Department of the Treasury Internal Revenue Service

## \*\* PUBLIC DISCLOSURE COPY \*\*

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)

➤ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

		the 2012 calendar year, or tax year beginning JUL 1 2012 and	ending <sub>J</sub>	UN 30, 2013	
8	Chec appli	k if C Name of organization			tification number
	Ac	ddress ange MELWOOD HORTICULTURAL TRAINING CENTER		ı	
Ē	Na Ch	me ange Doing Business As		-	
	lni ret	tial Alumbor and street (s. D.O. b., 1/2, 1/2)	Daniel facility		857690
	_	min-	Room/suite	E Telephone num	
	ПАп	City, town, or post office, state, and ZiP code			)599-8000
	Ap	DICA- UPPER MARIJORO MO 20772		G Gross receipts \$	88,234,213
	peq	F Name and address of principal officer:CAROL ANN DESANTIS		H(a) is this a group	
		SAME AS C ABOVE		for affiliates?	Yes X No
ī	Tax-	exempt status: x 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	- coà	H(b) Are all affiliates	
		site: WWW, MELWOOD, ORG	527	,	a list. (see instructions)
		of organization:	I Voor	H(c) Group exempt	
P	art i		_   L Tear C	ormation: 1963	M State of legal domicile: MD
0	1	Briefly describe the organization's mission or most significant activities: MELWOOD	ADMOCA III	DG HOD AND	
Activities & Governance		EMPOWERS INDIVIDUALS OF DIFFERING ABILITIES TO TRANSFORM THEIR	ADVOCAT	ES FOR AND	
Ĕ	2	Check this box if the organization discontinued its operations or dispose	of more	than 25% of its not	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		mair 25% of its fiet	assets.
() •8	4	Number of independent voting members of the governing body (Part VI. line 1h)		1 4	13
9	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	••••••••	5	
Ž	6	rotal number of volunteers (estimate if necessary)		ء ا	
Ç	7 8	Total unrelated business revenue from Part VIII, column (C), line 12.		7	13
_	<u> </u>	Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Com 9017 line 34.	12 A 1	71	0,
	1			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		3.894.537	Current Year
Ę	9	Program service revenue (Part VIII, line 2g)	·····	81 940 035	
Revenue	10	Investment income (Part Vill, column (A), lines 3, 4, and 7d)		517 497	
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		209 639	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		86,561,708	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		00,301,708	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0,
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		50,142,892,	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
X	D	Total fundraising expenses (Part IX, column (D), line 25)	n		0.
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,964,203	3F 646 10T
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	****	85 107 095	7.7.7.1
	19	Revenue less expenses. Subtract line 18 from line 12		1,454,613	
55			Begin	ning of Current Year	2,051,245, End of Year
	20	Total assets (Part X, line 16)		38 337 577	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	***	18 957 793	35,914,736, 14,426,822,
	22	Net assets or fund balances. Subtract line 21 from line 20		19,379,784	21 487 914
	rt II	Signature Block			
Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules an	d statement	is, and to the best of m	v knowledge and belief, it is
rue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer ha	s any knowledge.	/
		I I I FU I MANUAL MANUAL		1/13/	2014
Sign		Signature of officer PUBLIC INSPECTION		Date	
Here	+	CAROL ANN DESANTIS, PRESIDENT COPY - RETAIN FOLLOWING	rk.		
		Type or print name and title YOUR RECORDS			<del></del>
		Print/Type preparer's name Preparer's signature	Date	1 2	PTIN
'aid		WILLIAM E. TURCO, CPA	) DEC ·	2 6 2013 self-employ	P00369217
repa		Firm's name MCGLADREY LLP		Firm's EIN	42-0714325
ise (	nly	Firm's address 9737 Washingtonian BLVD., #400			
		GAITHERSBURG MD 20878-7340		Phone no. 73	01) 296-3600
lay !	the IF	RS discuss this return with the preparer shown above? (see instructions)	*****		X Yes No
3200	12-1	D-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2012)

	n 990 (2012) MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690	Page 2
Pa	rt ill Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part ill	······	<u> L</u>
1	Briefly describe the organization's mission:		
	MELWOOD ADVOCATES FOR AND EMPOWERS INDIVIDUALS OF DIFFERING ABILITIES	<del></del>	
	TO TRANSFORM THEIR OWN LIVES THROUGH UNIQUE OPPORTUNITIES TO WORK AND	<del>.</del>	
	PLAY IN COMMUNITIES,		
2	Did the organization undertake any significant program services during the year which were not listed on	<del> </del>	
	the prior Form 990 or 990-EZ?	Ver	s 🖾 No
	If "Yes," describe these new services on Schedule O.		, LINO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? <b>Ve</b> s	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expense	<b>9</b> S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	nue \$ 74 , 5	58,773.
	EMPLOYMENT SERVICES:		
	CONTRACT SERVICES FULFILLS MELWOOD'S MISSION BY EMPLOYING HUNDREDS OF		- 1
	PEOPLE WITH A VARIETY OF DIFFERING ABILITIES IN OVER 40 DIFFERENT		
	FEDERAL AND LOCAL GOVERNMENT SITES THROUGHOUT THE DC REGION, IN THESE	· · · · · · · · · · · · · · · · · · ·	
	INCLUSIVE WORK SETTINGS, PEOPLE EARN LIVING WAGES, HAVE HEALTH		
	INSURANCE AND PAY TAXES TO BE FULLY CONTRIBUTING MEMBERS OF THEIR		
	COMMUNITY, CONTRACT SERVICES GENERATE A MARGIN THAT ENABLES MELWOOD TO	<del> ,</del>	
	SUPPORT THE WORKERS WITH DIFFERING ABILITIES AND INVEST IN FURTHER		
	OPPORTUNITIES FOR EMPLOYMENT,		
		<del></del>	
4b	(Code:) (Expenses \$		>
71.0	COMMUNITY SERVICES:	nue \$ 7, 16	57,000.
	PROVIDES REHABILITATION PROGRAMS THROUGH DAY HABILITATION, SUPPORTED		
	EMPLOYMENT, AND IN HOME SUPPORT SERVICES TO CHILDREN AND ADULTS WITH	<del></del>	
	DIFFERING ABILITIES WITH A FOCUS ON COMMUNITY INTEGRATION, INDEPENDENCE	· <u></u>	<del></del>
	AND CHOICE. MELWOOD ASSISTS ALMOST 200 INDIVIDUALS TO FIND OR		
	MAINTAIN EMPLOYMENT IN THE COMMUNITY THAT ALIGNS WITH THEIR ABILITIES	-	
	AND PREFERENCES AND SUPPORTS THEM TO BE SUCCESSFUL, NEARLY 60 FAMILIES		
	AND INDIVIDUALS RECEIVE INDIVIDUALIZED SUPPORTS IN THEIR OWN HOME		
	DEPENDING UPON THEIR NEEDS, MELWOOD'S DAY PROGRAM PROVIDES		
	OPPORTUNITIES FOR CHOICES DURING THEIR DAY SO THEY HAVE MEANINGFUL	·	
	ACTIVITIES AND EMPHASIZES ACTIVITIES AND VOLUNTEER OPPORTUNITIES IN THE		
	GREATER COMMUNITY.		
4c	(Code:) (Expenses \$	ue\$1_00	9,000.)
	RECREATIONAL SERVICES:		
	PROVIDES INCLUSIVE SUMMER CAMP EXPERIENCES FOR 600 KIDS WITH VARIOUS		
	DIFFERING ABILITIES OFFERING CHOICES AND EXPERIENCES FOR DAY AND		
	OVERNIGHT CAMP, MELWOOD PROVIDES TRAVEL OPPORTUNITIES FOR ADULTS WITH		
	DISABILITIES CUSTOMIZED TO THEIR PREFERENCES AND RUN THE GAMBIT FROM		
	TRIPS TO BEACHES, DISNEYWORLD AND CRUISES, OUR EQUESTRIAN PROGRAMS RUN		
	YEAR ROUND WITH THERAPEUTIC AND NON-THERAPEUTIC LESSONS FOR RIDERS WITH		
	AND WITHOUT DISABILITIES.		
		<del></del>	
<u> </u>	Other program consists (Decembe in Color data O.)	<u> </u>	
<b>4</b> 0	Other program services (Describe in Schedule O.)		
40	(Expenses \$ including grants of \$ ) (Revenue \$		
70	Total program service expenses ► 75,685,000.		90 (2012)
		Form a	<b>27</b> (2012)

Form 990 (2012) MELWOOD HORTICULTURAL TRAINING CENTER Part iV Checklist of Required Schedules 52-0857690 Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 c 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 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 \_\_\_\_\_ 114 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e X 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 13 ¥ <u> 14a</u> X 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization

7	Did the second of the second o	16	J 1	X
F	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			
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<del></del>	X
	1c and 8a? If "Yes," complete Schedule G, Part II			1
9	Did the organization report more than \$15,000 of	18		X
•	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1 1	l
	complete Schedule G, Part III	19	i I	_
Da	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X.
	to this return?	20h		

or entity located outside the United States? if "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals

located outside the United States? If "Yes," complete Schedule F, Parts III and IV

Form 990 (2012)

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#### Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 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 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 282 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... 10 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return \_\_\_\_\_\_ 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7**b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 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 in Schedule 0

Form 990 (2012)

MELWOOD HORTICULTURAL TRAINING CENTER Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year ..... if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? <u>11a</u> 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed PMD\_PA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Other (explain in Schedule O) x Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROMELL BUCHANAN CONTROLLER - 301-599-4552

12-10-12

Form 990 (2012)

5606 DOWER HOUSE ROAD, UPPER MARLBORO, MD 20772

	Form	990	(2012)
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Form 990 (2012)

MELWOOD HORTICULTURAL, TRAINING CENTER

52-085

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

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(c)	lo not ix, unli ficer a	Pos check ess po	C) sition more erson	n than is bo	one than	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
	(list any hours for related organization below line)	Individual trustee or director	l trust	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DONALD DONAHUE CHAIR	2.00	7								
	<del> </del>	X	-	X	<u> </u>	<u> </u>		0.	0,	0
	2.00	٦.								
VICE CHAIR (3) SHELLY GARDENIERS		X		X	Щ		Ш	0.	0.	0
(3) SHELLY GARDENIERS SECRETARY	2.00	-							'	
(4) GEORGE WATKINS		X		X	$\dashv$				0.	0
TREASURER	2.00	┨		_			' [	ſ		
(5) REGINALD HARRIS	2.00	X	$\vdash$	X		$\dashv$		0,	0.	0
BOARD MEMBER	2.00	1_		- 1	- 1	Į	- 1			
(6) BRENDA SHEAFFER	40.00	X	Н	$\dashv$	$\dashv$		$\dashv$	0.	0.	0
EMPLOYEE REPRESENTATIVE-BOARD MEMBER	40.00	_		- 1	ĺ	- 1	- }	1		
(7) CHRISTINA EAGLIN	2.00	X	$\vdash$	╌┤	$\dashv$		$\dashv$	25,055.	0.	0
BOARD MEMBER	2.00	x			- 1					
(8) MIKE KEPPLER	2,00	^	$\dashv$	十	$\dashv$	+	-	- 0.		0
BOARD MEMBER		x	1		- 1	- 1				
(9) SUE GREER	2,00	_		$\dashv$	$\dashv$	$\dashv$	┰	- 0.	0.	0
BOARD MEMBER	2,00	x	1	- 1	1	- 1	- 1			
(10) CAROL ANN DESANTIS	39.00		$\dashv$	-	$\dashv$	$\dashv$	+			0
PRESIDENT FROM MARCH 2013	1.00		ſ	x		1				_
(11) RONALD STUBBLEFIELD	39,00		$\dashv$	<del>^</del>	$\dashv$	7	+	0.	0.	0
CFO	1,00			x		-	- 1	80,245		4=
(12) SANDRA GINYARD	39.00	T	$\neg$		$\top$	$\neg$	$\top$	00.243.	0.	17,247
SECRETARY/EXEC_ASST.	1.00	ļ	1	x I		-		57,893.	0.	14 504
(13) DANA STEBBINS	39,00			-	十	_†	7	37,033.	- 0,	14,581,
EXEC TEAM LEAD UNTIL FEB 2013	1,00			ĸ		-	ĺ	226 194	0.	
(14) JONATHON RONDEAU	39,00		$\neg$		$\top$	十	$\top$	220, 154.		
/P OF COMMUNITY SERVICES	1.00	- 1		1	١,	K		116,689,		12 355
(15) DENISE HYATER	40,00	丁			7	丁	$\top$			12,355.
P FUND DEVELOPMENT				J	_   ,	ĸ		133,980.	0.	690.
(16) JUDITH MCCOWAN	40.00	T	$\top$	$\top$	T	$\neg$	$\neg$			
R. VP OF CONTRACTS			_		2		1	132,675,		6 444
17) MICHAEL HERMAN	40.00	T	T	T	Т	T	Т		~~~~ <del>`</del> †	6,444.
P TOTAL FACILITY			- 1	J	l <sub>x</sub>	,	1	102 706		4 815

Part VII Section A. Officers, Directors, Tru	3	<u>iploj</u>	yees			ighe	est (	7			7		
(A) Name and title	(B) Average			Pos	C) sitio:			(D) Reportable	(E) Reportab	ما	١.	(F) Estimat	
Identica musa una	hours per	box	o not o K, unic	:\$5 pc	Brson	ls bo	th an	compensation	compensat		1	MOUN	
	week (list anv	<u> </u>	icer au	nd a c	direct	or/tru:	stee)	⊣ irom	from relate			othe	-
	hours for	or director					l	the organization	organizatio (W-2/1099-M			npens from ti	
	related		agg	ļ	1	ensate		(W-2/1099-MISC)	(11 2 1000 11	,		ganiza	
	organizations	al troston	onal tr		loyee	8 a						nd rela	
	line)	Individual	Institutional trustee		Key employee	Highest compensated employee	Ē				org	aniza	tions
(18) MATTHEW SCASSERO	40,00	_			Γ								
SR, VP OF CONTRACTS (LEFT 2/2013)		⊢	<u> </u>	<u> </u>	_	x	ഥ	105,716,		0,	_	3	244,
(19) JANICE FREY-ANGEL	39.00	7		ĺ									
FORMER PRESIDENT/CEO	1,00	$\vdash$		H		-	X	161.876.		0.		13	452
			1				ľ	,					
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		_					L				<u> </u>		-
									ν,				
							L		<del></del>				
								†					
		П											
			Ш			Ш							
1b Sub-total	<u> </u>	لــــا	لـــا	1				1,143,029,		0.		72	.828.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								1,143,029		0.		72	828.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	) wh	io re	eceived more than \$100,	000 of reportab	ele			
compensation from the organization								<del></del>				Yes	No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y en	olqr	yee,	or l	highest compensated en	nployee on				1.0
line 1a? If "Yes," complete Schedule J for s	uch individual		الد								3	X.	
4 For any individual listed on line 1a, is the su	m of reportabl	ė cõ	mpe	nsa	tion	and	ott	ner compensation from t	he organization		ì		
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a										۱	_	'	
rendered to the organization? If "Yes," com Section B. Independent Contractors	<u>piete Schedule</u>	<i>J 1</i> 0	or şu	CN L	<i>Jers</i>	on					5		<u> </u>
1 Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs tl	hat received more than \$	3100.000 of con	npens	ation 1	rom	
the organization. Report compensation for		-							· ·				
(A)							Т	(B)			(0	 ;)	
Name and business	address						$\dashv$	Description of se	ervices		ompe	nsatio	<u>n</u>
EMCOR GOVERNMENT SERVICES, 320 23RD							L		_		_		
STREET, SUITE 100, ARLINGTON, VA 2220 DAVIS MEMORIAL GOODWILL, 2200 SOUTH D							Ŧ	BUILDING MAINTENANC	E		6	.717	370.
AVENUE NE WASHINGTON DC 20018	AROIA						В	BLDG CLEANING/MAINT	ENANCE		2	521	783.
BOLANA	-						$\exists$						,,,,,,,
10739 TUCKER STREET, BELTSVILLE, MD 2	0705						В	BLDG CLEANING/MAINT	ENANCE		1	708	741.
TECHNOL TAIC													
1851 ALEXANDER BELL DR, RESTON, VA 20	191						A	PPLICATION IMPLEME	NTATION		1	141	851.
RAPPAHANNOCK, 1414 CAROLINE STREET,													

Form **990** (2012)

1,019,766.

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

FREDERICKSBURG VA 22401

BUILDING MAINTENANCE

# Form 990 (2012) MELWOOD HORTICULTURAL TRAINING CENTER Part !X Statement of Functional Expenses

Do	Check if Schedule O contains a respon o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	and other abolitative to governments and				
	organizations in the United States. See Part IV, line 21				
2					
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	1			
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	396,160,		396,160.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	Ì		,	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36 634 665	34,601,997,	1,536,668.	496,00
8	Pension plan accruals and contributions (include	T			
	section 401(k) and 403(b) employer contributions)	1,586,681.	1,522,821,	62,170.	1,69
9	Other employee benefits	7,731,341.	7,356,400.	283,575,	91,36
0	Payroll taxes	2,791,803	2,608,432,	145,427.	37,94
1	Fees for services (non-employees):				
а		21,495,227,	18, 214, 027,	2,281,316.	999.88
b	Legal	274.715.	274,715.		
C		115 806	115,806,		
d					
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees	25,079		25,079,	
9	Other. (If line 11g amount exceeds 10% of line 25,			23,073	
	column (A) amount, list line 11g expenses on Sch O.)	746,000	568,000	146,000.	32 00
2	Advertising and promotion	679,000	543,200,	8 684	32,00
3	Office expenses	4,857,678	4,751,000	86,678,	127,11
4	Information technology		1,101,000,1	50,070.	20,00
5	Royalties				-
6	Occupancy	1,963,278,	987,278,	918,000	F. 00
7	Travel	722,000	616,000	100,000.	58,00
3	Payments of travel or entertainment expenses	722,000,	618,000,	100,000.	
	for any federal, state, or local public officials	1	]		
	Conferences, conventions, and meetings	<del></del>	-	<del></del>	<del></del>
	Interest				<del></del>
ı	Payments to affiliates				<del></del>
2	Depreciation, depletion, and amortization	1,838,324.	1 405 204	<del></del>	
	Insurance	1,030,324,	1,481,324.	340,000.	17,000
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule (C.)				
	EQUIPMENT MAINTENANCE A	2,929,000.	2,044,000	873,000.	12,000
_ '		<del>+</del>			
С. 4					
d.	All other and a second				<u> </u>
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	84,786,757.	75,685,000	7,202,757	1,899,000
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1	İ		
(	Check here if following SOP 98-2 (ASC 958-720)				

10241226 703287 5082404

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (B) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 52,821 Membership dues ..... 1b Fundraising events 1c Related organizations ..... 1d Government grants (contributions) 1e 562,301 All other contributions, gifts, grants, and similar amounts not included above 3,053,102 g Noncash contributions included in lines 1a-1f: \$\_ 2,359,619 Total. Add lines 1a-1f 3,668,224 Business Code Program Service Revenue 2 a CONTRACT FEES 900099 74,544,773 74,544,773 SERVICE FEES 900099 8 190 000 8,190,000 All other program service revenue ..... g Total. Add lines 2a-2f 82,734,773 Investment income (including dividends, interest, and other similar amounts) 112,182 112,182, 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real 6 a Gross rents 112,240 b Less: rental expenses Rental income or (loss) 112,240 d Net rental income or (loss) 112,240 112,240. (i) Securities Gross amount from sales of (ii) Other assets other than inventory 1,144,468 380,733 b Less: cost or other basis and sales expenses 1 082 148 314,063 c Gain or (loss) 62,320 66,670 d Net gain or (loss) ..... 128,990 128 990. 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from garning activities . 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a 46,905 b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory 46 905 46 905. Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 900099 34\_688 34,688. d All other revenue Total. Add lines 11a-11d 34,688 Total revenue. See instructions. 86 838 002 82 734 773 435,005.

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Check if Schedule O contains a response to any question in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments .....

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L

6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ......

Notes and loans receivable, net .....

Inventories for sale or use

Prepaid expenses and deferred charges

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Intangible assets .....

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue .....

Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund .....

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .....

Total liabilities and net assets/fund balances

.....

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Total liabilities. Add lines 17 through 25

complete lines 27 through 29, and lines 33 and 34.

and complete lines 30 through 34.

Total assets. Add lines 1 through 15 (must equal line 34)

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D ........ 10a

b Less: accumulated depreciation \_\_\_\_\_\_ 10b

52-0857690 Page 11 **(B)** Beginning of year End of year 2,333 <u>2,333.</u> 2 1,509,062, <u>62,395</u> 3 16,852,892 4 13,233,734. 5 6 78,264 7 81,408, 85,599 8 126 101. 381,293 189 015 17,470,111, 10c 17,548,596. 2,518,399 11 2.744,093. 12 13 14 886,291 15 480,394, 38,337,577 16 35 914 736. 13,741,575, 17 10,935,209. 18 207.245. 19 233,967. 20 21 22 3,677,797 23 3,257,646. 24 1,331,176 25 ٥. 18,957,793 14 426 822 18,218,720 27 19,699,158, 219,064 28 846,756.

> 35 914 736. Form **990** (2012)

21,487,914.

942,000.

232011 12-10-12

Net Assets or Fund Balances

36,962,168,

19,413,572,

942,000.

19,379,784.

38,337,577

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_	n 990 (2012) MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690	<u> </u>	Pa	age 12
Pŧ	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	,	x
_		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	86	, 838	002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	84	786	<u>.757.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	2	051	245,
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19	379	784,
5	Net unrealized gains (losses) on investments	5		57	036.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			-151,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	21	.487	914.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash x Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	· · · · · · · · · · · · · · · · · · ·		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both;				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			Д	
	consolidated basis, or both:	, David,			
	Separate basis				[
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit			
_	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		20	X	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
ψŒ		yie Aualt	_		
h	Act and OMB Circular A-133?		3a		<u> </u>
U	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, available and the second of the sec		_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	000	
			Form	AAN (	(2012)

#### SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

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. ► See separate instructions.

2012

Open to Public Inspection

Employer identification number MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type if c Type III - Functionally integrated d \_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (i) Name of supported (iii) Type of organization (iv) is the organization (v) Did you notify the (II) EIN (vi) Is the (vii) Amount of monetary organizátion in col. in col. (i) listed in your organization (described on lines 1-9 organization in col. support (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Form 990 or 990-EZ.

# Schedule A (Form 990 or 990-EZ) 2012 MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690 [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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,608,503,	5,911,880.	4,792,104.	3,894,537,	3 668 224.	22.875.248.
2	Tax revenues levied for the organ-	!					
	ization's benefit and either paid to			ĺ		j	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1	Ì		]	
	the organization without charge						
4	Total. Add lines 1 through 3	4,608,503.	5,911,880.	4 792 104	3,894,537	3 668 224	22,875,248,
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,			1			
	column (f)						24,409.
	Public support. Subtract line 5 from line 4.						22,850,839.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ⊳	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	4,608,503.	5,911,880,	4,792,104.	3,894,537.	3 668 224.	22 875 248.
8	Gross income from interest,						
	dividends, payments received on	İ		}		1	
	securities loans, rents, royalties					1	
	and income from similar sources	1,318,448.	511.480.	365,002.	217 113	224 422	2,636,465,
9	Net income from unrelated business		-	7			
	activities, whether or not the			ł			
	business is regularly carried on		[			1	
10	Other income. Do not include gain	J				. ]	
	or loss from the sale of capital						
	assets (Explain in Part IV.)	47_096.	241,413,	93,833.	28 668	34 688	445 698
11	Total support. Add lines 7 through 10						25,957,411,
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	289 237 895
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3)	
	organization, check this box and stop			**********************		************	
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2012 (li	ine 6, column (f) div	vided by line 11, co	lumn (f))		14	88.03 %
15	Public support percentage from 2011	Schedule A, Part I	I, line 14			15	90.96 %
16a	33 1/3% support test - 2012. If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or п	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization	***-			
b	33 1/3% support test - 2011. If the o	rganization did not	check a box on lin	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organizat	ion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check this	s box and stop he	re. Explain in Par	t IV how the organi	zation
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported (	organization		▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test. 7	The organization qu	alifies as a publich	y supported orga	nization	▶□
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box a	nd see instructions	▶□
	·				Sche	dule A (Form 990	or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Tota
1 Gifts, grants, contributions, and				1 10/2011	(E) 2012	(I) 10ta
membership fees received. (Do not					}	1
include any "unusual grants.")			İ	Í	1	1
2 Gross receipts from admissions,					<del>                                     </del>	<del>                                     </del>
merchandise sold or services per- formed, or facilities furnished in			1	ł	}	
any activity that is related to the		1				1
organization's tax-exempt purpose					1	}
3 Gross receipts from activities that					<del></del>	+
are not an unrelated trade or bus-			ĺ			1
iness under section 513					ł	1
4 Tax revenues levied for the organ-						<del>  -</del>
ization's benefit and either paid to		}				i
or expended on its behalf		1				_
5 The value of services or facilities	-	<del></del>				ļ <u> </u>
furnished by a governmental unit to			1	•		ļ
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			}	ŧ		į
b Amounts included on lines 2 and 3 received				<del></del>		
from other than disqualified persons that	i	!				
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					+	
c Add lines 7a and 7b		<del></del>				
Public support (Subtract line 7e from line 6.)						
ection B. Total Support						
lendar year (or fiscal year beginning in)	(a) 2008	(h) 2000	4 ) 2045			
Amounts from line 6	(a) 2006	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
a Gross income from interest.	<del></del>		— <del></del> -			
dividends, payments received on				- 1		
securities loans, rents, royalties and income from similar sources	İ	ì	i	1	ì	
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975					ŀ	-
c Add lines 10s and 10b						
c Add lines 10a and 10b  Net income from unrelated business						
activities not included in line 10b.	ļ					-
whether or not the business is	ľ		}	1	1	
regularly carried on Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)					1	
Total support. (Add lines 9, 10c, 11, and 12.)						·
First five years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	vear as a section 5	01(c)(3) omaniza	tion
CHECK THIS DOX AND STOP NETE			•		o i (o)(o) oigainza	
	abbairi eir	/CIILDUS				
Public support percentage for 2012 (line 8	, column (f) divi	ded by line 13, col	umn (f))	1	5	
rubiic support percentage from 2011 Sch	edule A. Part III	l line 15				
orion p. Computation of myesune	ent income	Percentage				
Investment income percentage for 2012 (li	ne 10c, column	(f) divided by line	13, column (f))	1	7	
investment income percentage from 2011	Schedule A, Pa	art III. line 17		ام ا		
i oo irom support tests - 2012. If the orgal	nization did not	check the box on	line 14 and line 15	ie more than an a	/00/	io not
more trian 33 1/3%, Check this box and st	op here. The o	rganization qualifie	s as a publicly sun	norted organization		
on wow author rears - So it in the Oldsi	iization did not	Check a box on lin	e 14 or line 10a ar	ad line 16 ia mana	Mar 00 4 000	-
line 18 is not more than 33 1/3%, check the	is how and eter	been The even-i-	etien euskesses	~ mie i∆i8 ili0l.6 j	ப்பை 33 1/3%, an	
Private foundation. If the organization did	O DOY GITT SEEM	<b>) liere,</b> lile omaniz	MUCH CHAINDE SE "	1 Dt 10 licks or	\d oxer=!'	

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

2012

Name of the organization Employer identification									
MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690									
Organization type (check	one):								
Filers of:	Section:								
Form 990 or 990-EZ	501(c)( 3 ) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) ποπεχεπρτ charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ele. See instructions.							
General Ruie									
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one							
Special Rules									
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the g (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	greater of (1) \$5,000 or (2) 2%							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.									
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year									
but it must answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								
LHA For Paperwork Redu	action Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2012)							

Name of or	ganization	Em	Page ployer identification number
	HORTICULTURAL TRAINING CENTER		52-0857690
Part !	Contributors (see instructions). Use duplicate copies of Part	I if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$543_557	Person x Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
-		<b>\$</b>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<b> \$</b>	Person Payrol! Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<b>\$</b>	Person Payroli Noncash (Complete Part II if there
3452 12-21-12		Schedule B (Form 9	is a noncash contribution.) 90, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

MELWOOD HORTICULTURAL TRAINING CENTER

52-0857690

Part II	Noncash Property (see instructions). Use duplicate copies of P		<del></del> -
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b></b>	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** 

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

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

	MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	lly important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2to
C	Number of conservation easements on a certified historic structure included in (a)	2c
ď	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year -	
A.	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	
	and section 170(h)(4)(B)(ii)?	Yes L. No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization.	ganization's accounting for
Dav	conservation easements.  't III   Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assault
га		Similar Assets.
4-	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
L	the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be	alaman ahant mades of set birds 2 - 4
b		
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	rvice, provide the following amounts
	relating to these items:	<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	
2	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
2	-	brovide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  Revenues included in Form 990, Part VIII, line 1	•
a b	Assets included in Form 990, Part VIII, line 1	▶ \$
U	Assets included in 1 Onli 330, Fixt A	Ψ

	nedule D (Form 990) 2012 MELWOOD HO art III Organizations Maintaining	ORTICULTURAL TRA	INING CENTER	rassiras	or Otho	5	2-085	690		Page 2
3	Using the organization's acquisition, acces	sion, and other recor	ds, check any of the	e following t	hat are a cir	i Sillilla	r Ass	e is con	unuec	<u>d)</u>
	(check all that apply):	,	as, shook any or an	a lollowillig t	ı ıat ale a sıţ	grinicarit u	se or its	COllecti	on ite	ems
i	Public exhibition		d Loan or ex	change pro	nrame					
1	Scholarly research		e Other	criange proj	granis					
	Preservation for future generations									
4	Provide a description of the organization's	collections and expla	in how they further:	the organize	ation's aver	ant numer	o in De	- VIII		
5	During the year, did the organization solicit	or receive donations	of art historical tree	eliree or o	thereimilar	ipi purpos	зе іп Ра	rt XIII.		
	to be sold to raise funds rather than to be n	naintained as part of	the organization's c	nijection?	uioi shiinali i	822612	_	7	F	٦.,
Pa	ert IV Escrow and Custodial Arrai	ngements. Comp	ete if the organization	nn aneworo	1 "Vee" to E		Dort N	Yes		<u>No</u>
	reported an amount on Form 990, Pa	art X, line 21.	was organizate	JII 211011010	1 169 TOL	om 990, 1	Part IV,	ime 9, o		
<b>1</b> a	Is the organization an agent, trustee, custoo		diary for contribution	ns or other :	seete not in	noludod				
	on Form 990, Part X?				addig fjot ii	Mudeu		Yes	г	□No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:		************	************	🗀	_ res	_	⊸ NO
		, , , , , , , , , , , , , , , , , , ,						A		
c	Beginning balance					40		Amour	IL .	
d	Additions during the year	***************************************		****************		1c				
е	Distributions during the year	***************************************	************************			1d				
f	Ending balance	***************************************	***************************************		************	1e				<u> </u>
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X. line	21?			<u>[ 11   </u>		Yes		1
<u>b</u>	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	colanation has been	provided in	Dort VIII	**************	└─	_ Yes	<u> </u>	_  No
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Yes" to Fo	rm 990 Par	t IV line 10					<del></del>
		(a) Current year	(b) Prior year	(c) Two year			ro book	4-3 Fau		a barata
1a	Beginning of year balance	2,583,127,	2,593,987,			) Three yea				_
b	Contributions	2,002,127	2,333,361,	_4,30	06,241.	2.095	733.	2	<u>.183</u>	<u>.470.</u>
С	Net investment earnings, gains, and losses	203 612	10 330		0.010					
đ	Grants or scholarships	203,012,	10.320.		2.917.	226	.000.		<u>-81</u>	<u>.879.</u>
e	Other expenditures for facilities		<del>_</del>	_	<del></del>					
	and programs				1		İ			
f	Administrative expenses									
g	End of year balance	23,752.	21,180,		5 171	-	492.			<u>858.</u>
2	Provide the estimated percentage of the curr	ent year and balance	2,583,127,	2,59	3.987.	2,306	241.	2	095	733.
a	Board designated or quasi-endowment	54,98		)) neid as:						
b	Permanent endowment 34_09	%	_%							
_	Temporarily restricted endowment									
•	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	nu equal 100%.			5. 00				٩.	
	by:	ssion of the organiza	non that are held ar	id administe	ered for the	organizati	on	_	-0	
	<del>-</del>								Yes	No
	***************************************	**************			•••••••			3a(i)	X	
ь	(ii) related organizations	Batal as a set of					••••••	3a(ii)		<u> </u>
4	If "Yes" to 3a(ii), are the related organizations Describe in Part XIII the intended uses of the	iisted as required or	Schedule R?		••••••			3b		
Par	t VI Land, Buildings, and Equipm	ent Con Form COO	Vment funds.							
		' ' '								
	Description of property	(a) Cost or oti	(-)		(c) Accu		1 (	d) Book	value	9
40	Lond	basis (investm	ent) basis (d	other)	depred	ciation				_
ıa	Land	·· <del> </del>	1	508,211.	·			1,	508	211.
b	Buildings	··	19.	879,063.	8	609,343	3.	11_	<u>269</u>	720.
	Leasehold improvements									
d	Equipment	·· <del> </del>	14,	719,348.	10	804,229		3.	915 <u>.</u>	119.
<u>е</u>	Other			855 546					-	546.
ı otal.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column (B), line 10	(c).)	*************		Ī		548	

Schedule D (Form 990) 2012 MELWOOD HORTICULT  Part VII Investments - Other Securities. Set	<u>FURAL TRAINING CENTER</u> e Form 990, Part X, line 12.			2-0857690	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year marke	et value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)			<del></del>	. <u> </u>	
(H)					
0				<del></del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>				
Part VIII Investments - Program Related. Se					4
(a) Description of investment type	(b) Book value	(c) Method of	valuation: Cost or e	nd-ot-year marke	t value
(1)					<del>-</del>
(2)					
(3)					
(4)					<del> </del>
(5)					
(6)		<u> </u>	<del></del>		
					_
(8)		<del></del>			
(9)					
(10)				·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. See Form 990, Part X, line	<u> </u>			<del> </del>	
	Description			(b) Book	value
	Jesenption			(D) BOOK	- Value
(1)				+	
(2)				+	
(3)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		5501-00	=
(4)	· · · · · · · · · · · · · · · · · · ·			<del> </del>	
(5)	·				
(6)		<del></del> -		<del> </del>	
(7)				<del>                                     </del>	
(8)				<del> </del>	
(9)				<del>                                     </del>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15 )				
Part X Other Liabilities. See Form 990, Part X, I		•••••	.,	1	
(a) Description of liability		) Book value			
(1) Federal income taxes					
(2)	,,				
(3)			Ħ		
(4)					
(5)			7		
(6)			1		
(7)					
(8)			1		
(9)			1		
(O)			1		
(10)					
	251		-		

232053 12-10-12

	edule D (Form 990) 2012 MELWOOD HORTICULTURAL TRAINING CENTE	R	<u> </u>	52-0857690	Page 4
1	Total revenue soins and other surrent and its training and its training and its trainin				
2	Total revenue, gains, and other support per audited financial statements			1	87,189,710
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		1 1	
a b		2a	57,036	4	
_	Total des of lacings	2b	<u> </u>	<u> </u>	
٥	The state of the s	2c		1 1	
d	Other (Describe in Part XIII.)	2d	319 751	_	
e 2	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •		2e	376,787
3	Odbitaot wie Ze Holli Mile 1			3	86 812 923
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,079		
Ь	Other (Describe in Part XIII.)	4b		] [	
	Add lines 4a and 4b	*******************		4c	25,079
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I line 12)			5	86 838 002
Pal	TAIL HECONOMIATION OF Expenses per Audited Financial State	ments With	Expenses per	Return	
1	Total expenses and losses per audited financial statements	***************************************		1	84 858 000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,
8	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b		1 1	
C	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d	96 322.	1 1	
е	Add lines 2a through 2d		30.322.	2	05 200
3	Subtract line 2e from line 1	*****************	***********************	2e 3	96,322,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	***************************************		<del>                                     </del>	84,761,678.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	05 050		
b	Other (Describe in Part XIII.)	4b	25,079.		
C					
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	<u>25,079.</u>
Par	XIII Supplemental Information	***************************************	***************************************	5	<u>84.786.757.</u>
			<u> </u>		
K. line	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, lines 2d and 4b; and Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 2d and 4b; and Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XII, lines 3, 5, and 9; Part XIII, lines 3, 5, and 9; Part XIII, lines 3, 5, and 9; Part XIII, lines 3, 5, and 9; Part XIII, lines 3, 5, and 9; Part XIII, lines 3, 5, and 9; Part XIII, lines 3, 5, and 9; Part XIII, lines 3, and	t III, lines 1a and	4; Part IV, lines 1t	and 2b; Part V	, line 4; Part
1, 21, 12, 11	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any a	dditional informati	on.	
MAL	V. LINE 4: THE ENDOWMENT BALANCE INCLUDES BOARD DESIGNATED A	AND			
ONO	-RESTRICTED ENDOWMENT FUNDS, BOARD DESIGNATED FUNDS ARE DESI	GNATED BY	<del></del>		
HE C	ENTER'S BOARD OF DIRECTORS TO BE USED FOR THE MELWOOD ENDOWN	ENT FUND.			.5
EMA1	NING ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICT	ED FUNDS			
			-		
HAT	MHTC MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD	. INCOME			
ARNE	D ON THESE FUNDS CAN BE WITHDRAWN TO BE USED FOR GENERAL PUR	POSES			
				÷	
				·	<del></del>
ART	LINE 2: THE CENTER ADOPTED THE ACCOUNTING STANDARD ON				
	THE WAYSOUTING PINNDAND ON				

Schedule D (Form 990) 2012 MELWOOD HORTICULTURAL TRAINING CENTER	<u>52-0857690</u>	Page 5
Part XIII Supplemental Information (continued)		<u>-</u>
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE		
DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON		
A TAX RETURN SHOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.		
UNDER THIS GUIDANCE, THE CENTER MAY RECOGNIZE THE TAX BENEFIT FROM AN	<u></u>	
UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX		
POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON		<u> </u>
THE TECHNICAL MERITS OF THE POSITION, THE TAX BENEFITS RECOGNIZED IN THE		
CONSOLIDATED FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED	<u>.                                    </u>	N.
ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING		
REALIZED UPON ULTIMATE SETTLEMENT, THE GUIDANCE ON ACCOUNTING FOR		
UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION,		
INTEREST AND PENALTIES ON INCOME TAKES, AND ACCOUNTING IN INTERIM PERIODS.	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	•	=
MANAGEMENT EVALUATED THE CENTER'S TAX POSITIONS AND CONCLUDED THAT THE		
CENTER HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE		
CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS		
GUIDANCE, GENERALLY, THE CENTER IS NO LONGER SUBJECT TO INCOME TAX		= ,,
EXAMINATIONS BY THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR		
YEARS BEFORE 2010.		
PART XI LINE 2D - OTHER ADJUSTMENTS:		
RELATED ORGANIZATIONS CONSOLIDATED INCOME 319,751.	<del></del>	
	<u></u>	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		<del></del> -
RELATED ORGANIZATIONS CONSOLIDATED EXPENSES 96,322.	·	
	·····	
	<del> </del>	- <del></del>

#### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2012

Open to Public Inspection

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

MELWOOD HORTICULTURAL TRAINING CENTER 52-0857690 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Ex\_ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2012

Regulations section 53.4958-6(c)?

MELWOOD HORTICULTURAL TRAINING CENTER

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

52-0857690

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	Γ	(B) Breakdown of	W-2 a	nd/or 1099-M	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(E) Compensation
						other deferred	benefits	(0)-(0)(0)	reported as deferred
(A) Name and Title		(i) Base compensation	<b>≡</b>	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			in prior Form 990
(1) DANA STEBBINS	€	226.194.		0	0	0,	0	225 194	0
C TEAM LEAD UNTIL FEB 2013		0		0	0	0	0	]	0
	8	160,648,		0	1,228,	1,495	11.957.	175.328	0
ER PRESIDENT/CEO				0	r I	0		0	0
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#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

lame of the	e organization							Em	ploye	r identi	ficatio	n nui	mber
B-41		ELWOOD HORTIC						52:	-0 <u>857</u>	690			
Part I			•		-	section 501(c)(4) org		D-41/	1: A	O.L.			
	Complete if the o					art IV, line 25a or 25i	o, or Form 99U-EZ,	Part v,	IINE 4	UD.	(d) C	orrec	ted?
1 (a) Nan	ne of disqualified p	person (b) H	elationship bet			imed (c	) Description of tr	ansactio	on		Yes	$\neg$	No
			person and o	rganiz	ation		<del></del>		_	-	Tes	+	NO
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			<del></del>	_		<del></del>	<del></del>					T	
	<del></del> -												
2 Enter t	he amount of tax i	incurred by the o	rganization mar	nagers	or disc	qualified persons du	ring the year unde						
3 Enter t	he amount of tax,	if any, on line 2, a	above, reimburi	sed by	the or	ganization		•••••	\$				
D	Lagra to an	d/or From Int	prosted Dor				<del></del> -			_			
Part II	· -					. D	000 D-4 31	CO.	18 AL		-141	_	
	-	_				, Part V, line 38a or F	-orm 990, Part IV,	ine 26;	or is tr	ne organ	nization	1	
(a)	reported an amo Name of	(b) Relationship	(c) Purpose		an to or	(e) Original	(f) Balance due	la	) In	<b>(h)</b> App	roved	n W	ritten
	sted person	with organization	of loan	fror	m the ization?	principal amount	(I) Dalai ice due		ault?	by boa	ru or i	greer	nent?
		Organization		To	From			Yes	No	Yes		Yes	No
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otal Part III	Grants or As	sistance Ben	efiting Inte	reste	d Pe					4			
	Complete if the												
(a) Na	ame of interested (		b) Relationship			(c) Amount of	(d) Typ	e of			Purpo		
<b>1-7</b> · · ·			interested per	son an		assistance	assista	nce		а	ssistar	Ce	
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HA For D	anerwork Reduc	tion Act Notice	see the Instru	tions	for Fo	rm 990 or 990-EZ.	Sc	hedule	L (Fo	rm 990	or 990	-EZ	2012

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

Schedule L (Form 990 or 990-EZ) 2012 MELWO Part IV Business Transactions In	volving Interested Persons.		52-0857690		Page 2
Complete if the organization answ (a) Name of interested person	vered "Yes" on Form 990, Part IV, line 28a, 20 (b) Relationship between interested	Bb, or 28c. (c) Amount of	(d) Description of	(e) Sh	aring of
,,	person and the organization	transaction	transaction	organi	ization's nues?
GRIFFITH AND WHEAT	ENTITY MORE THAN 35	164 000	LEGAL SERVI	Yes	No
	ENTER MORE THAN 33	164,000	LEGAL SERVI	<del>                                     </del>	X
<del></del>					
	<del></del>			<u> </u>	
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			-	<del>                                     </del>	<u> </u>
		<u></u>			-
Part V Supplemental Information			<del></del>	<u> </u>	
Complete this part to provide additional complete complete the part to provide additional complete com	tional information for responses to questions	on Schedule L (see i	nstructions).		
					12
SCH L, PART IV, BUSINESS TRANSACTION	IS INVOLVING INTERESTED PERSONS:	<del></del>	<del></del>		
(A) NAME OF PERSON: GRIFFITH AND WHE	AT				
		<u> </u>	····		
B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:	<del></del>			
ENTITY MORE THAN 35% OWNED BY MARLON	COLUMN CONTRACTOR				
MILITARE THAN 350 CHARD BI MARDON	GRIFFITH, FORMER BOARD MEMBER	<del></del>			_
D) DESCRIPTION OF TRANSACTION: LEGA	L SERVICES				
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#### SCHEDULE M (Form 990)

### **Noncash Contributions**

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

Attach to Form 990.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WHI MOOD HODBERT WILL THE THING COMMI

Employer identification number

Pa	rt I Types of Property	KAL TRAIN	ING CENTER		1 52-08	5/690		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermir		ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications				·			
5	Clothing and household goods							
6	Cars and other vehicles		2,697	2,359,619.	SALES PRICE			
7	Boats and planes							
8	Intellectual property					_		0.
9	Securities - Publicly traded							
10	Securities - Closely held stock					•		
11	Securities - Partnership, LLC, or							
	trust interests	ł						
12	Securities - Miscellaneous							
13	Qualified conservation contribution -	-						
	Historic structures							
14	Qualified conservation contribution - Other		-			-		
15	Real estate - Residential							
16	Real estate - Commercial							- 2
17	Real estate - Other				<del></del>			
18	Collectibles							
19	Food inventory							-34
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		-	***				
23	Scientific specimens			, ,				
24	Archeological artifacts							
25	Other ()					•	<del> :</del>	-
26	Other ()							
27	Other ()	<u> </u>			·			
28	Other (			·	· · · ·			
<u>20</u> 29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions	<u> </u>			
LS	for which the organization completed Form 82		•	1 1				
	TO WHO SUBMITED TO STATE OF THE SE	00,1 01110,1		Jonione			Yes	No
20-	During the year, did the organization receive b	v contributio	n any property rec	norted in Part I lines 1-28 ths	it it must hold for		163	140
JUA	at least three years from the date of the initial	-						
	the entire holding period?					30a		x
L					*******************************	300		_
b	Does the organization have a gift acceptance	policy that re	auiree the review	of any non-etandard contribu	tione?	24		
31					itions?	31	X	
32a	,		-	•			_	
_	contributions?	• • • • • • • • • • • • • • • • • • • •				32a	X	<u> </u>
	If "Yes," describe in Part II.				a ald			
33	If the organization did not report an amount in	column (c) f	or a type of proper	rty for which column (a) is ch	ecked,	1 1		
	describe in Part II.			<u> </u>	<b>A.</b>	<u></u>		<u> </u>
LHA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 990	U.	Schedule M	(Form	990) (	2012)

Part   Supplemental Information Complete this part to provide the information Complete the information Complete t	52-0857690	Page
Part II Supplemental Information. Complete this part to provide the information required the organization is reporting in Part I, column (b), the number of contributions, the number Also complete this part for any additional information.	by Part I, lines 30b, 32b, and 33 of items received, or a combinati	and whether
CHEDULE M. LINE 32B: THE ORGANIZATION CONTRACTS WITH AUCTION HOUSES		
O SELL DONATED VEHICLES.		···
	···	
		<u> </u>
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Schedule M (Form 990) (2012)

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**Open to Public** inspection

Name of the organization	Employer identification number
MELWOOD HORTICULTURAL TRAINING CENTER	52-0857690
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
TONE 77V, TART 1, DIRE 1, BESCRIFTION OF CREMITMETOR MIDDLEY.	<del> </del>
LIVES THROUGH UNIQUE OPPORTUNITIES.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE	
ORGANIZATION'S INDEPENDENT ACCOUNTING FIRM, THE FORM 990 IS FIRST REVIEWED	
BY THE SENIOR MANAGEMENT OF THE ORGANIZATION, THE FORM 990 IS THEN	
PRESENTED BY THE ORGANIZATION'S CFO TO THE ORGANIZATION'S BOARD OF	
DADDONOR DRIVE NO BILLING WINE I B G	
DIRECTORS PRIOR TO FILING WITH THE I.R.S.	
FORM 990, PART VI, SECTION B. LINE 12C; A POLICY ON CONFLICTS OF INTEREST	
TOTAL TOTAL VI. DEGISON D. MANUELLO, IL LADIOI ON COMPANY VI. AND COMPANY	
IS INCLUDED IN THE EMPLOYEE MANUAL, EMPLOYEES MUST SIGN OFF ON THE	
ORIENTATION CHECKLIST THAT THEY RECEIVED THE EMPLOYEE MANUAL, THERE IS AN	
ANNUAL REVIEW IN WHICH THE OFFICERS, TRUSTEES AND DIRECTORS COMPLETE A	
QUESTIONNAIRE ON CONFLICT OF INTEREST AND SIGN A STATEMENT.	<u>.</u>
FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION IS SUBJECT TO THE	
APPROVAL OF THE BOARD, OFFICERS AND KEY EMPLOYEES COMPENSATION IS	
MINORID OF THE BOLLD, VICTORIA IND NO. SHERVED CO. MINISTER CO.	
DETERMINED BY A COMPARABILITY DATA STUDY PERFORMED BY HUMAN RESOURCES.	
	=11
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS	
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
AVAILABLE TO THE PUBLIC UPON REQUEST.	
BODW 000 DARM WY TIME O CHANCES IN NEW ACCOMS.	
FORM 990, PART XI LINE 9, CHANGES IN NET ASSETS:	
ADJUSTMENT FOR ROUNDING -151.	

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

MELWOOD HORTICULTURAL TRAINING CENTER

2012 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

▶ See separate instructions.

52-0857690

Direct controlling entity

ε

End-of-year assets 9 Total income Ð Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Part II

(e)						
Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
MOT WOOD OF COURSE SPECIAL PROPERTY SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURSE SPECIAL PROPERTY OF COURS SPECIAL PROPE				((5)(3))		Yee
MELMOOD GRENON HOUSING INC 52-1535534	PROVIDE PEOPLE WITH					┿
5606 DOWER HOUSE ROAD	DIFFERING ABILITIE ACCESS				MELWOOD	
UPPER MARLBORO, MD 20772	TO AFFORDABLE AND SAFE	5000			HORTICULTURAL	
MELWOOD DOLLY HOUSTNG INC - 52-2145221			501(C)(3)	CINE 9	PRAINING CENTER	×
5606 DOWER HOMER BOAD	FROVIDE PROPER WITH				MELWOOD	
COO TOOK WOOD	DIFFERING ABILITIE ACCESS					
UPPER MARLBORO MD 20772	TO AFFORDABLE AND SAFE	MARVIAND			HORTTCULTURAL	
MELWOOD WERNER HOUSING INC 52-2214807	PROVIDE PROPLE WITH		201 (C) (3)	LINE 9	TRAINING CENTER	×
5606 DOWER HOUSE ROAD	DIFFERNTING ARTITUTE ACCESS			21.	MELWOOD	
UPPER MARLBORO, MD 20772	TO AFFORDARIR AND SARE	THE STATE OF THE S			HORTICULTURAL	
MELWOOD MUDD HOUSING INC 75-3017155	DROVING BOOK WITH		501(C)(3)	LINE 9	TRAINING CENTER	×
5606 DOWER HOUSE ROAD	DISCOUNT AND ALLE			2	MELWOOD	
UPPER MARLBORG MD 20772	THE PRINCE ADDITION ACCESS				HORTICULTURAL	
Ext Denominate Darkston A to Name	TO ALTONDABLE AND SAFE	JARVI AND	501(C)(3)	LINE 9	TRAINING CENTER	>
FOR Paperwork Reduction Act Notice, see the Instructions for Form 900	na for Form 990				THE PARTY OF THE P	*

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

232161 12-10-12 LHA

SEE PART VII FOR CONTINUATIONS

MELWOOD HORTICULTURAL TRAINING CENTER Schedule R (Form 990) 2012

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

52-0857690

Schedule R (Form 990) 2012 General or Percentage managing ownership partner? Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Percentage ownership Yes No \$ Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\mathbf{\Xi}$ 9 ate allocations? 2 Disproportion-Ξ Yes Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) **e** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) 5 <u>e</u> Legal domicile (state or foreign country) O (d)
( Direct controlling entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 232162 12-10-12 Part IV

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MELWOOD
Form 990) 2012
Schedule R

Раде 3 Š Schedule R (Form 990) 2012 Yes æ 9 ę 무 4 # 5 ŧ E Ę ÷ Ξ # = 9 4 0 (d) Method of determining amount involved 8 ÷ 52-0857690 Giff, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Sale of assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Dividends from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) 65,394,COST (c) Amount involved (b)
Transaction type (a-s) 35 Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. (а) Name of other organization Exchange of assets with related organization(s) (1) MELWOOD DOLLY HOUSING INC. 232 163 12-10-12 Part V 7 E c ۵ 0 Ø <u>@</u> 3 9

Schedule R (Form 990) 2012 MELWOOD, HORTICULTURAL TRAINING CENTER

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec. 501(c)(3) crus.?	(f) Share of total income	(g) Share of end-of-year assets	Olspropor- florate allocations?	Code V-UB! Amount in box 2 of Schedule K-1 (Form 1065)	General or managing partner?	General of Percentage I managing ownership
									_	
									+	
							_			
									_	
		·.				*,		Schedule	R (For	Schedule R (Form 960) 2012

Part VII Supplemental Information	52-0857690	Page 5
		-
Complete this part to provide additional information for responses to questions on Schedule	R (see instructions).	
PART II IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
	<del>-</del>	
NAME OF RELATED ORGANIZATION:		
WHILE OF ABBATED ORGANIZATION:	······································	
MELWOOD GAGNON HOUSING INC.		
	<del></del>	
PRIMARY ACTIVITY: PROVIDE PEOPLE WITH DIFFERING ABILITIE ACCESS TO		<del></del>
AFFORDABLE AND SAFE HOUSING		
Argument and Argumental		<del></del>
NAME OF RELATED ORGANIZATION:		
MELWOOD DOLLY HOUSING INC.		
ELDWOOD BOILD! HOUSING INC.		-
PRIMARY ACTIVITY: PROVIDE PEOPLE WITH DIFFERING ABILITIE ACCESS TO		
ADECDRIADI E AND CARD CONSTITUTE		
AFFORDABLE AND SAFE HOUSING		
	<u>.</u>	
NAME OF RELATED ORGANIZATION:		
MELWOOD WERNER HOUSING INC.		
MELWOOD WERNER HOUSING INC.		
PRIMARY ACTIVITY: PROVIDE PEOPLE WITH DIFFERING ABILITIE ACCESS TO		
	<u></u>	
AFFORDABLE AND SAFE HOUSING	<u></u>	
NAME OF RELATED ORGANIZATION:		
WEI WOOD SKIPD VOICEWA TWO		-
MELWOOD MUDD HOUSING INC.	<del></del>	<del></del>
PRIMARY ACTIVITY: PROVIDE PEOPLE WITH DIFFERING ABILITIE ACCESS TO		
AFFORDABLE AND SAFE HOUSING	·····	
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Form 8868

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

	<del></del>		<del></del>			
	are filing for an Automatic 3-Month Extension, comple					► X
	are filing for an Additional (Not Automatic) 3-Month Ex	_				
	complete Part II unless you have already been granted		•	•		
	nic filing (e-file). You can electronically file Form 8868 if			•	•	•
	to file Form 990-T), or an additional (not automatic) 3-mo		•			
	o file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in par		(see instructions). For more details of	on the ele	ctronic filing of this	s form,
Part I	w.irs.gov/effle and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time		submit original (no copies ne	eded).	<u></u>	
A corpo	ration required to file Form 990-T and requesting an autor					
Part I on				•		
	corporations (including 1120-C filers), partnerships, REM come tax returns.					
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nun	nber (EIN) or
print	MELWOOD HORTICULTURAL TRAIL	NING (	CENTER		52-08576	90
	The by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number (SSN)					
filing your return. See	5606 DOWER HOUSE ROAD				·	
instructions	City, town or post office, state, and ZIP code. For a for UPPER MARLBORO, MD 20772	oreign add	ress, see instructions.			
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)		***************************************	0 1
Applicat	ion	Return	Application			Return
is For		Code	is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	D-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720		**************************************	09
Form 99	D-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	D-T (trust other than above)	06	Form 8870			12
	RONALD STUBBLE	FIELD	, CFO			
• The b	ooks are in the care of > 5606 DOWERHOUSE	ROAJ	O - UPPER MARLBORO	, MD	20772	
Telep	hone No. ► 301-599-8000		FAX No. >			
<ul><li>If the</li></ul>	organization does not have an office or place of business	in the Un	ited States, check this box			• 🗀
	is for a Group Return, enter the organization's four digit (					check this
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and ElNs of	all memb	ers the extension i	s for.
1 I re	equest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until		
	FEBRUARY 15, 2014, to file the exempt	t organiza:	tion return for the organization name	d above.	The extension	
is i	for the organization's return for:					
	calendar year or					
	X tax year beginning JUL 1, 2012	, an	d ending <u>JUN</u> 30, 2013		<del>-</del> ·	
2 lf t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return I	inal retur	n	
L	Change in accounting period					
	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
_	nrefundable credits. See instructions.			3a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069,					
_	timated tax payments made. Include any prior year overp			3b	\$	0.
	lance due. Subtract line 3b from line 3a. Include your pa using EFTPS (Bectronic Federal Tax Payment System).	_		n_		Λ
	If you are going to make an electronic fund withdrawal y			m 8879.	FO for navment iss	tructions
<u> ~annoil</u>	II TOO BIO HOILIN TO LIBRO BIT GIGGLIOTIC ICITA MITIGISMAI A	u-uno Fl	ALL SOCO, SOCI CITE OF OUR EC AND FC	"" OO1 9".	IOI Payiribili INS	MUULIOIIS.

Form 8868 (Rev. 1-2013)

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