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Form **990-EZ**

Short Form 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 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending ,											
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td>C Name of organization Indiana Native Plant & Wildflower Society, Inc.</td> <td>D Employer identification number 35-2047564</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) P O Box 501528</td> <td>Room/suite </td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code Indianapolis IN 46250</td> </tr> <tr> <td colspan="2">E Telephone number (317) 632-2455</td> </tr> <tr> <td colspan="2">F Group Exemption Number ▶</td> </tr> </table>	C Name of organization Indiana Native Plant & Wildflower Society, Inc.	D Employer identification number 35-2047564	Number and street (or P O box, if mail is not delivered to street address) P O Box 501528	Room/suite 	City or town, state or province, country, and ZIP or foreign postal code Indianapolis IN 46250		E Telephone number (317) 632-2455		F Group Exemption Number ▶	
C Name of organization Indiana Native Plant & Wildflower Society, Inc.	D Employer identification number 35-2047564										
Number and street (or P O box, if mail is not delivered to street address) P O Box 501528	Room/suite 										
City or town, state or province, country, and ZIP or foreign postal code Indianapolis IN 46250											
E Telephone number (317) 632-2455											
F Group Exemption Number ▶											
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)										
I Website: ▶ N/A											
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other											
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 74,758.											

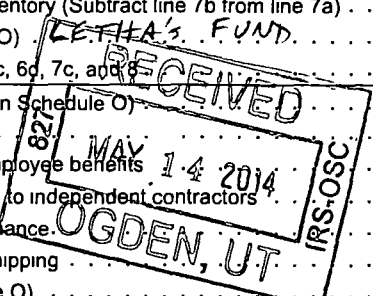
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	13,124.
	2 Program service revenue including government fees and contracts	2	22,153.
	3 Membership dues and assessments	3	18,105.
	4 Investment income	4	178.
	5a Gross amount from sale of assets other than inventory	5a	12,248.
	b Less cost or other basis and sales expenses	5b	3,416.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5c	8,832.
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O) LETHA'S FUND See Form 990-EZ, Part I, Line 8 Other Revenue	8	8,950.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	71,342.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	21,333.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	41,671.
	17 Total expenses. Add lines 10 through 16	17	63,004.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9).	18	8,338.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	84,866.
20 Other changes in net assets or fund balances (explain in Schedule O)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20.	21	93,204.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED JUN 05 2014



Part II	Balance Sheets (see the instructions for Part II)
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Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	84,866.	22 93,204.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	84,866.	25 93,204.
26 Total liabilities (describe in Schedule O).	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,866.	27 93,204.

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? To educate the general public & gardeners on use of native plants

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	Grants ranging from 200 - 750, to fund native plant projects at public sites: general 16,600, Letha's Fund 4733 (see schedule supporting Line 10, page 1) (Grants \$ 21,333.) If this amount includes foreign grants, check here	28 a	21,333.
29	Educational programs & conferences, field trips, etc. providing information on native plants to the public & to members (Grants \$ 0.) If this amount includes foreign grants, check here	29 a	27,949.
30	Newsletter/website with information on native plants (Grants \$ 0.) If this amount includes foreign grants, check here	30 a	6,467.
31	Other program services (describe in Schedule O). (Grants \$) If this amount includes foreign grants, check here	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	55,749.

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.	37 a	
b Did the organization file Form 1120-POL for this year?	37 b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b	38 b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a	39 a	
b Gross receipts, included on line 9, for public use of club facilities 39 b	39 b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	X
41 List the states with which a copy of this return is filed ▶ Indiana		

42 a The organization's books are in care of ▶ Marilyn J Frohberg Telephone no ▶ (317) 254-1660
 Located at ▶ 6156 Kingsley Drive Indianapolis IN ZIP+4 ▶ 46220

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 b X
 If 'Yes,' enter the name of the foreign country ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42 c X
 If 'Yes,' enter the name of the foreign country ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year 43

	Yes	No
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	X
c Did the organization receive any payments for indoor tanning services during the year?	44 c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d	
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45 a	X
b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47 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

	Yes	No
47		X
48		X
49a		X
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- b If 'Yes,' was the related organization a section 527 organization?

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
none				

f Total number of other employees paid over \$100,000.

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over \$100,000.

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☒ Yes ☐ No

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

Sign Here	Signature of officer <u>Marilyn J. Froberg</u> Date <u>April 5, 2014</u>				
	Type or print name and title <u>MARILYN J. FROBERG, TREASURER</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>Lucy Riegel</u>	Preparer's signature <u>Lucy Riegel</u>	Date <u>5-5-15</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00035235</u>
	Firm's name <u>LUCY RIEGEL CPA, P.C.</u>			Firm's EIN <u>35-1871812</u>	
	Firm's address <u>4631 BOULEVARD PLACE</u>			Phone no <u>(317) 923-8021</u>	
	<u>INDIANAPOLIS IN 46208</u>				

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

☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Indiana Native Plant & Wildflower Society, Inc.

Employer identification number

35-2047564

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 9 ☒ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III — Non-functionally integrated
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 - f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2013. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants').	11,860.	14,337.	16,134.	20,725.	31,229.	94,285.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	10,288.	36,208.	45,662.	35,450.	43,351.	170,959.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	22,148.	50,545.	61,796.	56,175.	74,580.	265,244.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						265,244.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	22,148.	50,545.	61,796.	56,175.	74,580.	265,244.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,366.	791.	301.	149.	178.	2,785.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,366.	791.	301.	149.	178.	2,785.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support. (Add lns 9, 10c, 11 and 12)	23,514.	51,336.	62,097.	56,324.	74,758.	268,029.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98.96 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	98.19 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	1.04 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.81 %

19a **33-1/3% support tests — 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Grant to chapter	9,000.
Special donations	4,124.
Total	<u>13,124.</u>

Supporting Statement of:

Form 990-EZ/Line 2

Description	Amount
Conference gross fees etc	22,153.
Total	<u>22,153.</u>

Supporting Statement of:

Form 990-EZ/Line 5a

Description	Amount
Books sold	100.
Plants sold	12,148.
Total	<u>12,248.</u>

Supporting Statement of:

Form 990-EZ/Line 5b

Description	Amount
Cost relating to plants sold	3,416.
Total	<u>3,416.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Contributions to Letha's Fund	8,950.
Total	<u>8,950.</u>

Supporting Statement of:

Form 990-EZ/Line 10

Description	Amount
Grants - summary of attached schedules:	
State special grants	11,000.
Chapter donations	600.
Small grants	5,000.
Letha's outdoor education fund	4,733.
Total	21,333.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

See Part III Program service accomplishments:

Program services:

Educational programs/field trips etc

Conference 22,741.

Education & publicity 2,684.

Communications/educations displays 1,436.

Special programs 1,088.

Newsletter & website:

Newsletter 3,663.

Postage 2,116.

Website 688.

General & administrative expenses:

Accounting fees 480.

Bank charges 80.

Insurance 3,028.

Membership 2,593.

Supplies 965.

Miscellaneous 109.

Total

41,671.

27,949

6,467

7,255

Miscellaneous Statement

Cash balances	12/31/12	12/31/13
STATE:		
STATE:		
IMCU	14,486.	7,826.
IMCU money market	57,871.	46,162.
IMCU money market savings/certificates	5,684.	20,070.
CHAPTERS:		
BMO Harris	1,980.	3,120.
Regions	2,658.	11,144.
Source State	384.	2,325.
Evansville Teachers	1,169.	1,116.
Fifth Third	634.	549.
Mutual Bank		892.
Total	<u>84,866.</u>	<u>93,204.</u>

Miscellaneous Statement

Fund balances	12/31/12	12/31/13
Unrestricted fund	83,711.	87,941.
Letha's fund	1,155.	5,263.
Total	<u>84,866.</u>	<u>93,204.</u>

Supporting Statement of:

Form 990-EZ/Line 29, Total

Description	Amount
Conference expense	22,741.
Education & publicity	2,684.
Communications/educational displays	1,436.
Special programs	1,088.
Total	<u>27,949.</u>

Supporting Statement of:

Form 990-EZ/Line 30, Total

Description	Amount
Newsletter	3,663.
Postage	2,116.
Website	688.
Total	<u>6,467.</u>

**Indiana Native Plant & Wildflower
Society, Inc. Report of Special Grants
& Donations**

Organization & Address		AMOUNT	Date	Project
STATE --				
1	TAX ID# Indiana Natural Resources Foundation IDNR Nature Preserves 402 W. Washington St. W267 Indianapolis, IN 46204	\$7,500.00	08/29/2013	land purchase Allgood Add. Spring Creek Seeps Nature Preserve
2	UNIVERSITY Butler University 4600 Sunset Avenue Indianapolis, IN 46208 contact: Dr. Rebecca Dolan Friesner Herbarium	\$2,500.00	11/15/2013	native plant identification website
3	INPAWS-West Central Chapter (Chapter of INPAWS) 1782 North 400 East Lafayette, IN 47905-8857	\$1,000.00	11/15/2013	invasive plant removal Ross Hills

Chapter Tax ID
same as NFP
filing

contact: James Peterson, Chapter Treasurer
STATE SPECIAL GRANTS

\$11,000.00

**Indiana Native Plant & Wildflower
Society, Inc. Report of Special Grants
& Donations**

From Consolidated Report--Chapter Donations

1	East Central Chapter Donation	\$150.00	10/1/2013 donation
Tax ID#	Healthy Communities of Henry County		
	P.O. Box 921		
	New Castle, IN 47362		

South Central Chapter Donation

1	Friends of T. C. Steele State	\$225.00	03/18/2013 donation
Tax ID#	Historic Site, Inc.		
	44220 T. C. Steele Road		
	Nashville, Indiana 47448		

2 Friends of McCormick's Creek State

Tax ID#	Park	\$225.00	03/20/2013 donation
	P. So. Box 483		
	Spencer, IN 47460		

TOTAL CHAPTER DONATIONS

\$600.00

Indiana Native Plant & Wildflower Society, Inc.		2013 Small Grants			
Organization & Address		AMOUNT	Date	PROJECT	County
1	TAX ID #				
Jameson, Inc.					
	TAX ID #				
2	TAX ID #				
Jameson Camp 2001 Bridgeport Rd. Indianapolis, IN 46231		\$ 800.00	4/30/13	Camp native planting	Marion
3	TAX ID #				
Robert Cooper Audubon Society P. O. Box 1635 Muncie, IN 47308-1635		\$ 400.00	4/30/13	Osborne Park Restoration	Delaware
4	TAX ID #				
Vogel Elementary School 1500 Oakhill Road Evansville, IN 47711		\$ 500.00	4/30/13	Hope Project Melissa Mayer: contact	Vandeburgh
5	TAX ID #				
Day Nursery Association, Inc. 615 N. Alabama Street, Suite 300, Indianapolis, IN 46204		\$ 950.00	4/30/13	Lily Day Nursery planting Carolyn Dederer, Exec. Director /CONTACT	Marion
6	TAX ID #				
Purdue University 610 Purdue Mall; West Lafayette, IN 47907		\$ 300.00	4/30/13	study on climate change effect on plants & pollinators. Asya Robertshaw: contact	Tippecanoe

**Indiana Native Plant &
Wildflower Society, Inc.**

**2013 Small
Grants**

Organization & Address	AMOUNT	Date	PROJECT	County
6 Tax ID: Friends of Frankfort Public Library, Inc.	\$ 1,000.00	4/30/13	demonstration raingarden at Community Library CONTACT: Andi Slipher, Frankfort Community Public Library, 208 W. Clinton Street, Frankfort, Indiana, 46041	Clinton
7 UNIVERSITY	\$ 300.00	4/30/13	Garlic Mustard Study Lauren M. Smith: Contact	Monroe
8 UNIVERSITY	\$ 350.00	4/30/13	Testing in Avis Prairie contact: Adam Thada	Delaware
9 Tax ID: Town of Remington	\$ 400.00	4/30/13	Remington Parks Prairie Grass Contact: Mike Babcock	Jasper
TOTAL SMALL GRANTS from unrestricted funds	\$ 5,000.00			

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**Indiana Native Plant & Wildflower
Society, Inc.
LETHA's OUTDOOR EDUCATION FUND (RESTRICTED)**

SCHOOL	Organization & Address	AMOUNT	DATE	Purpose
1	Holland Elementary School Fort Wayne Community Schools 7000 Red Haw Drive Fort Wayne, IN 46825	\$300.00	03/06/2013	transportation
2	Geist Elementary School PTO Geist Elementary School 14051 East 104th Street Fishers, IN 46037	\$350.00	04/23/2013	Plant material
3	Oaklondon Elementary School 6702 Oaklondon Rd Indianapolis, IN 46236	\$381.00	05/20/2013	Transportation & naturalist fee
4	Rogers Elementary School Monroe Community School Corp. 2200 E. 2nd Street Bloomington, IN 47408	\$138.30	06/20/2013	MCCSC Transportation
5	Eel River Elementary 12732 Bethel Road Ft. Wayne, IN 46818	\$118.05	07/11/2013	transportation
6. Boys & Girls Clubs Of Indianapolis Inc.	LeGore Boys & Girls Club 5228 W Minnesota St. Indianapolis, IN 46241	\$191.25	07/11/2013	transportation
TAX ID:	Boys & Girls Clubs Of Indianapolis 3530 S Keystone Ave, Indianapolis, IN 46227			

SCHOOL 7	Indiana Native Plant & Wildflower Society, Inc. LETHA's OUTDOOR EDUCATION FUND Lakeville Jr/Sr High School Union North United School Corporation 69969 U.S. 31 South Lakeville, IN 46536	\$264.50 \$35.50	11/15/2013 MCCSC Transportation 11/15/2013 Naturalist fee to: St. Joseph Soil & Water Conservation
SCHOOL 8	Hawthorne Elementary Elkhart Community Schools 501 W. Lusher Ave Elkhart, IN 46517	\$312.00	11/15/2013 transportation
SCHOOL 9	The Academy of Science & Entrepreneurship 444 S. Patterson Drive Bloomington, IN 47403	\$242.22 \$50.00	10/28/2013 MCCSC Transportation 10/28/2013 Monroe City Park for Naturalist
SCHOOL 10	Chandler Elementary 419 S. 8th Street Goshen, IN 46526	\$1,000.00	11/18/2013 transportation & naturalist program
SCHOOL 11	Concord Ox Box Elementary 23525 County Road 45 Elkhart, IN 46516	\$962.00	12/19/2013 transportation & naturalist educator
12 INPAWS	INPAWS--Patch Program sub-committee of Letha's Fund INPAWS Educational Program under development	\$388.00	09/20/2013 development materials

\$4,732.82

Total Grants from RESTRICTED FUNDS