## Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Α	For the	2022 cal	endar year, or tax year beginning		, and e	nding			
<b>B</b> (	Check if	applicable:	C Name of organization NATIVE PI	ANT SOCIETY OF T	TEXAS	D Employe	er identificat	tion number	
<u> </u>	Address	change	Doing business as						
П,	مام محمد الم		Number and street (or P.O. box if mail is no	delivered to street address)	Room/suite	74-2697			
닏'	Name ch	ange	PO BOX 3017			E Telephor	e number		
ШΙ	nitial retu	urn	City or town	State	ZIP code	830-997	-9272		
П	Final return	/terminated	FREDERICKSBURG TX 78624				7414		
$\equiv$			Foreign country name Foreign	province/state/county	Foreign postal				
	Amended					<b>G</b> Gross re	ceipts \$	606854.	
	Application	on pending	F Name and address of principal officer: LIN	DA KNOWLES		H(a) Is this a group return	for subordinates	? Yes X No	
			PO BOX 3017 FREDERICKS	SBU TX 78624		H(b) Are all subordina	tes included	? Yes No	
	Tay-aya	mpt status:	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No," attach a	ist. See inst	ructions	
		•		(113011110.)	01 321				
	Website		cps://npsot.org/wp			H(c) Group exemption		-	
K	Form of	organizatio	n: X Corporation Trust Associa	tion Other	L Yea	ar of formation: 1981	M State	e of legal domicile: TX	
P	art I	Su	mmary						
	1	Briefly o	lescribe the organization's mission or	most significant activitie	es: PROI	MOTE CONSERV	ATION,	RESEARCH	
Se		AND U	FILIZATION OF NATIVE PLAN	TS AND PLANT HAE					
nar			GH EDUCATION, OUTREACH AN						
/eri	2	Check t	<del></del>	continued its operations	or dispose	d of more than 259	% of its ne	et assets	
Ó	3		of voting members of the governing				3	42	
∞	4		of independent voting members of the				4	12	
ies	5		imber of individuals employed in cale				5	5	
Activities & Governance	6		imber of volunteers (estimate if neces				6	3818	
₹ct	7a		related business revenue from Part \	7a	3010				
•	b		elated business taxable income from		7b	_			
	<del></del>	140t dilli	siated business taxable income nom	onn ood 1,1 art i, iirio		Prior Year	1.0	Current Year	
4.	8	Contribu	utions and grants (Part VIII, line 1h).				575.	319959.	
Revenue	9		n service revenue (Part VIII, line 2g) .				387.	283885.	
Ş.	10	-	ent income (Part VIII, column (A), line				484.	3010.	
æ	11		evenue (Part VIII, column (A), lines 5,			Ξ,	1011	3010.	
	12		renue—add lines 8 through 11 (must equ		•	637	446.	606854.	
	13		and similar amounts paid (Part IX, col				759.	29972.	
	14		s paid to or for members (Part IX, colu			, 2	733.	20072.	
w	4-		other compensation, employee benefits			116	436.	171626.	
Se	16a		ional fundraising fees (Part IX, colum	. ,	,	110	110130.		
Expenses	b		ndraising expenses (Part IX, column (						
E	17		xpenses (Part IX, column (A), lines 11			195	266.	279434.	
	18		penses. Add lines 13–17 (must equa	•			461.	481032.	
	19		e less expenses. Subtract line 18 from				985.	125822.	
or						Beginning of Currer		End of Year	
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)				892.	910552.	
Ass I Ba	21		bilities (Part X, line 26)				269.	3006.	
E Set	22		ets or fund balances. Subtract line 21			781	623.	907546.	
	rt II		nature Block						
			ry, I declare that I have examined this return, inc	luding accompanying schedule	es and stateme	ents, and to the best of	my knowled	ge	
			ect, and complete. Declaration of preparer (other						
Sig	ın					04/2	24/2023	3	
He		Signati	ure of officer			Date			
116	16		MEGAN INGLIS		EXE	CUTIVE DIREC	TOR		
			Type or print name and title						
_		Prin	t/Type preparer's name	Preparer's signature		Date	Shook I	PTIN	
Pai		T7.	TV D COULT OF FA	INON D COULTER			Check self-employe	if P01247791	
Pre	eparer			JACK D SCHULZE		01/21/2023			
Us	e Only	y	n's name SCHULZE AND ASSOC			Firm's EIN	04-376		
			n's address 1308 RIDGEMONT DR			78723 Phone no.	512-37	71-1040	
Ma	y the IF	RS discus	ss this return with the preparer shown	above? See instruction	ns			X Yes No	

	990 (2022) NATIVE PLANT SOCIETY OF TEXAS	74-2697896 Page <b>2</b>
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF THE NATIVE PLANT SOCIETY OF TEXAS IS PROMOTE CONSERVATION, RESEARCH AND UTILIZATION OF NATIVE PLANTS AND PLANT HABITATS OF TEXAS THROUGH EDUCATION, OUTREACH AND EXAMPLE.	Г
2	Did the organization undertake any significant program services during the year which were not little prior Form 990 or 990-EZ?	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progreservices?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grathe total expenses, and revenue, if any, for each program service reported.	
<b>4</b> a	(Code: )(Expenses \$ 213850. including grants of \$ 18800.)( OUTREACH AND EDUCATION PROGRAMS ACROSS THE STATE OF TEXAS PERFORM THE STATE OFFICE AND LOCAL CHAPTERS. OUTREACH PROGRAMS INCLUDE BUTTON INDICATE OF TEXAS PERFORM NOT LIMITED TO MONTHLY CHAPTER PRESENTATIONS AND COMMUNITY OUTREACH OUR NATIVE LANDSCAPE CERTIFICATION PROGRAM, BRING BACK THE MONARGE TEXAS PROGRAM, THE I-35 MONARCH WAYSTATIONS, ANNUAL FALL SYMPOSIUM ANNUAL SPRING SYMPOSIUM, WILDSCAPE PRESENTATIONS, SCIENTIFIC PAPER FIELD TRIPS, AND INTERACTIVE WORKSHOPS.	MED BY  UT ARE  ACH,  CHS TO  UM,  ERS,
4b	(Code: )(Expenses \$ 99598. including grants of \$ )( SALES OF NATIVE PLANTS TO ENCOURAGE AND ENABLE THE PUBLIC TO USE NATIVE PLANTS IN LANDSCAPING, WHICH BENEFITS THE ENVIRONMENT BY CONSERVING WATER, SUPPORTING WILDLIFE, AND REDUCING AIR EMISSIONS USE OF CHEMICALS	S AND
4c	(Code: ) (Expenses \$ 5848. including grants of \$ ) (UNDERGRADUATE SCHOLARSHIPS AND GRADUATE RESEARCH GRANTS.	(Revenue \$ 25175.)
44	Other program services (Describe on Schedule O.)	
	Care program dorvided (December on Confedere O.)	

(Expenses \$

Total program service expenses

4e

19140.

including grants of \$

338436.

) (Revenue \$

Part	IV Checklist of Required Schedules	0,50		age <b>c</b>
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ū	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Λ
9	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			v
40		9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	37	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
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		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1		
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	<b>20</b> a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 12, If "Ves." complete Schedule I, Parts I and II	21	x	1

Par	t IV Checklist of Required Schedules (continued)			1
22	Did the experiention report more than \$5 000 of grounds or other conjectures to purious democities in dividuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		21	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	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		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	23a		
b	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		Х
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
20	entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	35b		
36	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Ye	s No
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 .	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	o x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4	a	Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	<b>o</b>	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5		
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?	6	а	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6	<b>)</b>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7	_	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7	<b>)</b>	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7		+-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	_	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-	•	
•	sponsoring organization have excess business holdings at any time during the year?	ε		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9	а	Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9	<b>o</b>	Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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?	12	a	
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
a	Is the organization licensed to issue qualified health plans in more than one state?	13	_	
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	10	a	
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14	а	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	1:	5	Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	1	3	Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	1	7	Х
	If "Yes," complete Form 6069.			
	,			

Part VI

Sect	ion A. Governing Body and Management								
4.		۱	4.0		Yes	No			
та	Enter the number of voting members of the governing body at the end of the tax year	1a	42	-					
	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								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain on Schedule O.								
b	<u> </u>								
2									
•	any other officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or und								
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v			4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization			5		Х			
6	Did the organization have members or stockholders?			6	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect	-							
	one or more members of the governing body?			7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) memb								
_	stockholders, or persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions underta	iken c	uring						
_	the year by the following:			0-					
a	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be set the organization's mailing addresses. If "You," provide the pages and addresses an School VII.					37			
Caat	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		Х			
Sect	ion B. Policies (This Section B requests information about policies not required by the	men	iai Reveriue C	oue.	Yes	No			
100	Did the organization have local chapters, branches, or affiliates?			10a	X	NO			
	If "Yes," did the organization have written policies and procedures governing the activities of such			IUa	Λ				
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt			10b	Х				
11a	and the second of the second o								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	c iiiiig	uic ioiiii: .	11a	X				
12a				12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi			12b	21	Х			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?								
·	describe on Schedule O how this was done			12c		Х			
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a review and approximately a series of the following persons include a series of the series o								
	independent persons, comparability data, and contemporaneous substantiation of the deliberati		•						
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	angen	nent						
-	with a taxable entity during the year?	_		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev								
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afegu	ard						
	the organization's exempt status with respect to such arrangements?			16b					
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 9	990, a	nd 990-T (section	on 501	(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that								
	X Own website Another's website X Upon request Other (e	xplair	on Schedule O						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documer	nts, co	nflict of interest	policy	<b>'</b> ,				
	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization	's boo	ks and records						
	SARA TORRES		512-983-17	38					
	290 SARAH CANYON LAKE TX 78133								

Part VII

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

1		
Check if Schedule O	contains a response or note to any line in this Part VII	

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

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

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

Canal	Check this box if neither the organization nor any	related organi	izatio	n co	omp	ens	ated	any	current officer,	director, or trust	tee.
(1) KIM CONROW		Average hours per week	box,	Position not check more than one unless person is both an er and a director/trustee)					Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
VICE PRESIDENT		hours for related organizations below	vidual trustee director	itutional trustee	cer	/ employee	nest compensated oloyee	mer	1099-MISC/	1099-MISC/	organization and
(2) LINDA KNOWLES	(1) KIM CONROW	30									
Resident	VICE PRESIDENT		Х		Х				0	0	0
(3) JACKIE BOLLING	(2) LINDA KNOWLES	10									
VICE PRESIDENT	PRESIDENT		Х		Х				0	0	0
(4) MEGHAN PEOPLES     10       VICE PRESIDENT     X X X 0 0 0 0       (5) AMY BIRDWELL     10       VICE PRESIDENT     X X X 0 0 0 0       (6) STEPHANIE LONG     15       VICE PRESIDENT     X X X 0 0 0 0       (7) CLARENCE REED     5       VICE PRESIDENT     X X X 0 0 0 0       (8) MEADE LEBLANC     4       VICE PRESIDENT     X X 0 0 0 0       (9) RICKY LINEX     15       VICE PRESIDENT     X X X 0 0 0 0       (10) MEGAN INGLIS     50       EXEC DIRECTOR     X X 0 0 0 0       (11) STEPHEN FARLOW     X X 0 0 0 0       CHAPTER PRE     X X X 0 0 0 0       (12) STEPHEN POWELL     X X 0 0 0 0       CHAPTER PRES     X X X 0 0 0 0       (13) TRISHA SHIREY     X X X 0 0 0 0       CHAPTER PRES     X X X 0 0 0 0       (14) SHARON ODEGAR	(3) JACKIE BOLLING	8									
VICE PRESIDENT	VICE PRESIDENT		X		Х				0	0	0
(5) AMY BIRDWELL	(4) MEGHAN PEOPLES	10									
VICE PRESIDENT         X         X         0         0         0           (6) STEPHANIE LONG         15         0         0         0           VICE PRESIDENT         X         X         0         0         0           (7) CLARENCE REED         5         0         0         0         0         0         0           VICE PRESIDENT         X         X         0	VICE PRESIDENT		Х		Х				0	0	0
(6)   STEPHANIE LONG		10	Х		х				0	0	0
VICE PRESIDENT         X         X         0         0         0           (7) CLARENCE REED         5         X         X         0         0         0           VICE PRESIDENT         X         X         0         0         0         0           (9) RICKY LINEX         15         0		15							-		-
(7) CLARENCE REED       5         VICE PRESIDENT       X       X       0       0       0         (8) MEADE LEBLANC       4       4       0       0       0         VICE PRESIDENT       X       X       0       0       0         (9) RICKY LINEX       15       0       0       0       0         VICE PRESIDENT       X       X       0       0       0         (10) MEGAN INGLIS       50       X       600000.0       0       0         EXEC DIRECTOR       X       X       0       0       0         (11) STEPHEN FARLOW       0       0       0       0       0         CHAPTER PRE       X       X       0       0       0         (12) STEPHEN POWELL       0       0       0       0       0         (13) TRISHA SHIREY       0       0       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0			х		Х				0	0	0
VICE PRESIDENT		5									
(8) MEADE LEBLANC       4         VICE PRESIDENT       X       X       0       0       0         (9) RICKY LINEX       15       X       X       0       0       0         VICE PRESIDENT       X       X       0       0       0         (10) MEGAN INGLIS       50       X       60000.0       0         EXEC DIRECTOR       X       X       60000.0       0         (11) STEPHEN FARLOW       X       X       0       0       0         CHAPTER PRE       X       X       X       0       0       0         (13) TRISHA SHIREY       X       X       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0			Х		Х				0	0	0
VICE PRESIDENT       X       X       0       0       0         (9) RICKY LINEX       15       X       X       0       0         VICE PRESIDENT       X       X       0       0       0         (10) MEGAN INGLIS       50       X       60000.0       0       0         EXEC DIRECTOR       X       X       60000.0       0       0         (11) STEPHEN FARLOW       X       X       0       0       0       0         (12) STEPHEN POWELL       X       X       0 <t< td=""><td>(8) MEADE LEBLANC</td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(8) MEADE LEBLANC	4									
VICE PRESIDENT         X         X         0         0         0           (10) MEGAN INGLIS         50         X         60000.0         0           EXEC DIRECTOR         X         60000.0         0           (11) STEPHEN FARLOW         X         X         0         0           CHAPTER PRE         X         X         0         0         0           (12) STEPHEN POWELL         X         X         0         0         0           CHAPTER PRES         X         X         0         0         0           (13) TRISHA SHIREY         X         X         0         0         0           (14) SHARON ODEGAR         X         X         0         0         0			Х		Х				0	0	0
(10) MEGAN INGLIS       50         EXEC DIRECTOR       X       60000.0         (11) STEPHEN FARLOW       X       X         CHAPTER PRE       X       X       0       0         (12) STEPHEN POWELL       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         (13) TRISHA SHIREY       X       X       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0	(9) RICKY LINEX	15									
EXEC DIRECTOR       X       60000.0       0         (11) STEPHEN FARLOW       X       X       0       0         CHAPTER PRE       X       X       0       0         CHAPTER PRES       X       X       0       0       0         (13) TRISHA SHIREY       X       X       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0	VICE PRESIDENT		Х		Х				0	0	0
(11) STEPHEN FARLOW       X       X       0       0       0         CHAPTER PRE       X       X       0       0       0         (12) STEPHEN POWELL       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         (13) TRISHA SHIREY       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0	(10) MEGAN INGLIS	50									
CHAPTER PRE       X       X       0       0       0         (12) STEPHEN POWELL       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         (13) TRISHA SHIREY       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0	EXEC DIRECTOR				Х				60000.	0	0
(12) STEPHEN POWELL       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         CHAPTER PRES       X       X       0       0       0         (14) SHARON ODEGAR       X       X       0       0       0	(11) STEPHEN FARLOW										
CHAPTER PRES         X         X         0         0         0           (13) TRISHA SHIREY         X         X         0         0         0           CHAPTER PRES         X         X         0         0         0           (14) SHARON ODEGAR         Image: Chapter of the present of t	CHAPTER PRE		Х		Х				0	0	0
(13) TRISHA SHIREY CHAPTER PRES X X 0 0 0 (14) SHARON ODEGAR	(12) STEPHEN POWELL										
CHAPTER PRES         X         X         0         0         0           (14)         SHARON ODEGAR         0         0         0	CHAPTER PRES		Х		Х				0	0	0
(14) SHARON ODEGAR	(13) TRISHA SHIREY										
	CHAPTER PRES		Х		Х				0	0	0
			y		x				0	0	0

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200,000	raye <b>U</b>

Part VII	Section A. Officers, Directors, Tr		nplo	yee	s, a	nd	Highe	est	Compensated	Employees (co		) Page <b>0</b>
	40	(5)			Pos	C) ition			()	(5)		_
	(A) Name and title	(B) Average hours	(do not check more the box, unless person is officer and a director.					n an ee)	(D) Reportable compensation	(E) Reportable compensation from related	Estimate of c	F) ed amount other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2, 1099-MISC/ 1099-NEC)	fron organiza	ensation n the ation and ganizations
				Ō			ated					
(15) BARBAR CHAPTER PR			x		х							
(16) BETH E	RWIN		X		Х							
(17) BELIND												
CHAPTER PR			X		Х							
CHAPTER PR			Х		Х							
(19) DEBORA			v		Х							
CHAPTER PR			Х		Λ							
CHAPTER PR			Х		Х							
(21) FRED Z			Х		х							
(22) GAIL M												
CHAPTER PR			X		Х							
CHAPTER PR			Х		Х							
(24) HELEN CHAPTER PR			X		Х							
(25) JACKIE	OKEEFE											
CHAPTER PR			X		Х				60000.			
	om continuation sheets to Part VII,	Section A										
	dd lines 1b and 1c)								60000.	100,000, 1		
	mber of individuals (including but not le le compensation from the organization		listed	abo	ove)	wn	o rec	eive	ed more than \$1	100,000 of		
											Υ	es No
	organization list any <b>former</b> officer, di e on line 1a? <i>If "Yes," complete Sche</i>					e, oı 	r high 	est	compensated		3	X
	individual listed on line 1a, is the sum					and	d othe	er co	ompensation fro	m		
-	nization and related organizations gre	ater than \$150,	000?	If "	Yes	," C	omple	ete	Schedule J for s	such		
individua  5 Did anv	nr		· ·	om	 anv	unr	 Alata	d 01		dividual	4	X
	ces rendered to the organization? If "										5	Х
	dependent Contractors			4			- 41		:··	- ¢400 000 at		
	e this table for your five highest comp sation from the organization. Report c										n's tax y	ear.
	(A) Name and business add	dress							(B) Description of ser	rvices	<b>(C)</b> Compensa	tion
2 Total nur	mber of independent contractors (incli	uding hut not lim	nited	to th	าดรค	liet	ted at	าดง	e) who received			
	in \$100,000 of compensation from the				.550		u	v	5, 11115 TOOGIV 60			
											Form 9	90 (2022)

CHAPTER PRES

Part VII	Compensation of	Officers, Director	s. Trustees. Ke	v Employees, Hig	ghest Compensated
FOIII 990 (2022)	NAIIVE PLANI	SOCIETY OF IT	LXAS		

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

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

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

Check this box if neither the organization nor an	ny related organi	ızatıo	n co	omp	ens	sated a	any	current officer,	director, or trust	ee.
				((	C)					
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	unles	neck ss pe	rson	e than of the both or trusted en is sorthy employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JOAN MUKHERJEE CHAPTER PRES		Х		х						
(2) JOEL DUNNINGTO		Λ.		Λ						
CHAPTER PRES		Х		Х						
(3) KAREN LITTLE CHAPTER PRES		Х		х						
(4) KATHY MILENKI CHAPTER PRES		Х		Х						
(5) KATIE SWANSON CHAPTER PRES		Х		Х						
(6) LAURA LEGETT CHAPTER PRES		Х		х						
(7) LEE MARLOWE CHAPTER PRES		Х		Х						
(8) LOIS DIGGS CHAPTER PRES		Х		Х						
(9) MARCELLA DELGA CHAPTER PRES		Х		Х						
(10) MARCIA MILLER CHAPTER PRES		Х		Х						
(11) NANCY HUFFMAN CHAPTER PRES		Х		Х						
(12) NEAL HINDERS CHAPTER PRES		Х		Х						
(13) PAMELA BRANSFO CHAPTER PRES		Х		Х						
(14) PATRICE ASH										

Part VII	Compensa	tion of	Officers.	Direc	tors, Trustees	. Kev Emr	olovees. Hi	ighest Com	pensated
Form 990 (2022)	NAIIVE	PLANI	SOCIETY	UF	IEXAS				

**Employees, and Independent Contractors** 

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
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- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if heither the organization nor ar	ny related organ	izatio	n co	omp	ens	sated	any	current officer,	airector, or trust	iee.
				((	C)					
(A) Name and title	(B) Average hours	box,	unles er an	neck ss pe d a d	rson	e than o is both or/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PETER M LOOS CHAPTER PRES		x		Х						
(2) REBEKAH WILES		21		21						
CHAPTER PRES		Х		Х						
(3) REGINA LEVOY CHAPTER PRES		v		Х						
(A) DODNEY THOMAC		Х		Λ						
CHAPTER PRES		X		Х						
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

		Check if Schedule O co	ntains	a respon	se o	r note to any line	in this Part VIII.			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt		Revenue excluded from tax under
								function revenue	business revenue	sections 512–514
S (0	1a	Federated campaigns			1a					
<b>Grants</b> nounts	b	Membership dues			1b	160520.				
Gr	С	Fundraising events			1c	520.				
fts, Ar	d	Related organizations			1d					
Gifts, ilar An	е	e Government grants (contributions) 1e								
ns, Sim	f	All other contributions, gifts	s, grar	nts, and						
utio er §		similar amounts not include			1f	158919.				
ribi Oth	g	Noncash contributions incl	uded	in						
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a–1f			1g	\$				
a C	h	Total. Add lines 1a-1f .					319959.			
						Business Code				
ce	2a	NATIVE PLANT SALES	;			453000	188917.	188917.		
E Zi	b	LANDSCAPE CERT PRO	)G			611600	53783.	53783.		
Se	С	SYMPOSIA				900099	33845.	33845.		
am	d	CITA DEED OTTED DA CIT				900099	7340.	7340.		
Program Service Revenue	е									
٥r٥	f	All other program service r								
_	g	Total. Add lines 2a-2f					283885.			
	3	Investment income (includ								
		other similar amounts)					3010.	3010.		
	4	Income from investment of	tax-e	xempt boi	nd pr	oceeds				
	5	Royalties								
				(i) Rea	ıl	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses .	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)	<u> </u>							
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ıne	b	Less: cost or other basis								
/en		and sales expenses	7b							
Revenue	С	Gain or (loss)	7c							
	d	3 ,								
Other	8a	Gross income from fundrai	sing							
0		events (not including \$								
		of contributions reported of			_					
		See Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from f		-	its .					
	эа	Gross income from gaming See Part IV, line 19			0-					
					<u>9a</u> 9b					
		Less: direct expenses Net income or (loss) from g								
		Gross sales of inventory, le	-	g activities	<u> </u>					
	IUa	returns and allowances.			10a					
	h				10a 10b					
		Less: cost of goods sold .  Net income or (loss) from s				<u> </u>				
·C	U	THE THOUSE OF (1099) HOTHS	oaics (	JI IIIVEIILO	у.	Business Code				
Miscellaneous Revenue	11a					240,1000 0046				
nec	b									
scellaneo Revenue	C									
sce Re	۲ 2	All other revenue								
Σis	e	Total. Add lines 11a–11d.			•	L				
	12	Total revenue. See instru					606854.	286895.		
	14	i otal lovelide. Occ illollu		· · · ·			000001.	200075.	l .	

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#### Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) (A) (B) Do not include amounts reported on lines 6b, 7b, Management and Program service Total expenses Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 19501 19501 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 10471 10471 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . . . Benefits paid to or for members . . . . . . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . . . . . . . 60000. 15962. 44038 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . 7 Other salaries and wages . . . . . . . . . . . . . 99430 42223 37634 19573. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). . 9 Other employee benefits . . . . . . . . . . . . . 10 12196 4451 6248 1497. 11 Fees for services (nonemployees): 812 812 Professional fundraising services. See Part IV, line 17. . . . f Investment management fees . . . . . . . . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . . 1200 1200 Advertising and promotion . . . . . . . . . . . . 12 11736. 8431 428. 2877. 13 4906 2214. 170. 2522. 14 13480. 5316. 6691. 1473. 15 3574 16 4502 928 17 4560 3509 1051 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . . 67084 66547 537. 20 Payments to affiliates . . . . . . . . . . . . . . . . . 21 22 Depreciation, depletion, and amortization . . . . 23 4422 4422 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a PAYROLL PROCESSING FEE 717. 148. 421 148. b OTHER FEES C PLANTS AND SUPPLIES 99474 99474. d SPECIAL EVENT EXPENSES 3650. 3650. e All other expenses 62891 54412 1365 7114 Total functional expenses. Add lines 1 through 24e. 481032 338437. 107391 35204. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).

2 Savings and temporary cash investments	Pa	art X	Balance Sheet			_ rago : i
1			Check if Schedule O contains a response or note to any line in this Part 3	X		
2   Savings and temporary cash investments.   183523. 2   153928.				(A) Beginning of year		
Pledges and grants receivable, net		1	Cash—non-interest-bearing	483440.	1	492163.
3		2		183523.	2	153928.
A Accounts receivable, net.   4   90.		3			3	
Section		4			4	90.
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net or 18 Inventories for sale or use.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D  11 Investments—publicly traded securities.  12 Investments—publicly traded securities.  13 Investments—publicly traded securities.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Rates payable and accrued expenses.  269 17  17 Accounts payable and accrued expenses.  21 Excover or usot fails intes 1 through 15 (must equal line 33)  18 Grants payable and accrued expenses.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.  22 Controlled entity or family member of any of these persons.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Total liabilities. Add lines 17 through 25.  27 Secured mortgages and notes payable to unrelated third parties.  28 Payables to defer payables to any current funds.  29 Corganizations that do not follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.  29 Capital stock or trust principal, or current funds.  30 Paid-in or capital surplus, or land, building, or equipment fund.  31 Test		5				
Coans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(8)   This importance is a section 4958(c)(4)(8)(8)   This importance is a section 4958(c)(4)(8)(8)   This importance is a section 4958(c)(4)(8)(8)   This importance is a section 4958(c)(4)(8)						
Coans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(c)(3)(8)   This importance is a section 4958(c)(4)(8)(8)   This importance is a section 4958(c)(4)(8)(8)   This importance is a section 4958(c)(4)(8)(8)   This importance is a section 4958(c)(4)(8)					5	
Uniform   Comparison   Compar		6				
7					6	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation . 10b 5443. 10c  11 Investments—publicly traded securities . 114929. 11 264371.  12 Investments—other securities. See Part IV, line 11 . 12  13 Investments—program-related. See Part IV, line 11 . 13  14 Intangible assets . 14  15 Other assets. See Part IV, line 11 . 15  16 Total assets. See Part IV, line 11 . 15  17 Accounts payable and accrued expenses . 269. 17  18 Grants payable . 18  19 Deferred revenue . 19  20 Tax-exempt bond liabilities . 20  21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22  23 Secured mortgages and notes payable to unrelated third parties . 23  24 Unsecured notes and loans payable to unrelated third parties . 24  25 Other liabilities (including federal income tax, payables to related third parties . 24  26 Total liabilities. Add lines 17 through 25 . 269 . 266 . 300	sts	7	· · · · · · · · · · · · · · · · · · ·			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  b Less: accumulated depreciation . 10b 5443. 10c  11 Investments—publicly traded securities . 114929. 11 264371.  12 Investments—other securities. See Part IV, line 11 . 12  13 Investments—program-related. See Part IV, line 11 . 13  14 Intangible assets . 14  15 Other assets. See Part IV, line 11 . 15  16 Total assets. See Part IV, line 11 . 15  17 Accounts payable and accrued expenses . 269. 17  18 Grants payable . 18  19 Deferred revenue . 19  20 Tax-exempt bond liabilities . 20  21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 22  23 Secured mortgages and notes payable to unrelated third parties . 23  24 Unsecured notes and loans payable to unrelated third parties . 24  25 Other liabilities (including federal income tax, payables to related third parties . 24  26 Total liabilities. Add lines 17 through 25 . 269 . 266 . 300	SSE				8	
10a	Ä					
Description						
b Less: accumulated depreciation   10b   5443   10c   11d   10c   11d   10c   11d   10c   11d   10c   11d   10c   11d						
11   Investments—publicly traded securities   114929   11   264371   12   10   12   10   12   10   12   10   12   10   12   10   12   11   12   11   12   11   12   11   13   13		b	· · · · · · · · · · · · · · · · · · ·		10c	
12   Investments—other securities. See Part IV, line 11.			'	114929.		264371.
13						
14						
15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 33)  781892. 16  910552.  17 Accounts payable and accrued expenses.  18 Grants payable .  9 Deferred revenue.  19 Deferred revenue.  10 Tax-exempt bond liabilities.  10 Escrow or custodial account liability. Complete Part IV of Schedule D.  10 Escrow or custodial account liability. Complete Part IV of Schedule D.  11 Escrow or custodial account liability. Complete Part IV of Schedule D.  12 Escrow or custodial account liability. Complete Part IV of Schedule D.  13 Escrow or custodial account liability. Complete Part IV of Schedule D.  14 Escrow or custodial account liability. Complete Part IV of Schedule D.  15 Escrow or custodial account liability. Complete Part IV of Schedule D.  16 Escrow or custodial account liability. Complete Part IV of Schedule D.  17 Escrow or custodial account liability. Complete Part IV of Schedule D.  18 Escrow or custodial account liability. Complete Part IV of Schedule D.  29 Escrow or custodial account liability. Complete Part IV of Schedule D.  20 Escrow or custodial account liability. Complete Part IV of Schedule D.  21 Escrow or custodial account liability. Complete Part IV of Schedule D.  22 Loans and other payables to any current fund parties.  23 Escured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities (including federal income tax, payables to related third parties.  26 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  26 Total liabilities. Add lines 17 through 25.  27 Net assets with donor restrictions.  28 Secured mortgages and notes payable to unrelated third parties.  29 Escrow or custodial account liability. Complete Part IV of Schedule D.  29 Escrow or custodial account liability. Complete Part IV of Schedule D.  29 Escrow or custodial account liability. Complete Part IV of Schedule D.  29 Escrow or custodial account liability. Complete		_	, ,			
16   Total assets. Add lines 1 through 15 (must equal line 33)   781892. 16   910552.     17   Accounts payable and accrued expenses   269. 17       18   Grants payable   18   19   19       20   Tax-exempt bond liabilities   20   21     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   23     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D   25   3006     26   Total liabilities. Add lines 17 through 25   269   26   3006     27   Net assets with odnor restrictions   269   26   3006     28   Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.   27   Net assets with donor restrictions   316938   28   347497     29   Capital stock or trust principal, or current funds   30   Paid-in or capital surplus, or land, building, or equipment fund   30   Paid-in or capital surplus, or land, building, or equipment fund   30   Paid-in or capital surplus, or land, building, or equipment fund   30   Paid-in or capital surplus, or land, building, or equipment fund   31   Retained earnings, endowment, accumulated income, or other funds   781623   32   907546   32   32   307546   32   307546   33   307546   33   307546   34   34   34   34   34   34   34						
17		_	·	781892.		910552.
18   Grants payable   18   19   Deferred revenue   19   20   20   21   20   21   20   21   21		<del></del>				
19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21						
Tax-exempt bond liabilities		_				
21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 23 Secured mortgages and notes payable to unrelated third parties. 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25. 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions. 29 Capital stock or trust principal, or current funds. 29 Capital stock or trust principal, or current funds. 29 Paid-in or capital surplus, or land, building, or equipment fund. 30 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 31 Total net assets or fund balances. 32 Total net assets or fund balances. 32 Total net assets or fund balances. 33 Total net assets or fund balances. 34 Total net assets or fund balances. 35 Total net assets or fund balances. 36 Total net assets or fund balances. 37 Total net assets or fund balances. 38 Total net assets or fund balances. 39 Total net assets or fund balances. 30 Total net assets or fund balances.		_				
Controlled entity or family member of any of these persons						
Unsecured notes and loans payable to unrelated third parties	S					
Unsecured notes and loans payable to unrelated third parties	ij					
Unsecured notes and loans payable to unrelated third parties	Ē				22	
Unsecured notes and loans payable to unrelated third parties	Ξ.	23				
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D						
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			· · ·			
Part X of Schedule D			, ,			
Total liabilities. Add lines 17 through 25			·		25	3006.
Organizations that follow FASB ASC 958, check here x and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions		26		269.		3006.
and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions	S					
Net assets without donor restrictions	ဥ					
Net assets with donor restrictions	<u>a</u>	27		464685	27	560049
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	Ва					
and complete lines 29 through 33.  29 Capital stock or trust principal, or current funds	pu			310330.		31,13,1
Capital stock or trust principal, or current funds	교		<del></del>			
Paid-in or capital surplus, or land, building, or equipment fund	ō	29	-		29	
31 Retained earnings, endowment, accumulated income, or other funds	∋ts					
32 Total net assets or fund balances	SS					
<b>33</b> Total liabilities and net assets/fund balances	τ̈́Α			781623.		907546.
	Š		<b>.</b>			

Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		606	854.
2	Total expenses (must equal Part IX, column (A), line 25)	2		481	032.
3	Revenue less expenses. Subtract line 2 from line 1	3		125	822.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		781	623.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		907	445.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	e			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2022)

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

ΓAΙ	'IV	E PLANT SOCIETY O	F TEXAS				74-2697896			
Pai	t I	Reason for Public Char	ity Status. (All or	ganizations must co	mplete t	nis part.)	See instructions.			
The	orga	anization is not a private founda	•	•		•	•			
1		A church, convention of church	nes, or association	of churches described	in <b>sectio</b>	on 170(b)	(1)(A)(i).			
2		A school described in section	170(b)(1)(A)(ii). (A	attach Schedule E (Fo	rm 990).)					
3		A hospital or a cooperative hos	spital service organ	ization described in s	ection 17	0(b)(1)(A	)(iii).			
4		A medical research organization hospital's name, city, and state		unction with a hospital	describe	d in <b>sect</b>	ion 170(b)(1)(A)(iii)	. Enter the		
5		An organization operated for the section 170(b)(1)(A)(iv). (Con	ne benefit of a colle	ge or university owned	d or opera	ited by a	governmental unit de	escribed in		
6		A federal, state, or local govern		ental unit described in	section 1	170(b)(1)(	A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)									
8		A community trust described in	section 170(b)(1)	(A)(vi). (Complete Pa	rt II.)					
9		An agricultural research organ or university or a non-land-gra university:	ization described in	section 170(b)(1)(A)	(ix) opera	ted in cor e name, c	njunction with a land city, and state of the	-grant college college or		
10										
11										
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b		Type II. A supporting organ control or management of the organization(s). You must	he supporting organ	nization vested in the s Sections A and C.	same pers	sons that	control or manage th	ne supported		
С		Type III functionally integrated its supported organization(s						tegrated with,		
d		Type III non-functionally i that is not functionally integ	ntegrated. A support of the communication of the co	orting organization opention generally must sa	erated in o	connection stribution	n with its supported requirement and an			
е		requirement (see instruction Check this box if the organi functionally integrated, or T	zation received a w	ritten determination fro	om the IR	S that it is		ype III		
f		Enter the number of supported								
g		Provide the following information	on about the suppor							
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)						-				
(B)								_		
C)										
D)										
E)										
Tota										

Page 3

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

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

	ction A. Public Support					_	1
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")	167473.	188511.	203150.	403575.	319959.	1282668.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	257557.	251163.	95372.	216387.	283885.	1104364.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	425030.	439674.	298522.	619962.	603844.	2387032.
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						2387032.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	425030.	439674.	298522.	619962.	603844.	2387032.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	0.1	4=04	0.04		0010	
	royalties, and income from similar sources	31.	1526.	321.	17484.	3010.	22372.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	2.1	1506	201	15404	2010	00000
	Add lines 10a and 10b	31.	1526.	321.	17484.	3010.	22372.
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	405061	441000	200042	627446	606054	2400404
4.4	and 12.)	425061.	441200.	298843.	637446.	606854.	2409404.
14	organization, check this box and <b>stop here</b> .						
800							· · · · <u> </u>
	Ction C. Computation of Public Su			/ <b>f</b> \\		15	99.07%
15	Public support percentage for 2022 (line 8, c		•			16	99.07%
16	Public support percentage from 2021 Sched					10	99.07%
	ction D. Computation of Investmen			column (f))		17	0.93%
17	Investment income percentage for 2022 (lin		-				0.93%
18	Investment income percentage from 2021 S					18	0.93%
ıya	33 1/3% support tests—2022. If the organization more than 33 1/3% check this box and the						X
h	not more than 33 1/3%, check this box and s 33 1/3% support tests—2021. If the organization	-			-		[A
b	line 18 is not more than 33 1/3%, check this						
20	<b>Private foundation.</b> If the organization did r	-	=				
	ato rearragion in the organization did t	on ook a box off	,	~, oncon uno box a			

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization Employer identification number NATIVE PLANT SOCIETY OF TEXAS 74-2697896 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . 1 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b c Number of conservation easements on a certified historic structure included in (a) . . . . 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	III Organizations Maintaining Col	llections of A	rt, Histor	rical Tre	asures, or O	ther Similar Assets	s (continued)
3	Using the organization's acquisition, acc	ession, and othe	er records	, check ar	ny of the follow	ing that make significa	ant use of its
	collection items (check all that apply):						
а	Public exhibition		d	Loan or	exchange prog	gram	
b	Scholarly research		e	Other			
c	Preservation for future generations		<b>°</b>	1 001101			
_	Provide a description of the organization	's collections on	d ovnlain	how thou	further the era	anization's avampt nu	rnoco in Port
4	XIII.		·	_	_		ipose iii Pait
5	During the year, did the organization soli assets to be sold to raise funds rather the						Yes No
Part	IV Escrow and Custodial Arrange	ements.					
	Complete if the organization ans 990, Part X, line 21.	swered "Yes" o	n Form 9	990, Part	: IV, line 9, or	reported an amoun	t on Form
1a	Is the organization an agent, trustee, cus						
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part	XIII and comple	ete the foll	owing tab	ole:		
						/	Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount of	on Form 990, Pa	art X, line	21, for es	crow or custod	ial account liability?	Yes X No
b	If "Yes," explain the arrangement in Part	XIII. Check here	e if the ex	planation	has been provi	ided on Part XIII	
Part	V Endowment Funds.						
	Complete if the organization ans	wered "Yes" o	n Form 9	90, Part	: IV, line 10.		
		(a) Current year		or year	(c) Two years ba	ack (d) Three years back	(e) Four years back
1a	Beginning of year balance 1	L64,994.					
b	Contributions	50,600.	150,	050.			
С	Net investment earnings, gains,						
	and losses	2,216.	17,	444.			
d	Grants or scholarships	5,000.	2,	500.			
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	355.					
g	End of year balance	212,455.	164,	994.			
2	Provide the estimated percentage of the	current year en	d balance	(line 1g,	column (a)) hel	d as:	
а	Board designated or quasi-endowment	0.00	%				
b	Permanent endowment 100.						
С	Term endowment 0.00 %	=					
	The percentages on lines 2a, 2b, and 2c	•					
3a	Are there endowment funds not in the po	ossession of the	organizat	ion that a	re held and adı	ministered for the	
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						3a(ii) X
b	If "Yes" on line 3a(ii), are the related orga		•				3b
4	Describe in Part XIII the intended uses o		n's endov	vment fun	nds.		
Part	VI Land, Buildings, and Equipme				B / B / A /	<b>.</b>	
	Complete if the organization ans						<u>.</u>
	Description of property	(a) Cost or of		· ·	or other basis	(c) Accumulated	(d) Book value
		(investr	nent)	(	other)	depreciation	
1a	Land	<del> </del>					
b	Buildings						
C	Leasehold improvements						
d	Equipment						
е	Other	I		Ì			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .

Part VII Investments—Other Securities.			- 1.5g
Complete if the organization answered "	'Yes" on Form 990,	Part IV, line 11b. See Form 99	0, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related.			
Complete if the organization answered "	'Yes" on Form 990	Part IV line 11c See Form 99	0 Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valu	
	(4) - 22 122	Cost or end-of-year ma	rket value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "	'Yes" on Form 990,	Part IV, line 11d. See Form 99	0, Part X, line 15.
(a) Descri	iption		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered "	'Yes" on Form 990.	Part IV. line 11e or 11f. See Fo	orm 990. Part X.
line 25.	, , , , , , , , , , , , , , , , , , , ,		,
	tion of liability		(b) Book value
(1) Federal income taxes			
(2) CHASE CREDIT CARD			2,645.
(3) STATE SALES TAX			361.
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 000, Part V, eq. (P)	lino 25 \		3,006.
Total. (Column (b) must equal Form 990, Part X, col. (B)		·	
<ol><li>Liability for uncertain tax positions. In Part XIII, provide the te organization's liability for uncertain tax positions under FASB AS</li></ol>		=	-

#### SCHEDULE I (Form 990)

Department of the Treasury

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

NATIVE PLANT SOCIETY	OF TEXA	S				74-269789	16
Part I General Information	on Grants	and Assistance					
<ol> <li>Does the organization maintain the selection criteria used to at a Describe in Part IV the organi.</li> <li>Part II Grants and Other A</li> </ol>	ward the gran zation's proced ssistance to	ts or assistance? . dures for monitoring  Domestic Orga	the use of grant functions and Dom	ls in the United States  nestic Government	s. Complete if the or	ganization answere	X Yes No
990, Part IV, line 21,	for any recipi	ent that received	more than \$5,000.	Part II can be duplic	· · · · · · · · · · · · · · · · · · ·	ace is needed.	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 3 Enter total number of other or							

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022					Page <b>2</b>
Part III Grants and Other Assistance to I			rganization answer	ed "Yes" on Form 990, Pa	art IV, line 22.
Part III can be duplicated if additio	nal space is needed				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 DAR SCHOLARSHIP	1	5,000.			
2 BRING BACK THE MONARCHS	13	4,700.			
3 CHAPTER GRANTS	8	800.			
4					
5					
6					
7					
Part IV Supplemental Information. Provide	de the information rec	uired in Part I, line	2; Part III, column (	b); and any other addition	al information.

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

NATIVE PLANT SOCIETY OF TEXAS	74-2697896
FORM 990 PART VI LINE 7a HOW MEMBERS OR SHAREHOLDERS	ELECT
GOVERNING BODY	
THE GENERAL MEMBERS ELECT ALL MEMBERS OF THE GOVERNIN	G BODY.
FORM 990 PART VI LINE 11b FORM 990 REVIEW PROCESS	
THE FORM 990 IS REVIEWED BY THE STATE LEVEL ACCOUNTAN	T AND
EXECUTIVE DIRECTOR, THEN BY THE GOVERNING BODY IN THE	NEXT
QUARTERLY MEETINGS.	
FORM 990 PART VI LINE 19 OTHER ORGANIZATION DOCUMENTS	; 
PUBLICLY AVAILABLE	
THESE DOCUMENTS ARE AVAILABLE UPON REQUEST	
FORM 990 PART XI LINE 9 OTHER CHANGES IN NET ASSETS O	R FUND
BALANCES	
ROUNDING TO BALANCE	
FORM 990 PART VI LINES 6 AND 8A THE ORGANIZATION HAS	MEMBERS
AND WE DOCUMENT MEETINGS WITH MINUTES FOR THE EXECUTI	VE
BOARD, STATE BOARD MEETINGS AND STATE COMMITTEES	
FORM 990 PART VI LINE 10B THE ORGANIZATION HAS BYLAWS	
STANDING RULES, OTHER POLICIES AND PROCEDURES AND THE	
CHAPTER HANDBOOK THAT GOVERN THE ACTIVITIES OF THE CH	APTERS
AND THE STATE	

Schedule O (Form 990) 2022	Page
Name of the organization NATIVE PLANT SOCIETY OF TEXAS	Employer identification number 74–2697896
FORM 990 PART VI LINE 12A-C THE ORGANIZATION HAS A CO	
OF INTEREST STATEMENT IN OUR STATE BOARD LEADERSHIP	
AGREEMENT SIGNED BY STATE BOARD MEMBERS, STATE COMMIT	rtee
CHAIRS AND STAFF.	
FORM 990 PART VI LINE 15A THE ORGANIZATION DETERMINEI	)
COMPENSATION FOR THE EXECUTIVE DIRECTOR POSITION BY F	HIRING
AN OUTSIDE CONSULTANT AND REVIEWING COMPARABLE DATA.	
PART IX LINE E OTHER EXPENSES PROGRAM SERVICE	
PRINTING 8154 BROCHURES 2110 BANK CHARGES 127	
CREDIT CARD FEES 4884 DONATIONS 22692 SPONSORSHIP 250	00
PART IX LINE E OTHER EXPENSES MANAGEMENT AND GENERAL	
PRINTING 782 OTHER 583	
PART IX LINE E OTHER EXPENSES FUNDRAISING	
PRINTING 823 CREDIT CARD FEES 6291	

For calend	ar year 2022 or tax year beginning		and ending			
Name: Name line 2: Address: City, State, and Zip Code:	PO BOX 3017 FREDERICKSBURG TX			: <u>74-2697896</u> : <u>830-997-9272</u>		
Email address meg.inglis@npsot.org  Web site address https://npsot.org/wp  Fiduciary name, if applicable  Name of officer signing return MEGAN INGLIS  Title of officer/trustee/fiduciary signing return EXECUTIVE DIRECTOR  Group exemption number  Check if exemption application is pending						
Type of exempt organization:  Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) (Form 990)  Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year (Form 990-EZ)  Private foundation or section 4947(a)(1) nonexempt charitable trust treated as a private foundation (Form 990-PF)						
Firm's name: SCI	CK D SCHULZE EA HULZE AND ASSOCIAT D8 RIDGEMONT DRIVE	ES INC	Time in this return: Date: PTIN: Self-employed: Firm's EIN: Phone:	$\begin{array}{r} 803  \text{minutes} \\ \hline 04/24/2023 \\ \hline P01247791 \\ \hline \\ 04-3765452 \\ \hline 512-371-1040 \\ \\ \end{array}$		

## Form **8879-TE**

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

vame of filer			EIN OF SSN	
NATIVE PLANT SOCIETY OF THE	EXAS		74-2697896	
Name and title of officer or person subject to tax				
MEGAN INGLIS			EXECUTIVE	DIRECTOR
Part I Type of Return and R	eturn Information			
Check the box for the return for which you a CP and Form 5330 filers may enter dollars 5a, 6a, 7a, 8a, 9a, or 10a below, and the ar 5b, 6b, 7b, 8b, 9b, or 10b, whichever is ap applicable line below. Do not complete mo 1a Form 990 check here 2a Form 990-EZ check here 3a Form 1120-POL check here 4a Form 990-FF check here 5a Form 8868 check here 6a Form 990-T check here 7a Form 4720 check here 9a Form 5330 check here 10a Form 8038-CP check here 10a Form 8038-CP check here 2d Part II Declaration and Signar Complete. I further declare that the amount on the mediate service provider, transmitter, cacknowledgement of receipt or reason for reason for receipt or reas	are using this Form 8879-TE and ent and cents. For all other forms, enter mount on that line for the return being oplicable, blank (do not enter -0-). But one than one line in Part I.     X	whole dollars only. If you og filed with this form was bit, if you entered -0- on the im 990, Part VIII, column (Am 990-EZ, line 9)	heck the box on line ank, then leave line eturn, then enter -0, line 12)  art V, line 5)  to Tax  In subject to tax with at I have examined belief, they are trained and to receive frocessing the return.	e 1a, 2a, 3a, 4a, e 1b, 2b, 3b, 4b, c) on the  1b 606,854 2b 5b 6b 7b 8b 9b 10b  I respect to (name da a copy of the ue, correct, and a to allow my om the IRS (a) an or refund, and (c)
he date of any refund. If applicable, I authority direct debit) entry to the financial institution return, and the financial institution to debit to 1-888-353-4537 no later than 2 business disprocessing of the electronic payment of tax he payment. I have selected a personal idealectronic funds withdrawal.	n account indicated in the tax prepara the entry to this account. To revoke a ays prior to the payment (settlement) ses to receive confidential information	ation software for payment payment, I must contact to date. I also authorize the f necessary to answer inqu	of the federal taxes ne U.S. Treasury Fi inancial institutions iries and resolve is:	s owed on this inancial Agent at involved in the sues related to
PIN: check one box only				
X I authorize MEK ENTERPRI	ERO firm name	to enter my Pl	Enter five numb	zeros
a state agency(ies) regulating enter my PIN on the return's		l/State program, I also a	uthorize the afor	ementioned ERO to
electronically filed return. If I	ect to tax with respect to the entity have indicated within this return f the IRS Fed/State program, I wi	that a copy of the return	is being filed wit	h a state agency(ies)
Signature of officer or person subject to tax			Date <u>04/24</u>	4/2023
Part III Certification and Auth	nentication			
ERO's EFIN/PIN. Enter your six-digit enumber (EFIN) followed by your five-d		70157146901 <b>Do no</b>	t enter all zeros	
certify that the above numeric entry is that I am submitting this return in accorded RS e-file Providers for Business Retur	dance with the requirements of Po			
ERO's signature		Date	04/28/2023	
	ERO Must Retain This Fo	rm—See Instruction	<u> </u>	
		200 111011 401101	_	