Department of the Treasury

## \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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



Interr	nal Reve	enue Service	G	o to www.irs.gov/For	rm990 for insti	ructions and	the lates	t information.		Inspection
AF	or th	e 2022 calend	2022 calendar year, or tax year beginning and ending							
<b>B</b> (a	Check if pplicab	ole: <b>C</b> Name o	f organization					D Employer identi	fication nu	umber
	Addre		H TEXAS	SOCIETY OF	HISTORY	& CULT	URE			
			usiness as					75-2567	752	
	Initial			O. box if mail is not delive	ered to street add	lress)	Room/sui			
	Final	v 1522	US 82 E			,	-	940-825-		
_	termi ated	City or t		vince, country, and Zl	IP or foreign po	stal code		G Gross receipts \$		166,972.
	Amer			76255				<b>H(a)</b> Is this a group	return	
	Appli tion pend		nd address of pri	incipal officer:NELL	ANN MCI	BROOM		for subordinate		Yes X No
				2E, NOCONA,		255		H(b) Are all subordinates		
		empt status:	$\underline{\mathbf{X}}$ 501(c)(3) $\Box$	501(c) ( )	(insert no.)	4947(a)(1)	or 🛄 5	If "No," attach		
	Nebsi				ociation	Other		H(c) Group exemption		
	art I		X Corporation			JIIIEI	LYe	ar of formation: 1995		
FC	1			n'a miagian ar maat a	ionificant activi		NORTH	I TEXAS SOCII	<u>ז</u> רע אידי	
<u>ce</u>	'	HTSTORY					TVELV	AND RESPONS	STRLV	MANAGE
Activities & Governance	2	Check this bo						ore than 25% of its net a		mmmon
ver	3			the governing body (F	-	-		1		14
ဗီ	4		•	members of the gove						14
о С	5							······		1
itie	6		otal number of individuals employed in calendar year 2022 (Part V, line 2a)						61	
cti				ue from Part VIII, colu						0.
Ā				e income from Form 99						0.
								Prior Year	_	Irrent Year
¢	8	Contributions	and grants (Part	VIII, line 1h)				93,501	•	104,863.
Revenue	9	Program serv	ice revenue (Part				Г	19,973	•	15,426.
eve	10	Investment in	come (Part VIII, c	olumn (A), lines 3, 4, a				9		9.
œ	11			ın (A), lines 5, 6d, 8c, 9				15,715.		13,610.
	12	Total revenue	- add lines 8 thro	ough 11 (must equal P	art VIII, column	n (A), line 12)		129,198	•	133,908.
	13	Grants and si	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					0	-	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0	-	0.	
es	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					8,766	•	11,534.
Expenses	16a	Professional f	undraising fees (F	Part IX, column (A), lin	e 11e)			0 .	•	0.
ďx			• • •	art IX, column (D), line	· ·		0.	404 414		105 000
ш	17	Other expens	es (Part IX, colum	nn (A), lines 11a-11d, 1	1f-24e)		L	136,948		137,829.
				7 (must equal Part IX,	( ),	,		145,714		149,363.
	19	Revenue less	expenses. Subtra	act line 18 from line 12	2			-16,516		-15,455.
Net Assets or Fund Balances							Ļ	Beginning of Current Year		nd of Year
sset 3ala	20		Part X, line 16)				······  -	1,220,569		,203,927.
et A nd F	21		s (Part X, line 26)					1,187		$\frac{0}{202027}$
				Subtract line 21 from li	ne 20			1,219,382	• <u> </u>	,203,927.
	art II			a supplication of the sectors of the				mante and to the base of		no and hall of the

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

Sign	Signature of officer			Date			
	TRACY MESLER, PRESIDENT						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KATHY D. KABELL, CPA				₽00046933		
Preparer	Firm's name MWH GROUP, P.C.			Firm's EIN 75-	2205423		
Use Only	Firm's address P.O. BOX 97000						
	WICHITA FALLS, TX	76307-7000		Phone no. (940	)723-1471		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
232001 12-1	32001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	NORTH TEXAS SOCIETY OF HISTORY & CULTURE 75-2567752 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE BELIEVE THE LEGACY OF THE PAST ENHANCES AND ENRICHES THE LIVES OF CURRENT AND FUTURE GENERATIONS. WE STRIVE TO PRESERVE AND INTERPRET
	OUR HISTORY THROUGH EXHIBITS, PROGRAMS, AND ARCHIVES THAT WILL EVOKE
	AN APPRECIATION OF OUR SHARED HERITAGE, INSPIRE A VISION FOR OUR
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses 140,973. including grants of ) (Revenue 17,640.) TO PRESERVE AND INTERPRET THE HISTORY OF MONTAGUE COUNTY AND NORTH
	TEXAS THROUGH EXHIBITS, PROGRAMS AND ARCHIVES. TO CONTINUE TO GROW AND
	OPERATE LONG INTO THE FUTURE, EXPANDING TO FILL THE CHANGING NEEDS OF
	THE COMMUNITY. ALSO, TO UTILIZE AVAILABLE TECHNOLOGY TO CONTINUE TO
	IMPROVE AND UPDATE THE EXHIBITS, TO KEEP CURRENT WITH THE CHANGING
	EDUCATIONAL CLIMATE WHILE MAINTAINING THE FOCUS OF ACCURATELY TELLING
	THE STORIES OF THE SHARED REGIONAL HISTORY. THIS WAS ACCOMPLISHED IN
	2022 BY THE FOLLOWING:
	* 1,769 VISITORS TO THE MUSEUM. INCLUDING VISITORS FROM 36 STATES AND
	10 COUNTRIES.
	* 18 ORGANIZED TRIPS TO THE MUSEUM. THE MUSEUM IS ACTIVELY SOLICITING
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
ام <i>ا</i> ر	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 140,973.
	Form <b>990</b> (2022)

Form	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
-	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	-	v	
•	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		- 23
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	T Tu		
~	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
			222	

Form	aan	(2022)
	990	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			v
	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	040		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
Ũ	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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			37
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	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)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
	м I I м м м м м м м м м м м м м м м м м		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

# Form 990 (2022) NORTH TEXAS SOCIETY OF HISTORY & CULTURE 75-2567752 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5

			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	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		Х
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).			
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
с	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			
	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			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-		
D.	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	1		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

### Form 990 (2022) NORTH TEXAS SOCIETY OF HISTORY & CULTURE 75-2567752 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Page **6**

1 0	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a 110	respor	130
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14	Ŀ		
	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 14	Ŀ		
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		Х
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	Х	
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		Х
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		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х

	taxable entity during the year?	16a
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	
	exempt status with respect to such arrangements?	16b

## Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed NONE
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.           Own website         Another's website         X         Upon request         Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
~~	Otate the same address and telephone supply of the seven who seeses the superioritation's heads and vecesda

20	State the	e name, addres	ss, and tele	ephone number	of the p	erson who p	ossesses the	organization's	books and re	cords
	NELL	ANN MCI	BROOM	- 940-8	25-5	330				
	1522	US HWY	82E,	NOCONA,	ΤХ	76255				

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Desition						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot pr/trus	h an	compensation	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) NELL ANN MCBROOM EXECUTIVE DIRECTOR	6.87			x				10,800.	0.	0.
(2) TRACY MESLER	5.41							10,000.	Ŭ.	
PRESIDENT		x		x				0.	0.	0.
(3) GALE COCHRAN-SMITH	11.69									
VICE PRESIDENT		x		x				0.	0.	0.
(4) CECILIA PRINE	7.83									
TREASURER		x		x				0.	0.	0.
(5) MELANIE HOWINGTON	2.58									
SECRETARY		X		X				0.	0.	0.
(6) ROB STOREY	1.50									
DIRECTOR		Х						0.	0.	0.
(7) BOB FERGUSON	1.15									_
DIRECTOR		X						0.	0.	0.
(8) DAVID FENOGLIO	6.17									
DIRECTOR		X						0.	0.	0.
(9) RUSTY FENOGLIO	0.88									0
DIRECTOR		X						0.	0.	0.
(10) HOLLY MCCALL	2.02	.,								0
DIRECTOR	1 0 0	X						0.	0.	0.
(11) HAROLD REYNOLDS	1.06							0.	0.	0.
DIRECTOR	1.58	X						0.	0.	0.
(12) ZACH RENFRO DIRECTOR	1.50	x						0.	0.	0.
(13) VICKI MORTON	12.24						<u> </u>	0.	0.	0.
DIRECTOR	12.24	x						0.	0.	0.
(14) ELIZABETH BOWER	4.90							0.	••	0.
DIRECTOR		x						0.	0.	0.
(15) HOLLY BISHOP LEINDECKER	0.61							•••		
DIRECTOR		х						0.	0.	0.
		-		-			-			
		1								
	1		L						1	

	TEXAS SOCI	[ET	'Y	OF	Ч	IIS'	TOF	RY &	CULTU	RE 75-2	2567	752	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, 7		ploye	ees,			ghest	t Cor	npensa	ted Employ	ees (continued)				
(A) Name and title	<b>(B)</b> Average hours per week	box,	not ch unles	s per	<b>tion</b> nore t son is	than or s both a r/truste	an	Rep comp	(D) portable pensation from	(E) Reportabl compensati from relate	ion	an	(F) timate nount other	
	(list any hours for related organizations below line)	hours for related respectively below below related below respectively				Highest compensated employee	Former	orga (W-2/1	the anization 099-MISC/ 99-NEC)	organizatio (W-2/1099-M 1099-NEC	ns ISC/	com fr org and	pensa om the anizat d relat anizati	e ion ed
			_			+	+							
1b Subtotal									10,800		0.			0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)									10,800		0.			0.
2 Total number of individuals (including b								eived m	ore than \$10	0,000 of reportal	ble			0
compensation from the organization													Yes	No
<b>3</b> Did the organization list any <b>former</b> offinition line 1a? <i>If</i> "Yes," <i>complete Schedule J</i> and the second se		,	,	•	2	,	U			. ,		3		x
<ul> <li>For any individual listed on line 1a, is the and related organizations greater than</li> </ul>	ne sum of reportab	le coi	mpe	ensa	tion	and	othe	r compe	ensation from	the organizatior	n	4		x
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	e or accrue comper	nsatio	on fr	rom	any	unre	lated	organiz	zation or indi	vidual for service	es	5		x
Section B. Independent Contractors														
1 Complete this table for your five highes the organization. Report compensation	-	-									mpens			
(A) Name and busir		NO	NE	1				De	(B) escription of	services	c	(C ompei		n
											<u> </u>			
							+							
2 Total number of independent contractor \$100,000 of compensation from the org		ot lin	niteo	d to t	thos 0		ted al	oove) w	ho received	more than				

	n 990 rt V					្រ	OCIETY O	F HISTORY	& CULTURE	75-2567	752 Page <b>9</b>
			Check if Schedule O			neo	or noto to any lin	o in this Part VIII			
				Jointe		1150		(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f <b>RENTAL INCOME</b> MUSEUM ACTIVI	ributi grant abov lines	1b           1c           1d           oons)         1e           s, and           re         1f           1a-1f         1g \$		15,150. 24,981. 47,524. 17,208. 19,855. Business Code 712110 712110	104,863. 9,835. 5,591.	9,835.		
Prog			All other program service <b>Total.</b> Add lines 2a-2f					15,426.			
	3 4 5		Investment income (inclue	ding of tax	dividends, i -exempt bo	ntere	est, and proceeds	9.			9.
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real		(ii) Personal				
	7	d a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis		(i) Securit		(ii) Other				
Other Revenue		c d	and sales expenses	ng ev <b>. , 9</b> line	ents (not <b>81 •</b> of 1c). See						
		с	Part IV, line 18 Less: direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19	fund Ig ac	raising ever tivities. See		32,178. 22,585.	9,593.			9,593.
	10	c a b	Less: direct expenses Net income or (loss) from Gross sales of inventory, and allowances Less: cost of goods sold	gam less i	ing activitie: returns	10a 10b	10,479.	1			1 0.00
Miscellaneous Revenue	11		Net income or (loss) from				Business Code 900099	1,803.	2,214.		1,803.
Misc R6		d	All other revenue					2,214. 133,908.	17,640.	0.	11,405.

#### Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 10,800. 9,720. 1,080. Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 734. 661. 73. Payroll taxes 10 Fees for services (nonemployees): 11 a Management b Legal 5,479. 5,479. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 5,287 5,287. column (A), amount, list line 11g expenses on Sch O.) 4,647. 4,647. Advertising and promotion 12 Office expenses 13 14 Information technology 15 Royalties 16,977. 15,279. 1,698. 16 Occupancy 2,409. 2,409. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 <u>73,</u>269. 73,269. Depreciation, depletion, and amortization 22 16,177. 16,177. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 8,460. 8,460. SUPPLIES а **OPERATIONS** 3,072. 3,072. b С d 1,992. 2,052. 60. All other expenses е 149,363. 140,973. 8,390. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

if following SOP 98-2 (ASC 958-720)

### Form 990 (2022) NORTH TEXAS SOCIETY OF HISTORY & CULTURE 75-2567752 Page 10 Part IX Statement of Functional Expenses

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

NORTH TEXAS SOCIETY	$\mathbf{OF}$	HISTORY	&	CULTURE	75-2567752	Page <b>11</b>
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 Form 990 (2022)
 Image: Second se

		Check if Schedule O contains a response or not	o to any	line in this Part V			
		Check in Schedule O Contains a response of hot	e to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			129,462.	1	179,667.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in secti	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			15,293.	8	11,400.
Ä	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,465,922.			
	b	Less: accumulated depreciation	10b	453,062.	1,075,814.	10c	1,012,860.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	i)	1,220,569.	16	1,203,927.
	17	Accounts payable and accrued expenses			1,187.	17	
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	Part IV of	f Schedule D		21	
es	22	Loans and other payables to any current or form	ner office	er, director,			
iliti		trustee, key employee, creator or founder, subs	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela		23			
	24	Unsecured notes and loans payable to unrelated			24		
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			1,187.	25	0.
	26	Total liabilities. Add lines 17 through 25		X	1,107.	26	0.
es		Organizations that follow FASB ASC 958, che	ск nere				
nc	07	and complete lines 27, 28, 32, and 33.			1,205,932.	07	1 164 973
3ale	27				13,450.	27 28	1,164,973. 38,954.
ΒPC	28				15,450.	28	50,554.
Fur		Organizations that do not follow FASB ASC 9					
P	200	and complete lines 29 through 33.			20		
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				29 30	
Ass	30 31					30 31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in Total net assets or fund balances		E E E E E E E E E E E E E E E E E E E	1,219,382.	31	1,203,927.
Z	33	Total liabilities and net assets/fund balances			1,220,569.	33	1,203,927.
					_,,		Form <b>990</b> (2022)

Form **990** (2022)

Form	n 990 (2022)	NORTH	TEXAS	SOCIETY	OF	HISTORY	&	CULTURE	75-256	67752	Ра	ge <b>12</b>
Pa	rt XI Reconciliatio	n of Net A	ssets									
	Check if Schedul	e O contains a	a response o	r note to any lin	e in thi	is Part XI						
1	Total revenue (must equ	ual Part VIII, c	olumn (A), lir	ne 12)					1			08.
2	Total expenses (must e	qual Part IX, d	olumn (A), li	ne 25)					2			63.
3	Revenue less expenses	s. Subtract line	e 2 from line	1					3			55.
4	Net assets or fund bala	nces at begin	ning of year	(must equal Par	t X, lin	e 32, column (A	))		4	1,21	9,3	82.
5	Net unrealized gains (lo	sses) on inve	stments						5			
6	Donated services and u	use of facilities	s						6			
7	Investment expenses								7			
8	Prior period adjustment								8			
9	Other changes in net as								9			0.
10	Net assets or fund bala	nces at end o	of year. Comb	oine lines 3 throu	ugh 9 (	must equal Par	t X, I	ine 32,				
	column (B))								10	1,20	3,9	27.
Pa	rt XII Financial Sta	tements a	nd Repor	ting								
	Check if Schedul	e O contains a	a response o	r note to any lin	e in thi	is Part XII				<u></u>		
							_				Yes	No
1	Accounting method use	ed to prepare	the Form 99	0: 🛛 🗶 Cash		Accrual	Ot	her				
	If the organization chan	iged its metho	od of accoun	ting from a prior	year c	or checked "Oth	ner,"	explain on Schedul	e O.			
2a	Were the organization's	financial stat	ements com	piled or reviewe	d by a	n independent :	acco	ountant?		. 2a	Х	
	If "Yes," check a box be	elow to indica	te whether tl	ne financial state	ements	s for the year we	ere c	ompiled or reviewe	d on a			
	separate basis, consoli	dated basis, c	or both:									
	X Separate basis	Cons	solidated bas	sis 🔄 Bo	th con	solidated and s	epa	rate basis				
b	Were the organization's	financial stat	ements audi	ted by an indep	enden	t accountant?				2b		X
	If "Yes," check a box be	elow to indica	te whether tl	ne financial state	ements	s for the year we	ere a	udited on a separat	e basis,			
	consolidated basis, or b	ooth:										
	Separate basis	Cons	solidated bas	sis 🔄 Bo	th con	solidated and s	epa	rate basis				
с	If "Yes" to line 2a or 2b	, does the org	anization ha	ve a committee	that as	ssumes respons	sibilit	y for oversight of th	e audit,			
	review, or compilation of	of its financial	statements a	and selection of	an ind	ependent acco	unta	nt?		2c		X
	If the organization chan	iged either its	oversight pr	ocess or selecti	on pro	cess during the	tax	year, explain on Scl	nedule O.			
3a	As a result of a federal a	award, was th	e organizatio	on required to ur	ndergo	an audit or aud	dits a	as set forth in the				
	Uniform Guidance, 2 C.	F.R. Part 200	, Subpart F?							3a		X
b	If "Yes," did the organiz											
	or audits, explain why o	on Schedule C	and describ	e any steps tak	en to u	undergo such a	udits			3b		

Form **990** (2022)

SCHE	DULE A		Dublic Cha						OMB No. 1545-0047			
(Form 99	90)			rity Status an					2022			
	-	Co		nization is a section 50 <sup>-</sup>			or a section		ZUZZ			
Department of	of the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public			
Internal Reve				Form990 for instruction			formation.		Inspection			
Name of	the organizati	on						Employer	identification number			
		NORT	H TEXAS SO	CIETY OF HIS	TORY	& CUL	TURE	7	5-2567752			
Part I	Reason			(All organizations must c								
The ordar				For lines 1 through 12, c								
<b>1</b>		•		on of churches described		,						
2	-			Attach Schedule E (Forn		// /////	•//~//•					
3				anization described in <b>se</b>		V6V4VAV;	::)					
	•	•		njunction with a hospital				Viii) Entor	the heapital's name			
4			alion operated in co	rijunction with a nospita	uescribed	J III SECIIO		ing. Linei	ine nospital s hame,			
e 🗌	city, and state:											
5 📖	section 170(b)(1)(A)(iv). (Complete Part II.)											
<b>c</b>												
6 📖	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 <u>X</u>	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	•		omplete Part II.)									
8				(1)(A)(vi). (Complete Par								
9 📖	-	-	-	in section 170(b)(1)(A)(				-	-			
	or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the college	e or			
	university:											
10				than 33 1/3% of its sup								
				ct to certain exceptions;								
	income and u	inrelated busii	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.			
	See section	509(a)(2). (Co	mplete Part III.)									
11 🔛	An organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).					
12	-	-		ively for the benefit of, to	-			-				
	more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section a	509(a)(2).	See section	509(a)(3). C	heck the box on			
_	_lines 12a thro	ough 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.				
a	<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving			
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or trust	ees of the s	upporting			
	organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.								
b	<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	ving			
	control or n	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported			
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.								
с 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,			
				s). You must complete I								
d	Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organiz	zation(s)			
	that is not f	unctionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attenti	veness			
			•	nplete Part IV, Sections	•		•					
e	Check this	box if the ora	anization received a	written determination fro	m the IRS	that it is a	a Type I. Type	II. Type III				
		0		nally integrated support			, , , , , , , , , , , , , , , , , , ,	, ,,				
f Ente	er the number			·····) ·····9······								
			n about the supporte	ed organization(s).								
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other			
	organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)			
				above (see instructions))								

Total

## Schedule A (Form 990) 2022 NORTH TEXAS SOCIETY OF HISTORY & CULTURE75-2567752 Page 2 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										
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	109,421.	114,439.	114,586.	93,500.	104,863.	536,809.				
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	109,421.	114,439.	114,586.	93,500.	104,863.	536,809.				
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.						536,809.				
	tion B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
	Amounts from line 4	109,421.	114,439.	114,586.	93,500.	104,863.	536,809.				
8	Gross income from interest,	,	,	,							
Ũ	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	21.	67.	13.	9.	9.	119.				
٩	Net income from unrelated business		• • •								
3	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
10	or loss from the sale of capital										
	•	4,968.	6,361.	1,705.	1,112.	2,214.	16,360.				
	assets (Explain in Part VI.) Total support. Add lines 7 through 10	4,500:	0,301.	1,703.	-,	4,411.	553,288.				
	Gross receipts from related activities,	ata (aga inatruati	200)			12	136,690.				
	First 5 years. If the Form 990 is for th		,	fourth or fifth tox y			100,0000				
13	-	-	si, secona, inina,	iourin, or muritax y	year as a section t	501(0)(3)					
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage			·····	·····				
	Public support percentage for 2022 (I		-	column (f))		14	97.02 %				
	Public support percentage from 2021					15	96.73 %				
	33 1/3% support test - 2022. If the c						-				
	stop here. The organization qualifies										
b	<b>33 1/3% support test - 2021.</b> If the c										
	and <b>stop here.</b> The organization qual										
17a											
a	17a 10% -facts-and-circumstances test - 2022. 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 te			-	-	-					
h	10% -facts-and-circumstances tes	-		• • • •		17a and line 15 is					
N.	more, and if the organization meets the	-									
	· •										
10	organization meets the facts-and-circle										
18	Private foundation. If the organization	п иш пот спеск а		a, 100, 17a, or 170	, check this box a	ind see instruction	ა⊔				

Schedule A (Form 990) 2022

### Schedule A (Form 990) 2022 NORTH TEXAS SOCIETY OF HISTORY & CULTURE75-2567752 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
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						
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						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	: (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst second third	fourth or fifth tax	vear as a section	501(c)(3) orga	nization
	check this box and <b>stop here</b>	•					
Se	ction C. Computation of Publ						·····
	Public support percentage for 2022 (			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						/0
	•					17	04
	Investment income percentage for 20		'			17	<u> </u>
	Investment income percentage from 2			on line 14 and lin			line 17 is not
195	<b>33 1/3% support tests - 2022.</b> If the						
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2021.</b> 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 t	his box and see in	structions	

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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		
3a		
3b		
3c		
4-		
4a		
4b		
4c		
5a		
E h		
5b 5c		
50		
6		
7		
8		
9a		
0.		
9b		
9c		
10a		
10b		

Yes No

232024 12-09-22

Schedule A (Form 990) 2022

## Schedule A (Form 990) 2022 NORTH TEXAS SOCIETY OF HISTORY & CULTURE75-2567752 Page 5

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Vas	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 <b>Part VI</b> 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.	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	┝

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.

Section 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		
500	tion D. All Type III Supporting Organizations			

Section D. An Type in Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of the fift					
	organization's tax year. (i) a written notice describing the type and amount of support provide					

	bid the organization provide to each of its supported organizations, by the last day of the initial month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

h month of the

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**
- **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.*

Yes No

1

2

1.4

...

No

Yes

Schedule A	(Form 990) 2022	NORTH	TEXAS	SOCIETY	OF	HISTORY	&	CULTURE75-2567752 Page 6	_
Part V	Type III Non-Func	tionally Inte	egrated 5	09(a)(3) Supp	oorti	ng Organiza <sup>:</sup>	tior	າຣ	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete 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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integra	ated Type III supporting or	nanization (see

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

Schedule A (Form 990) 2022

## Schedule A (Form 990) 2022 NORTH TEXAS SOCIETY OF HISTORY & CULTURE75-2567752 Page 7

Fai	<b>t v</b> Type in Non-Functionally integrated 509	(a)(s) supporting Orga	anizations (continu	ued)					
Secti	on D - Distributions				Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1					
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3					
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required - pro		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	Э						
	(provide details in Part VI). See instructions.			8					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022				
1	Distributable amount for 2022 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2022 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2022								
а	From 2017								
b	From 2018								
с	From 2019								
d	From 2020								
e	From 2021								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
i	Carryover from 2017 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2022 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2022 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2022, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2022. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2023. Add lines 3j								
	and 4c. Breakdown of line 7:								
8									
	Excess from 2018								
	Excess from 2019 Excess from 2020								
	Excess from 2020								
	Excess from 2022								
<u> </u>									

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 <b>NO</b>	RTH TEXAS	SOCIETY	OF HISTORY	& CULTURE7	5-2567752 Page 8
Part VI		<b>DR.</b> Provide the exp 3c, 4b, 4c, 5a, 6, 9 and 3; Part IV, Sec	olanations requir 9a, 9b, 9c, 11a, 1 9tion E, lines 1c, 2	ed by Part II, line 10; 1b, and 11c; Part IV 2a, 2b, 3a, and 3b; P	Part II, line 17a or 17b , Section B, lines 1 and art V, line 1; Part V, Se	; Part III, line 12; 2; Part IV, Section C, ction B, line 1e; Part V,

#### 223451 11-15-22

## \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

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

2022

Employer identification number

75-2567752

#### Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Organization type (check one):

Schedule B

## NORTH TEXAS SOCIETY OF HISTORY & CULTURE

Filers of:
Section:

Form 990 or 990-EZ
X
501(c)( 3 ) (enter number) organization

A947(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) exempt private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

J For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

223452 11-15-22

## NORTH TEXAS SOCIETY OF HISTORY & CULTURE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$16,454.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,620.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On 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.)

Employer identification number

75-2567752

Name of organization

## NORTH TEXAS SOCIETY OF HISTORY & CULTURE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

75-2567752

Employer identification number

Schedule I	B (Form 990) (2022)				Page <b>4</b>			
Name of o	rganization				Employer identification number			
NORTH	TEXAS SOCIETY OF HISTO	ORY & CULTURE			75-2567752			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	tions to organizations descri a) through (e) and the following charitable, etc., contributions of \$	a line entry. For or	anizations	that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
-		(e) Transfe	er of gift					
-	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
-	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held			
-		(e) Transfe	er of gift					
-	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
-		(e) Transfe	er of gift					
ŀ	Transferee's name, address, a	and ZIP + 4	Re	elationship of tra	nsferor to transferee			

**SCHEDULE D** 

(Form 99	90)
----------	-----

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 l **Open to Public** Inspection

Name of the organization	on
Department of the Treasury Internal Revenue Service	Go to

Employer identification number

		Y OF HISTORY & CULTUR	
Pa			or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	YesNo
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the foot	tnote to the organization's financial statem	ents that describes the
De	organization's accounting for conservation easements.		they Cimiley Acceto
Pa			ther Similar Assets.
	Complete if the organization answered "Yes" on Forr		
1a	If the organization elected, as permitted under FASB ASC 9	, ,	
	of art, historical treasures, or other similar assets held for pu		•
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>^</b>
~			
2	If the organization received or held works of art, historical tre		l gain, provide
	the following amounts required to be reported under FASB	-	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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		EXAS SOCIE								2 Page <b>2</b>		
Par	t III Organizations Maintaining (								<b>ts</b> (contir	nued)		
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following that	at make si	gnificant u	se of its				
	collection items (check all that apply):											
а	X Public exhibition	d			change progra							
b	Scholarly research	е		Other								
С	X Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
Da	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Fai	reported an amount on Form 990, Pa		ete ir the	e organizatio	on answered	res on i	-orm 990,	Part IV,	line 9, or			
12	Is the organization an agent, trustee, custod		tiany for	contributio	ns or other as	sets not i	ncluded					
Ia	on Form 990, Part X?								Yes	No No		
h	If "Yes," explain the arrangement in Part XIII							·····	163			
			liowing	abie.					Amoun	t		
c	Beginning balance						1c					
	Additions during the year											
	Distributions during the year											
f	Ending balance						1f					
2a	Did the organization include an amount on F						ty?		Yes	No		
	If "Yes," explain the arrangement in Part XIII						·····	·····				
Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fe								
		(a) Current year	<b>(b)</b> F	Prior year	(c) Two yea	rs back 🛛 🌔	<b>d)</b> Three yea	ars back	(e) Four	years back		
1a	Beginning of year balance											
b	Contributions											
с	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	•		g, column (	a)) held as:							
a	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
с		<u>%</u>										
0-	The percentages on lines 2a, 2b, and 2c sho		- 41 41-	- 4			_					
Ja	Are there endowment funds not in the posse	ession of the organiz	ation the	at are neio a	and administe	ered for th	е		Г	Yes No		
	organization by: (i) Unrelated organizations								20(1)			
	(7)								3a(i) 3a(ii)			
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization											
4	Describe in Part XIII the intended uses of the								30			
Par	t VI Land, Buildings, and Equip		5 WINCIN									
	Complete if the organization answere		D. Part I	V. line 11a. S	See Form 990	). Part X. I	ine 10.					
	Description of property	(a) Cost or o			t or other		cumulated		(d) Boo	k value		
		basis (investr			(other)		reciation		(,			
<b>1</b> a	Land				51,391.				6	1,391.		
	Buildings				28,938.	3	06,96	6.		1,972.		
	Leasehold improvements			-								
	Equipment			27	75,593.	1	46,09	6.	12	9,497.		
	Other											
	Add lines 1a through 1e. (Column (d) must e		X, colur	mn (B), line	10c.)				1,01	2,860.		

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 NORTH TEXAS	SOCIETY OF	HISTORY &	CULTURE	75-2567752 Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(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)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method	of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, I	line 11d. See Form 9	90, Part X, line 15	i.
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.	/			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	line 11e or 11f. See F	Form 990, Part X,	line 25.
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9) Tabal (Calumn (b) much annal Farm 2000, Dart V, and (D) (in	- 05 )			
Total. (Column (b) must equal Form 990, Part X, col. (B) line				monto that rangets the
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the foothol	te to the organization	i s financial stater	nems 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...

Sche	dule D (Form 990) 2022 NORTH TEXAS SOCIETY OF HIS	STORY & CULTUR	E 75-2567752 Page
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue p	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	•	s per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	. <b>2</b> a	
b	Prior year adjustments	. 2b	
С	Other losses	. 2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>	
b	Other (Describe in Part XIII.)	. 4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )		5
Pa	t XIII Supplemental Information.		

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

## PART III, LINE 4:

THE MUSEUM HOUSES FIVE MAIN COLLECTIONS WITHIN THE MUSEUM AND ITS GROUNDS.
THE NATIVE AMERICAN COLLECTION TELLS THE STORY OF THE WICHITA, THE NATIVE
AMERICANS LOCAL TO THE SPANISH FORT AREA IN NORTHERN MONTAGUE COUNTY. THE
WESTERN HERITAGE COLLECTION DEPICTS THE MILLIONS OF TEXAS LONGHORNS THAT
PASSED THROUGH MONTAGUE COUNTY ON THEIR WAY TO KANSAS MARKETS ALONG THE
FAMOUS CHISHOLM TRAIL. THE AGRICULTURE COLLECTION SHARES THE HISTORY OF
THE RICH PRAIRIE GRASS ON WHICH MILLIONS OF BUFFALO ROAMED AND GRAZED, AS
DID THE LIVESTOCK OF NATIVE TRIBES AND EARLY SETTLERS. THE EXHIBIT ALSO
SHARES THE HISTORY OF COTTON AND WHEAT PRODUCTION IN THE AREA. ANOTHER
COLLECTION IS THE LEATHER GOODS COLLECTION. THIS COLLECTION SHOWCASES THE
LEATHER PRODUCTS INDUSTRY IN THE NOCONA AREA. THE MUSEUM ALSO MAINTAINS
232054 09-01-22 Schedule D (Form 990) 2022

Sche	edule D (	Form	1 990) 2	<sub>022</sub> N ental Informa	ORTH	TEXAS	SO	CIETY	OF	HISTORY	& (	CULTURE75-2	567752	Page <b>5</b>
									~ ~ ~		_ ~			
				INDUSTRY	COL	LECTIO	Ν.	THIS	COI	LECTION	IS	MAINTAINED	BOTH	
INI	DOOR	SA	ND (	OUTDOORS.										

SCHEDULE G	Suppleme	ental Inf	formation Re	egard	ing Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0	047			
(Form 990)							Part IV, line 17, 18, rm 990-EZ, line 6a		, or if the	2022	) -			
Department of the Treasury Internal Revenue Service	Go t	o www.ir	Attach to s.gov/Form990				-EZ. he latest informati	on.		Open to Publ Inspection	ic			
Name of the organization	NORTH TEXAS SOCIETY OF HISTORY & CULTURE 75-2567752													
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.														
<ul> <li>1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>g Special fundraising events</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul>														
(i) Name and addres or entity (fund	(, ,			or co	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity (v) Amount parts to (or retained fundraiser listed in col.			y) to (or retaine	d by)				
					Yes	No	-							
Total														
3 List all states in white or licensing.	ich the organizatio	on is regis	tered or license	d to sol	licit contri	oution	s or has been notifie	ed it is	exempt fror	n registration				

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

Schedule G (Form 990) 2022

NORTH TEXAS SOCIETY OF HISTORY & CULTURE75-2567752 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

-1		of fundraising event contributions and g				pts greater than \$5,000.
			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
			SHEBANG		NOME	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
an						
Revenue	1	Gross receipts	57,159.			57,159.
۳ ۳	•					
	2	Less: Contributions	24,981.			24,981.
	-		,			,
	3	Gross income (line 1 minus line 2)	32,178.			32,178.
	4	Cash prizes				
	5	Noncash prizes				
lse						
be	6	Rent/facility costs				
ן ב	_					
Uirect Expenses	7	Food and beverages				
	0	Entortoinmont				
	8 9	Entertainment Other direct expenses	22,585.			22,585.
	9 10	Direct expense summary. Add lines 4 throug				22,585
	11	Net income summary. Subtract line 10 from				9,593
Pa	rt I					
	_	\$15,000 on Form 990-EZ, line 6a.				
~				(b) Pull tabs/instant		(d) Total gaming (add
ju nu			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Hevenue						
r	1	Gross revenue				
ŝ	2	Cash prizes				
Uirect Expenses						
ğ.	3	Noncash prizes				
ЦЦ						
e	4	Rent/facility costs				
-						
_	5	Other direct expenses				
	~		<b>Yes</b> %	└── Yes%	└── Yes %	
	6	Volunteer labor	└── No	└── Ì No	└── No	
	-					
	7	Direct expense summary. Add lines 2 throug	in 5 in column (a)			
	8	Net gaming income summary. Subtract line 7	7 from line 1 column (d)			
	0	Net gaming income summary. Subtract line				
9	Ent	ter the state(s) in which the organization cond	ucts gaming activities:			
		he organization licensed to conduct gaming a	· · · _	states?		Yes No
		No," explain:				
		· ·				
		ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	. Yes No
0a	vve					
		Yes," explain:				

Sch	nedule G (Form 990) 2022 NORTH TEXAS SOCIETY OF HISTORY & CULTURE75-2	567	752	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity conducted in:			
á	a The organization's facility	13a		%
	a An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🖵	Yes	└── No
ł	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
Ċ	If "Yes," enter name and address of the third party:			
	Marga			
	Name			
	Adduces			
	Address			
16	Gaming manager information:			
10	Gaming manager information.			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. 📖	Yes	└── No
ł	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			01 401
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, II	nes 9,	96, 106,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	a (Form 990) <b>Supplemental I</b>	NORTH	TEXAS	SOCIETY	OF	HISTORY	&	CULTURE75-	2567752	Page <b>4</b>
Part IV	Supplemental I	ntormation (cor	ntinued)							

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Ipplemental Information Complete to provide information for re Form 990 or 990-EZ or to provide Attach to Form 990 o Go to www.irs.gov/Form990 fo	sponses to specific questions on any additional information. r Form 990-EZ.	-EZ
Name of the organization	ORTH TEXAS SOCIETY OF	HISTORY & CULTURE	Employer identification number $75-2567752$
FORM 990, PART I,	LINE 1, DESCRIPTION O	F ORGANIZATION MIS:	SION:
THE OPERATIONS OF	THE TALES 'N' TRAILS	MUSEUM, TO OVERSEE	ITS SUSTAINED
GROWTH, AND TO EN	SURE ITS CONTINUED EXI	STENCE AS A PREMIER	R HISTORY
MUSEUM.			
FORM 990, PART IJ	I, LINE 1, DESCRIPTION	OF ORGANIZATION MI	ISSION:
FUTURE, AND PROTE	CT THE MEMORIES OF OUR	PAST.	
;			
FORM 990, PART II	I, LINE 4A, PROGRAM SE	RVICE ACCOMPLISHME	NTS:
		THE MUSEUM.	
* 5 WORKSHOP/PRES	ENTATION/PROGRAM PRESE	NTED AT THE MUSEUM	
* 22,848 WEBSITE	VISITS		
* 15,876 UNIQUE W	EBSITE VISITORS		
* 160,860 WEBSITE			
* 15,856 GOOGLE V			
* 60,980 FACEBOOK			
* 217 NEW FACEBOO			
TN 2022. THE MUST	UM WAS ONE OF ONLY 98	TNSTITUTIONS TO PAT	RTTCTPATE IN

THE CAP PROGRAM ADMINISTERED BY THE FOUNDATION FOR ADVANCEMENT IN

CONSERVATION AND THE INSTITUTE OF MUSEUM AND LIBRARY SERVICES. THIS

PROGRAM PROVIDES VALUABLE CONSERVATION ASSESSMENT AND TRAINING,

ENABLING THE MUSEUM TO BEST PRIORITIZE ITS CARE AND PRESERVATION

EFFORTS AND MAINTAIN OUR COLLECTIONS FOR FUTURE GENERATIONS TO ENJOY.

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 AT A REGULARLY SCHEDULED

MEETING PRIOR TO THE RETURN BEING FILED.

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

ALL BOARD MEMBERS AND EMPLOYEES COMPLETE FORMS THAT DISCLOSE ANY POTENTIAL

CONFLICT OF INTEREST. IF A BOARD MEMBER HAS A CONFLICT, THEY ARE ASKED TO

RECUSE THEMSELF FROM THE APPLICABLE DISCUSSION AND VOTE.

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

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

FINANCIAL STATEMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

NORTH TEXAS SOCIETY OF HISTORY & CULTURE

Employer identification number 75 - 2567752

Form <b>4562</b>						
Department of the Treasury Internal Revenue Service						
Name(s) shown on return						

# Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

ΖU

OMB No. 1545-0172

	TH TEXAS SOCIETY O									75-2567752
Par		erty Under Section 1	79 Note: If yo	ou have any lis	sted pro	operty,	complete Pa			
	laximum amount (see instructions)							····· –	1	1,080,000
	otal cost of section 179 property plac							·····	2	2 700 000
	hreshold cost of section 179 property							·····	3	2,700,000
	eduction in limitation. Subtract line 3							·····	4	
	ollar limitation for tax year. Subtract line 4 from lin		-0 If married fi				(c) Electe		5	
6	(a) Description of p	operty		(b) Cost (busin	1033 030 0	iliy)	(0) Electe	0.0031	-1	
									-1	
									-1	
									-	
7 1	isted property. Enter the amount fron	line 20				7				
	otal elected cost of section 179 prop			a) lines 6 and		-		8	_	
	entative deduction. Enter the smaller								-	
	arryover of disallowed deduction from								0	
	usiness income limitation. Enter the s									
	ection 179 expense deduction. Add I								2	
	arryover of disallowed deduction to 2					13			-	
-	Don't use Part II or Part III below for									
Par	t II Special Depreciation Allowa	ance and Other D	epreciation	(Don't include	e listed	proper	ty.)			
14 S	pecial depreciation allowance for qua		-	-						
	he tax year						-	1	4	
	,								5	
<ul><li>15 Property subject to section 168(f)(1) election</li><li>16 Other depreciation (including ACRS)</li></ul>									6	73,269
Par										
			Se	ection A						
<b>17</b> M	IACRS deductions for assets placed	in service in tax ye	ars beginnir	ng before 202	2			1	7	
<b>18</b> If	you are electing to group any assets placed in ser	vice during the tax year	into one or more	e general asset acc	ounts, ch	eck here				
	Section B - Assets	Placed in Servic	e During 20	22 Tax Year	Using t	he Ger	eral Depred	iation S	yster	n
	(a) Classification of property	(b) Month and year placed in service	(búsiness/i	or depreciation nvestment use e instructions)		ecovery eriod	(e) Conventio	on (f) Meth	od	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
с	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
g	25-year property				25	yrs.		S/L		
h	Residential rental property	/			27.	5 yrs.	MM	S/L		
	hesidential rental property	/			27.	5 yrs.	MM	S/L		
i	Nonresidential real property	/			39	yrs.	MM	S/L		
<u> </u>	,	/					MM	S/L		
	Section C - Assets I	Placed in Service	During 202	2 Tax Year U	sing th	e Alter	native Depr	eciation	Syste	em
20a	Class life							S/L		
b	12-year					l yrs.		S/L		
C	30-year	/				) yrs.	MM	S/L		
d	40-year	/			40	) yrs.	MM	S/L		
Par										
	isted property. Enter amount from lin							2	1	
	otal. Add amounts from line 12, lines									
	nter here and on the appropriate line				tions - s	see inst	r	2	2	73,269
<b>23</b> F	or assets shown above and placed in	service during the	e current yea	ar, enter the						

23

portion of the basis attributable to section 263A costs .

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Par	t V Listed Proper	ty (Include a	utomobiles, ce	ertain ot	her vehic	les, ce	rtain airc	raft, ar	nd propert	y used f	or				
entertainment, recreation, or amusement.) <b>Note:</b> For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete <b>only</b> 24a,															
24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.															
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)															
<b>24a</b> [	Do you have evidence to	support the bu	siness/investme	ent use cl	laimed?	<u> </u>	∕es ∟	No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)	_	(e)		(f)		g)		(h)		(i)
	Type of property (list vehicles first)	Date placed in	Business/ investment		Cost or		sis for depr usiness/inve		Recovery		thod/		eciation		cted on 179
	(list vehicles list)	service	use percenta		ther basis		use only	y)	period	COIN	rention	ueu	uction		ost
<b>25</b> S	pecial depreciation all	owance for o	ualified listed	propert	y placed	in serv	ice durin	g the t	ax year ar	d					
us	sed more than 50% in	a qualified b	ousiness use								25				
	roperty used more tha					-			-	-					
		: :	ģ	%											
		: :	ģ	%											
		: :	ġ	%											
<b>27</b> P	roperty used 50% or l	ess in a qual	ified business	use:					_						
		: :	ġ	%						S/L -					
		: :	ġ	%				S/L -							
		: :	ġ	%						S/L -					
28 A	dd amounts in columr	n (h), lines 25	through 27. E	inter her	re and on	line 2	1, page 1				28				
	dd amounts in columr												. 29		
			S	Section	B - Infor	matior	n on Use	of Ve	nicles						
Comp	plete this section for ve	ehicles used	by a sole prop	orietor, p	oartner, o	r other	"more th	nan 5%	owner,"	or relate	d persor	n. If you	provided	l vehicle	s
to you	ur employees, first ans	wer the que	stions in Section	on C to	see if you	u meet	an excep	otion to	o completi	ng this s	section f	or those	vehicles	6.	
					(a)		(b)		(c)	(	d)	(	e)	(1	F)
<b>30</b> To	otal business/investment	miles driven d	uring the	Ve	hicle	Ve	ehicle	V	/ehicle	Veł	nicle	Ve	Vehicle		icle
ye	ear ( <b>don't</b> include commu	iting miles)													
	otal commuting miles														
	otal other personal (no														
dı	riven														
	otal miles driven durin														
A	dd lines 30 through 32	2													
	as the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
d	uring off-duty hours?														
	as the vehicle used p														
th	nan 5% owner or relat	ed person?													
	another vehicle availa														
	se?														
			- Questions f	for Emp	lovers W	/ho Pro	vide Vel	hicles	for Use b	v Their I	Employ	ees	•		
Answ	er these questions to												ren't		
	than 5% owners or re		,		·					,	. ,				
37 D	o you maintain a writte	en policy stat	tement that pr	ohibits	all persor	nal use	of vehicl	es, inc	luding cor	nmuting	, by you	ır		Yes	No
	mployees?				-				-	-					
<b>38</b> D	o you maintain a writte	en policv stat	tement that pr	ohibits	personal	use of	vehicles.	excer	ot commut	ina. bv v	our				
	mployees? See the ins		-					-							
	o you treat all use of v														
	o you provide more th														
	ne use of the vehicles,														
	o you meet the require														
	ote: If your answer to														·
Par		57,00,00,4		, <u>,</u> uon	. comple										
	(a)		ĺ	(b)		(c)			(d)		(e)			(f)	
Description of costs Date		amortization Amortizable		able	Code section		Amortizati period or perc		ation			mortization or this year			
42 A	mortization of costs th	nat begins du	Iring your 202	begins 2 tax ve	ar:						heinon ol hei	оснидуе		_ ,000	
					1										
				<u> </u>	1			+							
42 ^	mortization of costs th	at bogan bo	fore your 2020	: : ) tax va	l							43			
TJ A	monuzation of Costs If	ar negari ne	1016 your 2022	_ кал уеа											

43 Amortization of costs that began before your 2022 tax year	43	
44 Total. Add amounts in column (f). See the instructions for where to report	44	
216252 12-08-22		Form <b>4562</b> (2022)