990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

20**22**

Open to Public

Department of the Treasury

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.

Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning , 2022, and ending , 20 C Name of organization Texas Children in Nature D Employer identification number Check if applicable: R XX-XXX7594 Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite PO Box 492 (512)434-0815 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code 364,871 Manchaca, TX, 78652 G Gross receipts \$ Amended return F Name and address of principal officer: Sarah Coles H(a) Is this a group return for subordinates? ☐ Yes X No Application pending PO Box 492 Manchaca TX 78652 **H(b)** Are all subordinates included? Yes **X** 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions. Tax-exempt status:) (insert no.) www.texaschildreninnature.org Website: H(c) Group exemption number Form of organization: X Corporation Trust Association M State of legal domicile: L Year of formation: Texas Part I **Summary** Briefly describe the organization's mission or most significant activities: The mission of Texas Children in Nature is to ensure equitable access and connection to nature for children in Texas. Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box 3 Number of voting members of the governing body (Part VI, line 1a). 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 2 6 6 17 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 7a Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 209,115 303,127 8 Revenue 34.992 53,039 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 8,705 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 244.107 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 364,871 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 67.589 91.325 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 0 0 16a Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 64.483 249.580 132,072 340,905 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 112.035 23.966 19 Revenue less expenses. Subtract line 18 from line 12 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 162,975 148,961 4,364 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 158.611 148.961 Signature Block 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. 11/02/2023 Sign Signature of officer Date Here Sarah Coles Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if **Paid** Arturo Montemayor III 11/02/2023 self-employed **PXXXXXXXX Preparer** XX-XXX2112 Firm's name MONTEMAYOR BRITTON BENDER PC Firm's EIN Use Only (512)442-0380 2110 B Boca Raton Suite B 102 Austin TX 78747 Firm's address Phone no.

Yes No

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

Form 99	90 (2022))				Page 2
Part		Statement of Program Ser			- D - 4 III	
		Check if Schedule O contain		note to any line in this	s Part III	
1		y describe the organization's r		able and an arrange	a ta castona fan ak Silana ia Taora	
	The m	nission of Texas Children in Nature	e is to ensure equita	able access and connection	n to nature for children in Texas.	
2					e year which were not listed on	
	•					Yes No
2		es," describe these new service			n how it conducts on	
3		=	ucting, or make	-	n how it conducts, any progr	Yes X No
		es," describe these changes or				les MINO
4		•		nplishments for each of	f its three largest program servi	ces, as measured by
	expe	nses. Section 501(c)(3) and 50	01(c)(4) organizat	tions are required to rep	port the amount of grants and a	
	the to	otal expenses, and revenue, if	any, for each pro	gram service reported.		
4a	(Code			cluding grants of \$) (Revenue \$)
					dress health disparities in Texas. Th	
					ks and Wildlife Department, and Agrasing their access to nature. The goa	
					building between health and nature	
	·	·	0,			J
4b	(Code			cluding grants of \$) (Revenue \$	160,149)
Th	he Sum	mit gathers partners from across t	he state to share ir	formation and network. Th	ne 2022 Summit was in Austin, Texa	S.
4c	(Code	e:) (Expenses \$	29,099 inc	cluding grants of \$) (Revenue \$)
			•	00 partners across the state	e, includes travel across the state for	partner meetings
а	ınd tech	inical advice visits both in person a	and virtual.			
4d	Other	r program services (Describe c	on Schedule O.)			
			ing grants of \$	0) (Reven	ue \$ 0)	
4e	<u> </u>	program service expenses		296,587	,	

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Part	Checklist of Required Schedules			age •
			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	×	4
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4	×	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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			
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		×
19	Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		×
	If "Yes," complete Schedule G, Part III	19	×	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

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Part	V 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		×
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		×
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	1		R
	through 24d and complete Schedule K. If "No," go to line 25a	24a	5	×
b C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	·	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
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		×
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		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		_	
	Shook in Confedence Cooperation of note to dry line in this fact v	• •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 2 2a X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c If "Yes," indicate the number of Forms 8282 filed during the year . Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? X 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? X 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b Section 501(c)(12) organizations. Enter: 11 11a Gross income from other sources. (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 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. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b C X Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section 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 . . . 16 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 X Did the organization have a written document retention and destruction policy? X 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. W Own website **▼** Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

PO Box 492, Manchaca, TX, 78652

Sarah Coles

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

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

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

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

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

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

Board Member

Check this box if neither the organization r	or any relate	a org	anız			ompe	ensa	ited any current	micer, director,	or trustee.
					C)			L W		
(A)	(B)	(40.5	not ob		ition	e than d	ono	(D)	(E)	(F)
Name and title	Average					is both		Reportable	Reportable	Estimated amount
	hours per week		_	_	irect	or/trus		compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Inst	Officer	Key	Hig	Former	organization (W-2/	organizations (W-2/	from the
	hours for related	vidu lirec	itut	cer	em	nest	mer	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	or a	ona		Key employee	e con		1099-1120)	1099-NEC)	related organizations
	below	uste	Institutional trustee		/ee	nper				
	dotted line)	96	stee			Highest compensated employee				
- (1)						ed ed				
(1) Hayden Brooks	1	×		×					_	_
Chair		^		^				0	0	(
(2) April Conkey	2	×		×						_
Vice Chair		^		^				0	0	(
(3) Darcy Bontempo	2	×		×						
Treasuer		^		^				0	0	(
(4) Dustin Miller	1	×		×						,
Secretary (7) Malla Standard	-			^				0	0	(
(5) Molly Stevens	5	×		×						
Past Chair	4							0	0	(
(6) Courtney Crim Board Member	1	×						0	0	_
(7) Demekia Biscoe	1	-						0	0	С
Board Member		×						0	0	
(8) Juan Martinez	1							0	0	
Board Member		×						0	0	
(9) Keiji Asakura	1							0	U	
Board Member		×						0	0	
(10) Larry Hysmith	1								Ŭ	
Board Member		×						0	0	
(11) Nancy Herron	1							_		
Board Member		×						0	0	
(12) Richard Heilbrun	1									
Board Member starting Nov. 2022		×						0	0	
(13) Ryan Spencer	1									
Board Member		×						0	0	
(14) Thea Platz	1									

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours	Average box, unless person is box officer and a director/tru				is both	n an	(D) Reportable compensation	(E) Reportable compensation from related		of	(F) ted amou f other	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from relations organizations 1099-MIS 1099-NE0	(W-2/ C/	fro organi	pensation om the zation an organization	nd
	dotted line)	Ф	tee			sated							
(15) Amanda Mohammed Strait Board Member	1	×						0		0			0
(16) Rolando Balli	1									0			
Board Member	40	×						0		0			0
(17) Sarah Coles Executive Director	40			×				61,813		0			0
(18)													
(19)													
(20)													
(21)							-						
(22)		<											
(23)													
(24)													
(25)													
1b Subtotal								61,813		0			0
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Sectio		•	•	•			61,813		0			0
Total number of individuals (including bu reportable compensation from the organ	t not limited	to th	nose	ilist	ed	above	e) w		e than \$100	-	of		
3 Did the organization list any former employee on line 1a? If "Yes," complete							mpl	oyee, or highes	st compens	sated	3	Yes I	No
4 For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (con	npe	nsatio							
5 Did any person listed on line 1a receive of for services rendered to the organization									tion or indiv		5		
Section B. Independent Contractors													_
1 Complete this table for your five high compensation from the organization. Rep													
(A) Name and business add	Iress							(B) Description of serv	vices		(C) Compens	ation	
													_
													_
2 Total number of independent contractor received more than \$100,000 of compens						ed to	th	ose listed abov	e) who				

Form 990 (2022)

Par	VIII	Statement of Revenue Check if Schedule O contains a re-	spon	se or note to an	v line in this Pa	rt VIII		
		Ondok ii Odriodalo O domanio a 10	Ороги		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
တ် ည	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
يَ ق	С	Fundraising events	1c					
fts, r A	d	Related organizations	1d					
ੜੂ ਵੂ	е	Government grants (contributions)	1e	130,378				
Sin	f	All other contributions, gifts, grants,						
ıţi e		and similar amounts not included above	1f	172,749				
<u>ĕ</u> ₹	g	Noncash contributions included in						
on Ind	_	lines 1a-1f	1g					
<u>ဂ</u> ဧ	h	Total. Add lines 1a–1f			303,127			
Φ		0 "		Business Code	50,000	50.000		
Program Service Revenue	2a	Summit			53,039	53,039	0	0
yram Ser Revenue	b							
m (en	C							
gra Re	d							
Š.	e f	All other program service revenue .						
<u>α</u>	f g	Total. Add lines 2a–2f			53,039			
	3	Investment income (including divident			33,033			
		other similar amounts)						
	4	Income from investment of tax-exem	od ta	nd proceeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
	7a	Gross amount from (i) Securiti	ies	(ii) Other				
		sales of assets						
		other than inventory 7a						
e	b	Less: cost or other basis	*					
evenue		and sales expenses . 7b						
	С	Gain or (loss) 7c	0	0				
ř	d	, , ,			0			
Other R	8a	Gross income from fundraising						
0		events (not including \$						
		of contributions reported on line	_					
		1c). See Part IV, line 18	8a	8,705				
	b	Less: direct expenses	8b		0.705			0.705
	C	Net income or (loss) from fundraising Gross income from gaming	g eve	nts	8,705		0	8,705
	9a	activities. See Part IV, line 19 .	9a					
	h	•	9a 9b					
	b	Less: direct expenses Net income or (loss) from gaming ac		nc	0			
	10a	Gross sales of inventory, less	livitie	·S	U			
	104	returns and allowances	10a					
	h	Less: cost of goods sold	10a					
	C	Net income or (loss) from sales of in		rv .	0			
S		The state of the state of the state of the	30	Business Code	Ü			
oŭ.	11a							
ane nue	b							
scellaneo Revenue	C							
Miscellaneous Revenue	d	All other revenue						
Σ	e	Total. Add lines 11a–11d			0			
	12	Total revenue. See instructions .			364,871	53,039	0	8,705

Form 990 (2022) Page **10**

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). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses Fundraising 8b. 9b. and 10b of Part VIII. expenses 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 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees 61.813 53.777 4.018 4.018 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 19,409 16,886 1,262 1,262 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 4.059 3,531 263 263 10 Payroll taxes 6,044 5,258 393 393 11 Fees for services (nonemployees): Management Legal Accounting 3.500 3,044 228 228 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 146 2.240 1.949 146 12 Advertising and promotion 3.081 2,680 200 200 13 4,077 3,546 265 Office expenses 265 3,233 2,813 210 14 Information technology 210 Royalties 15 16 Occupancy . . Travel 8,438 17 9,700 631 631 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 1,601 1,393 104 104 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization . O 23 1,031 897 67 67 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) TPWD Program Expense 116.647 101.483 7.582 7.582 Summit Expense 95,135 82,767 6,184 6,184 b Nature Walks 5,022 4,370 326 326 C All other expenses d 4,313 3,755 280 280 All other expenses 0 0 0 0 25 **Total functional expenses.** Add lines 1 through 24e 340,905 296,587 22,159 22,159 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	124,574	1	148,961
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	38,401	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
şţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0	10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	,	14	
	15	Other assets. See Part IV, line 11	400.075	15	4.40.004
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	162,975		148,961
	18	Grants payable	4,364	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
s	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,364	26	0
es		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ale	27	Net assets without donor restrictions	110,210		148,961
В В	28	Net assets with donor restrictions	48,401	28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
455	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et/	32	Total net assets or fund balances	158,611	32	148,961
Z	33	Total liabilities and net assets/fund balances	162,975	33	148,961
					Earm 990 (2022)

Form **990** (2022)

OIIII JU	10 (2022)			rage 12
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)			364,871
2	Total expenses (must equal Part IX, column (A), line 25)			340,905
3	Revenue less expenses. Subtract line 2 from line 1			23,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			158,611
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			-33,616
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			148,961
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain of	on		
	Schedule O.			
2 a	J		2a ×	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	а		
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c ×	
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	ne 🗀		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Ba	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		_	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .		3b	

Form **990** (2022)

Statement - Part III - 4d - Other program services (Describe on Schedule O.)

	tement - Part III - 4d - Other program services (Describe on Schedule O.)											
Description	Activity code	Expense	Grants	Revenue								
Resource Sharing: through		13,497										
webinars serve as a resource												
across the state. In 2022 we												
produced 21 webinars, they are												
also recorded and put on our												
YouTube Channel. We also												
produce emails and newsletters												
to share resources with our												
partners												
Nature Rocks Texas is a website		4,202										
dedicated to sharing		, i										
greenspaces and activities from												
our partners												
The Cities Connecting Children		3,218										
to Nature, or CCCN, initiative is		3,210										
a partnership between the												
National League of Cities and												
the Children & Nature Network.												
CCCN helps city leaders and												
their partners ensure that all												
children have the opportunity to												
play, learn and grow in nature,												
from urban parks and												
community gardens to the great												
outdoors.												
		597										
OLE! Texas transforms early		397										
childhood spaces through research inspired landscape												
designs that increase physical												
activity and connection with the												
natural world. The initiative												
adds design elements to enable												
0-5 year olds to be active, learn												
in nature, and develop motor												
skills. In Austin OLE! works												
with CCCN. TCiNN serves on												
the state leadership team												
Green School Parks and Yards		373										
use school grounds to		373										
incorporate more nature in												
communities across the state.												
TCiNN promotes this work												
through various partnerships.												
LEAP Nature Smart Libraries.		110										
		113										
A gear checkout program and												
nature programming at libraries												
to help engage families in												
nature. Piloted in the Rio												
Grande Valley.		22 000										
Total:		22,000										

SCHEDULE A (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization Texas Children in Nature XX-XXX7594 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (B) (C) (D)

(E) **Total**

0

Schedule A (Form 990) 2022 Page **2**

Part	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qu	•
Socti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests iis	stea below, pi	lease comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					_(0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
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)						
6	Public support. Subtract line 5 from line 4						0
	on B. Total Support	(-) 0010	(1-) 0010	(-) 0000	(-1) 0004	(-) 0000	(6) T-+-1
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			• 0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10					<u> </u>	0
12	Gross receipts from related activities, etc	•	,			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization': • re	s first, second	l, third, fourth,	or fifth tax ye	ar as a sectio	[,] n 501(c)(3) · · · · □
Secti	on C. Computation of Public Support						
14	Public support percentage for 2022 (line		-			14	0 %
15 16a	Public support percentage from 2021 Scl 33 ¹ /3% support test—2022. If the organ box and stop here. The organization qua	ization did not	check the box	x on line 13, ar	nd line 14 is 33		
b	33 ¹ / ₃ % support test—2021. If the organithis box and stop here. The organization	ization did not	check a box o	on line 13 or 16	a, and line 15	is 33 ¹ /3% or m	ore, check
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization means the Part VI how the organization meets the organization	neets the facts	-and-circumst	ances test, che	eck this box a	nd stop here .	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu	mstances test,	check this box	x and stop he	re. Explain
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b,	, 17a, or 17b,	check this bo	ox and see

Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support	ander the te-	Sto lioted ben	ow, picase ce	inplote i dit i		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees		(4)	(4)	(4)	(-, -	
•	received. (Do not include any "unusual grants.")			11,469	209,115	303,127	523,711
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose		72,410		34,992	53,039	160,441
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	72,410	11,469	244,107	356,166	684,152
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .			10,000	85,500	130,565	226,065
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						0
С	Add lines 7a and 7b	0	0	10,000	85,500	130,565	226,065
8	Public support. (Subtract line 7c from line 6.)			10,000	33,333	100,000	458,087
Secti	on B. Total Support						,
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	72,410	11,469	244,107	356,166	684,152
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	3					0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets						
13	(Explain in Part VI.)					8,705	8,705
4.4	and 12.)	0	72,410		244,107	364,871	692,857
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re		, tnira, tourtn,	•		` , ` ,
_	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8		•			15	66 %
16 Socti	Public support percentage from 2021 Sci on D. Computation of Investment In			<u> </u>	<u> </u>	16	71 %
17	Investment income percentage for 2022 (ov line 13. colu	mn (f))	17	0 %
18	Investment income percentage from 2022 (•		-	. , ,	18	0 %
19a	331/3% support tests—2022. If the organ						
	17 is not more than 331/3%, check this box						
b	33 ¹ / ₃ % support tests—2021. If the organize line 18 is not more than 33 ¹ / ₃ %, check this						33 ¹ /3%, and
20	Private foundation. If the organization di	_	-				_
		u		,		u 500 ii loti u	<u></u>

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(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.	ΑII	Suppoi	rting	Orga	anizations
---------	----	-----	--------	-------	------	------------

ecti	on A. All Supporting Organizations			
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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	5c		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	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 .	9c		
0a	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.	10a		

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.)

10b

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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 **b** 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 detail in Part VI. 11c Section 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? If "No," describe in Part VI 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. 1 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, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section 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 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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 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.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in **Part VI identify** 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 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 Parent of Supported Organizations. Answer lines 3a and 3b below. 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. За 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. 3b

Schedule A (Form 990) 2022 Page **6**

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (explain	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sectio	ns A through E.
Sec	tion 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	0	0
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	0	0
Sec	tion 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	10		
d	Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6	Multiply line 5 by 0.035.	6	0	0
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0
Sec	tion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2	Enter 0.85 of line 1.	2		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4	Enter greater of line 2 or line 3.	4		0
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		0
7	Check here if the current year is the organization's first as a non-function:		ntegrated Type III supporti	

(see instructions).

Schedule A (Form 990) 2022 Page **7**

Schedu	e A (Form 990) 2022				Page /
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued	d)	
Sect	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	0
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	0
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	0
4	Amounts paid to acquire exempt-use assets			4	0
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5	0
6	Other distributions (describe in Part VI). See instructions.			6	0
7 8	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to whic	h the organization is res	popolivo	7	0
	(provide details in Part VI). See instructions.	in the organization is res	sponsive	8	0
9	Distributable amount for 2022 from Section C, line 6			9	0
_10	Line 8 amount divided by line 9 amount	T		10	0
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			0	
3	Excess distributions carryover, if any, to 2022				
а	From 2017 0				
b	From 2018				
С	From 2019 0				
d	From 2020 0				
е	From 2021				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years			0	
h	Applied to 2022 distributable amount				0
_ <u>i</u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2022 from Section D, line 7:				
a	Applied to underdistributions of prior years			0	
b	Applied to 2022 distributable amount				0
C	Remainder. Subtract lines 4a and 4b from line 4.	0			
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.			0	
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				0
7	Excess distributions carryover to 2023. Add lines 3				0
	and 4c.	0			
8	Breakdown of line 7:				
a	Excess from 2018 0				
b	Excess from 2019 0				
C	Excess from 2020 0 Excess from 2021 0				
d	Excess from 2021				
<u>e</u>	EACESS HOITI 2022				

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Description: Special Event 2022: \$8,705.

Schedule B (Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

OMB No.	1545-0047
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Department of the Treasury Internal Revenue Service

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

	ie organization Idren in Nature								XX-XXX7594	
	tion type (check one	:):								Ì
Filers of:		Se	ction:							>
Form 990	or 990-EZ	X	501(c)(3	,) (enter number) or	ganizatior	1	-07	
	I		4947(a)(1) nor	ne	exempt charitable t	rust not tr	reated as a private fo	oundation	
			527 polit	ical c	oro	ganization				
Form 990	-PF		501(c)(3)	exen	mp	ot private foundation	on			
	1		4947(a)(1) nor	ne	exempt charitable t	rust treate	ed as a private found	dation	
			501(c)(3)	taxal	abl	e private foundatio	on			
Check if y	our organization is co	ove	ered by th	e Ge	ne	eral Rule or a Spe	cial Rule.			
Note: Onl	ly a section 501(c)(7),	(8)	, or (10) o	rgani	iza	ation can check bo	xes for bo	oth the General Rule	and a Special Rule. See	
nstructio	ns.									
General F	Rule									
C		pro	perty) fro						ontributions totaling \$5,000 structions for determining a	
Special R	tules					3)				
r 1	egulations under sec	tio d fr	ns 509(a)(om any o	1) an ne co	nd on	170(b)(1)(A)(vi), the atributor, during the	it checked year, tota	d Schedule A (Form seal contributions of the	9331/3% support test of the 990), Part II, line 13, 16a, or ne greater of (1) \$5,000; or lete Parts I and II.	
C li	contributor, during the	e ye al p	ear, total ourposes, o	contr or for	rib r t	outions of more that he prevention of c	n \$1,000 o uelty to c	e <i>xclusively</i> for religion hildren or animals. C	hat received from any one ous, charitable, scientific, Complete Parts I (entering	
	contributor, during the contributions totaled a during the year for an General Rule applies	e yo mo <i>ex</i> to	ear, contri ore than \$1 clusively r this orgal	ibutio 1,000 eligio nizati	on O. ou io:	is exclusively for re If this box is check is, charitable, etc., in because it receiv	ligious, changed, enter purpose.	naritable, etc., purpo here the total contrik Don't complete any clusively religious, ch	butions that were received of the parts unless the haritable, etc., contributions	
	oraning \$5,000 or mo	16 (auring the	year	ıı				\$	

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).

Your return was accepted on 11/02/2023. The Submission ID assigned to your return is 74223920233062sv9n6w. Schedule B (Form 990) (2022) Page 2 Name of organization **Employer identification number** Texas Children in Nature XX-XXX7594 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Part I Contributors Statement Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No (a) No

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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		\$	Person
			Schedule B (Form 990) (2022

Schedule B (Form 990) (2022) Page **3**

Name of organization
Texas Children in Nature

Employer identification number
XX-XXX7594

raitii	Noncash Property (see instructions). Use duplicate copies	or Part II II additional Spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	3 Day hunt at Hershey Ranch donation for our silent auction	\$ 6,000	11/15/2022
(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
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0		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022)

Texas Children in Nature XX-XXX759- Part III	Page 4				Form 990) (2022)	Schedule B (
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through the following line entry. For organizations completing Part III, enter the total of exclusively religious, charits contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.	ion number	Employer identification				
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(a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift			_			
from (b) Purpose of gift (c) Use of gift (d) Description of how gift	<u>e </u>	onship of transferor to transferee	Relatio	and ZIP + 4	Transferee's name, address, a	-
from (b) Purpose of gift (c) Use of gift (d) Description of how gift						
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from (b) Purpose of gift (c) Use of gift (d) Description of how gift						
Part I (b) T dipose of gill (c) ose of gill (c) bescription of new gill	ft is held	(d) Description of how gift is	of gift	(c) Use	(h) Purpose of gift	(a) No.
		(a) Description of now gire is		(0) 030	(b) i di pose di giit	Part I
7]
				–		
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	e	onship of transferor to transferee	Relation	and ZIP + 4	Transferee's name, address, a	
			I .			

Part I Contributors Statement

No.	Name	Street	City , State and Zipcode	Total contributions	Person Contribution
1	HEB	PO Box 839944	San Antonio TX 78283	45,000	X
2	Shield Ayers Foundation	3101 Bee Cave Rd Suite 260	Austin TX 78746	15,000	X
3	Hayden Brooks	1804 Lakeshore Dr	Austin TX 78746	10,000	X
4	Children and Nature Network	1611 County Road B West Suite 315	Saint Paul MN 55113	10,000	X
5	Winkler Family Foundation	3736 Bee Caves Rd Ste 1 No 186	Austin TX 78746	25,410	X
6	Discroll Health Plan	4525 Ayers St	Corpus Christi TX 78415	9,999	X
7	Horizon Foundation	5760 Legacy Dr	Plano TX 75024	20,000	X
8	Andy and Nona Sansom	2528 Hershey Ranch Road Stonewall	Fredericksburg TX 78624	6,000	
9	Texas Parks and Wildlife Department	4200 Smith School Rd	Austin TX 78744	130,378	X
Total:				271,787	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** Texas Children in Nature XX-XXX7594 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for 1 definition of "political campaign activities." Political campaign activity expenditures. See instructions . . . Volunteer hours for political campaign activities. See instructions Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . Yes No Was a correction made? No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 0 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5)(6)

Sche	dule C (Form 990) 2022					Page 2
Par	t II-A Complete if the organization section 501(h)).	on is exempt	under section 50	01(c)(3) and filed	d Form 5768 (ele	ction under
A (Check if the filing organization belongs EIN, expenses, and share of exc	ess lobbying ex	(penditures).		ed group member's	name, address,
3 (Check $\; \square \;$ if the filing organization checked		<u>'</u>	sions apply.		
		bying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" m				organization's totals	group totals
18	Total lobbying expenditures to influence	e public opinion	(grassroots lobbyi	ng)		
k	3 · [· · · · · · · · · · · · · · · · · ·	-				
(Total lobbying expenditures (add lines 1	a and 1b) .			0	0
C	Other exempt purpose expenditures .					
•	 Total exempt purpose expenditures (ad 	d lines 1c and 1	ld)		0	0
f	Lobbying nontaxable amount. Enter columns.	the amount f	rom the following	table in both		0
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	mount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
Ç	Grassroots nontaxable amount (enter 2	5% of line 1f)			0	0
ŀ	Subtract line 1g from line 1a. If zero or I	ess, enter -0-			0	0
i	Subtract line 1f from line 1c. If zero or le				0	0
j	If there is an amount other than zero reporting section 4911 tax for this year		1h or line 1i, did			Yes No
	(Some organizations that made a se	ction 501(h) el	Period Under Sec ection do not have ructions for lines	e to complete all	of the five columi	ns below.
	Lobbyin	g Expenditures	During 4-Year A	veraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2	Lobbying nontaxable amount				0	0
k	Lobbying ceiling amount (150% of line 2a, column (e))	· · · · · · · · · · · · · · · · · · ·				0
(: Total lobbying expenditures				0	0
•					0	0
•	Grassroots ceiling amount (150% of line 2d, column (e))					0

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022 Page **3**

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768		
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(a	a)		(b)	
	iption of the lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		×			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		×			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	*	×			2
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		×			
i	Other activities?		^			
j	Total. Add lines 1c through 1i		×			2
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		_			
b	If "Yes," enter the amount of any tax incurred under section 4912		-			
c d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		(5)	or soc	ction		
· are	501(c)(6).	(0),)	,11011		
	TO CAS				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		·	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		vear?	3		
Part		-	-	tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ne 3,	is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of				
	political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
5	and political expenditures next year?		5			
Pari		•	3			
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	i); Pari	II-A, lir	nes 1 :	and

Schedule C (For	n 990) 2022 Page 4
Part IV	Supplemental Information (continued)
	·

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	f the organization		Employer identification number
Texas	Children in Nature		XX-XXX7594
Par	Organizations Maintaining Donor Advi- Complete if the organization answered "		s or Accounts.
	Complete if the organization answered	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) I unus and other accounts
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of contributions to (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	ld in donor advised
3	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	•	
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · · · · · · Yes · · No
Par			
ı aı	Complete if the organization answered "	Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the o		
•	Preservation of land for public use (for example, recreations)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	- Treservation of	
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hi		
d	Number of conservation easements included in (c)		
	historic structure listed in the National Register .		· 2d
3	Number of conservation easements modified, trans tax year	ferred, released, extinguished, or term	ninated by the organization during the
4 5	Number of states where property subject to conserve Does the organization have a written policy regard		ootion handling of
3	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
U		ting, riandling of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization report		
·	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easemer		
Part	III Organizations Maintaining Collections	of Art. Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under FAS		e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote to	o its financial statements that describe	es these items.
b	If the organization elected, as permitted under FAS	B ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held provide the following amounts relating to these item		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, following amounts required to be reported under FA	historical treasures, or other similar	assets for financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1 .		\$
b	Assets included in Form 990, Part X		\$

Schedu	e D (Form 990) 2022								Page 2
Part	III Organizations Maintaining	Collectio	ns of Art, His	storical 1	reasures,	or Other S	imilar Ass	ets (cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):		and other reco	ords, chec	k any of the	following th	at make sig	nificant u	se of its
а	☐ Public exhibition		d	Loan	or exchange	program			
b	Scholarly research		е	Other	_				
С	☐ Preservation for future generations	3							
4	Provide a description of the organiza		tions and exp	lain how t	hey further t	he organizat	ion's exemp	ot purpos	e in Part
	XIII.								
5	During the year, did the organization	solicit or re	eceive donatio	ns of art,	historical tre	easures, or c	ther similar		
	assets to be sold to raise funds rathe	r than to be	maintained as	part of the	e organizatio	on's collectio	n?	Yes	☐ No
Part	IV Escrow and Custodial Arra	angement	s.						
	Complete if the organization	answered	l "Yes" on Fo	rm 990, F	Part IV, line	9, or repor	ted an amo	ount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee included on Form 990, Part X?						assets not	☐ Yes	☐ No
h	If "Yes," explain the arrangement in P								
b	ii res, explain the arrangement in F	art Alli ariu	complete trie i	ollowing to	able.		Λm	ount	
•	Paginning balance					1c	AIII	Ourit	
c d	Beginning balance					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			0
2a	Did the organization include an amou				scrow or cu		ınt liability?	☐ Ves	
	If "Yes," explain the arrangement in P								
Par		are zami Orio		жрішнай	iii iido booii p	31011404 011 1	CIT / III I		
	Complete if the organization	answered	l "Yes" on Fo	rm 990. I	art IV. line	10.			
		(a) Current		rior year	(c) Two years		ee years back	(e) Four ye	ars back
1a	Beginning of year balance						-		
b	Contributions			7					
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance		0	0		0	0		0
2	Provide the estimated percentage of	the current	year end balan	ce (line 1g	ı, column (a)) held as:			
а	Board designated or quasi-endowme	nt	%						
b	Permanent endowment	%							
С	Term endowment %								
_	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possessio	on of the organ	ization tha	at are held a	and administ	ered for the		
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
								3a(ii)	+
b	If "Yes" on line 3a(ii), are the related of	_						3b	
4 Dord	Describe in Part XIII the intended use		anization's end	owment ii	unas.				
Part	Land, Buildings, and Equip Complete if the organization		l "Ves" on Fo	rm 00∩ [Part IV/ line	11a Soo E	orm 00∩ □	Part Y lin	a 10
+	Description of property		ost or other basis		or other basis	(c) Accumu		(d) Book v	
	Description of property	` '	(investment)	` '	ther)	depreciati		(u) DOOK V	aiue
1a	Land								0
b	Buildings								0
C	Leasehold improvements								0
d	Equipment								0
e	Other								0
	Add lines 1a through 1e (Column (d) r		Form 990 Port	Y column	(P) line 10	2.1			

Schedule D (Form 990) 2022 Page 3 Investments - Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (C) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2)(3)(4) (5) (6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, 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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 0 Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, 1. (a) Description of liability (b) Book value (1) Federal income taxes Other Current Liabilities 57.447 (2) (3)(4) (5) (6) (7) (8)

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

57,447

Schedule D (Form 990) 2022 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 h Donated services and use of facilities Recoveries of prior year grants Add lines **2a** through **2d** 2e 3 3 Subtract line **2e** from line **1** Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a Add lines 4a and 4b . . . 0 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 0 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 0 3 Subtract line **2e** from line **1** 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b Add lines **4a** and **4b** Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 0 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.

Schedule D (Fo	rm 990) 2022 Page 5
Part XIII	Supplemental Information (continued)

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

	ment of the Treasury Revenue Service			90 or Form 9		.	Open to Public Inspection
	of the organization	Go to www.irs.gov/Fo	<i>3111199</i> 0 101 111	structions an	u the latest informa	Employer identific	
	S Children in Nature					' '	XXX7594
Par	Fundraising Activit	ies. Complete if the	e organiza	ation answ	ered "Yes" on		
	Form 990-EZ filers a				100 011	romi ooo, raitiv,	
1	Indicate whether the organi	zation raised funds th	nrough any	of the follo	wing activities.	Check all that apply.	
а	☐ Mail solicitations		e [on of non-gover		
b	☐ Internet and email solici	tations					
С	☐ Phone solicitations		g □	Special f	undraising event	ts	
d	☐ In-person solicitations						
2 a	Did the organization have a or key employees listed in F						
b		· ·	=		-		
b	compensated at least \$5,00			iraisers) pu	isuani to agreei	Herits under which th	e fundraiser is to be
							1
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3					·		
4							
5							
6		. 0					
7 							
8							
9							
10							
Total					0	C	0
3	List all states in which the registration or licensing.	organization is regist	ered or lic	ensed to s	olicit contribution	ns or has been notifi	ed it is exempt from

7							
47							

Schedule G (Form 990) 2022 Page 2

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraisingross receipts greater tha	ng event contributions			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				0
ш	2	Less: Contributions				0
	3	Gross income (line 1 minus line 2)	0	0	0	0
	4	Cash prizes				0
	5	Noncash prizes				0
Direct Expenses	6	Rent/facility costs				0
t Exp	7	Food and beverages				0
Direc	8	Entertainment				0
	9	Other direct expenses .				0
	10 11	Direct expense summary. Ad Net income summary. Subtra			L. L.	0
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe			<u>~</u> _
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				0
ses	2	Cash prizes				0
Direct Expenses	3	Noncash prizes				0
Direct I	4	Rent/facility costs)			0
_	5	Other direct expenses .				0
	6	Volunteer labor	☐ Yes %☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		0
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		0
	a Is	nter the state(s) in which the or the organization licensed to co "No," explain:	onduct gaming activities	s in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's g "Yes," explain:	_	•	ated during the tax year	

cneau	ile G (Form 990) 2022	Page 3						
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No						
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐ No						
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility	%						
b	An outside facility	%						
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No						
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$							
С	If "Yes," enter name and address of the third party:							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation \$							
	Description of services provided							
	□ Director/officer □ Employee □ Independent contractor							
17	Mandatory distributions:							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes ☐ No						
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year							
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (in Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.							
,Z								

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury	Attach to Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		Employer identification number
Texas Children in Nature)	XX-XXX7594
Part VI, line 11b:	The Form 990 is provided to the board of directors electronically. Board me with questions or updates prior to filing.	
		607
Part VI, line 19:	Governing documents are currently available upon request. In the near futu documents available on the organization's website.	re, the goal is to have all governing
<u>, </u>		

Schedule O (Form 990) 2022	Page 2
Name of the organization Texas Children in Nature	Employer identification number XX-XXX7594
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