Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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. 2023 Open to Public Inspection

		the Treasury ue Service			ww.irs.gov/Fo	•			•		•		Inspection
			lendar year	r, or tax year l	-					nding			inepeetien
		applicable:		organization	NATIVE P	LANT SOC	CIETY OF	TEXAS			D Emplo	yer iden	tification number
	Address	change	Doing bu	usiness as									
	Name ch	ange	Number	and street (or P.	O. box if mail is n	ot delivered to	street address)	Room/su	uite		74-269		
		-	PO BOX								E Teleph	one num	ber
	Initial retu	urn	City or t				State	ZIP code	Э		830-99	7-927	2
	Final return	/terminated		ICKSBURG			- / · · · • • ·	F					
	Amendeo	1 roturo	Foreign	country name	Foreigr	n province/state	e/county	Foreign	postai	code	G Gross	rocointe (5 748453.
											0 010331	eceipts (
<u> </u>	Applicatio	on pending		•	ncipal officer:RI					H(a) Is th	iis a group retu	rn for subor	dinates? Yes X No
			PO BOX	3017	FREDERICH	(SBU TX	78624			H(b) Are	e all subordii	nates inc	luded? Yes No
Т	Tax-exe	mpt status:	X 501	(c)(3) 501(c	;) ((insert no.)	4947(a)(1) or	527	lf "	No," attach	a list. Se	e instructions
J	Website	: htt	tps://n	psot.org						H(c) Gro	oup exempti	on numb	er
			n: X Cor		rust Assoc		her				ation: 198		State of legal domicile: TX
_									LICO				State of legal dofficile. 121
	Part I		mmary		n'a mission a	r moot oigni	ificant activit				CONCERN		NI DEGENDOU
ė	1	-		-	on's mission o	-		-				VAILLC	N, RESEARCH
Governance					ATIVE PLA			BIIAI	5 0	F IEA	AS		
ŝ					JTREACH A								
Š	2	Check t											ts net assets.
ഷ്	3				the governing							3	48
ŝ	4				members of							4	48
,iti	5				ployed in cal	•	•		·			5	5
Activities &	6				timate if nece	• •						6	4654
∢	7a									7a	403.		
	b	Net unre	elated bus	iness taxable	e income from	1 Form 990-	I, Part I, line	911			Prior Year	7b	Current Year
	8	Contribu	utions and	grante (Part	VIII line 1b)								
Revenue	9									9959 3885			
ver	10				column (A), lir						20	3010	. 404093. . 8256.
Re	11				nn (A), lines 5		•					3010	. 0250.
	12				gh 11 (must eq						60	6854	. 748453
	13				aid (Part IX, co							9972	
	14				s (Part IX, co							<i>, , , , , , , , , , , , , , , , , , , </i>	
s			•		ployee benefit		,				17	1626	. 191857.
Ise	16a			•	Part IX, colun	•	. ,	,					
Expenses	b				art IX, column								
щ	17		-	•	nn (A), lines 1						27	9434	. 398370.
	18	Total ex	kpenses. A	dd lines 13-	17 (must equ	al Part IX, c	olumn (A), li	ne 25) .			48	1032	. 642506.
	19				ract line 18 fro						12	5822	
Net Assets or Fund Balances										Beginn	ing of Curr	ent Year	End of Year
sets	20										91	0552	. 1048687.
et As	21		•									3006	. 14222.
ž	22				Subtract line 2	1 from line	20				90	7546	. 1034465
	art II		gnature E										
					ined this return, in	0				,			0
and	bellel, it i		eot, and com	piete. Deciaratio	on of preparer (oth	iei uian onicer)	I IS DASED ON All	mormatio	NIOLW	men prep	1	/ 0 9 / 2	0
Sig	gn	Sign	ature of office										041
Не	re	° °						-		יז די די די די די די	Date שחדת ד		
			MEGAN					1	요조범(JUITA	E DIRE	CIUK	
			t/Type prepa			Preparer's sig	anature			Date	e		PTIN
Ра	id						,			Jan	-	Check	if
	eparer	. JAC	CK D SC	HULZE EA						09/	09/2024	self-err	ployed P01247791
	e Only		n's name	SCHULZE	AND ASSO	CIATES I	NC				Firm's EIN	04-	3765452
55	5 5113		n's address	1308 RII	DGEMONT DI	RIVE AUS	rin –	Г	гх 7	8723	Phone no.	512	-371-1040

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

. .

.

.

	990 (2023) NATIVE PLANT SOCIETY OF TEXAS	74-2697896	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	THE MICCION OF THE NATIVE DIANT COSTETY OF TEXAS IS DOMOTE		
	CONSERVATION, RESEARCH AND UTILIZATION OF NATIVE PLANTS AND PLANT		
	ILADITATE OF TEVAS TIDOUSI EDUSATION OFTERALI AND EVANDLE		
	INDITATS OF TEARS THROUGH EDUCATION, OUTREACH AND EARNELE.		
	Did the experimetion undertake any cignificant measure convices during the year which were not listed		
2	Did the organization undertake any significant program services during the year which were not listed		
	the prior Form 990 or 990-EZ?	· · · Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured b	y
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants a		
	the total expenses, and revenue, if any, for each program service reported.		- ,
4a	(Code:) (Expenses \$237765. including grants of \$) (Reve	onuo ¢ 20720	<u>, o (</u>
4d	Education - Programs conducted across the State of Texas		
	performed by the Societys State Office and local chapters. Education	ıa⊥	
	programs include, but are not limited to, monthly chapter		
	presentations, our Native Landscape Certification Program, education	ıal	
	workshops, annual Spring and Fall Symposia, Research Grants, and		
	Student Scholarships. Topics include wildscape presentations,		
	scientific papers, field trips, and interactive workshops.		
		• • • • • • • • • • • • • • • • • • • •	
4b		enue \$ 41	<u> </u>
	Outreach - Programs performed by the State Office and local chapters	3	
	include outreach to members and the public. Natives Improve and		
	Conserve the Environment NICE program working with local nurseries t	:0	
	make native plants more available in the nursery trade. Society		
	Publications to spread awareness of native plants, and Conservation		
	Partner Support.		
4-		_	
4c		enue \$ _ 28029	,5.)
	Example - Programs such as Bring Back the Monarchs to Texas garden		
	grants, Chapter Demonstration Gardens, Native Plant Rescues,		
	maintaining Monarch Waystations at I-35 Safety Rest areas, and sales	3	
	native plants in landscaping, which benefits the land in many ways,		
	including water conservation.		
			<u> </u>
4d	Other program services (Describe on Schedule O.)	,	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses475747.		
		•	~~

Form 990 (2023) NATIVE PLANT SOCIETY OF TEXAS

Part	V Checklist of Required Schedules			
		, 	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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
F	- · ·	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	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			
•	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.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		21
10		40	77	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Х	
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
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	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	21
		TIE	А	
I	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
40		15		л
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		
	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			
	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?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
~ '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		4 1	L	

Form **990** (2023)

Form 990 (2023)
Part IV

			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			
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) , 501(c)(4) , and 501(c)(29) organizations . 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		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			
~~	persons? If "Yes," complete Schedule L, Part III	27	_	Х
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? If			
	"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 noncash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
24	conservation contributions? If "Yes," complete Schedule M	30		X X
31	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		A
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		21
00	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
35a	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		T	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? 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	~-		37
	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? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	55		1
	Check if Schedule O contains a response or note to any line in this Part V		. Ī	
		-	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	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	
			000	

	90 (2023) NATIVE PLANT SOCIETY OF TEXAS	74-269	789	δP	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	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 . 2a	5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	If "Yes," has it filed a Form 990-T for this year? If "No" 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 a	-						
	a financial account in a foreign country (such as a bank account, securities account, or other financial	account)? .	4a		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 Account							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		Х			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0					
b	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	is or	Ch					
7	Organizations that may receive deductible contributions under section 170(c).		6b					
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oode						
a	and services provided to the payor?		7a		х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		A			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		10					
Ŭ	required to file Form 8282?		7c					
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	s required? .	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a F	orm 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the						
	sponsoring organization have excess business holdings at any time during the year?		8		Х			
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х			
10	Section 501(c)(7) organizations. Enter:							
a	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 10b							
11	Section 501(c)(12) organizations. Enter:							
a ⊾	Gross income from members or shareholders							
b	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	10/12	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	10411.	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
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?		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	ation or						
	excess parachute payment(s) during the year?		15		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 i	ncome?	16		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 ac	tivities						
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		х			
	If "Yes," complete Form 6069.							
					_			

Form	990	(202	:3)
Pa	rt \	/	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

Sect	ion A. Governing Body and Management				
_		1.1		Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	48		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.		4.0		
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation				
	any other officer, director, trustee, or key employee?		2	_	X
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 othe				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v				-
5	Did the organization become aware during the year of a significant diversion of the organization				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?		. 78	a 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?		. 71) X	_
8	Did the organization contemporaneously document the meetings held or written actions underta	aken during			
	the year by the following:				
a	The governing body?		. 8		
b	Each committee with authority to act on behalf of the governing body?		8) X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot b				
0 1	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule				Х
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Reve	nue Coa	<i>)</i> Ye	s No
100	Did the organization have local chapters, branches, or affiliates?		. 10		
	If "Yes," did the organization have written policies and procedures governing the activities of suc		. 10	a A	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt		. 10	b X	
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		· – – – – – – – – – – – – – – – – – – –	a _ ^	
12a			. 12	a x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi				Х
c	Did the organization regularly and consistently monitor and enforce compliance with the policy?		12		21
Ŭ	describe on Schedule O how this was done		. 12	c	х
13	Did the organization have a written whistleblower policy?				
14	Did the organization have a written document retention and destruction policy?				
15	Did the process for determining compensation of the following persons include a review and ap				
	independent persons, comparability data, and contemporaneous substantiation of the deliberati		1?		
а	The organization's CEO, Executive Director, or top management official.			a x	
b	Other officers or key employees of the organization				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	angement			
	with a taxable entity during the year?	•	16	a	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				
	the organization's exempt status with respect to such arrangements?		. 16	b	
Sect	ion C. Disclosure		•		<u> </u>
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), §	990, and 990-T	(section 5	01(c)	
	(3)s only) available for public inspection. Indicate how you made these available. Check all that			-	
	X Own website Another's website Upon request Other (e.	xplain on Scheo	dule O)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documer	nts, conflict of in	terest poli	су,	
	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				
	SARA TORRES	512-983	3-1738		
	290 SARAH CANYON LAKE TX 78133				

Form 990 (2023)	NATIVE PLANT SOCIETY OF TEXAS	74-2697896 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ed
	Employees, and Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	;

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) 요 코 코 오 조 또 표 고					i an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
(list any hours for related organizations below dotted line)	lividual trustee director	stitutional trustee	ficer	₃y employee	yhest compensated nployee	rmer	organization (w-2/ 1099-MISC/ 1099-NEC)	0099-MISC/ 1099-NISC/ 1099-NEC)	from the organization and related organizations
3	x		х				0	0	0
10	х		х				0	0	0
1	х		х				0	0	0
3	х		х				0	0	0
2	x		Х				0	0	0
15	x		Х				0	0	0
3	x		х				0	0	0
5	x		х				0	0	0
3	х		х				0	0	0
55	х		х				67700.	0	0
3	x		х				0	0	0
3	х		х				0	0	0
3	х		х				0	0	0
3	x		х				0	0	0
	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) box, unles officer and officer and o	(B) Average hours per week (list any hours for related organizations below dotted line) or noividual true for the second se	(B) Position Average hours or direct per week (list any hours for related organizations below dotted line) or direct a x x a x x a x x a x x a x x a x x a x x a x x a x x a x x a x x a x x a x x below x x a x x b x x a x x a x x a x x b x x b x x control x x a x x b x x cont x x <tr< td=""><td>(B) Average hours Position (do not check more than a director/trust) both officer and a director/trust of a director/trust of a director/trust) officer and a director/trust of a director a dir</td><td>$(B) \\ Average hours per week (list any hours for related organizations below dotted line) (c) and (c$</td><td>(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) of divisit ution of divisit</td><td>(B) Average hours per week (list any hours for related organizations below Position (do not check more than one officer and a director/trustee) officer and a director/trustee) officer and a director/trustee) office and a director/trustee) office and a director/trustee) office and a director/trustee) organizations below (D) Reportable organization (W-2/ 1099-MISC/ 1099-MISC/ 1099-NEC) (E) Reportable organization (W-2/ 1099-MISC/ 1099-NEC) </td></tr<>	(B) Average hours Position (do not check more than a director/trust) both officer and a director/trust of a director/trust of a director/trust) officer and a director/trust of a director a dir	$(B) \\ Average hours per week (list any hours for related organizations below dotted line) (c) and (c$	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) of divisit ution of divisit	(B) Average hours per week (list any hours for related organizations below Position (do not check more than one officer and a director/trustee) officer and a director/trustee) officer and a director/trustee) office and a director/trustee) office and a director/trustee) office and a director/trustee) organizations below (D) Reportable organization (W-2/ 1099-MISC/ 1099-MISC/ 1099-NEC) (E) Reportable organization (W-2/ 1099-MISC/ 1099-NEC)

Pa	art VII Section A. Officers, Directors, Tr	ustees, Key Ei	nplo	yee			Highe	est	Compensated	Employees (co	ontinued,)	
	(A) Name and title	(B) Average hours	(C) Position (do not check more than box, unless person is bo officer and a director/trus					n an tee)	n Reportable compensation	(E) Reportable compensation	Estimate of c	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)	compe fron organiza related org	n the ation a	and
·	NEAL HINDERS PTER PRES	3	x		х								
	CLAIRE SORENSO	40											
	PTER PRES		x		х								
	JACKIE OKEEFE	3											
	PTER PRES		х		х								
(18)	SHARON ODEGAR	3											
CHAI	PTER PRES		х		Х								
(19)	HELEN LANE	3											
	PTER PRES		Х		Х								
(20)	KAREN LITTLE	3											
CHAI	PTER PRES		Х		Х								
<u>(21)</u>	FELICIA ZEITMA	3											
	PTER PRES		Х		Х								
	PAMELA BRANSFO PTER PRES	3	х		х								
(23)	BELINDA MCLAUG	3											
	PTER PRES		Х		Х								
<u>(24)</u>	ROBIN BLACKWOO	3											
	PTER PRES		Х		Х								
(25)			-										
1b	Subtotal								67700.				
c	Total from continuation sheets to Part VII,												
d	Total (add lines 1b and 1c)								67700.				
2	Total number of individuals (including but not l								ed more than \$1	00.000 of	1		
	reportable compensation from the organization	า			,					·			
											Y	es	No
3	Did the organization list any former officer, dir												
	employee on line 1a? If "Yes," complete Sche	dule J for such	indivi	dua	Ι.			•			3		Х
4	For any individual listed on line 1a, is the sum												
	the organization and related organizations gre individual	ater triali \$150,1	500?	"	res	s, C(omple	eie	Schedule J IOF S	SUCH	4		Х
_			•••	•	• •	• •	•••	÷	· · · · · · · ·		4		Λ
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	•			-				•		5		Х
Sec	ion B. Independent Contractors												
1	Complete this table for your five highest comp compensation from the organization. Report c										n's tax ve	ear.	
	(A)					. , .			(B)		(C)		
	Name and business add	Iress							Description of ser	rvices	Compensa	tion	

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

Check if Schedule O contains a response or note to any line in this Part VIII. (B) (C) (A) (D) Unrelated Total revenue Related or exempt Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 1a 1a Contributions, Gifts, Grants and Other Similar Amounts b Membership dues 1b 185037. **c** Fundraising events 1c **d** Related organizations 1d е Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above . . 1f 151067. Noncash contributions included in a \$ 1g 336104. h Total. Add lines 1a–1f **Business Code Program Service** 2a NATIVE PLANT SALES 453000 262269. 262269. LANDSCAPE CERT PROG 611600 62153. 62153 b *sevenue* c SYMPOSIA 900099 60998. 60998 d CHAPTER EDUCATION 900099 18673. 18673. е f All other program service revenue g 404093. Investment income (including dividends, interest, and 3 7853. 7853 4 Income from investment of tax-exempt bond proceeds . . . 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses . 6b c Rental income or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory . . 403. 7a Other Revenue **b** Less: cost or other basis and sales expenses . . 7b **c** Gain or (loss) 7c 403. d Net gain or (loss) 403. 403. 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities. See Part IV, line 19. 9a **b** Less: direct expenses 9b **c** Net income or (loss) from gaming activities . **10a** Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory . **Business Code** iscellaneous 11a Revenue b All other revenue d Ξ Total. Add lines 11a-11d. е Total revenue. See instructions. 748453 411946. 403. 12

Form 990 (2023)

NATIVE PLANT SOCIETY OF TEXAS Part VIII

,				
	Statement	of	Reven	ue

Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	25549.	25549.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	26730.	26730.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68939.	12353.	56586.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	109284.		109284.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .				
9	Other employee benefits				
10		13634.	4510.	9124.	
11	Fees for services (nonemployees):	100011	1010.		
a	Management.				
b					
c		862.		862.	· · · · · · · · · · · · · · · · · · ·
d				002.	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A), amount, list line 11g expenses on Schedule O.).	11522.		11522.	
12	Advertising and promotion		17070	11522.	2452
		20330.	17878.	F 2 2	2452.
13	Office expenses	6476.	2825.	533. 11709.	3118.
14	Information technology	21208.	8490.	11709.	1009.
15		4024	1000	2004	
16		4834.	1060.	3774.	
17		4976.	3614.	1362.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	110000.	109518.	1964.	-1482.
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2218.		2218.	
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.)				
а	PAYROLL PROCESSING FEE	901.		901.	
b	PRINTING AND PUBLICATION	28945.	28945.		
C	PLANTS AND SUPPLIES	118521.	118521.		
d	SPECIAL EVENT EXPENSES	4587.	4587.		
е	All other expenses	62990.	51778.	917.	10295.
25	Total functional expenses. Add lines 1 through 24e.	642506.	416358.	210756.	15392.
26	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 if				
_	following SOP 98-2 (ASC 958-720)				
		•			Form 990 (2023)

Form	990) (20)23)
Pa	rt	Χ	

Part X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part >	(🗖
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	492163.	1	535555
2	Savings and temporary cash investments	153928.	2	229172
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	90.	4	112
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
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)		6	
5 7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	6024
10a	Land, buildings, and equipment: cost or			
	other basis. Complete Part VI of Schedule D 10a 5443.			
b	Less: accumulated depreciation 10b 5443.		10c	
11	Investments—publicly traded securities	264371.	11	277824
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. Add lines 1 through 15 (must equal line 33)	910552.	16	1048687
17	Accounts payable and accrued expenses		17	9697
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	
3 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	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, and other liabilities not included on lines 17–24). Complete	2006	05	4505
20	Part X of Schedule D.	<u> </u>	25	4525
26	Total liabilities. Add lines 17 through 25	3006.	26	14222
	Organizations that follow FASB ASC 958, check here X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	560049.	27	779258
28	Net assets with donor restrictions	347497.	28	255207
5	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		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
27 28 29 30 31 32 33	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	907546.	32	1034465
33	Total liabilities and net assets/fund balances	910552.	33	1048687

Form **990** (2023)

Form 990 (2023) NATIVE PLANT SOCIETY OF TEXAS

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		748	453.
2	Total expenses (must equal Part IX, column (A), line 25)		642	506.
3	Revenue less expenses. Subtract line 2 from line 1		105	947.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		907	546.
5	Net unrealized gains (losses) on investments		37	453.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		-2	259.
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	1	048	687.
Part				
	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: Cash X 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		Х
	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
Ň	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	20		
	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			
0-	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			37
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<u>3a</u>		X
D	τα τρες από τρα οποριτγρισή πραστάς της τεαπητές οποίτες τη τρα απορισρητική από ποτ Πραστάς τρα	1	1	1

Form **990** (2023)

SCHEDULE	Α
(Form 990)	

(D)

(E)

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2023 **Open to Public**

OMB No. 1545-0047

Internal Revenue Service					
Name of the organization					
NATIVE	PLANT	ŝ			

	nt of the Treasury evenue Service	Got		n to Form 990 or Form 9 1990 for instructions a		est inform		Open to Public Inspection
	the organization	001	o www.ii 3.gov/i oini			.30 11101111	Employer identification	-
	-	SOCIETY O	F TEXAS				74-2697896	
Part I				ganizations must co	mplete t			
				For lines 1 through 12				
1	A church, conv	ention of church	nes, or association	of churches described	in section	on 170(b)	(1)(A)(i).	
2	A school descr	ibed in section	170(b)(1)(A)(ii). (A	Attach Schedule E (For	m 990).)			
3	A hospital or a	cooperative hos	spital service organ	ization described in s	ection 17	'0(b)(1)(A)(iii).	
4	-	arch organization organization or a city, and state		unction with a hospital				. Enter the
5	An organization	-	ne benefit of a colle	ge or university owned				escribed in
6	A federal, state	, or local gover	nment or governme	ental unit described in	section 1	170(b)(1)(A)(v).	
7			receives a substant)(A)(vi). (Complete	ial part of its support f Part II.)	rom a gov	vernmenta	al unit or from the ge	eneral public
8	A community ti	ust described ir	section 170(b)(1))(A)(vi). (Complete Pa	rt II.)			
9				n section 170(b)(1)(A) Iture (see instructions)				
10 X	An organization receipts from a support from g	ctivities related ross investment	to its exempt functi income and unrela	nan 33 1/3% of its sup ions, subject to certain ated business taxable See section 509(a)(2	exception	ns; and (2 ess sectio	e) no more than 33 1 n 511 tax) from bus	/3% of its
11	7	-		ely to test for public sa			-	
12	An organization	n organized and	l operated exclusive d organizations des	ely for the benefit of, to cribed in section 509 cribes the type of supp	perform (a)(1) or s	the functi section 5	ons of, or to carry o 09(a)(2). See section	on 509(a)(3).
а	the supporte	d organization(pervised, or controlled ularly appoint or elect ctions A and B.				
b	control or m	anagement of th	ne supporting organ	or controlled in connec nization vested in the s Sections A and C.				
С				organization operated				tegrated with,
d	Type III nor	-functionally i	ntegrated. A suppo	orting organization operation generally must satisfy the second sec	rated in c	connectior	n with its supported	
	requirement	(see instruction	ns). You must com	plete Part IV, Sectio	ns Á and	D, and P	art V.	
е				ritten determination fro ally integrated suppor			s a Type I, Type II, T	ype III
f								
g	Provide the follo	owing information	on about the suppor	rted organization(s).				
(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)								

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.)

	tion A. Public Support					T		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2	2023	(f) Total
1	Gifts, grants, contributions, and membership fees							
_	received. (Do not include any "unusual grants.")	188511.	203150.	403575.	319959.	336	104.	1451299.
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	251163.	95372.	216387.	283885.	404	093.	1250900.
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	Total. Add lines 1 through 5	439674.	298522.	619962.	603844.	740	197.	2702199.
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.)							2702199.
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2	2023	(f) Total
9	Amounts from line 6	439674.	298522.	619962.	603844.	740	197.	2702199.
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources	1526.	321.	17484.	3010.	8	256.	30597.
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b	1526.	321.	17484.	3010.	8	256.	30597.
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							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	441200.	298843.	637446.	606854.	748	453.	2732796.
14	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth	, or fifth tax year a	is a section 501(c)(3)		
	organization, check this box and stop here .							🗌
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2023 (line 8, c	olumn (f), divided b	y line 13, column	(f))		15		98.88%
16	Public support percentage from 2022 Schedu					16		99.07%
Sec	ction D. Computation of Investmen							
17	Investment income percentage for 2023 (lin			, column (f))		17		1.12%
18	Investment income percentage from 2022 Se		-			18		0.93%
19a	33 1/3% support tests-2023. If the organiz	ation did not check	the box on line 14	4, and line 15 is mo	ore than 33 1/3%, a	and line 1	7 is	
	not more than 33 1/3%, check this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization			Х
b	33 1/3% support tests—2022. If the organiz							·
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a pub	licly supported org	anization		· · · · ·
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	nd see instructions	3		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF. Go to <i>www.irs.gov/Form990</i> for the latest information.					
Name of the organization		Employer identi	fication number			
NATIVE PLANT	SOCIETY OF TEXAS	74-269789	б			
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organi	zation				
	4947(a)(1) nonexempt charitable trust	not treated as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

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

General Rule

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

Special Rules

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. BCA

Schedule B (F	Form 990) (2023)		Page 2
Name of org NATIVE	anization PLANT SOCIETY OF TEXAS		mployer identification number 24-2697896
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID KNOWLES 831 OLNEY OAKS DRIVE HOUSTON TX 77079- Foreign State or Province: Foreign Country:	\$15,463	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARRY_KIRK 3736 ARNOLD_DRIVE HOUSTONTX_77005- Foreign State or Province: Foreign Country:	\$50,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LINDA KNOWLES 831 OLNEY OAK DRIVE HOUSTON TX 77079- Foreign State or Province: Foreign Country:	\$10,227.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	YOUR CAUSE LLC TRUSTEE FOR 6111 W PLANO PARKWAY SUITE 100 PLANO TX 75093- Foreign State or Province: Foreign Country:	\$10,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

	EDULE D m 990)	Supplemental Financial Statements	OMB No. 1545-0047
(1 011		Complete if the organization answered "Yes" on Form 990,	2023
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public
	Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name	of the organization	Employer identifi	cation number
		SOCIETY OF TEXAS 74-26978	
Part		ions Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	Complete i	if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Fun	do and other accounts
1	Total number at (end of year	ids and other accounts
2		contributions to (during year).	
3		grants from (during year).	
4		at end of year	
5	-	tion inform all donors and donor advisors in writing that the assets held in donor advise	
-		ganization's property, subject to the organization's exclusive legal control?	
6	-	tion inform all grantees, donors, and donor advisors in writing that grant funds can be ι	
		le purposes and not for the benefit of the donor or donor advisor, or for any other purpo missible private benefit?	
Part		tion Easements.	
I all		if the organization answered "Yes" on Form 990, Part IV, line 7.	
1		inservation easements held by the organization (check all that apply).	
		of land for public use (for example, recreation or education) 🔲 Preservation of a historical	ly important land area
	Protection of	f natural habitat Preservation of a certified I	nistoric structure
	=	n of open space	
2		a through 2d if the organization held a qualified conservation contribution in the form o	f a conservation
			Held at the End of the Tax Year
а	Total number of	conservation easements	
b	-	stricted by conservation easements	
C		ervation easements on a certified historic structure included on line 2a 2c	
d		ervation easements included on line 2c acquired after July 25, 2006, and structure listed in the National Register	
3		ervation easements modified, transferred, released, extinguished, or terminated by the	organization during
	the tax year	,	3
4	Number of states	s where property subject to conservation easement is located	
5		zation have a written policy regarding the periodic monitoring, inspection, handling of	
		nforcement of the conservation easements it holds?	
6	Staff and volunteer	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation ease	nents during the year
7		es incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement	s during the year
•	Amount of expense		s during the year
8	Does each conse	ervation easement reported on line 2d above satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170((h)(4)(B)(ii)?	. Yes No
9		ribe how the organization reports conservation easements in its revenue and expense	
		nd include, if applicable, the text of the footnote to the organization's financial statemer	nts that describes the
Dorf		counting for conservation easements.	r Accoto
Fall		ions Maintaining Collections of Art, Historical Treasures, or Other Simila if the organization answered "Yes" on Form 990, Part IV, line 8.	A55615.
1a		on elected, as permitted under FASB ASC 958, not to report in its revenue statement ar	nd balance sheet
	-	orical treasures, or other similar assets held for public exhibition, education, or researc	
		rovide in Part XIII the text of the footnote to its financial statements that describes these	
b		on elected, as permitted under FASB ASC 958, to report in its revenue statement and b	
		treasures, or other similar assets held for public exhibition, education, or research in fur	therance of public
		the following amounts relating to these items.	¢
		uded on Form 990, Part VIII, line 1......................... ed in Form 990, Part X.............................	\$ s
2		on received or held works of art, historical treasures, or other similar assets for financial	gain. provide the
_	-	ts required to be reported under FASB ASC 958 relating to these items.	
	Revenue include	ed on Form 990, Part VIII, line 1	\$
		in Form 990, Part X	\$
For Pa BCA	aperwork Reductio	on Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023

Sched	ule D (Form 990) 2023 NATIVE PLAN	T SOCIETY	OF TE	XAS			74-	-2697	<u>7896</u>	Page 2
Part	III Organizations Maintaining C	ollections of A	rt, Histo	rical Trea	asures, or C	Other	Similar Assets	(contil	nued)	
3	Using the organization's acquisition, a	ccession, and oth	er records	, check ar	ny of the follow	wing th	nat make significa	nt use o	of its	
	collection items (check all that apply).			-						
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
с	Preservation for future generation	S								
4	Provide a description of the organization		nd explain	how they	further the or	ganiza	ation's exempt pur	pose in) Part	
	XIII.		•	,		0				
5	During the year, did the organization s	olicit or receive de	onations o	f art, histo	rical treasure	s, or o	other similar			
	assets to be sold to raise funds rather							Y	es	No
Part	IV Escrow and Custodial Arran	aements.								
	Complete if the organization a		on Form s	990, Part	IV, line 9, o	r repo	orted an amount	on Fo	rm	
	990, Part X, line 21.			,	, , -					
1a	Is the organization an agent, trustee, o	ustodian, or othe	r intermed	iary for co	ntributions or	other	assets not			
	included on Form 990, Part X?			-				Y	es	No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the foll	lowing tab	le.					=
							A	mount		
С	Beginning balance					10	c			
d	Additions during the year					10	d			
е	Distributions during the year					10				
f	Ending balance					1	f			
2a	Did the organization include an amour	nt on Form 990, P	art X, line	21, for es	crow or custo	dial ac	count liability?	Y	es X	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the ex	planation	has been pro	vided	in Part XIII			
Part	V Endowment Funds.									
	Complete if the organization a	nswered "Yes" o	on Form 9	990, Part	IV, line 10.					
		(a) Current year		ior year	(c) Two years	back	(d) Three years back	(e) Fo	our years	s back
1a	Beginning of year balance	212,455.	164,	994.						
b	Contributions	51,000.	50,	600.	150,050	Ο.				
С	Net investment earnings, gains,									
	and losses	60,988.	2,	216.	17,444					
d	Grants or scholarships	7,500.	5,	000.	2,500	Ο.				
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	216 042		355.	164 00	4				
g	End of year balance	316,943.	212,		164,994					
2	Provide the estimated percentage of the			e (line 1g, o	column (a)) he	eld as	:			
a ⊾	Board designated or quasi-endowmen Permanent endowment 100	t 0.00	<u> % </u>							
b	Term endowment 0.00	• 0 0 %								
С	The percentages on lines 2a, 2b, and		00%							
3a	Are there endowment funds not in the			tion that a	re held and a	dminis	tered for the			
u	organization by:		organiza	lion that a					Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)	<u> </u>	Х
b	If "Yes" on line 3a(ii), are the related o							3b		
4	Describe in Part XIII the intended uses									
Part										
	Complete if the organization a		on Form 9	<u>990, P</u> art	<u>IV, line</u> 11a	<u>. Se</u> e	Form 990, Part	<u>X, li</u> ne	<u>10</u> .	
	Description of property	(a) Cost or o			or other basis		Accumulated		ook valu	le
		(invest		• •	other)	. ,	depreciation	. /		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other									

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

(a) Description of security or category (including name of security)	ed "Yes" on Form 990, (b) Book value	Part IV, line 11b. See Form 990, Part X, lin (c) Method of valuation:	ne 12.
	(b) Pook voluo	(c) Method of valuation:	
(moluting name of security)	(b) BOOK value	Cost or end-of-year market value	
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
<u>(A)</u>			
<u>(B)</u>			
(<u>C</u>)			
(D)			
(E)			
(F)			
(<u>G)</u> (H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments—Program Related.			
	d "Yes" on Form 990	Part IV, line 11c. See Form 990, Part X, lin	ne 13
		(c) Method of valuation:	
(a) Description of investment	(b) Book value	Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets.			
		Part IV, line 11d. See Form 990, Part X, lin	
	escription	(b) Book va	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line	15. col. (B))		
Part X Other Liabilities.			
	d "Yes" on Form 990	Part IV, line 11e or 11f. See Form 990, Par	rt X
line 25.			,
	cription of liability	(b) Book va	alue
(1) Federal income taxes			
(2) CHASE CREDIT CARD		3,	,811.
(3) ACCRUED PAYROLL			,823.
(4) ACCRUED EXPENSES			,874.
(5) SALES TAX PAYABLE			714.
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, line	25, col. (B))		,222.

Schedule D (Form 990) 2023

SCHEDULE I			d Other Assist				OMB No. 1545-0047
(Form 990)			Its, and Individ ganization answered "Y				2023
		Complete if the or	Attach to F		IV, line 21 of 22.		Open to Public
Department of the Treasury Internal Revenue Service		Go to	www.irs.gov/Form990		tion		Inspection
Name of the organization						Employer identif	
NATIVE PLANT SOCI	ETY OF TEXA	AS				74-269789	96
Part I General Informa	ation on Grants	and Assistance					
 Does the organization mathematication criteria user Describe in Part IV the organization 	d to award the grar	nts or assistance?.					X Yes No
		-			ts. Complete if the or cated if additional spa	0	d "Yes" on Form
1 (a) Name and address of organization or government	n (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 sec3 Enter total number of oth							

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

BCA

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) 25,255. 42 **1** GARDEN GRANTS 7,500. 2 GRAD STUDENT RESEARCH GRANTS 3 4 10,000. 3 UNDERGRAD SCHOLARSHIP 12 9,524. 4 CHAPTER GRANTS 5 6 7 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV SCHOLARSHIP MONEY IS SENT DIRECTLY TO THE UNIVERSITY TO BE APPLIED TOWARDS A STUDENT'S TUITION ACCOUNT. GRADUATE LEVEL GRANTS ARE ADMINISTERED THROUGH THE UNIVERSITY THEY ARE AWARDED TO.GARDEN GRANTS REQUIRE A FOLLOW UP REPORT WITH RECEIPTS TO VERIFY THE FUNDS WERE SPENT PROPERLY.

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific question 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.	ns on	OMB No. 1545-0047 2023 Open to Public Inspection
Name of the organization	SOCIETY OF TEXAS	Employer identif $74 - 269789$	
FORM 990 PAR	T VI LINE 7a HOW MEMBERS OR SHAREHOLDERS	ELECT	
GOVERNING BO	DY		
THE GENERAL	MEMBERS ELECT ALL MEMBERS OF THE GOVERNIN	IG BODY.	
FORM 990 PAR	T VI LINE 11b FORM 990 REVIEW PROCESS		
THE FORM 990	IS REVIEWED BY THE STATE LEVEL ACCOUNTAN	IT AND	
EXECUTIVE DI	RECTOR, THEN BY THE GOVERNING BODY IN THE	NEXT	
QUARTERLY ME	ETINGS.		
FORM 990 PAR	T VI LINE 19 OTHER ORGANIZATION DOCUMENTS	5	
GOVERNING DO	CUMENTS ARE AVAILABLE ON THE PUBLIC WEBPA	GE,	
DOCUMENTS AV.	AILABLE UPON REQUEST ARE CONFLICT OF INTE	REST	
POLICY AND F	INANCIAL STATEMENTS		
FORM 990 PAR	T XI LINE 9 OTHER CHANGES IN NET ASSETS O	R FUND	
BALANCES			
ROUNDING TO	BALANCE		
	T VI LINES 6 8a 8b		
THE ORGANIZA	TION HAS MEMBERS AND WE WRITE MINUTES TO		
	EXECUTIVE BOARD, STATE BOARD AND STATE		
COMMITTEE ME	ETINGS		
	T VI LINE 10B THE ORGANIZATION HAS BYLAWS		
	ES, OTHER POLICIES AND PROCEDURES AND THE		
CHAPTER HAND.	BOOK THAT GOVERN THE ACTIVITIES OF THE CH	APTERS	

Schedule O (Form 990) 2023	Page 2
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 C	ONFLICT
OF INTEREST STATEMENT IN OUR STATE BOARD LEADERSHIP	
AGREEMENT SIGNED BY STATE BOARD MEMBERS, STATE COMMI	TTEE
CHAIRS AND STAFF.	
FORM 990 PART VI LINE 15a	
THE PROCESS OF DETERMINING COMPENSATION FOR THE EXEC	UTIVE
DIRECTOR INCLUDES AN ANNUAL COMPARISON OF NON PROFIT	' TEXAS
ORGANIZATIONS COMPILED DATA AVAILABLE THROUGH ORGANI	ZATIONS
SUCH AS TALENT.COM THE ANNUAL COST OF LIVING ADJ CON	ISIDERED
PART IX LINE E OTHER EXPENSES PROGRAM SERVICE	
POSTAGE 17082 BROCHURES 4847 PRINTING 5075 DONATIONS	44293
SPONSORSHIP 750 CREDIT CARD FEES 8245 DUES AND SUBS	48
BANK CHARGES 343	
PART IX LINE E OTHER EXPENSES MANAGEMENT AND GENERAL	
PRINTING 433 LICENSES 220 BANK CHARGES 264	
PART IX LINE E OTHER EXPENSES FUNDRAISING	
PRINTING 1508 CREDIT CARD FEES 8787	
PART VI LINE 4	
BYLAWS WERE REVISED AND APPROVED BY THE MEMBERSHIP	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
NATIVE PLANT SOCIETY OF TEXAS	74-2697896
PART VI LINE 7b	
BYLAW REVISIONS ARE APPROVED BY MEMBERSHIP.	

ID: 74-2697896

Description: SYMPOSIA

Туре	Amount 47,880. 13,118.
FALL SYMPOSIUM	47,880.
SPRING SYMPOSIUM	13,118.
	· ·
	60.000
Total	60,998.
igodot 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1

2023

Name: NATIVE PLANT SOCIETY OF TEXAS

ID: 74-2697896

Τ

Description: CHAPTER OUTREACH

Туре	Amount
CHAPTER EDUCATION	2,730.
CHAPTER NLCP	(155.
CHAPTER WORKSHOPS	16,033.
CHAPTER OUTREACH	75.
MILLER GONZALES RESEARCH	(10.
	10.550
Total	

ID: 74-2697896

Description: OTHER EXPENSES FUNDRAISING

Туре	Amount 1,508. 8,787.
PRINTING	1,508.
CREDIT CARD FEES	8,787.
	· · · · · · · · · · · · · · · · · · ·
	10 005
Total	10,295.
© 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1

ID: 74-2697896

Τ

Description: OTHER EXPENSES ADMIN

Туре	Amount
RINTING	433
ICENSES	220
ANK CHARGES	264
Total	917

ID: 74-2697896

Description: OTHER EXPENSES PROGRAMS

Туре	Amount
NEWSLETTER PRINTING AND POSTAGE	17,082.
BROCHURES	4,847.
PRINTING	7,016.
LESS PRINTING ADMIN	(433.)
LESS PRINTING FUNDRAISING	(1,508.)
DONATIONS	44,293.
SPONSORSHIP	750.
CREDIT CARD FEES	17,072.
LESS CREDIT CARD FEES FUNDRAISING	(8,787.)
DUES AND SUBS	48.
BANK CHARGES	343.
LESS PRINTING AND PUBLICATIONS	(28,945.)
	<u> </u>
	<u> </u>
	ļ
	ļ
Total	51,778.
	•
© 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1

ID: 74-2697896

Τ

Description: CASH NON INTEREST BEARING

Туре	Amount
HAPTER	Amount 347,397 185,465
TATE CHECKING	185,465
NDEPOSITED FUNDS	2,693

 $\ensuremath{\mathbb{C}}$ 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.

ID: 74-2697896

Description: INVESTMENTS

Type Annount 02TAL 491,178. LESS UNREALIZED GAIN (213,354.)	Туре	Amount
LESS UNREALIZED GAIN (213,354. (213,354.	TOTAL	491,178.
	LESS UNREALIZED GAIN	
Image: state s		(213,354.
тон		
тота!		
тона		
тон		
тота!		
тота!		
тота!		
Total.		
Total		
Total		
Total.		
Total		
Тота!		
Total		
Total		
	Total	277,824.

ID: 74-2697896

Description: WITHOUT DONOR RESTRICTIONS

Туре	Amount
WITHOUT DONOR RESTRICTIONS	618,235.
RETAINED EARNINGS	(1,534.) 162,557.
NET REVENUE	162,557.
UNREALIZED GAIN	
Total	779,258.
© 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1

ID: 74-2697896

Description: INVESTMENT INCOME

Туре	Amount
INTEREST	Amount 7,853.
UNREALIZED GAIN	
Total	7,853.
igodot 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1

ID: 74-2697896

Τ

Description: NATIVE PLANT SALES

Туре	Amount 262,269.
NATIVE PLANTS SALES	262,269.
NATIVE PLANTS SALES ROUNDING	
Total	

 ${f \mathbb{C}}$ 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.

ID: 74-2697896

Description: MEMBERSHIP AND FUNDRAISING

Туре	Amount 188,620. (3,583.)
MEMBERSHIP	188,620.
LESS COST OF GOODS SOLD	(3,583.)
Tatal	185,037.
Total	
igodot 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.	USWDET\$1

 $\ensuremath{\mathbb{C}}$ 2023 Universal Tax Systems, Inc. and/or its affiliates and licensors. All rights reserved.

	<u> </u>
	<u> </u>
	<u> </u>
Total	229,172.
	,

Name: NATIVE PLANT SOCIETY OF TEXAS

US

Туре

Amount

15,818. 213,354.

ID: 74-2697896

US 990

Main Information Sheet

For calendar yea	ar 2023 or tax year beginning ar	nd ending	
Name: <u>NAT</u> Name line 2:	TIVE PLANT SOCIETY OF TEXAS	EIN	: <u>74-2697896</u>
	BOX 3017	 Telephone No	x 830-997-9272
City, State, and Zip Code: FRI	EDERICKSBURG TX 78624		
Email address	meg.inglis@nps	ot.org	
	https://npsot.	org	
	MEGAN INGLIS		
	igning return	CTOR	
Check if exemption application is			
-	Cash: Accrual: X	Other: Specify	y:
	······ — — — — — —		
Type of exempt organization:			
(Form 990)	section 501(c), 527 or 4947(a)(1) of the Internal Revenue Cod	le (except black lung ben	ent trust or private foundation)
	section 501(c), 527 or 4947(a)(1) of the Internal Revenue Cod	le (except black lung ben	efit trust or private foundation)
	\$200,000 and total assets less than \$500,000 at the end of the		
Private foundation or section	n 4947(a)(1) nonexempt charitable trust treated as a private fo	undation (Form 990-PF)	
		-	1000
Preparer ID: <u>JDS</u> Preparer name: JACK I	D SCHIILZE EA	Time in this return: Date:	<u>1899</u> minutes 09/09/2024
Fiepalei name. OACIU I		PTIN:	P01247791
	ZE AND ASSOCIATES INC	Self-employed:	
	RIDGEMONT DRIVE	Firm's EIN:	04-3765452
City, State, ZIP Code: <u>AUSTI</u>	N TX 78723-	Phone:	512-371-1040

Form 8879-TF

Department of the Treasury

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

	S Keen for your records	
For calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

Go to www.irs.gov/Form8879TE for the latest information.

2023

Internal Revenue Service
Name of filer

NATIVE PLANT SOCIETY OF TEXAS

Name and title of officer or person subject to tax

EIN or SSN 74-2697896

EXECUTIVE DIRECTOR

MEGAN INGLIS

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the retu	ırn. Form	8038-
CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on lir	ne 1a, 2a	a, 3a, 4a,
5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave lin	e 1b, 2b	, 3b, 4b,
5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -	0- on the	
applicable line below. Do not complete more than one line in Part I.		
1a Form 990 check here	1b	748,453
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	3b _	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	5b	
	Ch.	

Part II	Declaration and Signatu	re A	uthorization of Officer or Person Subject to Tax		
0a Form	8038-CP check here	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
9a Form	5330 check here	b	Tax due (Form 5330, Part II, line 19)	9b	
8a Form	5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
7a Form	4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b	
ba Form	990-1 cneck nere	D	1 otal tax (Form 990-1, Part III, line 4)	00	

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) NATIVE PLANT SOCIETY OF TEXAS , (EIN) 74-2697896 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X Ia	authorize SCHULZE	AND ASSOCIATES	INC	to enter my PIN	78624	as my signature
ERO firm name				-	Enter five numbers, but	
					do not enter all zeros	

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date <u>0</u>	7/01/2024
---------------	-----------

Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	70157176901
	Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

10/30/2024 Date

ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So