "Yes," attach a distalled statement explaining the critical.			
a	Sale,	exchange, or leasing of property?	2a	_	1
ь	Lendir	ng of money or other extension of credit?	2b		1
	Furnis	hing of goods, services, or facilities?	20	,513	1
	Dame	ant of compensation (or payment or reimbursement of expenses if more than \$1,000)? , , , , , ,	2d	1	
	-,		20		1
•	Transf	er of any part of its income or assets?	20		Ť
3a	Did th of how	e organization make grants for scholarships, fellowships, student loans, etc.? (if "Yes," attach an explanation the organization determines that recipients qualify to receive payments.)	3a	1	
ь	Did th	e organization have a section 403(b) annuity plan for its employees?	3b	1	
c		e organization receive or hold an easement for conservation purposes, including easements to preserve open, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		1
d	Did th	e organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		1
40	Did th	e granization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete	0.0		200
	lines 4	M and 4g	4a	-	1
ь	Did th	e organization make any taxable distributions under section 4966?	4b		Ė
c	Did th	e organization make a distribution to a donor, donor advisor, or related person?	4c		1
d	Enter	the total number of donor advised funds owned at the end of the tax year	_	_	N/A
0	Enter	the aggregate value of assets held in all donor advised funds owned at the end of the tax year , , .	_		N/A
1	funds	the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised included on line 4d) where donors have the right to provide advice on the distribution or investment of the in such funds or accounts.			0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.

0

Da	rt IV	Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)
_	_	
	tity t	hat the organization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches, Section 170(b)(1)(A)(i).
5	ш	A church, convention of churches, or association of churches, Section 170(0)(1)(4)(i).
6		A school. Section 170(b)(1)(A)(i). (Also complete Part V.)
	_	2 Million of Light and Street Control
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8		A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(v)(A)(so complete the Support Schedule in Part IV-A.)
11a		An organization that normally receives a substantial part of its support from a governmental unit or from the general public, Section 170(b)(1)(A)(s), (Also complete the Support Schedule in Part IV-A.)
116		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12	Ø	An organization that normally receives; (1) more than 331/% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 331/% of its support from receipts investment income and unrelated business travible income fless section 5.11 tax if from businesses acculated from receipts investment income and unrelated business travible income fless section 5.11 tax if from businesses accurate the contributions of the contribution

	organization after	or June 30, 1975. See	e section 509(a)(2). (Also complete the Suppor	t Schedule in Part IV-A.)
13	An organization requirements of	that is not controlle section 509(a)(3). Cl	d by any disqualified persons (other than for neck the box that describes the type of support	undation managers) and otherwise meets the orting organization:
	☐ Type I	☐ Type II	Type III-Functionally Integrated	☐Type III-Other

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organization governing of	ipported on listed in porting cation's	(e) Amount or support
Harpite's medical constraint was not it	that is and and a second secon	ra book of stands or until the legislation	Yes	No	Miles desired
FREE		(-)(6)			
ALLES AND ALLES		active south record	the Con		
	100 m (1) m (4)		-	100	Lin and tal

14 An organization organized and operated to test for public safety. Section 509(a)(4), (See page 8 of the instructions.)

Schedule A from 990 or 990-E21 2007

	indar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	3	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	57,172	94,265	56,073	587	.282	794,792
6	Membership fees received	111.788	107,680	111,423		,727	438,61
7	Gross receipts from admissions, merchandise	111,700	107,000	111,420		,,,,,	
	sold or services performed, or furnishing of facilities in any activity that is related to the	104,548	97.932	105.565		.244	390.28
_	organization's charitable, etc., purpose	104,340	97,932	103,303		,277	330,20
18	Gross Income from interest, dividends, amounts received from payments on securities loans. (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	62,963	59,757	60,623	52	,505	235,84
19	Net income from unrelated business activities not included in line 18,		0,000,000	Open de la	riight off		
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	(2-1129)	all-borest v	- State of the sale	0.70		
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.			pag mbar en (Hamana en Ha te mids X a had	a transport		
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	and programming	To be the state of	HEAT THE			
23	Total of lines 15 through 22	336,471	359,634	333,684	825	,758	1,859,54
24	Line 23 minus line 17	231,923	261,702	228,119	747	,514	1,469,25
25	Enter 1% of line 23	3,365	3,596	3,337		,298	
c d e f	Prepare a list for your records to show the nar governmental unit or publicly supported organic amount shown in line 26a. Do not file this list w Total support for section 509(a/t) test: Enter if Add: Amounts from column (e) for lines: 18 Public support (line 26c minus line 26d total) Public support precentage (line 26c minus line 26d future).	ation) whose total th your return. En ne 24, column (e)	gifts for 2003 thr ter the total of all t 19 26b	rough 2006 exce these excess am	eded the	26b 26c 26d 26d 26e 26f	
27	Organizations described on line 12: a Fo	r amounts include	ed in lines 15, 16 otal amounts rece	5, and 17 that weived in each year	rere receive	d from	a "disqualifie
b	person," prepare a list for your records to show Do not file this list with your return. Enter the (2006) (2005) For any amount included in line 17 that was recei	sum of such am	(2004)	squalified persons	T. prepare	a list fo	r your records
b	Do not file this list with your return. Enter the	e sum of such am	(2004) (2	squalified persons of (1) the amount of	i"), prepare in line 25 fo it with your	r the ye return.	r your records ar or (2) \$5,00 After computing
b	Do not file this list with your return. Enter the (2005) [2005]. For any amount included in line 17 that was receit show the name of, and amount received for each floudue in the list organizations described in lines the difference between the amount received and amounts) for each year:	e sum of such am yed from each pers year, that was more 5 through 11b, as w the larger amount	(2004) (2	squalified persons of (1) the amount of Do not file this lis or (2), enter the su	i"), prepare in line 25 fo it with your im of these	r the ye return. differen	r your records ar or (2) \$5,00 After computinces (the exce
b	Do not file this list with your return. Einer the (2005) (e sum of such am yed from each pers year, that was more 5 through 11b, as w the larger amount	(2004) (2004) (2004) (2004) (2004)	squalified persons of (1) the amount of Do not file this lis or (2), enter the su	i"), prepare in line 25 fo it with your im of these	r the ye return. different	r your records ar or (2) \$5,00 After computinces (the exce
b c c	Do not file this list with your return. Einer the (2005) (e sum of such am eed from each pers year, that was more 5 through 11b, as w the larger amount 794,792 and line 27b total	(2004) (2004) (2004) (2004) (2004)	squalified persons of (1) the amount of Do not file this lis or (2), enter the su	r), prepare in line 25 fo it with your im of these (2003)	r the ye return. differen	r your records ar or (2) \$5,00 After computinces (the exce
b c d	Do not file this list with your return. Enter the (2008) 2009 2009 2009 2009 2009 2009 2009 200	e sum of such am end from each pers year, that was more through 11b, as w the larger amount 794,792 and line 27b total tail.	ounts for each ye (2004) on (other than "die t than the larger o ell as individuals.) described in (1) o (2004) 16 438,6	squalified persons of (1) the amount of Do not file this lis or (2), enter the su	i"), prepare in line 25 fo it with your im of these	r the ye return. different	r your records ar or (2) \$5,00 After computinces (the exce
b de f	Do not file this list with your return. Einer the (2006) (2005). For any amount included in line 1.7 that was not included in the 18 that was not lineduced in the 18 the organizations described in less the difference between the amount received and amounting for each year: (2005) (2005) Add: Amounts from column (e) for lines: 15 17 380,289 20 Add: Line 27a total	esum of such am end from each persiver, that was more through 11b, as w the larger amount 794,792 and line 27b total tai)	(2004) (2004) (2004) (other than "di than the larger o ell as individuals.) described in (1) o (2004) (2004) (3, column (e)	squalified persons of (1) the amount of Do not file this lis of (2), enter the su	r), prepare in line 25 fo it with your im of these (2003)	r the ye return. different	r your records ar or (2) \$5,00 After computing

	Add A Form 990 or 990-122 2007 The Herb Society of America, Inc. 34-159626 IV Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	7	213	Page !
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondisoriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,	30		
31	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (if you need more space, attach a separate statement.)	31		
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	ļ	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
ь	Admissions policies?	33b	-	-
c	Employment of faculty or administrative staff?	33c	-	-
d	Scholarships or other financial assistance?	33d	-	-
•	Educational policies?	33e	-	-
1	Use of facilities?	331	-	-
g	Athletic programs?	33g	-	-
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		ļ
ь	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	t VI-A Lobbying Expenditures by El (To be completed ONLY by an	eligible organ	ization that file	d Form 57	68)		NA
Che	ck ▶ a 🔲 if the organization belongs to an affilia	sted group. Che	ck ▶ b 🔲 if	you checked "	a" ar	d "limited control"	provisions apply.
	Limits on Lobbyi (The term "expenditures" mea					(a) Attitiated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .		36		
37	Total lobbying expenditures to influence a legi-		37				
38	Total lobbying expenditures (add lines 36 and				38		
39	Other exempt purpose expenditures				39		
40	Total exempt purpose expenditures (add lines	38 and 39) , ,			40	Later Street	
41	Lobbying nontaxable amount. Enter the amount						
	If the amount on line 40 is- The I				TO PLEASE STATE		
	Not over \$500,000	Not over \$500,000					
	Over \$500,000 but not over \$1,000,000 , \$100,	000 plus 15% of ti	ne excess over \$5		903		
		000 plus 10% of th			41	and the second second	-
	Over \$1,500,000 but not over \$17,000,000, \$225,	000 plus 5% of the	excess over \$1,5	00,000			R. of St. Skiller
	Over \$17,000,000 \$1,00	0,000			966	SELECTION OF THE PARTY OF THE P	SOUTH THE PARTY.
42	Grassroots nontaxable amount (enter 25% of I				42		1
43	Subtract line 42 from line 36. Enter -0- if line 4				43		
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lin	e 38		44	-	-
	Caution: If there is an amount on either line 43	3 or line 44, you r	nust file Form 47	20.			
	4-Year Av (Some organizations that made a section See the instructions to	eraging Perion on 501(h) election for lines 45 through	do not have to	complete all c	of the	tive columns b	elow.
		Lob	bying Expenditu	res During 4	-Ye	ar Averaging P	eriod
_	Calendar year (or	(a)	(b)	(c)		(d)	(e)
	fiscal year beginning in) ▶	2007	2006	2005		2004	Total

		Lot	bying Expendit	ures During 4-Ye	ar Averaging Peri-	od
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Tota
45	Lobbying nontaxable amount					- 1
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount , , , , ,					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures				10000	

49	Grassroot	s ceiling amount (150% of line 48(e))	311(2)	1500	86	193	Ø8.	Sic.		89	80	883	700	3/2	100	蹕	100	1000	1000	
50	Grassroot	s lobbying expenditures																	11631	
Par	rt VI-B	Lobbying Activity by Nonelec (For reporting only by organiza								olete	Pa	art '	VI-	4) (Se	e p	oag	e 14	of the	instructions.
		, did the organization attempt to influence public opinion on a legislative m												duc	ling	an	У	Yes	No	Amount
	Volunteers								-										1	
		or management (Include compensati	n in e	XDE	nse	s re	PDO!	tec	on	line	s c	thro	uat	h.	î.				1	
		vertisements																	1	
4		members, legislators, or the public							0					-	0	0			1	
-		ns, or published or broadcast statem																	1	
		other organizations for lobbying purp																	1	
- 0		tact with legislators, their staffs, gove																	1	
9		monstrations, seminars, conventions																	1	
i	Total lobb	monstrations, seminars, conventions ying expenditures (Add lines a throug any of the above, also attach a state	h h.)									1	4	į.				ities	COR.	None

Pa	R VI			e page 14 of the instruct		and r	neiai	uon	snip	S WI	ui Non	cnari	table
51	Did 501	the reporting organ	ization directly or	indirectly engage in any of the 1(c)(3) organizations) or in sec	ne following	with a	ny ot	her o	organ	nization	describe	d in s	ection
				to a noncharitable exempt or			то ро		. 0.9			Yes	No
		Cash			-						51a(i)		1
		Other assets							2000	2.0	a(ii)		1
b		er transactions:											
	60	Sales or exchange	s of assets with a	noncharitable exempt organi	zation		0.19	190			b(i)		1
	(60)	Purchases of asser	ts from a nonchar	itable exempt organization .			14 15			0.00	b(ii)	-	1
	(111)	Rental of facilities,	equipment, or oth	ner assets	100 M R R		R b				b(iii)	-	1
	(iv)	Reimbursement an	rangements		STATE OF S	0 W W	9.3			9 19	b(iv)	-	1
		Loans or loan guar					9.5			20.00	b(v)	+	1
				ship or fundraising solicitation							b(vi)	-	1
				sts, other assets, or paid emp							C	-	
d	000	ds, other assets, or	services given by	complete the following schedules the reporting organization. If column (d) the value of the go	the organi	zation t	receiv	ed le	ess t	han fai	air market r market	value	in an
	a)	(b)		(c)					(d)				
Lin	no.	Amount involved	Name of nonc	haritable exempt organization	Descrip	tion of tr	ransfer	s, tran	nsacti	ons, and	tharing ar	rangen	ents
											_	_	_
_					_		_					_	
					_				_			_	_
	_				-			_					_
_					_						_	-	
_					_		_	-				_	_
_	_				_		_	_	_				_
_					-		-	_	_		_	_	-
	_				_		_			_			_
-	_				-		-	-	_			_	_
_	_				_		_	_	_	_		_	_
_	_				_		_	_	_	_		_	_
-	_				_		_	-	-				
-	_				_			_	_	_		_	_
	des		1(c) of the Code (>	☐ Ye	s 5	No
		(a) Name of organiza	410	(b) Type of organization			D-1		(c)	relation	a factor		
_		Name or organiza	ibon	Type of organization	-		De	scripe	ion or	reason	snib	_	_
-	_				-	_	_	_	_	_		_	
-	_				-	_		_	_	_			_
-					_	_	_	_	_				
_					_		_	-	-			_	_
_	_				_	_							_
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_	_				+			_	_	_			_
_	_				+			_	_				
-	-				_			-	-				_
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-	-					_	_	_	_			_	
_	_				-		_	_	_				_
	_				_				_				

Schedule A (Form 200 or 900 EZ) 2007 The Herb Society of America, Inc.

Schedule B (Form 990, 990-E or 990-PF)

Form 990 or 990-EZ

Form 990.PF

Section:

Schedule of Contributors

Supplementary Information for

ŧB	No.	154	5-004	,

000-

Internal Revenue Service			
Name of organization	A CONTRACTOR OF THE CONTRACTOR	Employ	er identification number
The Herb Society of America, Inc.		34	1596261
Organization type (check one):			

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

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

527 political organization

501(c)(3) exempt private foundation

	4947(a)(1) nonexempt chantable trust treated as a private foundation
	501(c)(3) taxable private foundation
	k if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) ization can check boxes for both the General Rule and a Special Rule—see instructions.)
Gene	ral Rule—
V	For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)
Speci	al Rules—
	For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33% % support test of the regulations under sections 509(t)(1710(t)(1)(k)), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms, (Complete Parts I and II).
	For a section 501(a)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, iterary, or disclaritable, proposes, or the prevention of cruety to children or arinalise. Complete Parts II, and III,)
	For a section 501(c)(7), (8), or (10) organization filling Form 990, or Form 990-EZ, that received from any one contributor,

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule 8 (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, From 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule 8 (Form 990, 990-EZ, or 990-PF).

not aggregate to more than \$1,000. (if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year?

The Herb Society of America, Inc.

Part I Contributors (See Specific Instructions.)

raiti	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Rhett Dennis Estate c/o Exexuctor @ Northern Trust 50 South LaSaile Street Chicago, IL 60675	\$\$82	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	The Herb Society of America South Texas Unit PO Box 6515 Houston, TX 77265	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	The Herb Society of America Philadelphia Unit PO Box 273 Chester Springs, PA 19425	\$\$,5,500	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
70	APROPLES OF	s	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Connected If there is a noncash contribution.

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Statement 1			
Net Gain from Sales of Securities			
	Gross		
Description	Proceeds	Cost	Net Gain
Publicly Traded Securities	195.916	195,231	685

The Herb Society of America, Inc.

Publicly Traded Securities

The Herb Society of America, Inc. 34-1596281

Statement 2
Other Changes in Net Assets or Fund Balances

Description Amount

Unrealized loss on investments (30,839)

Supplementary Statements For Fiscal Year Ended 3/31/08 The Herb Society of America, Inc.

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Statement 3 Grants and Allocations					
Name	Address	Relationship	Grant Description	Grant Purpose	
National Arboretum	Washington DC	None	Summer Intern	Support National Herb Garden	
List of recipients is available at the business office	9019 Kirtland Chardon Road Kirtland, OH 44094	None	Research grants	Promote Herb Education	
Total					

F.

19,916 11,507 31,423 34-1596261

Management Management 66,160 6.00 14,037 1,048 6.244 1,067 1,048 1,057 1,048 6.59 6.59 6.59 6.59 6.59 6.59 6.59 6.59	Fundraising			4,651	293	298		120		096	39	190 9
Program Ser	ų.				1,048	1,067		430			141	909 0
Total Other Expenses 69,180 14,617 4,681 6,509 6,629 10,103 2,672 2,032 2,032 2,032 9,599 9,599	Program Services	69,180	14,617		5,167	5,264	10,103	2,122	2,032	8,639	694	447 940
	Total Other Expenses	69,180	14,617	4,651	6,509	6,629	10,103	2,672	2,032	69'8	874	900 904

The Herb Society of America, Inc.

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Statement 5 Statement of Primary Exempt Purpose

The Herb Society of America, Inc., (the Society) is a nonprofit corporation organized in 1933 for the purpose of furthering the knowledge and use of herbs and contributing the results of the experience and research of its members to the records of horticulture, science and related arts.

The Herb Society of America, Inc.

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Statement 6
Research Grants and Awards

Grants from The Herb Society of America, Inc. are made from the scholarship fund to selected recipients who have made applications outlining proposed programs of scientific or academic investigation of herbal plants. The scholarship committee determines the amount of the grants and it is subject to approval of the board of directors of The Herb Society of America, Inc. Progress reports and a complete copy of the finished work must be submittled.

The National Herb Garden disbursements are made from The National Herb Garden fund to The National Herb Garden for day-to-day functioning of the garden. The National Herb Garden fund to 1s a working fund with moneys available immediately through and by the Friends of the U.S. National Arboretum, 3051 New York Avenue, Washington D.C. 20002. Any expenditures of capital from this fund must be proposed by The National Herb Garden and approved by the board of directors of The Herb Society of America, Inc.

The Herb Society of America, Inc.

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Statement 7

Statement of Program Services

Description of Program Services

Program Service Grants and Allocations Expenses

Seed Exchange

2,032

The Herb Society of America, Inc.

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Statement 7

Statement of Program Services

Description of Program Services Grants and Allocations Program Service Expenses

Seed Exchange

2,032

The Herb Society of America, Inc.

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Statement 8 Investments in Securities

Description	Ending Fair Market Value
Cash Equivalents	365,581
Corporate Debt Obligations:	
American General Finance Corp	100,973
Caterpillar Financial Svcs Corp.	51,612
Household Finance Corp.	49,940
Morgan Stanley	100,000
Wachovia Corp	49,939
Abbott Laboratories	51,144
Costco Wholesale Corp.	52,670
Halliburton Co	45,668
Walmart Stores	49,822
Total Corporate Debt Obligations	551,768
Equity Investments:	
Colgate Palmolive Co	35,060
Exxon Mobile Corp	71,470
Johnson CTLS Inc.	30,420
JP Morgan Chase & Co	38,054
T Rowe Price Group Inc.	30,000
Texas Instruments Inc.	39,578
United Technologies Corp.	96,899
Total Equity Mutual Funds	254,334
All Others	631,430
Total Equity Investments	1,227,245
Total Mutual Funds	112,463
TOTAL	2,257,057

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Statement 9 Land, Buildings and Equipment

Property Description	Depreciation Method	Depreciation Depreciation Cost or Method Life Other Basis	Cost or Other Basis	Prior Years' Depreciation	Depreciation Accumulated Expense Depreciation	Accumulated Depreciation	Ending Net Book Balance
Land			28,375				28,375
fullding & Improvements	SL	40 years	253,552	134,923	6,617	141,540	112,012
Office Equipment	SL	5 years	53,860	41,510	5,278	46,788	7,072
Furniture & Fixtures	ઝ	10 years	30,779	30,779	0	30,779	0
Total			366,566	207,212	11,895	219,107	147,459

The Herb Society of America, Inc.

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Statement 10 Other Assets

Description	Balance as of 3/31/07	Balance as of 3/31/08
Interest Receivable Inexhaustible Assets	9,496 34,447	7,044 34,447
Total	43,943	41,491

Other Liabilities

Description	Balance as of 3/31/07	Balance as of 3/31/08
Payroll Liabilities Sales Tax Payable	3,814	4,926 8
Total	3,814	4,934

The Herb Society of America, Inc.

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Statement 11 Board of Directors

Name Title

Anne Abbott President Lois Sutton, Ph.D. Vice President

Lois Sutton, Ph.D. Vice President Linda Lain Secretary/Communications

Gretchen Faro Secretary/Communications

Treasurer/Finance and Operations

Gretchen Faro Treasurer/Finance and Operations
Gloria McClure Botany and Horticulture Chairperson

Deborah Winter Development Chairperson Susan Betz Education Chairperson Peggy Rados Membership Chairperson

Peggy Rados Membership Chairperson
Susan Liechty Nominating Chairperson
Ann Brokamp Central District Delegate
Susan Liechty Great Lakes District Delegate

Jo Sellers Mid-Atlantic District Delegate
Usha Palaniswamy Northeast District Delegate
Mary Doebbeling South Central District Delegate
Debbie Boutelier Southeast District Delegate

Marilyn Filipek West District Delegate
Dr. James Duke Honorary President

The above individuals may be contacted at:

The Herb Society of America, Inc. 9019 Kirtland Chardon Road Kirtland, OH 44094 440-256-0514

The Directors work on an as-needed basis, and do not receive compensation, contributions to employee benefit plans or expense accounts.

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The Herb Society of America, Inc. Statement 12

Relationship of Activities to Exempt Purposes

Line No.

Primary purpose of meeting and symposia income is to present educational programs concerning herbs. Sale of publications to make available and give knowledge, experience and research of herbs.

Description

Insurance assessments are interfund charges to units within the organization and have no impact. Seed exchange makes available hundreds of varieties of seeds to the public and members. Membership dues establish a group of individuals with common goals with respect to herbs. Gross profit on sale of inventory results from the sale of herb related products.

Library revenue earned in the course of furthering the exempt purposes of the Society.

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