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Department of the Treasury Internal Revenue Service

Form

# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 006610 | Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



A F	or th	e 2022 calendar year, or tax year beginning and	ending									
B C a	heck if oplicab	e: C Name of organization		D Employer identific	cation number							
X	Addre	NATIVE PLANT TRUST, INC.										
	Name			04-21047	58							
	Initial		E Telephone number									
	Final returr	321 COMMONWEALTH ROAD, SUITE 204	508-877-	7630								
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,504,133.							
	Amer returr	WAILAND, MA 01778		H(a) Is this a group re								
	Appli tion pendi	F Name and address of principal officer. DEDD1 EDED51E11		for subordinates	? Yes X No							
		SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No							
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions							
	Vebsi			H(c) Group exemption								
	orm o I <b>rt I</b>	f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1932 N	State of legal domicile: MA							
Fa		Summary	י שינסים									
e	1	Briefly describe the organization's mission or most significant activities: CONST NATIVE PLANTS TO ENSURE HEALTHY, BIOLOGIC										
Governance	2											
verr	2											
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1a)			<u> </u>							
8	- 5	Total number of individuals employed in calendar year 2022 (Part V, line 12)		······	58							
ities	6	Total number of volunteers (estimate if necessary)			354							
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			20,922.							
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
		······································		Prior Year	Current Year							
•	8	Contributions and grants (Part VIII, line 1h)		2,385,123.	3,758,735.							
Revenue	9	Program service revenue (Part VIII, line 2g)		672,484.	741,593.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		418,274.	336,968.							
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		653,610.	770,120.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,129,491.	5,607,416.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $		2,157,396.	2,297,895.							
u Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 262,84										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,160,876.	1,308,074.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,318,272.	3,605,969.							
	19	Revenue less expenses. Subtract line 18 from line 12		811,219.	2,001,447.							
s or nces			Be	ginning of Current Year	End of Year							
Assets Balanc	20	Total assets (Part X, line 16)		18,138,902.	18,966,553.							
et A.		Total liabilities (Part X, line 26)		591,788.	1,331,254.							
	22	Net assets or fund balances. Subtract line 21 from line 20		17,547,114.	17,635,299.							
Pa	rt II	Signature Diock										

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date						
Here	DEBBI EDELSTEIN, EXECUTIV								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	DANIELLE NIHILL	DANIELLE NIHILL	10/27/	23 self-employed P01350943					
Preparer	Firm's name CLIFTONLARSONALLE	N LLP		Firm's EIN 41-0746749					
Use Only	Firm's address 4 BATTERYMARCH PA	RK, SUITE 100							
	QUINCY, MA 02169		Phone no. (781) 982-1001						
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🔲 No								
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2022)					

Par	rt 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 ORGANIZATION'S MISSION IS TO CONSERVE AND PROMOTE NEW ENGLAND'S
	NATIVE PLANTS TO ENSURE HEALTHY, BIOLOGICALLY DIVERSE LANDSCAPES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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 services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 615,694. including grants of \$ ) (Revenue \$ 66,425.
	CONSERVATION - OUR WORK ON RARE AND ENDANGERED PLANTS ENCOMPASSED
	RESEARCH AND STRATEGY, ON-SITE CONSERVATION, AND SEED BANKING. BEGAN
	WRITING THE UPDATE TO "FLORA CONSERVANDA," IN COLLABORATION WITH THE
	SIX STATE NATURAL HERITAGE PROGRAMS. THE REPORT USES ANALYSIS OF SHARED
	FIELD DATA TO ESTABLISH THE TOP PRIORITIES FOR RARE PLANT MONITORING,
	HABITAT MANAGEMENT, AND SEED BANKING FOR THE NEXT TEN YEARS.
	THIS YEAR, 290 TRAINED VOLUNTEERS INVESTED 12,000 HOURS IN MONITORING
	POPULATIONS OF RARE AND ENDANGERED PLANTS IN LOCATIONS ACROSS THE
	REGION AND IN COLLECTING SEEDS OF 41 SPECIES FOR THE SEED BANK. GREW 6,000 PLANTS OF THE ENDANGERED ANNUAL ROSE GENTIAN (SABATIA
	STELLARIS) FOR AUGMENTATION AT ONE OF FEW REMAINING POPULATIONS IN CT,
	IN COLLABORATION WITH CT AUDUBON.
4b	(Code:) (Expenses \$719,586. including grants of \$) (Revenue \$143,278.
	HORTICULTURE - THE HORTICULTURE PROGRAM, BASED AT GARDEN IN THE WOODS
	AND NASAMI FARM, FOCUSES ON ECOLOGICAL HORTICULTURE AND NEW ENGLAND
	NATIVE PLANTS. THIS YEAR WE PREPARED FOR THE LAUNCH OF THE NEW
	NORTHEAST SEED NETWORK, A COLLABORATIVE EFFORT ACROSS THE REGION TO
	CREATE A SUSTAINABLE SUPPLY OF SEEDS OF NATIVE PLANTS FOR RETAIL AND
	RESTORATION MARKETS. NATIVE PLANT TRUST WILL RUN THE NETWORK AND WILL
	PROVIDE TRAINING AS WELL AS CLEANING AND STORAGE OF THE SEED GROWN BY
	PARTNERS. RECEIVED SIGNIFICANT FOUNDATION AND PRIVATE FUNDING TO
	CONSTRUCT NEW SEED FACILITIES AT NASAMI FARM.
	OUR NURSERY AT NASAMI FARM PRODUCED 53,600 SEED-GROWN PLUGS, 81% FROM
	WILD OR LOCAL ECOTYPE SEED, FOR SALE IN OUR RETAIL SHOPS AND BY
40	(Code:) (Expenses \$393,725 . including grants of \$) (Revenue \$180,941.
10	PUBLIC PROGRAMS - WE CONTINUED OUR SUCCESSFUL ONLINE PROGRAMMING WHILE
	RESUMING A ROBUST OFFERING OF IN-PERSON COURSES AND PUBLIC EVENTS.
	OFFERED 165 PROGRAMS THAT DREW PEOPLE FROM ACROSS NORTH AMERICA TO
	LEARN ABOUT BOTANY, CONSERVATION, HORTICULTURE, LANDSCAPE DESIGN, AND
	MORE. THE "NEED FOR SEED" SYMPOSIUM, WHICH FOCUSED ON THE NORTHEAST
	SEED NETWORK, WAS OUR MOST ATTENDED PROGRAM, AT 696 PARTICIPANTS. IN
	ADDITION TO IN-PERSON TOURS OF GARDEN IN THE WOODS, OFFERED A VIRTUAL
	TOUR TAKEN BY 5,500 PEOPLE, 81% OF WHOM WERE NEW VISITORS.
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$       715,328. including grants of \$       ) (Revenue \$       1,087,996.)         Total program service expenses       2,444,333.
10	Form <b>990</b> (202
	SEE SCHEDULE O FOR CONTINUATION(S)

	990 (2022) NATIVE PLANT TRUST, INC. 04-2104	768	Р	age <b>3</b>
Par	t IV 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete			
-	Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<b></b>		
10	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, VII, IX, or X,			
	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
d		11a	х	
<b>b</b>	Part VI		- 23	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	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		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
_	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X
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Form	990 (2022) NATIVE PLANT TRUST, INC. 04-210	4768	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
D	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? <i>If</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		
D	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	· · · · ·	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5	_		
		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	Ĺ
232004	12-13-22	Form	990	(2022)
	5			

Form 990 (2022)

NATIVE PLANT TRUST, INC.

Par	<b>t V</b> 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	58						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	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		3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	rity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	4a		X			
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 Accourt				x			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,000,000,000,000,000,000,000,000,000							
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		_X_			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	•						
_	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).	· · · · · · · · · · · · · · · · · · ·	-		v			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a		<u> </u>			
			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req		7.		х			
لم	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d		7c		<u></u>			
	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		х			
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7e 7f		X			
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?							
9								
а								
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
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:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10-					
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>					
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans	1						
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c							
		•	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration		<u> </u>		<u> </u>			
	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 inco	me?	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 activitie	S						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							
232005	5 12-13-22		Form	990	(2022)			

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Form	<u>990 (2022)</u> NATIVE PLANT TRUST, INC. 04-2104			age <b>6</b>
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the survey institute have an end of her laboration of the second s	6		X
-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74		7a		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>1a</u>		
U	newspapers of the second se	76		x
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	Х	
	The governing body?	8a	X	
-	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		х	
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	Λ	
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
40-	Did the eventiation have lead checking hyperbox or officiate?	10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
11-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	<u></u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
	on Schedule O how this was done	12c	37	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
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 arrangement with a			v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0.00	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedMA,CT,ME,NH,RI,MA,CT,ME,NH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	cial	
	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 books and records			
	DEBBI EDELSTEIN - (508)877-7630			
	321 COMMONWEALTH ROAD, SUITE 204, WAYLAND, MA 01778		000	
232006	5 12-13-22	Form	990	(2022)
	7			

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Form 990 (2022)	NATIVE PLANT TRUST, INC.	04-2104768 Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employe	Employees, and Independent Contractors									
Check if Sc	chedule O contains a response or note to any line in this Part VII									
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Emp	loyees								
<ul> <li>List all of the orga</li> </ul>	e for all persons required to be listed. Report compensation for the calence anization's <b>current</b> officers, directors, trustees (whether individuals or orgon, (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.

Name and title	Average hours per			Pos				Reportable	<b>–</b>	E a black a dia ad
	hours per			Position (do not check more than one				ricportable	Reportable	Estimated
			, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruster	l trus		/ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	Institutional trustee	<u> </u>	mplo	st co	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) DEBBI EDELSTEIN	40.00									
EXECUTIVE DIRECTOR		Х		Х				182,841.	0.	11,586.
(2) TRACEY WILLMOTT	40.00									
DIRECTOR OF PHILANTHROPY						X		128,566.	Ο.	11,586.
(3) ABBY COFFIN	3.00									
TRUSTEE		Х						0.	0.	0.
(4) WILLIAM CONSTABLE	3.00									
TRUSTEE		Х						0.	0.	0.
(5) ARABELLA DANE	3.00									
TRUSTEE		Х						0.	0.	0.
(6) CHARLES FAYWEATHER	3.00									
TRUSTEE		Х						0.	0.	0.
(7) SUZANNE GROET	3.00									
TRUSTEE		Х						0.	0.	0.
(8) KENDY HESS	3.00									
TRUSTEE		Х						0.	0.	0.
(9) WILLIAM HUYETT	3.00									
TRUSTEE		Х						0.	0.	0.
(10) LITA NELSEN	3.00									
TRUSTEE		Х						0.	0.	0.
(11) ELIZABETH (ZIBBY) PYLE	3.00									_
TRUSTEE		Х						0.	0.	0.
(12) SUSAN SCHADLER	3.00									-
TRUSTEE		х						0.	0.	0.
(13) ALAN SMITH	3.00									-
TRUSTEE		х						0.	0.	0.
(14) THOMAS STONE	3.00									-
TRUSTEE		Х						0.	0.	0.
(15) RALPH BROWN	10.00									-
CHAIR		х		Х				0.	0.	0.
(16) RUAH DONNELLY	5.00								•	•
VICE CHAIR	<u> </u>	Х		X				0.	0.	0.
(17) RUTH SHELLEY	3.00								•	•
CLERK	1	Х		Х				0.	0.	0 • Form <b>990</b> (2022)

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Form 990 (2022)

Form 990 (2022) NATIVE PI	LANT TRU	IST	·,	IN	C.				04-2104	768	Pag	<sub>je</sub> 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) (B) (C) (D) (E) (F)												
Name and title	Average			Pos		n		Reportable	Reportable		mated	
Name and the	hours per					than o		compensation	compensation			
		week box, unless person is both a officer and a director/trustee						from	from related	amount of other		
	(list any	or						the	organizations		ensatio	n
	hours for	director						organization	(W-2/1099-MISC/		m the	511
	related	e or (	tee			sated		(W-2/1099-MISC/	1099-NEC)		nizatio	n
	organizations	ruste	l trus		ee	nper		1099-NEC)	1000 1120)		related	
	below	lual t	tiona		Voldu	st col	5				nizatior	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	Lation	10
(18) CHARLES (TONY) WAIN	3.00	-	-	0	×	<u> </u>	ш.					
	5.00	77		77				0	0			^
TREASURER		Х		X		-		0.	0.			0.
		1										
		l										
					<u> </u>	-						
								011 105				
1b Subtotal								311,407.	0.		,17	
c Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								311,407.	0.	23	,17	2.
2 Total number of individuals (including but n								eceived more than \$100	000 of reportable			
compensation from the organization		000	noco	u un		,	010					2
compensation norm the organization											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	-		-	•			•					
line 1a? If "Yes," complete Schedule J for s										3		<u>X</u>
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from the	ne organization			
and related organizations greater than \$150	),000? If "Yes	" co	mole	ete S	Sche	edule	e. <i>l f</i>	for such individual		4	X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? <i>If</i> "Yes, " com										5		Х
Section B. Independent Contractors	piele Schedule	2 J 10	or st	ICH I	oers	:011 -				5		
-			- 10.01	.4 -		t -		• • • • • • • • • • • • • • • • • • •	100.000 at a second	ation for		
1 Complete this table for your five highest co										ation fror	n	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin	the organization's tax y	ear.			
(A)								(B)		(C)		
Name and business	address	NC	ONE	C				Description of s	ervices	Compens	sation	
2 Total number of independent contractors (ii	oluding but a	at lim	nitor	1 + 2 -	that		+0~	abova) who received me	are than			
	-	JUIN	mec	10			.eu	above, who received mo				
\$100,000 of compensation from the organiz	ation				(	,				- ^	00	
										Form <b>9</b>	<b>90</b> (20	)22)

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Part VIII         Statement of Revenue         (A)         (B)         (C)         (C) </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>NT</th> <th>TRUST, 1</th> <th>INC.</th> <th></th> <th>04-2104</th> <th>768 Pag</th> <th>e 9</th>							NT	TRUST, 1	INC.		04-2104	768 Pag	e 9
Baseline or exempt Unition revenue         Total revenue         Package or exempt Unition revenue         Description (Control or evenue)         Description (Contro or evenue)         Description (Control or even	Га	11 9					onse	or note to any I	ine in this Part VIII			Г	
Boy Membership Jusis         Ib         86, 555.           C         Particulariang overns         Id           Government grants (contributions)         Id         Id         Id           Government grants (contributions)         Id         Id         Id         Id           Government grants (contributions)         Id         Id         Id         Id         Id           Government grants (contributions)         Id         Id <tdid< td="">         Id         <tdid< td=""></tdid<></tdid<>									(A)	Related or exempt	Unrelated	Revenue exclud	er
Butiness Code         Image: Construct of the second o	ts ts	1	а	Federated campaigns		1a							
Butiness Code         Image: Construct of the second o	iran oun			• • • • •		1b		86,565	<u>.</u>				
Butiness Code         Image: Construct of the second o	s, G Ame		с	Fundraising events		1c			_				
Butiness Code         Image: Construct of the second o	Gift lar								_				
Butiness Code         Image: Construct of the second o	ns, o Simi							472,265	<u>-</u>				
Butiness Code         Image: Construct of the second o	itio er S		f					2 4 6 6 6 6 6					
Butiness Code         Image: Construct of the second o	Oth						¢						
Butiness Code         Image: Construct of the second o	out		-		lines 1	a-1f <b>1g</b>	Þ	275,250	_				
2         a         POORAN SERVICE REVENUE         541900         613,755.         613,755.           ADMISSIONS         Samuel Component of the second	0 0		<u>n</u>	Total. Adu intes la 11				Business Code					_
BAXTSSIONS         541900         127,828.         127,828.           c	ø	2	а	PROGRAM SERVICE REVI	ENUE					613,765.			_
a       Total. Add lines 2a:21       741,593.         a       Investment income (including dividends, interest, and dividends, interest,	vice	-		ADMISSIONS				541900					
a       Total. Add lines 2a:21       741,593.         a       Investment income (including dividends, interest, and dividends, interest,	Ser		с										
a       Total. Add lines 2a:21       741,593.         a       Investment income (including dividends, interest, and dividends, interest,	am eve		d										
a       Total. Add lines 2a:21       741,593.         a       Investment income (including dividends, interest, and dividends, interest,	ogr B		е										
3         investment income (including dividends, interest, and other similar amounts)         199,461.         199,461.           4         income from investment of tax exempt bond proceeds         6,051.         6,051.           5         Royalties         60         0.           6         G cross rents         60         0.         6,051.           6         G cross rents         60         0.         6,100.           7         a Gross amount from sales of assets other than investory         7         334,270.         137,507.           9         G cross income from fundraising events (not including 5         137,507.         137,507.         137,507.           8         a Gross income from gaming activities.         8b         8b         8b         8b           9         Gross income from gaming activities.         9         9         0         0.           10         Gross income from gaming activities.         0         1.457,223.         0         0           9         G c	P											L	
other similar amounts)         199,461.         199,461.           4         Income from investment of tax-exempt bond proceeds         6,051.         6,051.           6         Gross rents         6         6,010.         6,051.         6,051.           b         Less: rental expenses         6         0.         6,100.         6,100.           c         Rental income or (loss)         6         6,100.         6,100.         6,100.           d         Net rental income or (loss)         197,463.         7         6,100.         6,100.           d         Rest scots or other basis and sales expenses.         7         197,463.         7         137,507.           d         Regain or (loss)			g						741,593.				
4         Income from investment of tax-exempt bond proceeds         6,051.         6,051.           5         Royatties         6,051.         6,051.           6         a Gross rents         6a         6,001.         6,051.           b Less: rental expenses         6b         0.         6,010.         6,100.           c Rental income or (loss)         6.         6,100.         6,100.         6,100.           d Net rental income or (loss)         6.         6,100.         6,100.         6,100.           7         a Gross anouth from sales of a 334,970.         7         7         7         7           b Less: cost or other basis and sales sopenses         7         197,463.         7         137,507.         137,507.           d Net gain or (loss)         7         137,507.         137,507.         137,507.         137,507.           8         a Gross income from fundraising events         9         100		3							100 461			100 4	<b>C</b> 1
5         Royatties         6, 051.         6, 051.           6 a Gross rents         6 a 6, 100.         6 6, 051.         6, 051.           b Less: rental expenses.         6 b 0.         6 c 100.         6 c 100.           c Rental income or (loss)         6 c 5, 100.         6 c 100.         6 c 100.           d Net rental income or (loss)         0. Securities         0. Other         6 c 100.           assets other than inventory         7 a 334, 970.         6 c 100.         6 c 100.           b Less: cost or other basis         7 b 197, 463.         7 c 137, 507.         137, 507.           d Net gain or (loss)         7 c 137, 507.         137, 507.         137, 507.           8 a Gross income from fundraising events (not including \$				,					199,401.			199,40	<u> </u>
Ga         Gross rents         Ga         (i) Real         (ii) Personal           b         Less: rental expenses         Gb         0.         6         6.100.         6,100. <th></th> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td> <td>6.051</td> <td></td> <td></td> <td>6.0'</td> <td>51</td>						-	-		6.051			6.0'	51
6 a         Gross rents         6a         6,100.           b         Less: rental expenses         6b         0.           6 a         Gross amount from sales of assets other than inventory         6b         0.           7 a         Gross amount from sales of assets other than inventory         (i) Securities         (ii) Other 7a         334,970.           7 a         Gross income from thorb Tasis         197,463.         137,507.         137,507.           8 a         Gross income from from fundralsing events (not including \$ of contributions reported on line 1c). See         337,507.         137,507.           9 a         Gross income from gaming activities. See         9a         9a         9a         9a           9 a         Gross income from gaming activities. See         9a         9a         9a         9a           9 Less: direct expenses         9b         9a         9a         9a         9a         9a           9 a         Gross income from gaming activities. See         9a         9a         9a         9a           9 a         Gross income from gaming activities. See         9a         9a         9a         9a           9 a         Gross income from gaming activities. See         9a         9a         9a         9a		5		noyallies					0,001.			0,0	
b         Less: rental expenses         bb         0.         0.         0.           c         Rental income or (loss)         bc         6,100.         6,100.         6,100.           d         Net rental income or (loss)         fc         6,100.         6,100.         6,100.           7         Gross amount from sales of assets other than inventory         b         fc         137,507.         137,507.           b         Less: cost or other basis and sales expenses         fc         137,507.         137,507.         137,507.           d         Net gain or (loss)         To         intro, for thindialising events (not including \$off         genetic expenses         genetic expenses<		6	а	Gross rents	6a	()		,	-				
c         Rental income or (loss)         Gc         6,100. <th< td=""><th></th><td></td><td></td><td></td><td></td><td>,</td><td>0.</td><td></td><td>-</td><td></td><td></td><td></td><td></td></th<>						,	0.		-				
7 a       Gross amount from sales of assets other than inventory b <ul> <li>assets other than inventory b</li> <li>Less: cost or other basis and sales expenses</li> <li>To</li> <li>137, 507.</li> </ul> Ta               To              To              To               Cain or (loss)             To              137, 507.              137, 507.               8 a             Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18              Ba               9 a             Gross income from gaming activities. See Part IV, line 19              Ba               9 a             Gross alse of inventory, less returns and allowances              10a             1,457,223.               10 a             Gross income or (loss) from sales of inventory              757,969.             737,047.             20,922.               9 a             Gross also of inventory less of inventory              959.               11 a              10a             1,457,223.             10b             699,254.               10 a             Incent or (loss) from sales of inventory              757,969.             737,047.             20,922.					6c	6,	100.						
assets other than inventory b         Ta         334,970.           b         Less: cost or other basis and sales expenses         Tb         197,463.           c         Gain or (loss)         Tc         137,507.         137,507.           B         Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18         Ba         Bb           b         Less: direct expenses         Bb         Bb         0           g         Gross income from gaming activities. See Part IV, line 19         9a         9a         9a           b         Less: direct expenses         Bb         0         0         0           g         Gross income from gaming activities. See Part IV, line 19         9a         0         0         0           g         Gross sales of inventory, less returns and allowances         10a         1,457,223.         0         0           lob         Gross oth goods sold         10b         699,254.         0         0         0           c         Net income or (loss) from sales of inventory         757,969.         737,047.         20,922.           g         Musiness Code         0         0         0         0           d         All other revenue			d	Net rental income or (loss	) <u></u> (				6,100.			6,10	00.
Bit Less: cost or other basis and sales expenses         Tb         197, 463.           c Gain or (loss)         Tc         137, 507.           d Net gain or (loss)         137, 507.         137, 507.           8 a Gross income from fundraising events (not including \$		7	а	Gross amount from sales of					_				
and sales expenses         Tb         197,463.         Tc         137,507.           Gain or (loss)         To         137,507.         137,507.         137,507.           A Regin or (loss)				assets other than inventory	7a	334,	970.		_				
Example 1       C       Gain or (loss)       Tc       137,507.         8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a       8a         9 a Gross income or (loss) from fundraising events       9a       9b       9b         9 a Gross sales of inventory, less returns and allowances       9b       9b       9b         11 a dallowances       10a       1,457,223.       10b       699,254.         11 a b			b			105	462						
d       Net gain or (loss)       137,507.       137,507.         8 a       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       8a       137,507.         b       Less: direct expenses       8b       137,507.       137,507.         9 a       Gross income or (loss) from fundraising events       137,507.       137,507.         9 a       Gross income or (loss) from fundraising events       100       100         9 a       Gross income from gaming activities. See Part IV, line 19       9a       9a         b       Less: direct expenses       9b       9b       100         c       Net income or (loss) from gaming activities       100       100       100         10 a       Gross sales of inventory, less returns and allowances       101       1,457,223.       100       100       100       20,922.       100	nue								-				
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       Image: Contribution of the control o									137 507			137 50	07
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       Image: Contribution of the control o	er R								137,307.			137,30	
contributions reported on line 1c). See       Ba         Part IV, line 18       Ba         b Less: direct expenses       Bb         c Net income or (loss) from fundraising events       Image: Contribution of the control o	Othe	0	u		•								
Part IV, line 18       8a         b Less: direct expenses       8b         c Net income or (loss) from fundraising events       9         9 a Gross income from gaming activities. See Part IV, line 19       9a         b Less: direct expenses       9a         c Net income or (loss) from gaming activities       9a         c Net income or (loss) from gaming activities       0         10 a Gross sales of inventory, less returns and allowances       10a       1,457,223. 10b       0         b Less: cost of goods sold       10b       699,254.       0         c Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.         statistic come or (loss) from sales of inventory       0       0       0         b Less: cost of goods sold       0       699,254.       0       0         c Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.       0         b	•												
b       Less: direct expenses       8b           9       a       Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         b       Less: direct expenses       9a       9b       9b       9b       9b         c       Net income or (loss) from gaming activities       9b       9b       9b       9c         c       Net income or (loss) from gaming activities       9b       9c       9c       9c         10       a       Gross sales of inventory, less returns and allowances       10a       1,457,223. 10b       699,254.       0c         c       Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.       0c         some       I11 a       Business Code       Intervention       Intervention       Intervention       Intervention         c       Intervention       Intervention       Intervention       Intervention       Intervention       Intervention         d       All other revenue       Intervention       <				-		-	8a						
9 a Gross income from gaming activities. See Part IV, line 19       9a       9a       9a         b Less: direct expenses       9b       9b       9b       9b         c Net income or (loss) from gaming activities       0a       1,457,223.       0a       0a         10 a Gross sales of inventory, less returns and allowances       10a       1,457,223.       0a       0a         b Less: cost of goods sold       10b       699,254.       757,969.       737,047.       20,922.         solutions       11 a			b										
Part IV, line 19       9a       9a       9b       91       14       91<			С	Net income or (loss) from	fundı	aising eve	ents						
b         Less: direct expenses         9b              c         Net income or (loss) from gaming activities		9	а										
c       Net income or (loss) from gaming activities       Image: construction of the second o													
10 a Gross sales of inventory, less returns and allowances       10a       1,457,223.         b Less: cost of goods sold       10b       699,254.         c Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.         solution       b													_
and allowances       10a       1,457,223.         b       Less: cost of goods sold       10b       699,254.         c       Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.         source       Business Code       Image: Code       Image: Code       Image: Code       Image: Code         source       d       All other revenue       Image: Code       Image: C							es	 					
b       Less: cost of goods sold       10b       699,254.         c       Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.         so       Business Code       Image: C		10	a	• •			10-	1 457 223					
c       Net income or (loss) from sales of inventory       757,969.       737,047.       20,922.         solution       b       Business Code       0       0         b       c       0       0       0         c       d       0       0       0         d       All other revenue       0       0       0         e       Total. Add lines 11a-11d       5,607,416.       1,478,640.       20,922.         12       Total revenue. See instructions       5,607,416.       1,478,640.       20,922.       349,119.			b										
Business Code         Image: Code									757,969.	737,047.	20,922.		_
e Total. Add lines 11a-11d         5,607,416.         1,478,640.         20,922.         349,119.	(0								e				
e Total. Add lines 11a-11d         5,607,416.         1,478,640.         20,922.         349,119.	a	11	а										
e Total. Add lines 11a-11d         5,607,416.         1,478,640.         20,922.         349,119.	ane		b									ļ	
e Total. Add lines 11a-11d         5,607,416.         1,478,640.         20,922.         349,119.	Seve											ļ	
12         Total revenue. See instructions         5,607,416.         1,478,640.         20,922.         349,119.	Mis												
			e							1 478 640	20 922	3/0 1	1 9
	23200		13-1		0115				,007,410.	1 -, -, 0, 0 - 0.	20,522.		

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#### NATIVE PLANT TRUST INC. Form 990 (2022) Part IX Statement of Functional Expenses

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

Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response	se or note to any line in t (A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				·
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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	194,428.	36,941.	139,988.	17,499.
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	1,748,306.	1,328,183.	276,669.	143,454.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	38,966.	32,732.	6,063.	171.
9	Other employee benefits	150,535.	112,565.	22,099.	<u> </u>
10	Payroll taxes	165,660.	117,097.	35,149.	13,414.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	104,348.		104,348.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	220,005.	179,464.	38,853.	1,688.
12	Advertising and promotion	45,873.	45,768.	105.	
13	Office expenses	496,712.	288,530.	143,602.	64,580.
14	Information technology	44,489.	36,824.	7,665.	
15	Royalties			.,	
16	Occupancy	147,759.	119,643.	23,124.	4,992.
17	Travel	22,984.	19,746.	2,064.	1,174.
18	Payments of travel or entertainment expenses	/			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	203,302.	126,840.	76,462.	
22	Insurance	22,602.	,010.	22,602.	
23 24	Other expenses. Itemize expenses not covered	22,002.			
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	· · · · · · · · · · · · · · · · · · ·				
b					
c					
d					
	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	3,605,969.	2,444,333.	898,793.	262,843.
<u>25</u> 26	<b>Joint costs.</b> Complete this line only if the organization		_,,555.		202/0100
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
22201	) 12-13-22				Form <b>990</b> (2022)
23201	J 12-10-22	11			FUITH <b>300</b> (2022)

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	<u>990 (</u> rt X						04-2104768 Page 1		
		Check if Schedule O contains a response or note	to any	line in this Part X		<u></u>			
_					(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			871,195.	1	1,079,456.		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net			3,177,157.	3	3,739,047.		
	4	Accounts receivable, net			210,890.	4	219,786.		
	5	Loans and other receivables from any current or f	ormer o	fficer, director,					
		trustee, key employee, creator or founder, substa							
		controlled entity or family member of any of these	e persor	is		5			
	6	Loans and other receivables from other disqualified	ed perso	ons (as defined					
		under section 4958(f)(1)), and persons described i	in sectio	on 4958(c)(3)(B)		6			
ts	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			69,853.	8	82,554.		
Ä	9	Prepaid expenses and deferred charges			53,168.	9	35,296.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	5,621,075. 3,058,590.					
	b	Less: accumulated depreciation	2,542,343.						
	11	Investments - publicly traded securities			10,724,124.	11	10,558,610.		
	12	Investments - other securities. See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 1		13					
	14	Intangible assets	400 100	14	600.210				
	15	Other assets. See Part IV, line 11			490,172.		689,319.		
	16	Total assets. Add lines 1 through 15 (must equal			18,138,902.	16	18,966,553.		
	17	Accounts payable and accrued expenses			162,957.		171,890.		
	18	Grants payable			138,690.	18	140,903.		
	19	Deferred revenue			130,090.	19	140,903.		
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete Pa		l l		21			
ies	22	Loans and other payables to any current or forme trustee, key employee, creator or founder, substa							
Liabilities		controlled entity or family member of any of these				22			
Lia	23	Secured mortgages and notes payable to unrelate				22	0.		
	24	Unsecured notes and loans payable to unrelated		r		24			
	25	Other liabilities (including federal income tax, paya				27			
	20	parties, and other liabilities not included on lines							
		of Schedule D			290,141.	25	1,018,461.		
	26	Total liabilities. Add lines 17 through 25			<u>290,141.</u> 591,788.	26	1,018,461. 1,331,254.		
		Organizations that follow FASB ASC 958, chec	k here	X	•				
ses		and complete lines 27, 28, 32, and 33.							
anc	27				4,097,369.	27	4,643,776.		
Bal	28	Net assets with donor restrictions			13,449,745.	28	4,643,776. 12,991,523.		
pu		Organizations that do not follow FASB ASC 95							
Net Assets or Fund Balances		and complete lines 29 through 33.							
۵ د	29	Capital stock or trust principal, or current funds				29			
set	30	Paid-in or capital surplus, or land, building, or equ				30			
As	31	Retained earnings, endowment, accumulated inco				31			
Net	32	Total net assets or fund balances			17,547,114.	32	17,635,299.		
_	33	Total liabilities and net assets/fund balances			18,138,902.	33	18,966,553.		

Form 990 (2022)

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Form	990 (2022) NATIVE PLANT TRUST, INC.	04-	210476	3 р	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>416.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			969.
3	Revenue less expenses. Subtract line 2 from line 1	3			447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,5	47,:	114.
5	Net unrealized gains (losses) on investments	5	-1,8	18,	921.
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	-	94,	341.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17,6	35, 3	299.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s 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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	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?		2t	X	
	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:				
	X 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?			; X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form 990 (2022)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service				Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						
				Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection
		the organization	NATI	VE PLANT TI					0	identification number $4-2104768$
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a	private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, cor	vention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school des	cribed in <b>secti</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(I	o)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		-	-		in section 170(b)(1)(A)(		-		-	-
		or university o	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					-
					(less section 511 tax) fro	in busines	ses acqui	rea by the org	anization a	inter June 30, 1975.
11				mplete Part III.)	vely to test for public sat	foty Soo	soction 50	0(a)(4)		
12		-	-	-	vely for the benefit of, to	•			rry out the	nurnoses of one or
12		-	-	-	d in section 509(a)(1) o	-			•	
				-	f supporting organization					
а		-	-		upervised, or controlled				-	giving
				-	gularly appoint or elect a	• • • •	-			
		organizatio	n. <b>You must c</b>	omplete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		¬ ~	.,	t complete Part IV,						
С					g organization operated				ly integrate	d with,
			0	()()	). You must complete I					
d			-		orting organization oper				-	
					ation generally must sat				anallenin	reness
е		<b>-</b>	-		written determination from				II Type III	
Ŭ			•		nally integrated supporti			iype i, iype	n, rype m	
f	Ente	er the number of								
				about the supporte						
		i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount or	-	(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

Sch	edule A (Form 990) 2022 N	ATIVE PLA	NT TRUST.	INC.		04-210	4768 Page 2
	rt II Support Schedule for				b)(1)(A)(iv) and		
	(Complete only if you checke						
	fails to qualify under the tests						C C
See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		(,	(-) = = = = =	(-)		()
	membership fees received. (Do not						
	include any "unusual grants.")	1827956.	2296951.	2379073.	2385123.	3758735.	12647838.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1827956.	2296951.	2379073.	2385123.	3758735.	12647838.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2571401.
6	Public support. Subtract line 5 from line 4.						10076437.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1827956.	2296951.	2379073.	2385123.	3758735.	12647838.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 4 9 9 9 9		4 9 5 9 5 4			
	and income from similar sources $\dots$	149,023.	78,951.	135,351.	160,488.	211,612.	735,425.
9	Net income from unrelated business						
	activities, whether or not the	10 000			10 800		0 1 5 0
	business is regularly carried on	-12,032.	-28,977.	229.	10,706.	20,922.	-9,152.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						1 2 2 1 4 1 1 1
11	Total support. Add lines 7 through 10						13374111.
12	Gross receipts from related activities,						,384,072.
13	First 5 years. If the Form 990 is for th						
800	organization, check this box and stor ction C. Computation of Publi					<u></u>	
				(f)		14	75.34 %
14	Public support percentage for 2022 (I		•				
15	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
108							V
Ŀ	stop here. The organization qualifies		-		line 15 is 22 1/20/		
L	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17-	10% -facts-and-circumstances test		• •				
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
F	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is	
C.	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	-		•				
10	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2022

232022 12-09-22

#### Schedule A (Form 990) 2022 NATIVE PLANT TRUST, INC. 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
5	The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
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.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	tion,
	check this box and stop here						
	tion C. Computation of Publi					· · ·	
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
17	Investment income percentage for 20	<b>)22</b> (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						י ר
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	3 12-09-22		1.6			Schedule	A (Form 990) 2022

#### Schedule A (Form 990) 2022 NATIVE PLANT TRUST, INC.

1

2

3a

3b

3c

4a

Yes No

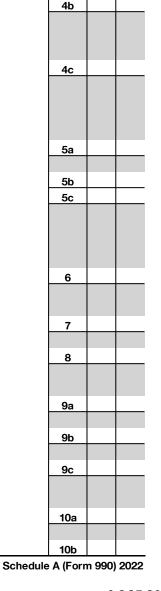
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

### Section A. All Supporting Organizations

Part IV Supporting Organizations

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

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	dule A (Form 990) 2022 NATIVE PLANT TRUST, INC. 04-2	10476	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	detail in Part VI. tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<b><u><u></u></u></b> <u></u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	alon C. Type in Supporting Organizations		Y.	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization</i> 's	2		
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c 2	The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity (see i Activities Test. <b>Answer lines 2a and 2b below.</b>	nstruction		Ne
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

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_	Adule A (Form 990) 2022 NATIVE PLANT TRUST, IN rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			04-2104768 Pag
га 1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instruction
•	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv integrate	d Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Sche	Schedule A (Form 990) 2022         NATIVE PLANT TRUST, INC.         04-2104768         Page 7							
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	<u> </u>			
6	Other distributions (describe in Part VI). See instructions.			6	L			
_7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	e organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	[		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
а	From 2017							
b	From 2018							
C	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i	Carryover from 2017 not applied (see instructions)							
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
<u>a</u>	Applied to underdistributions of prior years							
b	Applied to 2022 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
e	Excess from 2022							

Schedule A (Form 990) 2022

	NATIVE PLAN				04-2104768	Page 8
Part VI Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8	2, 3b, 3c, 4b, 4c, 5a, 6 ines 2 and 3; Part IV, 5	6, 9a, 9b, 9c, 11a Section E, lines 1	a, 11b, and 11c; Part IV, \$ c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 a rt V, line 1; Part V,	7b; Part III, line 12; and 2; Part IV, Sectior Section B, line 1e; Pa	۱C,
(See instructions.)						
					Cohodula A (Carried	000 000
232028 12-09-22		21	L		Schedule A (Form 9	əəu) 2022
51027 131839 A366563		2022.	04030 NATIVE	PLANT TR	UST, INC.	A366

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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

	NATIVE PLANT TRUST, INC.	04-2104768
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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**

X 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

Schedule B (Form 990) (2022)

Schedule	R	(Form	990)	(2022)
Schedule	D	(FOIIII	<b>330</b> )	(2022)

Name of organization

Page **2** 

NATIVE PLANT TRUST, INC.

Employer identification number

04 - 2104768

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$440,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$220,226.	PersonXPayrollImage: Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$139,197.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$126,651.	Person Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$123,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>6</u> 223452 11-15		\$103,453.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)		

Schedule B (Form 990) (2022)

23

Schedule B	(Earm 00	(0,0,0,0)
Schedule D	(FOUL 33	0)(2022)

Name of organization

Employer identification number

04 - 2104768

### NATIVE PLANT TRUST, INC.

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$416,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll On Noncash On Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
223452 11-15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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Schedule B		9901	(2022)	

Name of organization

Page 3

Employer identification number

### NATIVE PLANT TRUST, INC.

04-2104768

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SCHWAB S&P 500 INDEX FUND (1,381 SHARES ON 07/11/2022); SCHWAB S&P 500 INDEX FUND (560 SHARES ON 12/		
		\$119,726.	07/11/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	ABBVIE INC COM (262 SHARES); HOME DEPOT INC (128 SHARES); JOHNSON & JOHNSON COM (239 SHARES)		
		\$126,651.	03/21/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-15	-22	\$	Schedule B (Form 990) (20

25

Schedule E	3 (Form 990) (2022)				Page 4
Name of or	ganization				Employer identification number
NATIVE	E PLANT TRUST, INC.				04-2104768
Part III					
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,0	00 or less for th	ne year. (Enter this info. or	nce.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
		-			
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
_					
		(e) Transfer	of gift		
_	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
			orgin		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee
(a) No.				( ) =	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
			or girt		
F	Transferee's name, address, a	nd ZIP + 4	R	elationship of trai	nsferor to transferee

Schedule B (Form 990) (2022)

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	HEDULE D		al Financial Statement	S	OMB No. 1545-0047
(Form 990) 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.					
	ment of the Treasury I Revenue Service		ttach to Form 990. 0 for instructions and the latest information of the second second second second second second second second se	ation.	Open to Public Inspection
Nam	e of the organization		TNO		er identification number
Par	t I Organiza	NATIVE PLANT TRUST ations Maintaining Donor Advise			04-2104768
ı aı		n answered "Yes" on Form 990, Part IV, lin		of Accounts.	Complete li the
			(a) Donor advised funds	(b) Funds a	nd other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4		t end of year			
5	-	on inform all donors and donor advisors in v	-		
-		on's property, subject to the organization's			Yes No
6	•	on inform all grantees, donors, and donor a			
	impermissible priva	oses and not for the benefit of the donor o		0	🔄 Yes 📃 No
Par		ation Easements. Complete if the org	nanization answered "Yes" on Form 990.		
1		servation easements held by the organization			
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	f a historically imp	ortant land area
		f natural habitat	, <u> </u>	f a certified histori	
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form		
	day of the tax year	r.		Hel	d at the End of the Tax Year
а	Total number of co	onservation easements		<u>2</u> a	
b	-				
С		vation easements on a certified historic stru		<u>2</u> c	
d		vation easements included in (c) acquired a			
3		isted in the National Register			ag the tax
3	year	valion easements modified, transferred, rei	eased, extinguished, or terminated by the	e organization dun	ng the tax
4		 where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
	-	orcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easemer	its during the year
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion easements du	uring the year
8		vation easement reported on line 2(d) abov			
•		)(4)(B)(ii)?			Yes No
9		be how the organization reports conservation d include, if applicable, the text of the footr	-		a tha
	,	ounting for conservation easements.		ents that describe	s the
Par		ations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar A	ssets.
	Complete if	f the organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet	works
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in fu	urtherance of publ	c
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.	
b	-	elected, as permitted under FASB ASC 95	· · ·		
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furth	herance of public s	service,
	•	ng amounts relating to these items:			
		ded on Form 990, Part VIII, line 1			
~	. ,				
2	•	received or held works of art, historical tre-		a gain, provide	
~	•	unts required to be reported under FASB A		¢	
a b		on Form 990, Part VIII, line 1 Form 990, Part X			
		eduction Act Notice, see the Instructions			edule D (Form 990) 2022
	09-01-22			201	
			27		

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<sup>2022.04030</sup> NATIVE PLANT TRUST, INC. A3665631

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	chedule D (Form 990) 2022 NATIVE PLANT TRUST, INC. 04-2104768 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)				ige <b>2</b>				
Pa	rt III   Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Otl	her Sir	nilar Asset	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that mak	e signifi	cant use of its			
	collection items (check all that apply):								
а	a 🗌 Public exhibition d 🗌 Loan or exchange program								
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further the	ne organization's e	exempt p	ourpose in Par	t XIII.		
5	During the year, did the organization solicit o	•		•		•			
	to be sold to raise funds rather than to be ma			•			Yes		No
Pa	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		······································			,			
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other assets n	not inclu	ded			
14	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII					····· ∟			110
D.			owing table.		Г		Amount		
с	Beginning balance				F	1c			
	Additions during the year					1d			
ů	Additions during the year					1e			
f	Distributions during the year					1f			
	Ending balance Did the organization include an amount on Fo					-"'   	Yes		No
	If "Yes," explain the arrangement in Part XIII.				•	∟			]
Pa									1
		(a) Current year	(b) Prior year	(c) Two years bac		hree years back	(e) Four	vears	back
10	Regipping of year belonce	9,463,869.	8,545,852.		. ,	6,046,454.		459,0	
	Beginning of year balance	253,602.	165,859.			17,273.		100,	
	Contributions	-1,541,626.	1,048,443.						697
	Net investment earnings, gains, and losses	1,541,020.	1,040,445.	070,47	<i>.</i>	1,204,174	•	200,	<u> </u>
	Grants or scholarships				_				
е	Other expenditures for facilities		206 285	257 26		220 212		220	401
-	and programs	288,858.	296,285.	257,36	4.	239,213.	,	230,4	±01.
f	Administrative expenses	7 000 007	0 462 060	0 545 05	_	7 000 600	6	0.4.6	45.4
g	End of year balance	7,886,987.	9,463,869.		2.	7,028,688.	۰, ۱	046,4	154.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment 77.0100	%							
с	Term endowment 22.9900								
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	nd administered fo	r the		г		
	organization by:							Yes	No
	(i) Unrelated organizations								<u> </u>
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	t X, line	10.			
	Description of property	(a) Cost or of	• • •	t or other (c	<b>c)</b> Accun		<b>(d)</b> Bool	k value	÷
		basis (investm	,	(other)	depreci	ation			
1a	Land			2,966.	-			2,96	
	Buildings					.,974.	1,367		
	Leasehold improvements			1,825.		0,163.		2,66	
	Equipment		61	4,211.	544	453.	69	9,75	58.
	Other								
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	aual Form 990. Part >	K. column (B). line 1	0c.)			2,562	$2, \overline{4}8$	35.
				-			e D (Form	990)	2022

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#### Schedule D (Form 990) 2022 NATIVE PLANT TRUST, INC.

# Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Part X Other Liabilities.	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYABLE	9,963.
(3) LIABILITY UNDER UNITRUST AGREEMENT	995,709.
(4) LEASE LIABILITIY	12,789.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,018,461.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 NATIVE PLANT TRUST, INC.			04-	2104768 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	eturn.	<u>u</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,159,812.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	<u>-1,818,921.</u>		
b	Donated services and use of facilities	2b	465,658.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-94,341.		
е	Add lines 2a through 2d			2e	-1,447,604.
3	Subtract line 2e from line 1			3	5,607,416.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,607,416.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		th Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				4 084 608
1	Total expenses and losses per audited financial statements			1	4,071,627.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. <b>2</b> a	465,658.	<u>.</u>	
b	Prior year adjustments			_	
С	Other losses			_	
d	Other (Describe in Part XIII.)				
е	Add lines <b>2a</b> through <b>2d</b>			2e	465,658.
3	Subtract line 2e from line 1			3	3,605,969.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		_	
b	Other (Describe in Part XIII.)	<b>4</b> b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,605,969.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE PRIMARY LONG-TERM FINANCIAL OBJECTIVE IS TO PRESERVE THE VALUE OF THE

ENDOWMENT INVESTMENT PORTFOLIO.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

STANDARD, WHICH REQUIRES THE ORGANIZATION TO REPORT UNCERTAIN TAX

POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS NET ASSETS

AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST

AND PENALTIES ACCORDINGLY. AS OF DECEMBER 31, 2022 AND 2021, THE

ORGANIZATION DETERMINED THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO

30

REPORT.

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Chedule D (Form 990) 2022         NATIVE PLANT TRUST, INC.           Part XIII         Supplemental Information (continued)	04-2104768 Page
ART XI, LINE 2D - OTHER ADJUSTMENTS:	
HANGES IN VALUE OF SPLIT-INTEREST AGREEMENTS	-94,341.
	Schedule D (Form 990) 20

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SC	HEDULE J	Procentario Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.       Employer identification number 10 approximation and the latest information.         Inization       Employer identification number 0 to instructions and the latest information.       Employer identification number 04-2104763         astions Regarding Compensation       Yes       No         uppropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, ction A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         ass or charter travel       Housing allowance or residence for personal use for companions       Personal services (such as maid, chauffeur, chef)         boxes on line 1a are checked, did the organization follow a written policy regarding payment or ent or provision of all of the expenses described above? If "No," complete Part III to explain inzization require substantiation prior to reimburging or allowing expenses incurred by all directors, d officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         uch, if any, of the following the organization aboves for methods used by a related organization to impensation consultant       Written employment contract (M A pproval by the board or compensation committee erar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing nor receive payment from an equity-based compensation arrang					
(Fo					22	)	
	Complete if the organization answered "Yes" on Form 990 Part IV line 23						
Depar	(Form 990)       For certain Officers, Directors, Trusteer, Key Employees, and Highest Compared Employees Attach to Form 990. Go to www.irs.gov/Form 990 for instructions and the latest information.       2000 Director Name of the organization         Name of the organization       NATUVE PLANT TRUST, INC.       Employees         Pert I       Questions Regarding Compensation       04 – 2104765         Part I       Questions Regarding Compensation       04 – 2104765         Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image of the organization provide any relevant information regarding these items.       Image of the organization provide any relevant information regarding these items.       Image of the organization regarding above to personal use Payments for business use of personal residence         Image of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the sepnese descripted above? If "Ne", complete Part III to explain       1b         2       Indicate which, if any, of the following the organization used to estabilish the compensation of the organization is CEO/Executive Director, Check and that apply. Do not check any boxes for methods used by a related organization to estabilish compensation comunitee       Xii Written employment contrac						
Intern	al Revenue Service			-			
Nam	e of the organizatior					mber	
De			04-2	10476	8		
Pa		s Regarding Compensation				T	
4-			000		Yes	No	
a			990,				
	_						
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
~				1b			
2							
				2			
		-,					
3	Indicate which, if ar	ly, of the following the organization used to establish the compensation of the organization's	;				
	Compensation	committee X Written employment contract					
	Independent c						
	X Form 990 of of	her organizations X Approval by the board or compensation c	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	ated organization:					
а	Receive a severanc	e payment or change-of-control payment?		4a			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b			
С				4c		X	
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	•						
b				<b>5</b> b		X	
6			'n				
	contingent on the n	5				v	
						X	
b		ation?		<u>6b</u>		X	
-		r 6b, describe in Part III.					
1	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x	
~		es 5 and 6? If "Yes," describe in Part III		7			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				x	
0				8			
9	Regulations section	d the organization also follow the rebuttable presumption procedure described in		9			
		53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	000	1 2022	
гна	Por Paperwork Re	eduction Act Notice, see the instructions for Form 990.	Sched	ule J (Forn	1 390	<i>,</i> 2022	

232111 10-18-22

### Schedule J (Form 990) 2022 NATIVE PLANT TRUST, INC.

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

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

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

	(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DEBBI EDELSTEIN	(i)	182,841.	0.	0.	5,000.	6,586.	194,427.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							
	(ii)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

#### Schedule J (Form 990) 2022 NATIVE PLANT TRUST, INC.

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 3:

THE PROCESS FOR REVIEWING THE EXECUTIVE DIRECTOR'S COMPENSATION HAS TWO

PARTS: AN ANNUAL REVIEW AND AN IN-DEPTH REVIEW AS PART OF A REVIEW OF ALL

EMPLOYEE COMPENSATION AT REGULAR INTERVALS. THE ANNUAL PROCESS INCLUDES A

REVIEW BY THE GOVERNANCE COMMITTEE OF EXECUTIVE COMPENSATION AT SIMILAR

ORGANIZATIONS, GENERALLY AS PUBLISHED IN THEIR 990S. THE GOVERNANCE

COMMITTEE, IN CONSULTATION WITH THE FINANCE COMMITTEE, RECOMMENDS ANY

ADJUSTMENT TO THE EXECUTIVE DIRECTOR'S COMPENSATION. THAT RECOMMENDATION IS

PRESENTED TO THE FULL BOARD FOR REVIEW AND VOTE AND IS DOCUMENTED IN THE

MEETING MINUTES. THE LAST IN-DEPTH COMPENSATION REVIEW FOR THE EXECUTIVE

DIRECTOR WAS IN 2022, AND INCLUDED EXAMINATION OF COMPREHENSIVE STUDIES

COMPILED BY EXTERNAL ENTITIES.

30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       30a         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31	SC	HEDULE M			Nonc	ash Contri	ibutions		OMB No. 1	545-004	.7
Deservery of the trauser internal floweds         Attach to Form 990. Instructions and the latest information.         Open to Pub Inspection 0.4 - 21047.65           Name of the organization         NATIVE PLANT TRUST, INC.         Employer identification nu 0.4 - 21047.65           Fart         Types of Property         (a)         Noncash contribution amounts reported on interscontabulated From 990, Part Viii, line 1g         (d)           1         Art - Works of art         (a)         Noncash contribution amounts reported on interscontabulated From 990, Part Viii, line 1g         (d)           2         Art - Historical treasures         (a)         (b)         (d)         (d)           3         Art - Fractional interests         (a)         (d)         (d)         (d)           4         Books and publications         (d)         (d)         (d)         (d)           5         Clothing and household goods         (d)         (d)         (d)         (d)           6         Cars and other vehicles         (d)         (d)         (d)         (d)           6         Securities - Obsely held stock         (d)         (d)         (d)         (d)           7         Securities - Obsely held stock         (d)         (d)         (d)         (d)           9         Securities - Obsely	(Form 990)					2022		)			
Interview         Co to www.irs.gov/Form990 for instructions and the latest information.         Impection           Name of the organization         NATIVE PLANT TRUST, INC.         Centroly instructions and the latest information.         04-2104768           Part I         Types of Property         Centroly instructions or instructions or instructions instructinstructins instructions instructinstrus instructions instructio			Complete	e if the org	anizations			9 or 30.			
Name of the organization       Employer identification numoration of the organization organization free organization ore eleid			Go	to wavaw ire				•			ic
NATIVE PLANT TRUST, INC.     04-2104768       Part I     Types of Property     (a)     (b)     (c)     (c)     (c)       1     Art - Works of art     (a)     (b)     (c)     (c)     (c)     (c)       2     Art - Instorical treasures     (a)     (b)     (c)     (c)     (c)     (c)     (c)       3     Art - Fractional interests     (c)     (c) <td< td=""><td>Name</td><td>e of the organization</td><td></td><td></td><td>s.gov/Form</td><td></td><td></td><td></td><td>•</td><td></td><td>nber</td></td<>	Name	e of the organization			s.gov/Form				•		nber
Part I       Types of Property       (a)       (b)       Number of applicable contribution amounts reported on mounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on form 990, Part VIII, line 1g       Method of determining moncash contribution amounts reported on fart states       Method of determining moncash contribution amounts reported on fart states       Method of determining moncash contribution for which her organization during the tax year for contributions for which the organ		e er une ergannaane.		PLANT	TRUST	INC.					
(a)       (b)       Number of contributions or contributions or amounts reported on fem 990, Part VIII, Ine 1g       Method of determining noncash contribution amount memounts reported on fem 990, Part VIII, Ine 1g         1       Art - Wistorical treasures	Par	rt I Types of			111001	/ 22/07					
applicable       contributions or tems contributed       mounts reported on form 990, Part VIII, line 1g       noncash contribution amount rems contributed         1       Art - Historical treasures											
2 Art - Historical interests   3 Art - Fractional interests   4 Books and publications   5 Clothing and household goods   6 Cars and other vehicles   7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   0 Securities - Closely held stock   11 Securities - Closely held stock   12 Securities - Nacelaneous   13 Coulified conservation contribution -   14 Oualified conservation contribution -   15 Real estate - Residential   16 Real estate - Commercial   17 Real estate - Contercial   18 Collectibles   19 Food invertory   20 Drugs and medical supplies   21 Taxiderny   23 Scientific specimens   24 Archeological artifacts   25 Other   26 Other   27 Other   28 Other   29 Ouring the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   20 During the year, did the organization neeviee by contribution any property reported in Part I, lies 1 through 28, that it must here a grint accelanee policy that requires the review of any nonstandard contributions?   20 During the year, did the organization tereview to solicit, process, or sell noncash						contributions or	amounts reported on				S
3       At - Fractional interests	1	Art - Works of art									
4       Books and publications	2	Art - Historical trea	asures								
4       Books and publications	3	Art - Fractional inte	erests								
5 Clothing and household goods   6 Cars and other vehicles   7 Boats and planes   8 Intellectual property   9 Securities - Publicity traded   10 Securities - National Methods to K   11 Securities - National Methods to K   12 Securities - National Methods to K   13 Qualified conservation contribution -   Historic structures X   14 Qualified conservation contribution -   Historic structures X   13 Qualified conservation contribution -   Historic structures X   14 Qualified conservation contribution -   Historic structures X   15 Real estate - Commercial   16 Real estate - Commercial   17 Real estate - Commercial   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement   29 Number of Forms 8283 received by the organization during the tax year for contributions for which t	4										
7 Boats and planes   8 Intellectual property   9 Securities - Publicly traded   10 Securities - Closely held stock   11 Securities - Pathership, LLC, or   12 Securities - Niscellaneous   13 Qualified conservation contribution -   Historic structures Image: Closely held stock   14 Qualified conservation contribution -   Historic structures Image: Closely held stock   14 Qualified conservation contribution -   15 Real estate - Commercial   16 Real estate - Commercial   17 Real estate - Commercial   18 Collectibles   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other (   29 Other (   29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period?   29 Number of Forms 8283 received by the organization during the tax year for contributions?   30a During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a During the organization here organization there in the organization to solicit, process, or sell noncash	5										
8       Intellectual property         9       Securities - Publicly traded         10       Securities - Closely hed stock.         11       Securities - Partnership, LLC, or         12       Securities - Miscellaneous       X         13       Gualified conservation contribution -         Historic structures       Interests         14       Qualified conservation contribution - Other         15       Real estate - Residential         16       Real estate - Commercial         17       Real estate - Other         18       Collectibles         19       Food inventory         20       Drugs and medical supplies         21       Taxidermy         22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other (         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period?         b       If 'Yes,' describe the arrangement in Part II.         30a	6	Cars and other vel	hicles								
8       Intellectual property         9       Securities - Publicly traded         10       Securities - Closely hed stock.         11       Securities - Partnership, LLC, or         12       Securities - Miscellaneous       X         13       Gualified conservation contribution -         Historic structures       Interests         14       Qualified conservation contribution - Other         15       Real estate - Residential         16       Real estate - Commercial         17       Real estate - Other         18       Collectibles         19       Food inventory         20       Drugs and medical supplies         21       Taxidermy         22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other (         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period?         b       If 'Yes,' describe the arrangement in Part II.         30a	7										
10       Securities - Closely held stock	8										
11       Securities - Partnership, LLC, or trust interests       X       6       275, 256 • FMV         12       Securities - Miscellaneous       X       6       275, 256 • FMV         13       Qualified conservation contribution - Other Historic structures            14       Qualified conservation contribution - Other            15       Real estate - Residential            16       Real estate - Commercial            17       Real estate - Other            18       Collectibles             19       Food inventory              20       Drugs and medical supplies              21       Taxidermy                21       Taxidermy	9	Securities - Public	ly traded								
trust interests   12   Securities - Miscellaneous   X   6   275,256.FMV     13   Qualified conservation contribution - Historic structures   14   Qualified conservation contribution - Other   15   Real estate - Residential   16   Real estate - Commercial   17   Real estate - Commercial   18   Collectibles   19   Food inventory   20   Drugs and medical supplies   21   Taxidermy   22   Historical artifacts   23   Scientific specimens   4   4   Archeological artifacts   25   Other   26   Other (   27   Other (   29     20   Number of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a   30a   30b   a best the organization hire or use third parties or related organizations to solicit, process, or sell noncash	10	Securities - Closel	y held stock								
12       Securities · Miscellaneous       X       6       275,256. FMV         13       Qualified conservation contribution - Historic structures       Image: Conservation contribution - Historic structures       Image: Conservation contribution - Historic structures         14       Qualified conservation contribution - Other       Image: Conservation contribution - Historic structures         15       Real estate - Residentia       Image: Conservation contribution - Historic structures         16       Real estate - Commercial       Image: Conservation contribution - Historical structures         17       Real estate - Other       Image: Conservation contribution - Historical antifacts         20       Drugs and medical supplies       Image: Conservation contribution - Historical artifacts         21       Taxidermy       Image: Conservation contribution - Historical artifacts         22       Historical artifacts       Image: Conservation conservation completed Form 8283, Part V, Donee Acknowledgement       Image: Conservation conservation conservation conservation conservation conservation for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       Image: Solicit, process, or sell noncash       Image: Solicit, process, or sell noncash         30a       Image: Conservation have a gift acceptance policy that requi	11	Securities - Partne	rship, LLC, or								
13       Qualified conservation contribution - Historic structures		trust interests									
Historic structures	12	Securities - Miscel	laneous		X	6	275,256.	FMV			
14       Qualified conservation contribution - Other	13	Qualified conserva	tion contribution ·	-							
15       Real estate - Residential		Historic structures									
16       Real estate - Commercial	14	Qualified conserva	ation contribution ·	Other							
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other   26 Other   27 Other   28 Other   29 Other   Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a bif "Yes," describe the arrangement in Part II.   31 X   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 X	15	Real estate - Resid	lential								
17 Real estate - Other   18 Collectibles   19 Food inventory   20 Drugs and medical supplies   21 Taxidermy   22 Historical artifacts   23 Scientific specimens   24 Archeological artifacts   25 Other   26 Other   27 Other   28 Other   29 Other   Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   30a bif "Yes," describe the arrangement in Part II.   31 X   32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   31 X	16	Real estate - Com	mercial								
18       Collectibles	17										
19       Food inventory	18										
20       Drugs and medical supplies	19										
22       Historical artifacts         23       Scientific specimens         24       Archeological artifacts         25       Other ()         26       Other ()         27       Other ()         28       Other ()         29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       31         31       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31	20										
23       Scientific specimens	21	Taxidermy									
24       Archeological artifacts	22	Historical artifacts									
24       Archeological artifacts	23	Scientific specime	ns								
26       Other       )	24										
27       Other       ()	25	Other (		)							
28       Other       (       )       29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement       29       29       0         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       30a         b       If "Yes," describe the arrangement in Part II.       31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31       X	26	Other (		)							
<ul> <li>29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement</li> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 X</li> </ul>	27	Other (		)							
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Ves 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	28	Other (		)							
<ul> <li>30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?</li> <li>30a If "Yes," describe the arrangement in Part II.</li> <li>31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>31 X</li> </ul>	29	Number of Forms	8283 received by	the organiz	zation during	g the tax year for co	ontributions				
30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       30a         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31		for which the orga	nization complete	d Form 828	33, Part V, D	onee Acknowledg	ement 29			0	
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for       30a         exempt purposes for the entire holding period?       30a         b       If "Yes," describe the arrangement in Part II.       31         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31										Yes	No
exempt purposes for the entire holding period?30abIf "Yes," describe the arrangement in Part II.31Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?32aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncash	30a	During the year, di	id the organizatior	n receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	n 28, that it			
b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31		must hold for at le	ast 3 years from t	he date of t	the initial co	ntribution, and whi	ch isn't required to be used f	or			
31Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?31X32aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncashImage: Contract or contr		exempt purposes	for the entire hold	ing period?	, 				30a		X
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	b	If "Yes," describe	the arrangement i	n Part II.							
	31	Does the organiza	tion have a gift ac	ceptance p	olicy that re	equires the review o	of any nonstandard contributi	ons?	31	Х	
	32a	Does the organiza	tion hire or use thi	ird parties o	or related or	ganizations to solid	cit, process, or sell noncash				
contributions?		contributions?							32a		X
b If "Yes," describe in Part II.	b	If "Yes," describe	in Part II.								
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	33	If the organization	didn't report an a	mount in c	olumn (c) foi	r a type of property	r for which column (a) is chec	ked,			
describe in Part II.		describe in Part II.									
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990	LHA	For Paperwork	Reduction Act N	otice, see	the Instruct	tions for Form 990	).	Schee	dule M (Forn	n 990)	2022

#### Schedule M (Form 990) 2022 NATIVE PLANT TRUST, INC.

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN B

#### NUMBER OF CONTRIBUTIONS

Schedule M (Form 990) 2022

232142 09-09-22

<u> </u>	ECA5-42D8-4AD4-A9A1-E187A0531940	C7 OMB No. 1545-00	047
SCHEDULE O (Form 990) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	-EZ	2
Internal Revenue Service Name of the organization	1	Employer identification nu	ımber
	NATIVE PLANT TRUST, INC.	04-2104768	
FORM 990, PA	RT III, LINE 2, NEW PROGRAM SERVICES:		
PLANNING AND	SOFT LAUNCH OF NEW NORTHEAST SEED NETWORK, A	REGIONAL	
COLLABORATIO	N TO DEVELOP A SUSTAINABLE SUPPLY OF ECOTYPIC	SEED FOR	
NURSERIES AND	O RESTORATION PROJECTS. NATIVE PLANT TRUST WIL	L LEAD THE	
NETWORK, DEVI	ELOP PLOTS FOR GROWING SEED, AND PROVIDE SEED	CLEANING AND	
STORAGE FOR	PARTNERS. FOUNDATION GRANTS ARE UNDERWRITING N	EW FACILITIES	
AND INITIAL	STAFFING; FUNDING FROM US FISH & WILDLIFE SERV	ICE IS	
SUPPORTING S	EED TEAMS FOR HABITAT RESTORATION.		
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:	
COMPLETED MO	NITORING AND AUGMENTATION OF THE GLOBALLY RARE	JESUP'S MILK	
VETCH, FOUND	IN ONLY THREE NATURALLY-OCCURRING LOCATIONS O	N EARTH. ALSO	
COMPLETED SE	VERAL OBJECTIVES OUTLINED IN THE FEDERAL RECOV	ERY PLAN FOR	
THIS TAXON,	INCLUDING A GENETIC ANALYSIS, SITE MANAGEMENT	PLANS, AND	
CONSERVATION	EASEMENTS AROUND KNOWN POPULATIONS.		
PARTNERED WI	TH THE HORTICULTURE DEPARTMENT TO LAUNCH THE N	ORTHEAST SEED	
NETWORK, A CO	OLLABORATION WITH NURSERIES, FEDERAL AND STATE	AGENCIES,	
AND CONSERVA	FION GROUPS TO BUILD A SUSTAINABLE SOURCE OF E	COTYPIC SEED	
FOR THIS REG	ION. RECEIVED FUNDING FROM US FISH & WILDLIFE	SERVICE TO	
WORK ON SEED	COLLECTION AND SEED INCREASE FOR HABITAT REST	ORATION, AND	
	SYMPOSIUM TO ANNOUNCE THE NETWORK AND RECRUIT		

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRACT FOR SPECIFIC PROJECTS, INCLUDING AN UNDERSTORY INSTALLATION AT

HARVARD'S ARNOLD ARBORETUM, A SANDPLAIN/GRASSLAND RESTORATION ON

MARTHA'S VINEYARD, AND AN URBAN PLANTING FOR THE CITY OF SOMERVILLE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

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 Page 2

 Name of the organization
 Employer identification number

 NATIVE PLANT TRUST, INC.
 04-2104768

IN ITS SIX-MONTH SEASON, GARDEN IN THE WOODS WELCOMED 18,000 LOCAL,

NATIONAL, AND INTERNATIONAL VISITORS TO A NATURALISTIC GARDEN IN A

WOODED LANDSCAPE WITH STEEP-SIDED VALLEYS, A POND, AND A STREAM.

PUBLISHED THIS YEAR WERE THE BOOK THE NORTHEAST NATIVE PLANT PRIMER:

235 PLANTS FOR AN EARTH-FRIENDLY GARDEN BY THE DIRECTOR OF HORTICULTURE

AND RESEARCH ARTICLES BY NURSERY STAFF IN NATIVE PLANTS JOURNAL AND THE

BUTTERFLY GARDENER.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RETAIL SHOPS

THE RETAIL SHOPS AT GARDEN IN THE WOODS AND NASAMI FARM SERVED MEMBERS

(WITH DISCOUNTS), VISITORS, AND WHOLESALE CUSTOMERS BY OFFERING A LARGE

SELECTION OF KNOWN-PROVENANCE NATIVE PLANTS THEY COULD FIND NOWHERE

ELSE PLUS BOOKS RELATED TO BOTANY AND HORTICULTURE AND SELECTED GIFTS.

MEMBERSHIP - SERVED 6,016 MEMBERS WITH A RANGE OF BENEFITS, INCLUDING

E-COMMUNICATIONS, PUBLICATIONS, EDUCATION AND NURSERY DISCOUNTS,

RECIPROCAL ADMISSIONS PROGRAMS, AND SPECIAL EVENTS. BEGAN TO MOVE

EVENTS FROM REMOTE TO HYBRID MODELS AS COVID-19 CONCERNS DECREASED.

EXPENSES \$ 715,328. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,087,996.

FORM 990, PART VI, SECTION A, LINE 1A:

FROM THE BYLAWS: "THERE SHALL BE AN EXECUTIVE COMMITTEE CONSISTING OF THE

CHAIR, VICE CHAIR(S), TREASURER, CLERK, EXECUTIVE DIRECTOR, AND OTHER

TRUSTEES AS DETERMINED FROM TIME TO TIME BY THE TRUSTEES. UNLESS THE

TRUSTEES OTHERWISE DETERMINE, THE EXECUTIVE COMMITTEE SHALL HAVE ALL THE
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10351027 131839 A366563

2022.04030 NATIVE PLANT TRUST, INC.

LANT TRUST, INC. A3665631

Name of the organization       Employer identification nu         NATIVE PLANT TRUST, INC.       04-2104768         POWERS OF THE TRUSTEES DURING INTERVALS BETWEEN MEETINGS OF THE TRUSTEES,         EXCEPT FOR THE POWERS SPECIFIED IN SECTION 55 OF CHAPTER 156B. UNLESS THE	
	umber
EXCEPT FOR THE POWERS SPECIFIED IN SECTION 55 OF CHAPTER 156B. UNLESS TH	,
	HE
TRUSTEES OTHERWISE DESIGNATE, THE EXECUTIVE COMMITTEE SHALL CONDUCT ITS	
AFFAIRS AS NEARLY AS MAY BE FEASIBLE IN THE SAME MANNER AS IS PROVIDED IN	N
THESE BYLAWS FOR THE TRUSTEES. THE MEMBERS OF ANY COMMITTEE SHALL REMAIN	IN
OFFICE AT THE PLEASURE OF THE TRUSTEES."	

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

THE EXECUTIVE DIRECTOR, TREASURER, AND MEMBERS OF THE FINANCE COMMITTEE REVIEW A DRAFT OF THE FORM 990. THE CHAIR OF THE BOARD AND THE TREASURER REVIEW SCHEDULE B. THE ENTIRE BOARD HAS THE OPPORTUNITY TO REVIEW THE FINAL VERSION BEFORE VOTING TO APPROVE IT FOR SUBMITTAL TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, ALL MEMBERS OF THE BOARD OF TRUSTEES AND ITS COMMITTEES, OFFICERS, THE EXECUTIVE DIRECTOR, MEMBERS OF SENIOR MANAGEMENT, AND EMPLOYEES WITH PURCHASING AND/OR HIRING RESPONSIBILITIES OR AUTHORITY SHALL COMPLETE A WRITTEN DISCLOSURE FORM LISTING ALL REPORTABLE CONFLICTS OR CONFIRMING THAT THERE ARE NO CONFLICTS TO REPORT. THE GOVERNANCE COMMITTEE SHALL REVIEW ALL FORMS COMPLETED BY THE TRUSTEES, OFFICERS, AND COMMITTEE MEMBERS AND THE EXECUTIVE DIRECTOR SHALL REVIEW ALL FORMS COMPLETED BY EMPLOYEES TO DETERMINE APPROPRIATE RESOLUTION IN ACCORDANCE WITH THE POLICY. IF A CONFLICT ARISES DURING THE YEAR, THE TRUSTEE, OFFICER, OR COMMITTEE MEMBER SHALL IMMEDIATELY NOTIFY THE CHAIR OF THE GOVERNANCE COMMITTEE, WHO WILL DETERMINE APPROPRIATE RESOLUTION; EMPLOYEES SHALL IMMEDIATELY NOTIFY THE EXECUTIVE DIRECTOR, WHO WILL DETERMINE APPROPRIATE RESOLUTION. THE GOVERNANCE COMMITTEE SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING Schedule O (Form 990) 2022 232212 10-28-22

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization NATIVE PLANT TRUST, INC.	Employer identification number $04 - 2104768$
TRUSTEES, OFFICERS, COMMITTEE MEMBERS, AND THE EXECUTIVE D	IRECTOR. THE
CHAIR OF THE GOVERNANCE COMMITTEE SHALL BE RESPONSIBLE FOR	MAKING ALL
DECISIONS CONCERNING RESOLUTIONS OF CONFLICTS INVOLVING ME	MBERS OF THE
GOVERNANCE COMMITTEE. THE CHAIR OF THE BOARD OF TRUSTEES ST	HALL BE
RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING RESOLUTION	S OF CONFLICTS
INVOLVING THE CHAIR OF THE GOVERNANCE COMMITTEE. THE EXECU-	TIVE DIRECTOR
SHALL BE RESPONSIBLE FOR MAKING ALL DECISIONS CONCERNING R	ESOLUTIONS OF
CONFLICTS INVOLVING EMPLOYEES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PROCESS FOR REVIEWING THE EXECUTIVE DIRECTOR'S COMPENS.	ATION HAS TWO
PARTS: AN ANNUAL REVIEW AND AN IN-DEPTH REVIEW AS PART OF	A REVIEW OF ALL
EMPLOYEE COMPENSATION AT REGULAR INTERVALS. THE ANNUAL PRO	CESS INCLUDES A
REVIEW BY THE GOVERNANCE COMMITTEE OF EXECUTIVE COMPENSATION	ON AT SIMILAR

ORGANIZATIONS, GENERALLY AS PUBLISHED IN THEIR 990S. THE GOVERNANCE

COMMITTEE, IN CONSULTATION WITH THE FINANCE COMMITTEE, RECOMMENDS ANY

ADJUSTMENT TO THE EXECUTIVE DIRECTOR'S COMPENSATION. THAT RECOMMENDATION IS

PRESENTED TO THE FULL BOARD FOR REVIEW AND VOTE AND IS DOCUMENTED IN THE

MEETING MINUTES. THE LAST IN-DEPTH COMPENSATION REVIEW FOR THE EXECUTIVE

DIRECTOR AND FULL STAFF WAS IN 2022, AND INCLUDED EXAMINATION OF

COMPREHENSIVE STUDIES COMPILED BY EXTERNAL ENTITIES. FOR STAFF, A MORE

INFORMAL COMPENSATION REVIEW OCCURS ANNUALLY AS PART OF THE BUDGETING

PROCESS AND WHENEVER THERE ARE VACANCIES TO BE FILLED. SINCE 2013,

INCREASES TO THE EXECUTIVE DIRECTOR'S SALARY HAVE MATCHED, BUT NOT

EXCEEDED, THE PERCENTAGE INCREASE GIVEN TO THE FULL STAFF.

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

 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

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 Schedule O (Form 990) 2022

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 40

Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
NATIVE PLANT TRUST, INC.	04-2104768
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST AND THROUGH
VARIOUS THIRD-PARTY WEBSITES. FINANCIAL STATEMENTS ARE	E AVAILABLE ON OUR
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGES IN VALUE OF SPLIT-INTEREST	-94,341.

Form	990-T	n	OMB No. 1545-0047		
		E.u. e.	(and proxy tax under section 6033(e))		2022
		For ca	lendar year 2022 or other tax year beginning, and ending, and ending	·	Ζυζζ
Depart Interna	ment of the Treasury I Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	ŀ	Open to Public Inspection for 501(c)(3) Organizations Only
ΑΣ	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)		over identification number
<b>B</b> Ex	empt under section	Print	NATIVE PLANT TRUST, INC.	0	4-2104768
	] 501( <b>c</b> )( <b>3</b> ) ] 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 321 COMMONWEALTH ROAD, SUITE 204	EGroup (see i	o exemption number nstructions)
	408A     530(a)       529(a)     529A		City or town, state or province, country, and ZIP or foreign postal code WAYLAND, MA 01778	F	Check box if
		С Во	ok value of all assets at end of year 18,966,553.		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
НC	Check if filing only to	2	Claim credit from Form 8941 Claim a refund shown on Form 2439		
	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
			ed Schedules A (Form 990-T)		1
	• •		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	he books are in car		DEBBI EDELSTEIN Telephone number	(508	)877-7630
Par	rt I 🔰 Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	20,922.
2	Deserves			2	
3	Add lines 1 and 2			3	20,922.
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	20,922.
6	Deduction for net	operati	ng loss. See instructions STATEMENT 1	6	20,922.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	9	
10	Total deductions.	. Add li	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			11	0.
Par	rt II Tax Com	putat	on		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n: 🗋	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax (	(trusts only)	5	
6			cility income. See instructions	6	
7			h 6 to line 1 or 2, whichever applies	7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form <b>990-T</b> (2022)

Form C	90-T (2022)		F	Page <b>2</b>
Part				uge Z
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a			
b	Other credits (see instructions)			
c	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies			
с	Tax deposited with Form 8868			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\$			
4	Enter available pre-2018 NOL carryovers here \$ 122,663. Do not include any post-2017 NOL car	•		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part			
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		_	
	Business Activity Code Available post-2017 NOL c		_	
		41,009.	-	
	\$			v
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
Part	v Supplemental Information			I

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign			nined this return, including accomp er than taxpayer) is based on all info				wledge	and belief, it is true,
Here					TIVE DIR	ECTOR		the IRS discuss this return with reparer shown below (see
	Signature of officer		Date	Title			instru	ctions)? X Yes No
	Print/Type prepare	r's name	Preparer's signature		Date	Check	if	PTIN
Paid Preparer Use Only						self- employ	ed	
	DANIELLE	NIHILL	DANIELLE NI	HILL	10/27/23			P01350943
	<b>(</b>	LIFTONLAR	SONALLEN LLP			Firm's EIN		41-0746749
		4 BATTER	YMARCH PARK,	SUITE 1	00			
	Firm's address	QUINCY,	MA 02169			Phone no.	(7	81) 982-1001
223711 01-16-	23							Form <b>990-T</b> (2022)
				1 5				

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45 2022.04030 NATIVE PLANT TRUST, INC. A3665631

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## NATIVE PLANT TRUST, INC.

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 1
	FORWARD FROM PRIOR YEAR FION INCLUDED IN PART I, LINE 6	122,663. 20,922.
SCHEDULE A PORTION SCHEDULE A ENTITY	OF PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
	HARE OF PRE-2018 NOL	0.
NET OPERATING DEDUC BALANCE AFTER PRE-2		20,922.
EXPIRING NET OPERAT		0.
CARRY FORWARD OF NE		101,741.

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/13 12/31/14 12/31/15 12/31/16 12/31/17	27,153. 31,815. 21,521. 29,427. 23,682.	10,935. 0. 0. 0. 0. 0.	16,218. 31,815. 21,521. 29,427. 23,682.	16,218. 31,815. 21,521. 29,427. 23,682.
	ER AVAILABLE THIS Y		122,663.	122,663.

04-2104768

**1** DMB No. 1545-0047

Unrelated Business Taxable Income	0
From an Unrelated Trade or Business	

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

04 - 2104768

D Sequence:

1	Name of the organization	

**SCHEDULE A** 

(Form 990-T)

Department of the Treasury

Internal Revenue Service

1

NATIVE	PLANT	TRUST,	INC.	

c Unrelated business activity code (see instructions) 459310

		(A) Income	(B) Expenses	(C) Net
a Gross receipts or sales 137,083.				
b Less returns and allowances c Balance	1c	137,083.		
Cost of goods sold (Part III, line 8)	2	116,161.		
Gross profit. Subtract line 2 from line 1c		20,922.		20,922.
a Capital gain net income (attach Schedule D (Form 1041 or Form				
1120)). See instructions				
• Net gain (loss) (Form 4797) (attach Form 4797). See instructions				
Capital loss deduction for trusts	4c			
Income (loss) from a partnership or an S corporation (attach				
statement)	5			
Rent income (Part IV)				
Unrelated debt-financed income (Part V)				
Interest, annuities, royalties, and rents from a controlled				
organization (Part VI)	. 8			
Investment income of section 501(c)(7), (9), or (17)				
organizations (Part VII)	. 9			
Exploited exempt activity income (Part VIII)				
Advertising income (Part IX)				
Other income (see instructions; attach statement)				
Total. Combine lines 3 through 12		20,922.		20,922.

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages				
3	Repairs and maintenance				
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return			8b	
9	Depletion	9			
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15	Total deductions. Add lines 1 through 14		0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	I, line 13,		
	column (C)			16	20,922.
17	Deduction for net operating loss. See instructions	17	0.		
18	Unrelated business taxable income. Subtract line 17 from line 16		20,922.		
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022

	le A (Form 990-T) 2022			<u> </u>		Page
art I	Entermot	hod of inventory valuation				MARKET
1	Inventory at beginning of year				1	67,806
2	Purchases			F	2	77,761
3	Cost of labor				3	23,467
1	Additional section 263A costs (attach statement)				4	0
5	Other costs (attach statement)				5	17,669
;	Total. Add lines 1 through 5				6	186,703
,	Inventory at end of year				7	70,542
3	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2			8	116,161
)	Do the rules of section 263A (with respect to property					Yes 🔀 N
irt I	V Rent Income (From Real Property and	Personal Propert	y Leased with Re	al Propert	<u>y)</u>	
I	Description of property (property street address, city, s	tate, ZIP code). Check i	f a dual-use. See instrue	ctions.		
	Α					
	в 🗌					
	c 🗌					
	D					
		Α	В	С		D
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
-	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
	<b>T</b>					0
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I line 6 col	umn (A)		0
				carrier y y		
	Deductions directly connected with the income			u (, y		
1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)					
1	in lines 2(a) and 2(b) (attach statement)					
5	in lines 2(a) and 2(b) (attach statement)	nter here and on Part I, I				0
rt \	in lines 2(a) and 2(b) (attach statement) <u>Total deductions. Add line 4 columns A through D. Er</u> <u>Unrelated Debt-Financed Income</u> (s	nter here and on Part I, I ee instructions)	ine 6, column (B)			0
rt \	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	nter here and on Part I, I ee instructions)	ine 6, column (B)			0
; irt \	in lines 2(a) and 2(b) (attach statement) <u>Total deductions. Add line 4 columns A through D. Er</u> <u>Unrelated Debt-Financed Income</u> (s	nter here and on Part I, I ee instructions)	ine 6, column (B)			0
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4 5 art \ 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	nter here and on Part I, I ee instructions)	ine 6, column (B)			0
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rt \	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B B C B Gross income from or allocable to debt-financed property	nter here and on Part I, I ee instructions) city, state, ZIP code). Ch	ine 6, column (B)	nstructions.		
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a b c	in lines 2(a) and 2(b) (attach statement)	Atter here and on Part I, I ee instructions) City, state, ZIP code). Ch	ine 6, column (B)	nstructions.		
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a b c	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  C  Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	A ter here and on Part I, I ee instructions) City, state, ZIP code). Cr A A A A A A A A A A A A A A A A A A A	ine 6, column (B) neck if a dual-use. See in B B (1) (1) (1) (1) (1) (1) (1) (2) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	nstructions.	9	
a b c	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. Er  Unrelated Debt-Financed Income (s  Description of debt-financed property (street address,  B  C  Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D)	A A A A A A A A A A	ine 6, column (B) neck if a dual-use. See in B B (1) (1) (1) (1) (1) (1) (1) (2) (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	nstructions.	9	

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<sup>2022.04030</sup> NATIVE PLANT TRUST, INC. A3665631

	e A (Form 990-T) 2022								Page 3
Part V	I Interest, Annu	ities, Royalties, and Ro	ents fror	n Contro		-		,	
		Exempt Controlled Organizations							
	1. Name of controlled organization	d <b>2.</b> Employer identification number			1	al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		6. Deductions directly connected with income in column 5
(1)									
(2)									
<u>(3)</u>									
(4)									
<u> 1</u>		Nc	nexempt C	Controlled O	rganizati	ons			
7.	Taxable Income	8. Net unrelated income (loss)		otal of speci yments mac		<b>10.</b> Part of column 9 that is included in the		<b>11.</b> Deductions directl connected with	
		(see instructions)				controlling organization's gross income		inc	ome in column 10
<u>(1)</u>									
(2)									
(3)									
(4)									
						Enter here	ins 5 and 10. and on Part I, column (A) 0 •	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B)
Totals Part V	II Investment I	ncome of a Section 50	1(c)(7) (	9) or (17)	Organ	jization (*	_		0.
1 art v		cription of income	/ (c)( <i>r</i> ), (	2. Amou		3. Deduction	ee instructions)	asides	5. Total deductions
				incor		directly conne (attach stater	ected (attach st		
(1)									
(2)									
(3)									
(4)									
				Add amo					Add amounts in column 5. Enter
				here and o	,				here and on Part I,
<b>T</b>				line 9, col					line 9, column (B)
Totals Part V	III Exploited E	xempt Activity Income	Other 1	 [han Adv	0. artising		see instructions)		0.
	Description of exploite		, other i			g income (	see instructions)		
		ess income from trade or busi	noss Ento	r here and o	n Part I	line 10. colum	ο (A)	2	
		nected with production of unr							
		·					,	3	
	, , ,	unrelated trade or business.							
	( )					<b>5</b> / 1		4	
5 (	Gross income from act	tivity that is not unrelated bus	iness incor	ne				5	
		to income entered on line 5						6	
		ses. Subtract line 5 from line 6							
		art II, line 12						7	
-									

Schedule A (Form 990-T) 2022

art IX	X Advertising Income Name(s) of periodical(s). Check box if report	ing two or m			ia	
	A	ing two or m	fore periodicals on a co	onsolidated bas	IS.	
	а — в —					
	c 🗌					
	D 🗌					
er an	nounts for each periodical listed above in the	e correspon	ding column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and o	n Part I, line	11, column (A)			
а		_				
5	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and o	n Part I, line	11, column (B)			
		_			r	
	Advertising gain (loss). Subtract line 3 from	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not comple					
	lines 5 through 7, and enter zero on line 8 $\dots$					
5	Readership costs	L				
6	Circulation income	·····				
•	Excess readership costs. If line 6 is less that	n				
	line 5, subtract line 6 from line 5. If line 5 is I					
	than line 6, enter zero	·····				
	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7 $\dots$	_				
a	Add line 8, columns A through D. Enter the	greater of th	e line 8a, columns tota	I or zero here a	nd on	
	Part II, line 13	<u></u>				
rt X	Compensation of Officers, D	irectors, a	and Trustees (see	e instructions)		
					3. Percentage	4. Compensation
	1. Name		<b>2.</b> Title		of time devoted	attributable to
					to business	unrelated business
					%	
					%	
					%	
					%	
	Enter here and on Part II, line 1			<u></u>		
rt X	Supplemental Information (s	see instructio	ons)			

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## NATIVE PLANT TRUST, INC.

04-2104768

990-T SCH 2	A POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 12/31/19	12,032. 28,977.	0. 0.	12,032. 28,977.	12,032. 28,977.
NOL CARRYON	VER AVAILABLE THIS	41,009.	41,009.	

FORM 990-T (A)	COST OF	GOODS	SOLD	- 01	THER	COSTS	STATEMENT 4
DESCRIPTION							AMOUNT
OFFICE EXPENSES OCCUPANCY EXPENSES ADVERTISING EXPENSES OTHER EXPENSES							13,026. 1,674. 2,320. 649.
TOTAL TO FORM 990-T, S	SCHEDULE A	A, LIN	E 5				17,669.