***** THIS IS NOT A FILEABLE COPY *****

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

, 2021, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form **8879-TE**

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information. Name of filer

EIN or SSN

	CENTER FOR PLANT	CONSERVATION I	NC.	22-2527116
Name ar	nd title of officer or person subject to tax	DAMON WAITT		
		INTERIM PRESIDE	NT/CEO	
Part	Type of Return and Re	turn Information		
Form 5 or 10a whiche	the box for the return for which you ar 330 filers may enter dollars and cents. below, and the amount on that line for ver is applicable, blank (do not enter -0	For all other forms, enter whole the return being filed with this f	dollars only. If you check the box on orm was blank, then leave line 1b, 2b ,	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b,
	ne line in Part I.	. .	000 D 11/411 1 (A) 1: 40)	1 100 724
1a	Form 990 check here	b Total revenue, if any (Form	n 990, Part VIII, column (A), line 12)	16 1,199,724.
2a	Form 990-EZ check here Form 1120-POL check here	b Total revenue, if any (Form	n 990-EZ, line 9)	20
3a 4a	Form 990-PF check here	b Toy based on investment	, line 22) : income (Form 990-PF, Part V, line 5)	
-т а 5а	Form 8868 check here		line 3c)	
6a	Form 990-T check here	b Total tax (Form 990-T Par	t III, line 4)	6b
7a	Form 4720 check here	h Total tax (Form 4720 Part	t III, line 1)	7h
8a	Form 5227 check here	b FMV of assets at end of t	ax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part		9b
	Form 8038-CP check here	•	nt requested (Form 8038-CP, Part III, I	line 22) 10b
Part	II Declaration and Signat		ficer or Person Subject to Ta	ıx
Under	penalties of perjury, I declare that X	I am an officer of the above en	tity or I am a person subject to t	ax with respect to (name
of entit	y)		, (EIN) and	that I have examined a copy of the
financia later the payment personal PIN: ch	the financial institution account indical institution to debit the entry to this a an 2 business days prior to the payment of taxes to receive confidential infor al identification number (PIN) as my signeck one box only I authorize EVERGREEN AI	ccount. To revoke a payment, I nt (settlement) date. I also auth mation necessary to answer inc gnature for the electronic return	must contact the U.S. Treasury Finan orize the financial institutions involved juiries and resolve issues related to th and, if applicable, the consent to elec	acial Agent at 1-888-353-4537 no I in the processing of the electronic e payment. I have selected a ctronic funds withdrawal.
		ERO firm name		Enter five numbers, but do not enter all zeros
Signature	with a state agency(ies) regulating on the return's disclosure consents. As an officer or person subject to tareturn. If I have indicated within this IRS Fed/State program, I will enter	charities as part of the IRS Fed/ screen. ax with respect to the entity, I w s return that a copy of the return		orementioned ERO to enter my PIN e tax year 2021 electronically filed
Part				
ERO's	EFIN/PIN. Enter your six-digit electron	ic filing identification		
numbe	r (EFIN) followed by your five-digit self-	selected PIN.	81442990720 Do not enter all zeros	
submit	that the above numeric entry is my Plating this return in accordance with the ss Returns.			
ERO's s	ignature REBECCA CHRIS	STIANSEN	Date ▶ <u>09</u> /	20/22
		FDO Must Datain This F	auma Caalmatuustisus	
		EKO MUST KETAIN INIS F	orm - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

** PUBLIC DISCLOSURE COPY **

Form **991**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	e 2021 calendar year, or tax year beginning an	id ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
	Name change	Doing business as		22-25271	16
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 15600 SAN PASQUAL VALLEY RD	Room/suite	E Telephone numbe	
	termin ated		l	G Gross receipts \$	1,393,907.
	Ameno Ireturn			H(a) Is this a group re	
F	Applic	-		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{}$	Тах-ехе	empt status: X 501(c)(3)	1) or 527	1	list. See instructions
		e: WWW.SAVEPLANTS.ORG	., 0 02.	H(c) Group exemptio	
		organization: X Corporation	I Year		State of legal domicile: MA
	art I	Summary	L 1001	01101111au011. 230 2 N	otate of logal dofficite.
		Briefly describe the organization's mission or most significant activities: SAF	EGUARD	AND CONSERV	E IMPERILED
Governance	' :	NATIVE PLANTS BY ADVANCING SCIENCE-BASE.	D PRACT	ICES, CONNE	CTING AND
na.		Check this box if the organization discontinued its operations or disp			
Ş					22
		Number of independent voting members of the governing body (Part VI, line 1b			21
დ თ		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ijį		Total number of volunteers (estimate if necessary)			21
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 	Net unrelated business taxable income north offi 550 1,1 art 1, inc 11		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		523,908.	977,020.
Revenue				84,881.	86,650.
Ş.		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		203,849.	136,065.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-93.	-11.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		812,545.	1,199,724.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		150,500.	224,350.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		321,976.	379,729.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	5,210.
en	loa h	Total fundraising expenses (Part IX, column (A), line 25) 73,	032.	•	3,210.
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		297,841.	282,781.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		770,317.	892,070.
		Revenue less expenses. Subtract line 18 from line 12	·····	42,228.	307,654.
- S	3	nevertue less experises. Subtract line 10 front line 12	Re	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		9,136,790.	10,585,006.
ASS	21	Total liabilities (Part X, line 26)		3,003,888.	2,490,372.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		6,132,902.	8,094,634.
P	art II	Signature Block		0,102,302	0,001,0010
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	ıles and statem	ents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of			,, ,
	,, 0000	L	minon proparo		
Sig	ın	Signature of officer		Date	
He		DAMON WAITT, INTERIM PRESIDENT/CEO			
110		Type or print name and title			
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	REBECCA CHRISTIANSEN REBECCA CHRIST	IANSEN		P01219191
	parer	Firm's name EVERGREEN ALLIANCE PROFESSIONAL		Firm's FIN	86-1400078
	Only	Firm's address 4332 CERRITOS AVE, SUITE A105		THIII 3 LIIV	
	- ··· ,	LOS ALAMITOS, CA 90720		Phone no 71	4-372-8110
Ma	v tho IE	RS discuss this return with the preparer shown above? See instructions		I Holle Ho. 7 ±	X Ves No

132002 12-09-21

4e

Form **990** (2021)

Other program services (Describe on Schedule O.)

Total program service expenses

including grants of \$

570,220.

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	<u> </u>
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			3,7
	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	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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			
0	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			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
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			
	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	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 Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

1 01111 000 (
Part IV	Ch	ecklist of Required Schedules (continued

	one state of the quantum constant of the state of the sta		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Och ad to L. Do Ll	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
O_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

132004 12-09-21

Statements Regarding Other IRS Filings and Tax Compliance (continued) 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?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		l 🕶
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			Х
a	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	· · · · · · · · · · · · · · · · · · ·			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	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 Enter the amount of reserves on hand 13b 13c			
		14a		X
	16 N 4 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	14a 14b		 ^
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	עדו		
10	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

5 Form **990** (2021) 132005 12-09-21 2021.04012 CENTER FOR PLANT CONSERVATI 2050___1

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			X
Sec	tion A. Governing Body and Management			21
000	tion 7th dovorning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22	2	100	140
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		7.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		7.7	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ►AK, AL, AR, CA, CO, CT, FL, GA, HI	тт.	KS	ĸv
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	ys utily	, avalli	aule
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	nd fina	ncial	
19	statements available to the public during the tax year.	iu iiild	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - (760)796-5686			
	15600 SAN PASQUAL VALLEY RD, ESCONDIDO, CA 92027			
13200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOYCE MASCHINSKI	40.00	١.,		,,				177 412	0	0 226
CEO/PRESIDENT	40.00	Х		Х				177,413.	0.	9,336.
(2) MAUREEN WILMOT	40.00	4		,,				100 700	0	20 160
VP OPERATIONS/ADVANCEMENT	2 00			Х				123,789.	0.	39,168.
(3) BARBARA MILLEN CHAIR	2.00	x		х				0.	0.	0.
(4) LUCINDA MCDADE	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) GERALDINE (BEAN) CARROLL	2.00									
SECRETARY		Х		Х				0.	0.	0.
(6) LYNDE UIHLEIN	2.00									
TRUSTEE		Х						0.	0.	0.
(7) NANCY DOYLE	2.00									
TRUSTEE		Х						0.	0.	0.
(8) SPENCER CREWS	2.00									
TRUSTEE		Х						0.	0.	0.
(9) MARY RANDOLPH BALLINGER	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(10) DANA DIRICKSON	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(11) CHRISTOPHER DUNN	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(12) RUTH EVANS	2.00	١							•	•
TRUSTEE	2 00	Х						0.	0.	0.
(13) DIANA FISH	2.00	ļ ,,							0	•
TRUSTEE	2 00	Х						0.	0.	0.
(14) ANDREW LOVE	2.00	X						0.	0.	0
TRUSTEE (15) TANIAN LIVE	2 00	^						0.	0.	0.
(15) JANINE LUKE TRUSTEE	2.00	X						0.	0.	0.
(16) LINDSAY MARSHALL	2.00	^						0.	0.	<u> </u>
TRUSTEE		X						0.	0.	0.
(17) SCOT MEDBURY	2.00	122			\vdash		\vdash	0.	0.	•
TRUSTEE	2.00	x						0.	0.	0.
122007, 10,00,01				_	<u> </u>				0.	Earm 990 (2021)

132007 12-09-21

Section A. Officers, Directors, Trus	T	ploy	/ees			ighe	st C					(E)	
(A)	(B) Average	(C) Position						(D)	(E)			(F)	
Name and title	hours per	(do not check more than one box, unless person is both ar						Reportable compensation	Reportable compensation			timate nount (
	week			nd a di				from	from related		"	other	J1
	(list any	ctor						the	organization	ıs	com	pensa	tion
	hours for	or dire	a.			ated		organization	(W-2/1099-MIS			om the	
	related organizations	ustee	truste		a)	suadı		(W-2/1099-MISC/	1099-NEC)		_	anizati	
	below	ual tr	ional		ploye	t com	ا	1099-NEC)				d relate anizatio	
	line)	individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				Oigi	ai iiZati	3110
(18) CLARK MITCHELL	2.00	┢	 -		<u>×</u>	1	<u> </u>						
TRUSTEE		X						0.		0.			0.
(19) JOSEPH WOOLSTON	2.00												
TRUSTEE		Х						0.		0.			0.
(20) ALLISON ALBERTS	2.00									_			^
TRUSTEE	2 00	Х						0.		0.			0.
(21) ALISON LUCKMAN	2.00	x						0.		0.			0.
TRUSTEE (22) DAMON WAITT	2.00	₽						0.		0.			0.
TRUSTEE	2.00	x						0.		0.			0.
(23) NANCY YLVISAKE	2.00	Ħ											
TRUSTEE		Х						0.		0.			0.
		$ldsymbol{f eta}$											
		-											
		⊢		\vdash			_						
		┨											
1b Subtotal			<u> </u>			<u> </u>		301,202.		0.	4	8,5	04.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>						301,202.		0.	4	8,5	04.
2 Total number of individuals (including but n	ot limited to th	ıose	liste	ed ab	oove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			_
compensation from the organization												· I	. 2
6 Billi												Yes	No
3 Did the organization list any former officer,			•		•		•		•		,		Х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		21
and related organizations greater than \$15			-					<u>-</u>	the organization		4	х	
5 Did any person listed on line 1a receive or a									idual for services	······			
rendered to the organization? If "Yes," com											5	Х	
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing w	/ith	or w	ithir I		year.				
(A) Name and business	address	N	INC	F.				(B) Description of s	services	C)) eamo:	رَ) nsatioı	า
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	l d above) who received n	nore than				
\$100,000 of compensation from the organi	zation >				(0					_	<u> </u>	2004)

Form	, aa	ın ('	2021) CEN	ITE	R F	OR	$_{ m PL}$	ANT CONS	ERVATION I	NC.	22-2527	116 Page 9
Pa			,									
			Check if Schedule O	conta	ains a	respoi	nse (or note to any lir	ne in this Part VIII			
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1	_	Federated campaigns			1a						
ran	•					1b						
اع ق			Fundraising events			1c						
ifts ar A						1d						
s,e I≝i			Government grants (contr			1e		363,164.				
Sign			All other contributions, gifts,		,	. <u>`</u>						
the			similar amounts not included			1f		613,856.				
ÖĒ		g	Noncash contributions included in			1g \$		10,299.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f						977,020.			
								Business Code				
e l	2	а	PARTNER RESOU	JRC	ES			900099	75,925.	75,925.		
e Zi		b	NATIONAL MEET	ΊΝ	G		_	900099	10,725.	10,725.		
Su		С										
eve		d										
Program Service Revenue		е										
≖∣		f	All other program service	reve	nue							
		g	Total. Add lines 2a-2f					<u></u>	86,650.			
	3		Investment income (include	_				•	00 755			00 755
	_		other similar amounts)						80,755.			80,755.
	4		Income from investment of			•						
	5		Royalties) Real		(ii) Personal				
	_	_	Overe wente	6-	(i) neai		(II) Fersonal				
	О		Gross rents	6a 6b								
			Less: rental expenses Rental income or (loss)	6c								
			Net rental income or (loss)									
	7		Gross amount from sales of			ecuriti		(ii) Other				
	•	_	assets other than inventory	7a		,43						
		b	Less: cost or other basis	1.2		<u> </u>						
ne			and sales expenses	7b	194	,12	8.					
		С	Gain or (loss)	7с	55	<u>,</u> 31	0.					
Be		d	Net gain or (loss)					>	55,310.			55,310.
Other Reven	8	а	Gross income from fundraising	ng ev	ents (n	ot						
ਠ			including \$			of						
			contributions reported on		,							
			Part IV, line 18				8a					
			Less: direct expenses				8b					
	_		Net income or (loss) from				ts					
	9	а	Gross income from gamin									
		L-	Part IV, line 19				9a					
			Less: direct expenses				9b					
	10		Net income or (loss) from				· · · ·	····· •				
	iU	а	Gross sales of inventory, and allowances				10a	44.				
		h	Less: cost of goods sold				10b	55.				
			Net income or (loss) from						-11.			-11.
s			(Business Code				

132009 12-09-21

136,054. Form **990** (2021)

1,199,724.

d All other revenue _____e Total. Add lines 11a-11d

12 Total revenue. See instructions

86,650.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			· ·	<u>.</u>
	and domestic governments. See Part IV, line 21	224,350.	224,350.		
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,	4.60 0.56	400 404	25 252	45 005
	trustees, and key employees	162,956.	109,181.	35,850.	17,925
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 = 0 1 0 0	110 000		10.101
7	Other salaries and wages	178,188.	119,386.	39,201.	19,601.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,541.	5,722.	1,879.	940.
9	Other employee benefits	10,182.	6,822.	2,240.	1,120.
10	Payroll taxes	19,862.	13,307.	4,370.	2,185.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	25,559.		25,559.	
С	Accounting	54,400.		54,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	5,210.			5,210.
f	Investment management fees	48,833.		48,833.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	51,733.	39,010.	641.	12,082.
12	Advertising and promotion				
13	Office expenses	16,203.	2,587.	3,568.	10,048.
14	Information technology	60,654.	43,499.	13,421.	3,734.
15	Royalties				
16	Occupancy				
17	Travel	3,169.		3,169.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,851.	5,219.	3,632.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,697.	1,137.	373.	187.
23	Insurance	5,662.		5,662.	
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	BANK FEES	3,129.		3,129.	
b	FILING FEES	1,509.		1,509.	
c	MEMBERSHIP AND DUES	1,382.		1,382.	
d		,		,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	892,070.	570,220.	248,818.	73,032.
<u>26</u>	Joint costs. Complete this line only if the organization	- ,	-,	-,	.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-09-21				Form 990 (2021)

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to an	y line in this Part X			X
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		594,343.	1	1,007,288.
	2	Savings and temporary cash investments		2,904,392.	2	2,382,845.
	3	Pledges and grants receivable, net		39,985.	3	20,065.
	4	Accounts receivable, net		1,847.	4	24,807.
	5	Loans and other receivables from any current or former				
		trustee, key employee, creator or founder, substantial of				
		controlled entity or family member of any of these pers			5	
	6	Loans and other receivables from other disqualified pe	F			
		under section 4958(f)(1)), and persons described in sec			6	
ξ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges		11,123.	9	16,797.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	26,039.			
	b	Less: accumulated depreciation 10b	23,146.	4,590.	10c	2,893.
	11	Investments - publicly traded securities		3,880,467.		4,711,700.
	12	Investments - other securities. See Part IV, line 11		1,700,043.	12	2,418,611.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	F		15	
	16	Total assets. Add lines 1 through 15 (must equal line 3		9,136,790.	16	10,585,006.
	17	Accounts payable and accrued expenses		182,271.	17	192,006.
	18	Grants payable		18		
	19	Deferred revenue	13,351.	19	13,151.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
S	22	Loans and other payables to any current or former office				
ij		trustee, key employee, creator or founder, substantial of				
Liabilities		controlled entity or family member of any of these pers			22	
=	23	Secured mortgages and notes payable to unrelated thi			23	
	24	Unsecured notes and loans payable to unrelated third		51,967.	24	
	25	Other liabilities (including federal income tax, payables	to related third			
		parties, and other liabilities not included on lines 17-24)	. Complete Part X			
		of Schedule D		2,756,299.	25	2,285,215.
	26	Total liabilities. Add lines 17 through 25		3,003,888.	26	2,490,372.
		Organizations that follow FASB ASC 958, check her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.				
<u>la</u>	27	Net assets without donor restrictions		1,184,044.	27	1,750,351.
Ba	28	Net assets with donor restrictions	4,948,858.	28	6,344,283.	
ဋ		Organizations that do not follow FASB ASC 958, che				
Ę		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income,	F		31	
Ne.	32	Total net assets or fund balances		6,132,902.	32	8,094,634.
	33	Total liabilities and net assets/fund balances		9,136,790.	33	10,585,006.

27116	Page 12

Ра	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	Total revenue (must equal Part VIII, column (A), line 12)	1	1,19	9,7	<u> 24.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			70.
3	Revenue less expenses. Subtract line 2 from line 1	3			54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,13		
5	Net unrealized gains (losses) on investments	5	1,65	4,0	78.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	8,09	4,6	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 Scl				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
		_		990	(2021)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CENTER FOR PLANT CONSERVATION INC. 22-2527116 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 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.) 8 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 university: 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(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		iso complete r are				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	927,803.	615,974.	686,567.	523,908.	977,020.	3,731,272.
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	927,803.	615,974.	686,567.	523,908.	977,020.	3,731,272.
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)						405,585.
	Public support. Subtract line 5 from line 4.						3,325,687.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 686, 567.	(d) 2020 523,908.	(e) 2021 977, 020.	(f) Total
	Amounts from line 4	927,803.	615,974.	686,567.	523,908.	9//,020.	3,731,272.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	65 001	E2 100	112 200	74 020	00 555	400 005
	and income from similar sources	67,081.	73,120.	113,392.	74,939.	80,755.	409,287.
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		2 002				2 002
	assets (Explain in Part VI.)		2,082.				2,082.
	Total support. Add lines 7 through 10		,				4,142,641. 258,967.
12	•					12	230,307.
13	First 5 years. If the Form 990 is for the				•	* * * *	. □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2021 (I			column (f))		14	80.28 %
	Public support percentage from 2020					15	83.35 %
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	-					
17a							
	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	ū	•				
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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						
	Amounts included on lines 1, 2, and						
•	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2017	(6) 2010	(6) 2019	(u) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	assumed after lune 00 1075						
	acquired after June 30, 1975						
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0)	<u>.</u>
14	First 5 years. If the Form 990 is for the	-			-		ion,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontogo				P
						Laci	0.4
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Investigation					16	%
	•					T .= T	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						17 is not
	more than 33 1/3%, check this box a						▶□
k	o 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in	structions	▶Ш

132023 01-04-22

Part IV Supporting Organizations

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

		Yes	No
	1		
	2		
	0-		
	3a		
	3b		
	3c		
	4a		
	Ta		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
ماديلا	Δ (Forr	n 990	2021

Par	t IV Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	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 officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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. Schedule A (Form 990) 2021 132025 01-04-22

Sche	dule A (Form 990) 2021 CENTER FOR PLANT CONSE	RVATIO	ON INC.	22-2527116 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga		_
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	e Sections A through E.	
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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

2

3 4

5

6

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(contint}	ued)	
Sect	ion D - Distributions	· · · · · · · · · · · · · · · · · · ·			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	•		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Freeze from 0001				

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 22-2527116 CENTER FOR PLANT CONSERVATION INC.

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 not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
•	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(contributor, duri	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year > \$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

CENTER FOR PLANT CONSERVATION INC.

22-2527116

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 163,073.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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
5		\$ 37,181.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,000.	Person X Payroll

Name of organization

Employer identification number

CENTER FOR PLANT CONSERVATION INC.

22-2527116

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

CENTER FOR PLANT CONSERVATION INC.

22-2527116

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Employer identification number

Name of organization

22-2527116 CENTER FOR PLANT CONSERVATION INC. 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. `fŕom 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 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

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliei da lieca la liec	(2)
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	L	ad funde
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	·	
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		' <u>-</u>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sin	nilar Asse	ts(contin	ued)	<u>.gc </u>
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	e significa	nt use of its	;		
	collection items (check all that apply):			-	-				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's e	kempt pu	roose in Pai	t XIII.		
5	During the year, did the organization solicit or						- /		
•	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang							-	1110
	reported an amount on Form 990, Par	-	to il tilo organizatio	manoworda 100 v	Siri Siiii (, , , , , , , , , , , , , , , , , , , ,			
	Is the organization an agent, trustee, custodi		iary for contribution	ns or other assets n	ot include	ed			
	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.						
D	ii res, explain the arrangement iiii art xiii a	and complete the for	lowing table.				Amount		
_	Reginning balance				10	,	7		
	Beginning balance								
	Additions during the year								
f	Distributions during the year								
	Ending balance Did the organization include an amount on Fo						Yes		No
	-				•		_ 1es]
Pai	t V Endowment Funds. Complete if								
	Ziras William Lander Complete II	(a) Current year	(b) Prior year	(c) Two years back		e vears back	(e) Four	vears	back
10	Paginning of year balance	5,638,603.	5,588,856.	+	+	,150,040.	+		052.
	Beginning of year balance	46,075.	2,400.	<u> </u>		230.	-		000.
	Contributions	1,740,432.	287,553.		_	-240,744.			268.
C	Net investment earnings, gains, and losses	1,740,432.	207,333.	1,110,012	<u>· </u>	-240,744.		705,	200.
	Grants or scholarships								
е	Other expenditures for facilities	257 160	240 206	221 220		010 070		212	200
	and programs	257,169.	240,206.	231,230	 	218,272.		212,	280.
f	Administrative expenses	7.467.044	5 600 600	5 500 056	 		-	450	0.10
g	End of year balance	7,167,941.	5,638,603.		• 4	,691,254.	5	150,	040.
2	Provide the estimated percentage of the curr			a)) held as:					
а	Board designated or quasi-endowment	13.7230	_%						
b	Permanent endowment ► 30.8250	%							
С	Term endowment ▶ 55.4520 g								
	The percentages on lines 2a, 2b, and 2c show	· ·							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	ınd administered fo	r the orga	nization	г	1	
	by:						_	Yes	No
	(i) Unrelated organizations								X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line 10				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumul	ated	(d) Bool	c value	Э
		basis (investm	nent) basis	(other)	lepreciati	on			
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment		2	6,039.	23,	146.		2,8	93.
_ е	Other								
	. Add lines 1a through 1e (Column (d) must ed		X column (B) line	10c)			-	28	93.

Part VII	Investments - Other Securities.

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) HOT CREEK INVESTORS L.P.	892,629.	END-OF-YEAR MARKET VALUE
(B) FOURTHSTONE LLC	850,352.	END-OF-YEAR MARKET VALUE
(C) GATES CAPITAL MANAGEMENT	675,630.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,418,611.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶
Part IX Other Assets.

(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1.	(a) Description of liability						
(1)	Federal income taxes						
(2)	FUNDS HELD ON BEHALF OF OTHERS	2,285,215.					
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,285,215.					

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

	CENTED FOR DIANT CONCERNA	лптом :	INC	22	2527116 _{Page}
	t XI Reconciliation of Revenue per Audited Financial States				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		ar novondo por r	iotaii	
1	Total revenue, gains, and other support per audited financial statements			1	3,213,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-,,
a		2a	1,654,078.		
b	Donated services and use of facilities		408,410.		
c	Recoveries of prior year grants	····· 			
d					
e	Add lines 2a through 2d			2e	2,062,488
3	Subtract line 2e from line 1			3	1,150,946
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,,.
· a		4a	48.833.		
	Other (Describe in Part XIII.)		48,833. -55.		
	Add lines 4a and 4b			4c	48,778
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,199,724
	rt XII Reconciliation of Expenses per Audited Financial State			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	1,251,702
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u> </u>
_ а	Donated services and use of facilities	2a	408,410.		
b	Prior year adjustments				
c	Other losses				
	Other (Describe in Part XIII.)		55.	-	
	Add lines 2a through 2d			2e	408,465
3	Subtract line 2e from line 1			3	843,237
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,833.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	48,833
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	892,070
_	rt XIII Supplemental Information.				0,52,0,0
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:				
PRO	OMOTION, CONSERVATION AND PRESERVATION OF	PLAN'	rs.		
PAI	RT X, LINE 2:				
THI	E CENTER IS ORGANIZED AS A MASSACHUSETTS	PUBLIC	C BENEFIT NO	NPR	OFIT

CORPORATION, BUT DOING BUSINESS IN CALIFORNIA AS A FOREIGN NONPROFIT, AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE CENTER IS ANNUALLY REQUIRED

TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE CENTER IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. MANAGEMENT HAS DETERMINED THAT THE CENTER IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT HAS DETERMINED THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE CENTER WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE CENTER'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS, AFTER THEY ARE FILED.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

-55. COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

55. COST OF GOODS SOLD

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

CENTER FO	R PLANT (CONSERVATION	N INC.				22-252/116
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	led.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							NATIONAL COLLECTION
THE ARBORETUM AT FLAGSTAFF							PAYOUTS AND PARTICIPATING
4001 S. WOODY MOUNTAIN RD.							INSTITUTION WORK FOR SEED
FLAGSTAFF, AZ 86001	94-2788812	501(C)(3)	24,700.	0.			COLLECTING
							NATIONAL COLLECTION
FRIENDS OF LYON ARBORETUM							PAYOUTS AND PARTICIPATING
3860 MANOA ROAD							INSTITUTION WORK FOR SEED
HONOLULU, HI 98822	23-7429693	501(C)(3)	7,000.	0.			COLLECTING
							NATIONAL COLLECTION
NORTH CAROLINA BOTANICAL GARDEN							PAYOUTS AND PARTICIPATING
PO BOX 3375							INSTITUTION WORK FOR SEED
CHAPEL HILL, NC 27599	56-6076622	501(C)(3)	20,700.	0.		1	COLLECTING
MISSOURI BOTANICAL GARDEN PO BOX 299							NATIONAL COLLECTION
ST. LOUIS, MO 63166	43-0666759	501(C)(3)	13,500.	0.			PAYOUTS
NATIVE PLANT TRUST							
180 HEMENWAY ROAD							NATIONAL COLLECTION
FRAMINGHAM, MA 01701	04-2104768	501(C)(3)	10,500.	0.			PAYOUTS
BOK TOWER GARDENS							
1151 TOWER BLVD							NATIONAL COLLECTION
LAKE WALES, FL 33853	23-1352009	501(C)(3)	10,500.	0.			PAYOUTS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table				16.
3 Enter total number of other organization							

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

22-2527116 CENTER FOR PLANT CONSERVATION INC. Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant noncash organization or government if applicable cash grant valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) NATIONAL COLLECTION FAIRCHILD TROPICAL BOTANIC GARDEN PAYOUTS AND PARTICIPATING 10901 OLD CUTLER ROAD INSTITUTION WORK FOR SEED CORAL GABLES, FL 33156 59-0668480 501(C)(3) 10,500 0 COLLECTING HOLDEN ARBORETUM 9500 SPERRY ROAD NATIONAL COLLECTION KIRTLAND, OH 44094 34-0750346 501(C)(3) 7,500 0 PAYOUTS THE ARNOLD ARBORETUM OF HARVARD UNIVERSITY - 125 ARBORWAY -NATIONAL COLLECTION BOSTON, MA 02130 04-2103580 501(C)(3) 5,500 0 PAYOUTS WAIMEA ARBORETUM FOUNDATION 59-415 KAWONO ROAD NATIONAL COLLECTION HALEIWA, HI 96712 99-0174948 501(C)(3) 0 PAYOUTS 5,500 CALIFORNIA BOTANIC GARDEN 1500 N COLLEGE AVENUE CLAREMONT , CA 91711 SEED COLLECTION 95-1664113 501(C)(3) 22,400 0 ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE NE NATIONAL COLLECTION ATLANTA GA 30309 58-1313284 501(C)(3) PAYOUT 5,500 0 HI'IPAKA LLC 59-864 KAMEHAMEHA HIGHWAY NATIONAL COLLECTION PAYOUT HALEIWA , HI 96712 26-1537168 501(C)(3) 5 500 0 NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD NATIONAL COLLECTION KALAHEO, HI 96741 52-6057064 501(C)(3) 15,700 0 PAYOUT PORTLAND STATE UNIVERSITY FOUNDATION - 1600 SW 4TH AVE NATIONAL COLLECTION

Schedule I (Form 990)

PAYOUT

SUITE 730 - PORTLAND, OR 97201

93-0619733

501(C)(3)

19 600

0

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SANTA BARBARA BOTANIC GARDEN INC. 1212 MISSION CANYON RD SANTA BARBARA , CA 93105	95-1644628	501(C)(3)	5,300.	0.			NATIONAL COLLECTION PAYOUT		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
FOR ANY GRANTS MADE BY CENTER F	OR PLANT CO	NSERVATION	N, INC., WE	CONDUCT THE	
PROPER PRE-GRANT DUE DILIGENCE	TO ENSURE T	HAT THE GI	RANT RECIPI	ENT IS TRULY	
CHARITABLE.					

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

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

	·		Yes	No
1 a	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		
2	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		
3	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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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-MISo compensation	C and/or 1099-NEC	(C) Retirement and 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) JOYCE MASCHINSKI	(i)	147,413.	30,000.	0.	2,202.	7,134.		
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAUREEN WILMOT	(i)	123,789.	0.	0.	16,859.	22,309.		
VP OPERATIONS/ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III		1 8	Supplemental Information							
	_									

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

PART I, LINE 3

CENTER FOR PLANT CONSERVATION, INC. DOES NOT PROVIDE COMPENSATION TO

ANY BOARD MEMBERS OR OFFICERS FOR THEIR SERVICE TO THE ORGANIZATION.

JOYCE MASCHINSKI RECEIVED COMPENSATION FROM AN UNRELATED 501(C)(3)

ORGANIZATION FOR HER SERVICES TO CENTER FOR PLANT CONSERVATION, INC.

AND THAT ORGANIZATION UNDERTAKES THE PROPER PROCEDURES FOR DETERMINING

REASONABLE COMPENSATION.

FORM 990, PART VII, LINE 5

JOYCE MASCHINSKI RECEIVED COMPENSATION FROM THE ZOOLOGICAL SOCIETY OF

SAN DIEGO, AN UNRELATED 501(C)(3) ORGANIZATION, FOR HER SERVICES TO

CENTER FOR PLANT CONSERVATION, INC. HER AMOUNT RECEIVED FOR THE 2021

TAX YEAR WAS \$186,749.

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.

2021
Open to Public Inspection

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

Name of the organization

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING PLANT CONSERVATIONISTS, AND INSPIRING PEOPLE TO PROTECT

BIODIVERSITY FOR FUTURE GENERATIONS.

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

A DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. UPON REVIEW,

THE DRAFT FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL. UPON APPROVAL, THE FORM 990 IS FILED.

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

THE CPC BOARD OF TRUSTEES SIGNS A CONFLICT OF INTEREST STATEMENT EACH YEAR

AT THE ANNUAL MEETING. PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE

WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

CENTER FOR PLANT CONSERVATION, INC. DOES NOT PROVIDE COMPENSATION TO ANY BOARD MEMBERS OR OFFICERS FOR THEIR SERVICE TO THE ORGANIZATION. THE TOP MANAGEMENT OFFICIAL AND OFFICERS RECEIVED COMPENSATION FROM AN UNRELATED 501(C)(3) ORGANIZATION, FOR THEIR SERVICES TO CENTER FOR PLANT CONSERVATION, INC, AND THAT ORGANIZATION UNDERTAKES THE PROPER PROCEDURES FOR DETERMINING REASONABLE COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,OR,NH,ND,NC,OK,OH,NY

NV,NM,NJ,PA,RI,SC,TN,UT,VA,WA,WI,WV

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

Schedule O (Form 990) 2021 Page **2**

Name of the organization CENTER FOR PLANT CONSERVATION INC. Employer identification number 22-2527116

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 5 & 7

CPC HAS A COOPERATIVE AGREEMENT IN PLACE WITH THE ZOOLOGICAL SOCIETY OF

SAN DIEGO ("ZOO") FOR PAYROLL ADMINISTRATION. UNDER THE AGREEMENT, THE

ZOO ESTABLISHED A DEPARTMENT THAT CARRIES OUT THE PROGRAMMATIC MISSION

FOR CPC. THE ZOO WILL ADMINISTER THE PAYROLL FOR THE DEPARTMENT AND CPC

SHALL REIMBURSE THE ZOO FOR SUCH SALARY, BENEFITS AND OTHER COSTS

ASSOCIATED WITH THE PAYROLL ADMINISTRATION. THE ZOO IS ALSO RESPONSIBLE

FOR ALL PAYROLL TAX FILINGS, INCLUDING FORMS W-2 FOR THE STAFF.

FORM 990, PART X, LINE 25

FUNDS HELD ON BEHALF OF OTHERS - IN 2019, THE STATE OF CALIFORNIA

ALLOCATED \$3,200,000 TO SUPPORT RARE PLANT SEED AND GERMPLASM

COLLECTIONS FOR THE CONSERVATION OF THE CALIFORNIA FLORA. CPC, AS

FISCAL SPONSOR FOR CALIFORNIA PLANT RESCUE, RECEIVED THESE FUNDS FROM

THE STATE AND WILL MANAGE AND DISBURSE THEM OVER THE NEXT FIVE YEARS TO

THE MEMBERS OF THE CALIFORNIA PLANT RESCUE PER THE DISBURSEMENT PLAN

AGREED UPON BY CALIFORNIA PLANT RESCUE. CPC HAS PLACED THE CORPUS OF

THE FUNDS IN A TEMPORARILY RESTRICTED ACCOUNT WHILE RETAINING 5% OF THE

TOTAL FUNDS AS ADMINISTRATIVE COST RECOVERY AS AGREED UPON IN THE

CALIFORNIA LEGISLATURE'S APPROPRIATION. AS OF DECEMBER 31, 2021 THE

REMAINING UNDISTRIBUTED FUNDS IN THIS ACCOUNT IS \$2,285,215.