PUBLIC INSPECTION COPY

\*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	e 2022 calendar year, or tax year beginning	and	ending	_	
B	Check if applicable	C Name of organization			D Employer identifi	cation number
	Addre	e Coastal Prairie Conservancy				
	Name chang	Doing business as			76-03770	29
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address 5615 Kirby Drive	,	Room/suite <b>367</b>	E Telephone number 713-523-	
	⊥return/ termin ated				G Gross receipts \$	4,372,273.
Г	Ameno	, , , , , , , , , , , , , , , , , , , ,	iai oodo		<b>H(a)</b> Is this a group r	
F	Applic		acentin	ni	for subordinates	
	pendir	same as C above			<b>H(b)</b> Are all subordinates i	·····= =
1	Гах-ех	empt status: X 501(c)(3) 501(c)( ) (insert no.)	4947(a)(1) c	or 527	1	list. See instructions
J١	Nebsit	te: www.coastalprairieconservancy.or	rg		H(c) Group exemption	n number
	orm of	organization: X Corporation Trust Association Ot Summary	ther	<b>L</b> Year	of formation: 1992	M State of legal domicile: TX
	1	Briefly describe the organization's mission or most significant activities	es: Prote	ecting	the coasta	1 prairie
Governance		for the benefit of its wildlife and	1  the p	eople	of Texas.	
r	2	Check this box if the organization discontinued its operation	ons or dispos	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	9
	4	Number of independent voting members of the governing body (Part	VI, line 1b)		4	9
es &		Total number of individuals employed in calendar year 2022 (Part V, li				11
ξį		Total number of volunteers (estimate if necessary)				1929
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 1	<u>  1                                   </u>	·····		0.
		Openhillandi anno ann di avendo (Danta) (III. Line 41)			Prior Year 7,453,026.	Current Year 3,561,490.
ne	8	Contributions and grants (Part VIII, line 1h)			507,377.	380,854.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			2,930,538.	231,579.
Be	10   11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			152,804.	126,979.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (			11,043,745.	4,300,902.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	1	D 51 11 5 1 (D 1) (A) 11 (A)			0.	0.
ú	45	Salaries, other compensation, employee benefits (Part IX, column (A),			584,813.	727,963.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	169,94	12.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			5,743,286.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		6,328,099.	2,640,965.
	19	Revenue less expenses. Subtract line 18 from line 12			4,715,646.	1,659,937.
Net Assets or				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			38,667,423.	38,917,092.
at Ag	21	Total liabilities (Part X, line 26)			6,152,094.	5,194,830.
Ž	22 art II	Net assets or fund balances. Subtract line 21 from line 20			32,515,329.	33,722,262.
		Ities of perjury, I declare that I have examined this return, including accompan	vina ooboduloo	and atatama	unto and to the heat of m	u knowledge and helief it is
		it, and complete. Declaration of preparer (other than officer) is based on all info				y Kilowieuge aliu bellei, it is
truo	, 001100	Electronically Filed	ormation or win	ion proparoi	nas any knowledge.	
Sig	n	Signature of officer			Date	
Her		Mary Anne Piacentini, President & (	CEO			
	•	Type or print name and title				
		Print/Type preparer's name Preparer's signature			Date Check [	PTIN
Paid	i	Barbara Murphy Barbara	Murphy	1	11/09/23 self-emplo	
Pre	oarer	Firm's name Blazek & Vetterling			Firm's EIN 7	6-0269860
Use	Only	Firm's address 2900 Weslayan, Suite 200				
		Houston, TX 77027			Phone no. 71	3-439-5739
May	the IF	RS discuss this return with the preparer shown above? See instruction	ns			X Yes No

<u>Page</u> **2** 

Form 990 (2022)

# Form 990 (2022) Coastal Prairie Conservancy Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<sub>₩</sub>
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_^_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	y	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Coastal Prairie Conservancy 76-0377029 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 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 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 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 Х 26 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 ....... Х 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): 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 ..... c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ..... Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Х **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 X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V

## Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	chock in defined and defended of the total to any line in this tall to					
			_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	43			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	x	l

Coastal Prairie Conservancy 76-0377029 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? 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, a Х 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 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 and services provided to the payor? Х 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 required to file Form 8282? 7с 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 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 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a

b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	}	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
			,			

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

excess parachute payment(s) during the year?

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

X

14a

14b

15

16

17

Form 990 (2022) Coastal Prairie Conservancy 76-0377029 Page
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. Check if Schedule O contains a response or note to any line in this Part VI S

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9			
	If there are material differences in voting rights among members of the governing body, or if the governing			П			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			L	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			.	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	.	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		.	5		X
6	Did the organization have members or stockholders?			F	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?			F	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or				
	persons other than the governing body?			H	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•	-			
а	The governing body?			H	8a	X	
b	Each committee with authority to act on behalf of the governing body?			H	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		Х
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		Ι	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			ı	iou		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	артого	, armatos,		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	·	11a	Х	
	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	. L	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done			L	12c	Х	
13	Did the organization have a written whistleblower policy?			L	13	Х	
14	Did the organization have a written document retention and destruction policy?			· L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					Ψ,	
	The organization's CEO, Executive Director, or top management official			- 1	15a	Х	37
b	Other officers or key employees of the organization			Н	15b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	nont	ith o				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable entity during the year?			1	16a	х	
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			h	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
	exempt status with respect to such arrangements?			Т	16b	х	
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, are	nd 990	-T (section 501(c)(3	3)s (	only) a	vailab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy, a	nd 1	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records				
	Mary Anne Piacentini - 713-523-6135 5615 Kirby Drive Ste 867, Houston, TX 77005						
	JOID KILDY DIIVE SCE OUT, HOUSCOIL, IX 1/005						

#### Form 990 (2022)

## 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.

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

- 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.

(A)  Name and title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee				one n an	(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated sulty		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Mary Anne Piacentini	40.00			,,				225 062	_	2 505
President & CEO (2) Elisa Donovan	40.00			Х				235,862.	0.	3,505.
VP & General Counsel	40.00	1				X		111,650.	0.	12,954.
(3) Darryl Anderson	2.00		$\vdash$			^		111,030.	0.	14,954.
Chairman	2.00	х		Х				0.	0.	0.
(4) Paige Navarro	1.00	25		25				•	•	•
Vice Chair	1.00	х		х				0.	0.	0.
(5) Iris Poteet	1.00								•	
Secretary		Х		х				0.	0.	0.
(6) Sam Hix	2.00									
Treasurer		Х		Х				0.	0.	0.
(7) Foster Carter	1.00									
Director		Х						0.	0.	0.
(8) Michael Huffmaster	1.00									
Director		Х						0.	0.	0.
(9) Jessica Jubin	1.00									
Director		Х						0.	0.	0.
(10) Juliana de Vasconcellos	1.00							_	_	_
Director		Х						0.	0.	0.
(11) Forrest Wylie	1.00									
Director		Х						0.	0.	0.
		-								
		1								
	•	-			_					

232007 12-13-22 Form **990** (2022)

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	( <b>F</b> ) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	oi a	other mpensa from th ganizat nd relat ganizati	ation le tion ted
										+		
										+		
1b Subtotal c Total from continuation sheets to Part VI								347,512.	0	. :	6,4	59. 0.
d Total (add lines 1b and 1c)								347,512.	0		6,4	
compensation from the organization									-		Yes	2 No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>										3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5		Х
Section B. Independent Contractors     Complete this table for your five highest co										sation 1	rom	
the organization. Report compensation for (A)  Name and business			ONE		iui C	JI WI		(B)  Description of s			( <b>C)</b> ensatio	n
2 Total number of independent contractors (ii	acluding but p	at lin	niter	t to	thos	e lie	ted	above) who received me	ore than			
\$100,000 of compensation from the organiz	•	J. 1111			(	_	.ou	asovo, who received the	o. o ururi	Form	990	(2022)

		Check if Schedule O contains a respons	e or note to any lir	ne in this Part VIII			
		·	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S (s	1 2	Federated campaigns 1a					
ants				-			
جَ ق			229,489.	-			
ř,		•	227, 407.	-			
ig ig			286,906.	-			
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e	200,900.	-			
atio er 9	Ť	All other contributions, gifts, grants, and	045 005				
<sup>듩</sup>			,045,095.	-			
ont	•	Noncash contributions included in lines 1a-1f	700,500.	2 561 400			
O g	n	Total. Add lines 1a-1f	Business Code	3,561,490.			
	_	Warman Danah ingama		240 202	240 202		
<u>:</u>		Warren Ranch income	110000	240,202.	240,202.		
Program Service Revenue	b	Stream Mitigation fees	110000	140,652.	140,652.		
n S	С						
Je S	d						
S.	е						
-	f	All other program service revenue		200 054			
$\longrightarrow$	g	Total. Add lines 2a-2f		380,854.			
	3	Investment income (including dividends, inte		1 1 1 0 5			15 105
		other similar amounts)		15,105.			15,105.
	4	Income from investment of tax-exempt bond	proceeds	0.050			0.050
	5	Royalties		9,959.			9,959.
		(i) Real	(ii) Personal	-			
	6 a	Gross rents 6a 143, 225		-			
		Less: rental expenses 6b 0		-			
		Rental income or (loss) 6c 143, 225	•	1.42 0.05	142 225		
		Net rental income or (loss)		143,225.	143,225.		
	7 a	Gross amount from sales of (i) Securities		-			
		assets other than inventory 7a	217,600.	-			
	b	Less: cost or other basis	1 106				
Revenue		and sales expenses	1,126.	-			
Ne l		Gain or (loss) <b>7c</b>	216,474.	016 454			016 454
		Net gain or (loss)		216,474.			216,474.
her	8 a	Gross income from fundraising events (not					
ᄚ		including \$ of					
		contributions reported on line 1c). See	44 040				
		, <del>-</del>	a 44,040.	-			
			b 70,245.	06.005			06 005
		Net income or (loss) from fundraising events		-26,205.			-26,205.
	9 a	Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	a	-			
			b				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances1	Da	-			
	b	Less: cost of goods sold1	Ob				
	С	Net income or (loss) from sales of inventory					
က္ခ			Business Code				
90 n	11 a		.				
lan enu	b		.				
Miscellaneous Revenue	С						
Mis	d	All other revenue					
$\perp$	е	Total. Add lines 11a-11d		4 202 222	504 555		045 055
	12	Total revenue. See instructions		4,300,902.	524,079.	0.	215,333.

# Form 990 (2022) Coastal Prairie Conservancy 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).

00011	Charle if Cabadula O contains a reconstruction				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	239,367.	177,132.	33,511.	28,724.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	379,960.	231,070.	73,686.	75,204.
8	Pension plan accruals and contributions (include	,	,		-
-	section 401(k) and 403(b) employer contributions)	8,626.	5,685.	1,494.	1,447.
9	Other employee benefits	53,558.	35,301.	9,270.	1,447. 8,987.
10	Payroll taxes	46,452.	30,617.	8,040.	7,795.
11	Fees for services (nonemployees):	10,1321	3070171	0,0101	777334
	` ' ' '				
	Management	810.		810.	
	Legal	112,859.		112,859.	
	Accounting	5,770.	5,770.	112,039.	
	Lobbying	3,770.	3,770.		
	Professional fundraising services. See Part IV, line 17	15 225		15 225	
f	Investment management fees	15,335.		15,335.	
g	Other. (If line 11g amount exceeds 10% of line 25,	1 40 545	444 054		F 604
	column (A), amount, list line 11g expenses on Sch O.)	148,745.	141,051.		7,694.
12	Advertising and promotion				
13	Office expenses	82,589.	70,034.	3,967.	8,588.
14	Information technology				
15	Royalties				
16	Occupancy	121,355.	93,863.	13,746.	13,746.
17	Travel	7,362.	7,055.	246.	61.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,701.	20,370.	1,177.	154.
20	Interest	122,889.	122,889.	-	
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	111,792.	102,876.	8,916.	
23	Insurance	36,082.	25,618.	5,232.	5,232.
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 0.)				
а	Conservation expenses	690,000.	690,000.		
	Ranching expenses	283,763.	283,763.		
D -	Restoration, irrigation	94,832.	94,832.		-
C	Permits and fees	29,276.	18,659.	3,850.	6,767.
d		27,842.	5,829.	16,470.	5,543.
	All other expenses	2,640,965.	2,162,414.	308,609.	169,942.
25	Total functional expenses. Add lines 1 through 24e	4,040,903.	2,102,414.	300,009.	109,942.
26	<b>Joint costs.</b> 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)				
232010	12-13-22				Form <b>990</b> (2022)

# Form 990 (2022) Part X Balance Sheet

Fa	IL A	Dalatice Stieet					
		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,073,583.	1	2,325,086.
	2	Savings and temporary cash investments			409,678.	2	1,191,941.
	3	Pledges and grants receivable, net			105,124.	3	119,637.
	4	Accounts receivable, net			20,000.	4	7,698.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B) L		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			16,485.	9	0.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	33,862,674.			
	b	Less: accumulated depreciation	10b	1,337,067.	32,564,920.	10c	32,525,607.
	11	Investments - publicly traded securities			548,959.	11	1,094,169.
	12	Investments - other securities. See Part IV, line 1	1,928,674.	12	1,576,037.		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0.	15	76,917.		
	16	Total assets. Add lines 1 through 15 (must equa	3)	38,667,423.	16	38,917,092.	
	17	Accounts payable and accrued expenses			221,762.	17	117,141.
	18	Grants payable		18			
	19	Deferred revenue	198,475.	19	0.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Se Se	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
jab		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			5,731,857.	23	5,000,772.
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	•		EC 01E
		of Schedule D			0.		76,917.
	26	Total liabilities. Add lines 17 through 25			6,152,094.	26	5,194,830.
S		Organizations that follow FASB ASC 958, che	ck here	e X			
Š		and complete lines 27, 28, 32, and 33.			21 022 404		22 245 600
<u>ala</u> r	27	Net assets without donor restrictions			21,833,484.	27	23,245,689.
Ä	28	Net assets with donor restrictions			10,681,845.	28	10,476,573.
Ĕ		Organizations that do not follow FASB ASC 95	58, che	eck here			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
Ϋ́	31	Retained earnings, endowment, accumulated inc			22 515 220	31	22 722 262
Ž	32	Total net assets or fund balances			32,515,329.	32	33,722,262.
	33	Total liabilities and net assets/fund balances			38,667,423.	33	38,917,092.

Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3	4,30 2,64 1,65 32,51	0,9 9,9	65. 37.			
4 5 6	5 Net unrealized gains (losses) on investments 5 - 6 Donated services and use of facilities 6							
7 8 9	Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Not except out fund balances at and of years Combined lines 3 through 0 (must except Bot V. line 32)	7 8 9			0.			
10 Pai	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))  rt XII Financial Statements and Reporting	10	33,72		<u>62.</u>			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	-	Yes	No			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a	2a		X			
b	Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  X Separate basis  Consolidated basis  Both consolidated and separate basis		2b	Х				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Scho		2c	х				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.		3a		х			
J	er sudits, explain why an Schedule O and describe any stans taken to undergo such sudits	ou addit	26					

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZZ
Open to Public

Inspection

**Employer identification number** Name of the organization Coastal Prairie Conservancy 76-0377029 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).) 3 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. 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) 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 II, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3131425.	1197755.	3910515.	7453026.	3561490.	19254211.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3131425.	1197755.	3910515.	7453026.	3561490.	19254211.
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)						2249953.
6	Public support. Subtract line 5 from line 4.						17004258.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3131425.	1197755.	3910515.	7453026.	3561490.	19254211.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	22,605.	22,917.	14,999.	10,677.	25,064.	96,262.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						19350473.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 4	<u>,208,427.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stor						
	tion C. Computation of Publi						
	Public support percentage for 2022 (li					14	87.88 %
	Public support percentage from 2021					15	88.50 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this box	
	<b>stop here.</b> The organization qualifies		•				
b	33 1/3% support test - 2021. If the o						
	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	•	_	
	meets the facts-and-circumstances te	-		• • •		70 and line 15 is :	
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the				-		
10	organization meets the facts-and-circu		-	•	• •		H
ΙÖ	Private foundation. If the organizatio	n did not check a l	JUX UITIIITIE 13, 162	a, 100, 17a, 0r 17b	, check this box ar	iu see instructions	·

Schedule A (Form 990) 2022 Coastal Prairie Conservancy
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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		Ī	1	<u> </u>	1	1
alendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6					1	
loa Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here	<u></u>	······································	<u></u>	<u></u>	<u></u>	<u></u> [
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2022 (lii	ne 8, column (f), d	livided by line 13, o	column (f))		15	
6 Public support percentage from 2021	Schedule A, Part	III, line 15			16	
ection D. Computation of Inves						
7 Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	
8 Investment income percentage from 2	•				18	
9a 33 1/3% support tests - 2022. If the						7 is not
more than 33 1/3%, check this box an						· · ·
<b>b 33 1/3% support tests - 2021.</b> If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
line 18 is not more than 33 1/3%, chec						_
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	L

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
Ja		
3b		
3с		
4a		
4h		
4b		
4c		
_		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	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		
Sect	tion B. Type I Supporting Organizations	-		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 suppor 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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	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		
Sect	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in 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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

## Schedule B

(Form 990)

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** 

(	Coastal Prairie Conservancy	76-0377029				
Organization type (chec	Organization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	ion				
527 political organization						
Form 990-PF 501(c)(3) exempt private foundation						
4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation					
Note: Only a section 501  General Rule	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Spec					
property) from a	any one contributor. Complete Parts I and II. See instructions for determining a con	ntributor's total contributions.				
Special Rules						
sections 509(a)( contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	or 16b, and that received from any one				
contributor, dur literary, or educ	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiving the year, total contributions of more than \$1,000 exclusively for religious, char sational purposes, or for the prevention of cruelty to children or animals. Complete in (b) instead of the contributor name and address), II, and III.	ritable, scientific,				
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiven exclusively for religious, charitable, etc., purposes, but no such contributions the here the total contributions that were received during the year for an exclusively complete any of the parts unless the <b>General Rule</b> applies to this organization be able, etc., contributions totaling \$5,000 or more during the year	totaled more than \$1,000. If this box ly religious, charitable, etc., ecause it received <i>nonexclusively</i>				
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schelline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form illing requirements of Schedule B (Form 990).					

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

Name of organization Employer identification number

## Coastal Prairie Conservancy

76-0377029

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$1,000,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$180,738.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 4	Name, address, and ZIP + 4	\$ 130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No5_	Name, address, and ZIP + 4	\$105,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a)	(b) Name address and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6_	Name, address, and ZIP + 4	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

## Coastal Prairie Conservancy

76-0377029

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7_		\$97,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8			Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
No.	Name, audress, and ZIF + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

## Coastal Prairie Conservancy

76-0377029

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Conservation easement		
8			
		\$\$	05/31/22
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
l l			

Employer identification number Name of organization Coastal Prairie Conservancy 76-0377029 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### SCHEDULE C

(Form 990)

## **Political Campaign and Lobbying Activities**

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.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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	tions. Complete Fait III.		En	nployer identification number
Coastal	Prairie Conserv	ancy		76-0377029
Part I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	organization.
<ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campa</li> </ol>	ures ign activities			
	ganization is exempt und	. , ,	-	
1 Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$
2 Enter the amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.  Part I-C Complete if the organization of the complete in the complete in the organization of the complete in the organization of the complete in	janization is exempt und	ler section 501(c).	except section 501	(c)(3).
Enter the amount directly expended	-			
2 Enter the amount of the filing organ				Ψ
exempt function activities		•		\$
3 Total exempt function expenditures				<u> </u>
line 17b			•	\$
4 Did the filing organization file Form				
5 Enter the names, addresses and er				
made payments. For each organiza	tion listed, enter the amount pai	id from the filing organiz	zation's funds. Also enter	the amount of political
contributions received that were pr			·	rate segregated fund or a
political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	1 ' '
			filing organization's funds. If none, enter-	
			Turius. Il riorio, critor	delivered to a separate
				political organization.  If none, enter -0
				il florie, effici -o

Calendar year (or fiscal year beginning in)

(a) 2019
(b) 2020
(c) 2021
(d) 2022
(e) Total

2a Lobbying nontaxable amount
b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 Coastal Prairie Conservancy 76-03770 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(b)	
of the lobbying activity.	Yes	No	Amo	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:		X		
<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> </ul>	Х	X		
Media advertisements?  d Mailings to members, legislators, or the public?  D blindings to members and the standard advantage of the standard ad	X	X		250.
Publications, or published or broadcast statements?     Grants to other organizations for lobbying purposes?	77	X		
<ul> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> </ul>	X	X		5,520.
i Other activities? j Total. Add lines 1c through 1i		X	5	770.
<ul> <li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If "Yes," enter the amount of any tax incurred under section 4912</li> </ul>		X		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(t	ō), or sec	tion	
501(c)(6).			Yes	No
<ul><li>Were substantially all (90% or more) dues received nondeductible by members?</li><li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li></ul>				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year'	? 3	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	'No" OR	(b) Part I	II-A, line	3, is
<ul> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).</li> </ul>	al			
<ul><li>a Current year</li><li>b Carryover from last year</li><li>c Total</li></ul>		2b		
0 4 1 1 1 1 1 0000(\(\lambda\)(\(\lambda\)\(\lambda\)		3		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditures next year?	olitical	4		
5 Taxable amount of lobbying and political expenditures. See instructions  Part IV Supplemental Information		5		
Provide 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.  Part II-B, Line 1, Lobbying Activities:	list); Part II-	A, lines 1 a	nd 2 (See	
CPC met and communicated with legislators regarding th				
- Getting the Land and Water Conservation Fund passed state Legislature,	throug	n the	Texas	
- Supporting increased funding for flood projects from	the T	lexas	state	
Legislature, and				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

Coastal Prairie Conservancy

**Employer identification number** 76-0377029

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		animai Funus	or Accounts.	Complete if the	е
	g	(a) Donor advis	ed funds	(b) Funds a	nd other accour	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w		eld in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?			Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ad					
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for a	ny other purpose o	conferring		
	impermissible private benefit?				Yes	☐ No
Pa	T II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	X Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically imp	ortant land area	
	X Protection of natural habitat		Preservation of	a certified historic	c structure	
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contrib	oution in the form	of a conservation	easement on the	e last
	day of the tax year.			Hel	d at the End of the	Tax Year
а	Total number of conservation easements			2a		19
b	Total acreage restricted by conservation easements			2b	17,089	.00
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c		0
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and r	ot on a			
	historic structure listed in the National Register			2d		0
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization duri	ng the tax	
	year0_					
4	Number of states where property subject to conservation eas	ement is located	1			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspec	tion, handling of			
	violations, and enforcement of the conservation easements it	holds?			X Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, a	nd enforcing cons	ervation easemer	its during the ye	ar
	145					
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and er	nforcing conservat	ion easements du	iring the year	
	7,500 <b>.</b>					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	on easements in its reve	nue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	s financial stateme	ents that describe	s the	
Da	organization's accounting for conservation easements.	Art Historical Tra		har Cimilar A	2010	
Pal	T III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	-	easures, or Ot	ner Similar A	ssets.	
			vanua atatamant a	nd balance about	ordeo	
ıa	If the organization elected, as permitted under FASB ASC 958					
	of art, historical treasures, or other similar assets held for pub			-	C	
h	service, provide in Part XIII the text of the footnote to its finan				ko of	
D	If the organization elected, as permitted under FASB ASC 958	•				
	art, historical treasures, or other similar assets held for public	exhibition, education, c	or research in lunti	erance of public s	service,	
	provide the following amounts relating to these items:			Φ		
	(i) Revenue included on Form 990, Part VIII, line 1					
0	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treating following amounts required to be reported under EASP ASP.			gairi, provide		
_	the following amounts required to be reported under FASB AS	-		Φ		
	Revenue included on Form 990, Part VIII, line 1			\$_		

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

			<u>, , , , , , , , , , , , , , , , , , , </u>	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,690,049.		31,690,049.
<b>b</b> Buildings				
c Leasehold improvements		1,655,869.	1,059,878.	595,991.
d Equipment		377,597.	277,189.	100,408.
e Other		139,159.		139,159.
Total. Add lines 1a through 1e. (Column (d) must equa	32,525,607.			

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-vear market value
(1) Financial derivatives	(-,	(-)	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the exempletion annual Weel	on Form 000. Dort IV line	11a Cas Faura 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Operating lease liabilitie	es		76,917.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			BC 045
Total. (Column (b) must equal Form 990, Part X, col. (B) line			76,917.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at 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

SCHE	eddie D (Form 990) 2022 COGB CGT I TGTT TC COMBC.			, 0	<del>00//02/ га</del> с	,c •
Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With F	levenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,832,56	3 <b>.</b>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-453,004.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-453,00	
3	Subtract line 2e from line 1			3	4,285,56	<u>7.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,335.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines <b>4a</b> and <b>4b</b>			4c	15,33	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		5	4,300,90	2.
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,625,63	<u>0.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	I Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		<u>0.</u>
3	Subtract line <b>2e</b> from line <b>1</b>			3	2,625,63	<u>0.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,335.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c	15,33	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18 )		5	2,640,96	5.

Part XIII Supplemental Information.

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

#### Part II, Line 5:

The Coastal Prairie Conservancy has a written policy that each property on which it holds a conservation easement will be monitored annually by physically inspecting the site, determining whether any violations have occurred and correcting any such violations. CPC staff meet with the landowners annually.

#### Part II, line 9:

Conservation easements are comprised of listed rights or restrictions over specific acreage that are conveyed by a property owner to the Conservancy in perpetuity in order to preserve the coastal plains. Costs to acquire conservation easements where title to the properties is not held by the

cappionicital information (continued)
Conservancy are recorded as expenses in the statement of activities.
Part V, line 4:
CPC intends to utilize the endowment funds for the perpetual maintenance
of the stream mitigation bank property. A portion of the interest from the
endowment fund (up to 4.5% annually) will be provided to assist with the
management and maintenance of the bank, including but not limited to fence
repair and replacement, invasive species control, erosion control,
prescribed burns, etc. The remaining interest earned as well as any of the
4.5% that is not needed for management and maintenance of the bank will be
rolled back into the fund to be used for extraordinary maintenance issues
as needed. Should the stream mitigation bank property be damaged through
no fault of CPC, the principal from the endowment fund can be used to
replace the conservation values of the bank up to the amount of available
monies in the endowment fund.

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number Coastal Prairie Conservancy 76-0377029 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events None (add col. (a) through 2022 Bash col. (c)) (event type) (event type) (total number) 273,529. 273,529. 1 Gross receipts 229<u>,489.</u> 229,489. 2 Less: Contributions 44,040. 44,040. 3 Gross income (line 1 minus line 2) ..... 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs ..... 38,309. 38,309. 7 Food and beverages 8 Entertainment 31,936. 31,936. 9 Other direct expenses 70,245. **10** Direct expense summary. Add lines 4 through 9 in column (d) ..... -26,205. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2022 Coastal Prairie Conservancy 76-0	<u> </u>	049	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	O 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	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
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:			
	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 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990) Supplemental Infor	Coastal	Prairie	Conservan	су	76-0377029	Page 4
Part IV	Supplemental Infor	mation <sub>(contin</sub>	ued)				

## SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

76-0377029

Department of the Treasury Name of the organization

Coastal Prairie Conservancy **Questions Regarding Compensation** 

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract X Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: **a** Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X **c** Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.

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

Regulations section 53.4958-6(c)?

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

not described on lines 5 and 6? If "Yes," describe in Part III

Schedule J (Form 990) 2022

7

8

X

Х

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Mary Anne Piacentini	(i)	175,230.	0.	60,632.	3,505.	0.	239,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(ii)	_						
	(i)							
	(ii)							
	(i)							
	(ii)							

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

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

**Employer identification number** 

	Coastal Prai	rie Co	nservancy			76-	-0377	029	
Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	Method of noncash contr		•	3
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other	X	1	690,000	FMV	·			
15	Real estate - Residential								
16	Real estate - Commercial				-				
17	Real estate - Other				_				
18	Collectibles				_				
19	Food inventory				_				
20	Drugs and medical supplies				_				
21	Taxidermy				_				
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		_	10 500					
25	Other ( Auction items )	X	5	10,500.	F.WA				
26	Other ( )				-				
27	Other ()								
28	Other (	L							
29	Number of Forms 8283 received by the organia	-	•						
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement <b>29</b>				<b>V</b>	NI -
00-	During the constant that the constant are			and and the Donald I flores of Albertain	l 00	414.24		Yes	No
30a	During the year, did the organization receive by	•		•	•	tnat it			
	must hold for at least 3 years from the date of	_					20-		Х
L	exempt purposes for the entire holding period'	<i>(</i>					. 30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance is	ooliev that re	auiros tha raviou	of any ponetandard contribu	ıtione?		24	х	
31		-	· · ·	•			31	-22	
32a	Does the organization hire or use third parties contributions?		_	process, or sell noncast			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is che	ecked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).		Schedule	e M (Forn	n 990)	2022

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

Schedule M (Form 990) 2022

Schedule M	(Form 990) 2022	Coastal	Prairie Conservancy	76-0377029	Page 2
Part II	Supplemental is reporting in Part this part for any ac	t I, column (b), th	<ul> <li>Provide the information required by Part I, lines 30b, 32b, and e number of contributions, the number of items received, or a cotion.</li> </ul>	33, and whether the organizat ombination of both. Also comp	ion lete

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Coastal Prairie Conservancy

Employer identification number 76-0377029

Form 990, Part III, Line 4d, Other Program Services: Public Outreach - CPC works with various governmental entities to track and monitor public policy issues that may affect CPC's lands, including major thoroughfare and road plans, flood control initiatives, and conservation easement tax incentives. CPC offers events, tours, and programs to enable the public to enjoy different aspects of its protected lands. In addition, CPC also hosts small group tours (working in cooperation with other conservation entities and area naturalists) as well as field trips for young people. Interpretive signs and field guides enhance the visitor experience, and expanded outreach and marketing efforts through CPC's website and electronic newsletter broaden audience reach. CPC has also developed programming at area schools and parks to make people more aware of the importance of prairies to the region. CPC also provides extensive virtual programming when visiting its preserves is not possible. Expenses \$ 245,440. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section B, line 11b: Form 990 is reviewed by CPC's Financial Officer and President/CEO. A copy of the Form is provided to the board of directors prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

CPC's conflict of interest policy requires that any transaction involving

an interested person (staff, board member, major donor, other insider or a

close family member) must be disclosed and approved by vote of the board of

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

Schedule O (Form 990) 2022

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

Name of the organization **Employer identification number** Coastal Prairie Conservancy 76-0377029 directors, with any person involved in the conflict being recused from the vote. Land transactions with a covered person must be in accordance with CPC's mission and an independent appraisal must be obtained to ensure there is no private benefit. Staff and board members must sign a conflict of interest acknowledgment and request for disclosure upon joining the organization, and board members are required to update and acknowledge the policy annually. These forms are reviewed by CPC's Vice President and General Counsel. Form 990, Part VI, Section B, Line 15a: The Chairman of the Governance Committee begins the process to review the current compensation and performance of the President/CEO. The Chair and the Committee may conduct a survey to determine prevailing raise increases for similarly situated executives. The Chair and the Committee discuss performance and compensation issues with the President/CEO. The full board of directors approves any increase in compensation. Form 990, Part VI, Section C, Line 19: CPC will copy documents and mail or e-mail to persons or organizations requesting them.

### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Coastal Prairi	e Conservancy					76-03770	29	
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year		Direct c	(f) ontrolling itity	)
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dired	(f) ct controlling entity	ent	rolled ity?
	_			301(0)(3))			Yes	No
	_							
	_							

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

	_	1	1				T			Т	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	I	ortionate	Code V-UBI	Genera	or Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	itions?	J 20 of Schedule	partition	:
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
Warren Ranch - 76-0105869											
PO Box 647											
Hockley, TX 77447	Ranch	TX	CPC	Related	-75,107.	408,948.		X	N/A	X	71.23%
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1a

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		Α_
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11	X	
	Performance of services or membership or fundraising solicitations by related organ				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	X	
q	Reimbursement paid by related organization(s) for expenses				1q	X	
	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the above is "Yes," see the instructions for information on when the second of the	ho must complete th	is line, including covered rela	tionships and transaction thresholds.			
	(a) Name of related organization	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved		
		type (a-s)					
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

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# Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
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Form 990	