

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2022

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **OCT 1, 2022** and ending **SEP 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DESERT BOTANICAL GARDEN, INC.		D Employer identification number 86-0136925
	Doing business as		E Telephone number 480-941-1225
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1201 N GALVIN PARKWAY		G Gross receipts \$ 28,311,780.
City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85008		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: KENNETH J. SCHUTZ SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.DBG.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1937	M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE GARDEN'S COMMITMENT TO THE COMMUNITY IS TO ADVANCE EXCELLENCE IN EDUCATION, RESEARCH,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	266
	6 Total number of volunteers (estimate if necessary)	6	436
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,268,300.	8,874,756.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,806,225.	12,838,689.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,352.	198,300.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,128,719.	4,809,027.
		39,207,596.	26,720,772.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,051,356.	13,269,929.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,863,253.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,864,483.	8,352,405.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,915,839.	21,622,334.	
19 Revenue less expenses. Subtract line 18 from line 12	17,291,757.	5,098,438.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	67,699,429.	75,155,805.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,696,081.	6,470,273.
	62,003,348.	68,685,532.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARGARET BURKE, CFOO				
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	AMY A. O'LOUGHLIN		02/15/24		P00869687
Firm's name CBIZ MHM, LLC		Firm's EIN 34-1884125			
Firm's address 4722 N 24TH ST, STE 300		Phone no. 602-264-6835			
PHOENIX, AZ 85016					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE GARDEN'S COMMITMENT TO THE COMMUNITY IS TO ADVANCE EXCELLENCE IN EDUCATION, RESEARCH, EXHIBITION AND CONSERVATION OF DESERT PLANTS OF THE WORLD WITH EMPHASIS ON THE SONORAN DESERT. WE WILL ENSURE THAT THE GARDEN IS ALWAYS A COMPELLING ATTRACTION THAT BRINGS TO LIFE THE MANY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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? [] Yes [X] No 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 \$ 16,265,105. including grants of \$) (Revenue \$ 15,663,810.) HORTICULTURE - PROPAGATING & MAINTAINING A LIVING PLANT COLLECTION OF OVER 50,000 DESERT PLANTS WITH PARTICULAR EMPHASIS ON THOSE INHABITING THE SONORAN DESERT, MANY OF WHICH ARE ENDANGERED SPECIES. THIS PROGRAM ALSO WORKS TO PRESERVE DESERT PLANT LIFE OUTSIDE OF ITS COLLECTION BY EDUCATING THE PUBLIC REGARDING THE BEAUTY, VARIETY AND FRAGILITY OF DESERT PLANT LIFE BY DISPLAYING AND INTERPRETING ITS COLLECTION FOR THE PUBLIC AT ITS GARDEN IN PHOENIX, AZ WHICH IN THE CURRENT YEAR ATTRACTED OVER 520,000 VISITORS FROM ALL OVER THE WORLD.

EDUCATION - PROVIDES PROGRAMMING FOR CHILDREN, ADULTS, AND EDUCATORS THAT PROMOTE GREATER ENJOYMENT, UNDERSTANDING AND STEWARDSHIP OF THE SONORAN DESERT. CHILDREN'S PROGRAMMING AT THE DESERT BOTANICAL GARDEN

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,265,105.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
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. [X] 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records MARGARET BURKE, CFOO - 480-941-1225 1201 N GALVIN PARKWAY, PHOENIX, AZ 85008

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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KENNETH J SCHUTZ EXECUTIVE DIRECTOR	40.00			X			460,025.	0.	26,890.	
(2) MARGARET BURKE CHIEF FINANCIAL & OPERATING OFFICER	40.00			X			259,570.	0.	40,415.	
(3) MIKE REMEDI CHIEF DEVELOPMENT OFFICER	40.00					X	220,409.	0.	21,104.	
(4) KIMBERLIE MCCUE CHIEF SCIENCE OFFICER	40.00					X	189,314.	0.	33,594.	
(5) ELAINE MCGINN CHIEF EXPERIENCE OFFICER	40.00					X	189,314.	0.	23,261.	
(6) TINA WILSON SR DIRECTOR OF HORTICULTURE	40.00					X	156,662.	0.	18,741.	
(7) MARCIA FLYNN SR DIRECTOR EVENT SERVICES	40.00					X	129,959.	0.	15,933.	
(8) AMY FLOOD PRESIDENT	5.00	X		X			0.	0.	0.	
(9) DAN PEREZ VICE PRESIDENT	5.00	X		X			0.	0.	0.	
(10) HAROLD C. DORENBECHER VICE PRESIDENT, PRESIDENT ELECT	5.00	X		X			0.	0.	0.	
(11) LAURA A. LO BIANCO SECRETARY	5.00	X		X			0.	0.	0.	
(12) PAUL J. MOUNTAIN TREASURER	5.00	X		X			0.	0.	0.	
(13) REBECCA AILES-FINE TRUSTEE	5.00	X					0.	0.	0.	
(14) KATE BAKER TRUSTEE	5.00	X					0.	0.	0.	
(15) SALVADOR AVILA BRETT'S TRUSTEE	5.00	X					0.	0.	0.	
(16) JASON BARLOW TRUSTEE	5.00	X					0.	0.	0.	
(17) SCOTT BURDICK TRUSTEE	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMANDA BURKE TRUSTEE	5.00 5.00	X						0.	0.	0.
(19) SHELLEY COHN TRUSTEE	5.00 5.00	X						0.	0.	0.
(20) BARRY K. FINGERHUT TRUSTEE	5.00 5.00	X						0.	0.	0.
(21) URSULA GANGADEAN TRUSTEE	5.00 5.00	X						0.	0.	0.
(22) CHRISTOPHER GATELY TRUSTEE	5.00 5.00	X						0.	0.	0.
(23) DIANA GREGORY TRUSTEE	5.00 5.00	X						0.	0.	0.
(24) MARTIN HARVIER TRUSTEE	5.00 5.00	X						0.	0.	0.
(25) LORI A. HIGUERA TRUSTEE	5.00 5.00	X						0.	0.	0.
(26) BARBARA HOFFNAGLE TRUSTEE	5.00 5.00	X						0.	0.	0.
1b Subtotal								1,605,253.	0.	179,938.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,605,253.	0.	179,938.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KITCHELL PEREZ 7909 W GLENDALE AVE, GLENDALE, AZ 85303	CONSTRUCTION PROJECT SERVICES	340,225.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARY HOVDEN TRUSTEE	5.00 5.00	X						0.	0.	0.
(28) THOMAS R. JONES TRUSTEE	5.00 5.00	X						0.	0.	0.
(29) JANE JOZOFF TRUSTEE	5.00 5.00	X						0.	0.	0.
(30) MARK LANDY TRUSTEE	5.00 5.00	X						0.	0.	0.
(31) JAN LEWIS TRUSTEE	5.00 5.00	X						0.	0.	0.
(32) BRUCE MACDONOUGH TRUSTEE	5.00 5.00	X						0.	0.	0.
(33) REA MAYER TRUSTEE	5.00 5.00	X						0.	0.	0.
(34) TAMMY MCLEOD TRUSTEE	5.00 5.00	X						0.	0.	0.
(35) PAUL MORELL TRUSTEE	5.00 5.00	X						0.	0.	0.
(36) KATHY MUNSON TRUSTEE	5.00 5.00	X						0.	0.	0.
(37) ADRIANA MURRIETTA TRUSTEE	5.00 5.00	X						0.	0.	0.
(38) LINDA NORQUIST TRUSTEE	5.00 5.00	X						0.	0.	0.
(39) LINDA PERLICH TRUSTEE	5.00 5.00	X						0.	0.	0.
(40) ROBERT S. REDER TRUSTEE	5.00 5.00	X						0.	0.	0.
(41) EDGARDO RIVERA TRUSTEE	5.00 5.00	X						0.	0.	0.
(42) RICK ROBINSON TRUSTEE	5.00 5.00	X						0.	0.	0.
(43) JOETTE SCHMIDT TRUSTEE	5.00 5.00	X						0.	0.	0.
(44) MELANIE STUCKENBERG TRUSTEE	5.00 5.00	X						0.	0.	0.
(45) ANN STANTON TRUSTEE	5.00 5.00	X						0.	0.	0.
(46) KATHLEEN TADDIE TRUSTEE	5.00 5.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	1,331,046.				
	c Fundraising events	1c	113,500.				
	d Related organizations	1d	731,239.				
	e Government grants (contributions)	1e	575,356.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	6,123,615.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 343,006.				
	h Total. Add lines 1a-1f		8,874,756.				
Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code					
		900099	9,225,667.	9,225,667.			
	b <u>MEMBERSHIP DUES</u>	900099	2,831,219.	2,831,219.			
	c <u>GROUP SERVICES</u>	900099	712,067.	712,067.			
	d <u>EDUCATIONAL CLASSES</u>	611600	69,736.	69,736.			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		12,838,689.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		212,576.			212,576.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	1,087.			
				15,363.	0.		
				-15,363.	1,087.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)			-14,276.		-14,276.		
8 a Gross income from fundraising events (not including \$ 113,500. of contributions reported on line 1c). See Part IV, line 18	8a		3,004,877.				
		b Less: direct expenses	8b	1,020,971.			
		c Net income or (loss) from fundraising events		1,983,906.		1,983,906.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		3,171,835.				
		b Less: cost of goods sold	10b	554,674.			
		c Net income or (loss) from sales of inventory		2,617,161.	2,617,161.		
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code					
		900099	207,960.	207,960.			
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		207,960.					
12 Total revenue. See instructions		26,720,772.	15,663,810.	0.	2,182,206.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	786,900.	576,118.	71,763.	139,019.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,310,831.	7,547,683.	947,220.	1,815,928.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	373,201.	267,758.	35,987.	69,456.
9 Other employee benefits	1,166,782.	861,589.	72,590.	232,603.
10 Payroll taxes	632,215.	487,867.	55,316.	89,032.
11 Fees for services (nonemployees):				
a Management				
b Legal	45,787.		45,787.	
c Accounting	75,775.		75,775.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,905,198.	1,861,101.	44,097.	
12 Advertising and promotion	642,142.	612,879.		29,263.
13 Office expenses	749,252.	651,468.	31,167.	66,617.
14 Information technology	65,019.		65,019.	
15 Royalties				
16 Occupancy	394,876.	286,671.	12,579.	95,626.
17 Travel	273,394.	169,009.	86,147.	18,238.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	27,534.		27,534.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,426,889.	1,227,124.	142,689.	57,076.
23 Insurance	341,867.	294,005.	34,187.	13,675.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MERCHANT AND PERMIT FEE	679,344.	53,626.	607,947.	17,771.
b REPAIRS AND MAINTENANCE	526,776.	456,280.	49,852.	20,644.
c HARDWARE AND SOFTWARE	491,078.	350,212.	60,556.	80,310.
d UTILITIES	314,123.	250,996.	26,561.	36,566.
e All other expenses	393,351.	310,719.	1,203.	81,429.
25 Total functional expenses. Add lines 1 through 24e	21,622,334.	16,265,105.	2,493,976.	2,863,253.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,388,150.	1	8,541,839.
	2 Savings and temporary cash investments	3,666,364.	2	8,098,660.
	3 Pledges and grants receivable, net	8,195,955.	3	5,318,917.
	4 Accounts receivable, net	103,512.	4	171,495.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	47,154.	8	36,167.
	9 Prepaid expenses and deferred charges	524,362.	9	1,609,752.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,958,901.		
	b Less: accumulated depreciation	10b 25,192,292.		
	11 Investments - publicly traded securities	21,730,451.	10c	22,766,609.
	12 Investments - other securities. See Part IV, line 11	615,874.	11	11,559,290.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets	73,858.	13	
	15 Other assets. See Part IV, line 11	73,858.	14	233,858.
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,353,749.	15	16,819,218.	
	67,699,429.	16	75,155,805.	
Liabilities	17 Accounts payable and accrued expenses	1,622,332.	17	2,789,391.
	18 Grants payable		18	
	19 Deferred revenue	3,180,298.	19	2,650,522.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	842,689.	24	738,755.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,762.	25	291,605.
	26 Total liabilities. Add lines 17 through 25	5,696,081.	26	6,470,273.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	35,109,198.	27	37,355,570.
	28 Net assets with donor restrictions	26,894,150.	28	31,329,962.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	62,003,348.	32	68,685,532.
33 Total liabilities and net assets/fund balances	67,699,429.	33	75,155,805.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,720,772.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,622,334.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,098,438.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,003,348.
5	Net unrealized gains (losses) on investments	5	387,716.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,196,030.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	68,685,532.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,134,955.	7,105,439.	7,884,947.	14,268,300.	9,327,927.	47,721,568.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9,134,955.	7,105,439.	7,884,947.	14,268,300.	9,327,927.	47,721,568.
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)						4,829,107.
6 Public support. Subtract line 5 from line 4.						42,892,461.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	9,134,955.	7,105,439.	7,884,947.	14,268,300.	9,327,927.	47,721,568.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,303.	22,671.	352.	11,203.	212,576.	310,105.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						48,031,673.
12 Gross receipts from related activities, etc. (see instructions)					12	67,864,265.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	89.30	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	80.82	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 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 test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 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 assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 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.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c 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, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

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

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

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

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

Name of organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 537,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 260,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: DESERT BOTANICAL GARDEN, INC. Employer identification number: 86-0136925

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, conservation contribution details (2a-2d), number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art collections (1a, 1b) and amounts for art collections (2a, 2b).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,906,516.	19,127,527.	16,798,399.	16,398,168.	17,008,600.
b Contributions	15,855.	34,111.	69,668.	20,916.	10,561.
c Net investment earnings, gains, and losses	1,896,955.	-3,539,058.	2,941,702.	1,130,296.	340,881.
d Grants or scholarships					
e Other expenditures for facilities and programs	733,881.	716,064.	682,242.	750,981.	602,596.
f Administrative expenses					359,278.
g End of year balance	16,085,445.	14,906,516.	19,127,527.	16,798,399.	16,398,168.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100 _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		21,970,347.	9,141,394.	12,828,953.
c Leasehold improvements		17,600,672.	12,708,300.	4,892,372.
d Equipment		3,411,402.	3,342,598.	68,804.
e Other		4,976,480.		4,976,480.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,766,609.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	24,989.
(2) BENEFICIAL INTEREST IN NET ASSETS OF DBG FOUNDATION	16,524,680.
(3) RIGHT-OF-USE OPERATING LEASE ASSET	269,549.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,819,218.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	22,056.
(3) RIGHT-OF-USE OPERATING LEASE LIABILITY	269,549.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	291,605.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,871,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	387,716.	
b	Donated services and use of facilities	2b	567,591.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,087.	
e	Add lines 2a through 2d		2e	954,220.
3	Subtract line 2e from line 1		3	27,916,802.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-1,196,030.	
c	Add lines 4a and 4b		4c	-1,196,030.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	26,720,772.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	22,189,925.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	567,591.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	567,591.
3	Subtract line 2e from line 1		3	21,622,334.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	21,622,334.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 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 1A:

COLLECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING PLANT COLLECTION,

WHICH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE COLLECTION ITEMS ARE

NOT CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY CONSISTS OF OVER 500

BOTANICAL PERIODICALS AND OVER 9,700 RARE BOOKS, INCLUDING FLORISTIC,

ECOLOGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE DESERTS OF THE

WORLD. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL ILLUSTRATION,

PLANT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS, RARE AND

ENDANGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION. THE HERBARIUM

COLLECTION IS AVAILABLE FOR USE BY STAFF, VOLUNTEERS, AND RESEARCHERS

GLOBALLY. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR

FROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH

Part XIII Supplemental Information (continued)

UNPROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2023 FOR THE ANNUAL CONSUMER PRICE INDEX ("CPI"), THE GARDEN ESTIMATED THAT THE VALUE OF EACH UNPROCESSED SPECIMEN IS APPROXIMATELY \$30 AND THE PROCESSED SPECIMEN VALUE IS APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM SPECIMENS IN THE APPROXIMATE RANGE OF \$5,524,000 TO \$5,547,000. IN CONFORMITY WITH THE PRACTICE. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. COSTS OF PURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN PROGRAM EXPENSE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS. THE GARDEN'S POLICY IS TO NOT DISPOSE OR OTHERWISE SELL COLLECTION ITEMS, HOWEVER SHOULD SUCH NEED ARISE, THE GARDEN'S POLICY IS TO USE THE PROCEED FROM DEACCESSIONED COLLECTION ITEMS FOR THE ACQUISITION OF NEW COLLECTION ITEMS AND/OR THE DIRECT CARE OF EXISTING COLLECTIONS. THE GARDEN DEFINES DIRECT CARE AS AN INVESTMENT THAT ENHANCES THE LIFE, USEFULNESS, OR QUALITY OF A GARDEN'S COLLECTIONS. DURING THE YEARS ENDED SEPTEMBER 30, 2023 AND 2022, PURCHASED ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.

PART III, LINE 4:

COLLECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING PLANT COLLECTION, WHICH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE COLLECTION ITEMS ARE NOT CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY CONSISTS OF OVER 500 BOTANICAL PERIODICALS AND OVER 9,700 RARE BOOKS, INCLUDING FLORISTIC, ECOLOGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE DESERTS OF THE WORLD. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL ILLUSTRATION, PLANT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS, RARE AND ENDANGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION. THE HERBARIUM

Part XIII Supplemental Information (continued)

COLLECTION IS AVAILABLE FOR USE BY STAFF, VOLUNTEERS, AND RESEARCHERS GLOBALLY. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR FROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH UNPROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2023 FOR THE ANNUAL CONSUMER PRICE INDEX ("CPI"), THE GARDEN ESTIMATED THAT THE VALUE OF EACH UNPROCESSED SPECIMEN IS APPROXIMATELY \$30 AND THE PROCESSED SPECIMEN VALUE IS APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM SPECIMENS IN THE APPROXIMATE RANGE OF \$5,524,000 TO \$5,547,000. IN CONFORMITY WITH THE PRACTICE. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. COSTS OF PURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN PROGRAM EXPENSE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS. THE GARDEN'S POLICY IS TO NOT DISPOSE OR OTHERWISE SELL COLLECTION ITEMS, HOWEVER SHOULD SUCH NEED ARISE, THE GARDEN'S POLICY IS TO USE THE PROCEED FROM DEACCESSIONED COLLECTION ITEMS FOR THE ACQUISITION OF NEW COLLECTION ITEMS AND/OR THE DIRECT CARE OF EXISTING COLLECTIONS. THE GARDEN DEFINES DIRECT CARE AS AN INVESTMENT THAT ENHANCES THE LIFE, USEFULNESS, OR QUALITY OF A GARDEN'S COLLECTIONS. DURING THE YEARS ENDED SEPTEMBER 30, 2023 AND 2022, PURCHASED ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.

PART V, LINE 4:

THE GARDEN'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED FOR THE FUTURE PROSPERITY OF THE GARDEN. THE ENDOWMENT INCLUDES ONLY DONOR-RESTRICTED ENDOWMENT FUNDS - HELD IN PERPETUITY. IT IS HELD AND ADMINISTERED BY DESERT BOTANICAL GARDEN FOUNDATION, A RELATED SUPPORTING ORGANIZATION.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

DBG AND THE FOUNDATION QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND, ACCORDINGLY, THERE IS NO PROVISION FOR INCOME TAXES. IN ADDITION, DBG AND THE FOUNDATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE IRC AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. DBG AGAVE IS A DISREGARDED ENTITY FOR TAX PURPOSES. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME WOULD BE TAXABLE.

DBG AND THE FOUNDATION FILE INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN CERTAIN STATE AND LOCAL JURISDICTIONS. AS OF SEPTEMBER 30, 2023, U.S. FEDERAL INFORMATION RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2019 AND STATE RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2020 WERE CLOSED TO ASSESSMENT. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF ADMINISTRATION EXPENSES WHEN ASSESSED.

THE GARDEN ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH THE PROVISIONS OF FASB ASC 740, INCOME TAXES BY APPLYING A MORE-LIKELY-THAN-NOT THRESHOLD TO THE RECOGNITION AND DE-RECOGNITION OF UNCERTAIN TAX POSITIONS IN EARNINGS IN THE YEAR OF SUCH CHANGE. THE GARDEN EVALUATES POTENTIAL UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS. THE GARDEN HAS IDENTIFIED ITS STATUS AS AN EXEMPT ORGANIZATION AS A TAX POSITION; HOWEVER, THE GARDEN HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY THAT REQUIRES RECOGNITION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2022

Part XIII Supplemental Information *(continued)*

GAIN/LOSS ON DISPOSAL OF PROPERTY AND EQUIPMENT -1,087.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF DBG

FOUNDATION -1,196,030.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE			AUTHOR FOR BOOK FEATURED IN DBG BOOK CLUB	REIMBURSED AUTHOR'S TRAVEL EXPENSES TO PARTICIPATE IN DBG BOOK CLUB	5,000.
CENTRAL AMERICA AND THE CARRIBEAN			CONTRACTED SERVICES	PAID TO CONTRACT ARTISTS RELATED TO DAY OF THE DEAD CELEBRATION - INDIVIDUAL WORKED WITH	77,108.
3 a Subtotal	0	0			82,108.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			82,108.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARRIBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: PAID TO CONTRACT ARTISTS

RELATED TO DAY OF THE DEAD CELEBRATION - INDIVIDUAL WORKED WITH REGIONAL

ARTISTS TO CREATE EXHIBITS FOR THE GARDEN, ALL SERVICES PERFORMED OUTSIDE

THE US

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LUMINARIA (event type)	DINNER IN THE DESERT (event type)	4 (total number)		
Revenue	1	Gross receipts	1,660,133.	783,524.	674,720.	3,118,377.
	2	Less: Contributions	0.	113,500.	0.	113,500.
	3	Gross income (line 1 minus line 2)	1,660,133.	670,024.	674,720.	3,004,877.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	455,647.	264,432.	345,468.	1,065,547.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,065,547.
11	Net income summary. Subtract line 10 from line 3, column (d)				1,939,330.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KENNETH J SCHUTZ EXECUTIVE DIRECTOR	(i)	360,025.	100,000.	0.	14,079.	12,811.	486,915.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARGARET BURKE CHIEF FINANCIAL & OPERATING OFFICER	(i)	236,395.	23,175.	0.	12,978.	27,437.	299,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MIKE REMEDI CHIEF DEVELOPMENT OFFICER	(i)	200,409.	20,000.	0.	6,519.	14,585.	241,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIMBERLIE MCCUE CHIEF SCIENCE OFFICER	(i)	172,314.	17,000.	0.	9,465.	24,129.	222,908.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELAINE MCGINN CHIEF EXPERIENCE OFFICER	(i)	172,314.	17,000.	0.	9,464.	13,797.	212,575.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TINA WILSON SR DIRECTOR OF HORTICULTURE	(i)	142,594.	14,068.	0.	7,330.	11,411.	175,403.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

THE GARDEN HAS A 457(B) NON-QUALIFIED DEFERRED COMPENSATION RETIREMENT PLAN

(THE "NON-QUALIFIED 457(B) PLAN") COVERING THE CURRENT EXECUTIVE DIRECTOR.

THE NON-QUALIFIED 457(B) PLAN PROVIDES FOR EMPLOYEE CONTRIBUTIONS. AN

EMPLOYEE IS 100% VESTED IN ANY ELECTIVE CONTRIBUTIONS TO THE NON-QUALIFIED

457(B) PLAN, PLUS ANY INVESTMENT EARNINGS OR LOSSES. AT SEPTEMBER 30, 2023

AND 2022, WHILE THE GARDEN HAS SET ASIDE APPROXIMATELY \$231,000 AND

\$204,000, RESPECTIVELY, IN A SEPARATE ACCOUNT (REPRESENTING ACCUMULATED

PARTICIPANT CONTRIBUTIONS, PLUS EARNINGS THEREON), THESE FUNDS REMAIN

AVAILABLE TO THE GENERAL CREDITORS OF THE GARDEN.

PART I, LINE 7:

INCENTIVES ARE EARNED WHEN MEETING ORGANIZATIONAL GOALS AND ARE APPROVED BY

MANAGEMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **DESERT BOTANICAL GARDEN, INC.**
Employer identification number: **86-0136925**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>PLANTS/TREES/SU</u>)	X	0	343,006. FMV	
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A BROKER TO SELL NON-CASH STOCK CONTRIBUTIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

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

EXHIBITION AND CONSERVATION OF DESERT PLANTS OF THE WORLD WITH EMPHASIS

ON THE SONORAN DESERT. WE WILL ENSURE THAT THE GARDEN IS ALWAYS A

COMPELLING ATTRACTION THAT BRINGS TO LIFE THE MANY WONDERS OF THE

DESERT.

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

WONDERS OF THE DESERT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROMOTES A SCIENTIFICALLY AND ENVIRONMENTALLY LITERATE COMMUNITY

THROUGH HANDS-ON, NATURE-BASED LEARNING, AND GARDEN STAFF AND

RESOURCES. THESE PLACE-BASED EXPERIENCES INSPIRE A CONNECTION TO THE

UNIQUE WONDERS OF THE SONORAN DESERT, ENCOURAGE CONSERVATION OF THE

NATURAL WORLD, AND IGNITE A LIFE-LONG APPRECIATION FOR THE ENVIRONMENT.

INFORMAL PROGRAMS SPAN THE AGES OF INFANTS TO TEENAGERS ALONGSIDE THEIR

CAREGIVERS THROUGH INQUIRY-BASED INVESTIGATIONS THAT INCORPORATE ART,

SCIENCE, MUSIC, AND MUCH MORE.

IN FY2023, CACTUS CLUBHOUSE OPENED IN THE FALL FRIDAY-SUNDAY,

9:00AM-4:00PM. STARTING IN JANUARY AND CARRYING THROUGH MAY 2023, THE

CLUBHOUSE WAS OPEN WEDNESDAY-SUNDAY. THROUGH FY2023, THE CLUBHOUSE

WELCOMED 22,420 VISITORS, INCLUDING OVER 9,100 CHILDREN. CACTUS

CLUBHOUSE ADMISSION WAS INCLUDED WITH GARDEN ADMISSION AND MEMBERSHIP.

THE CHILDREN AND FAMILY DEPARTMENT RAN ADDITIONAL PROGRAMMING FOR

EVENTS, INCLUDING DIA DE MUERTOS AND STRANGE GARDEN IN THE FALL, AND

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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LUMINARIA PROGRAMMING IN DECEMBER. THROUGH THESE ADDITIONAL ON-SITE PROGRAMS, THAT WERE ALSO INCLUDED IN THE COST OF ADMISSION OR MEMBERSHIP, WE SAW AN ADDITIONAL 20,792 VISITORS, INCLUDING 3,900 CHILDREN. FIELD TRIPS REMAINED CANCELLED THROUGH FY23, BUT OVER 1,900 CHILDREN ENGAGED IN OUTREACH SCHOOL PROGRAMMING THAT WAS CONDUCTED AT SCHOOLS ACROSS PHOENIX METROPOLITAN AREA. SUMMER CAMP CAME BACK ONLINE FOR THE FIRST TIME POST-COVID, WITH 62 CHILDREN PARTICIPATING IN CAMP SESSIONS OVER 5 WEEKS IN JUNE AND JULY. ALSO RUNNING THROUGHOUT THE SUMMER WAS A WEEKLY STORYTIME ACTIVITY WITH CHILDREN AND CAREGIVERS EVERY SATURDAY MORNING. BOOKS AND ACTIVITIES WERE CENTERED AROUND THEMES SPECIFIC TO THE FLORA AND FAUNA OF THE SONORAN DESERT, AND ENGAGED 373 CHILDREN AND CAREGIVERS OVER THREE MONTHS.

FORM 990, PART VI, SECTION A, LINE 6:
 ANY PERSON, FIRM, CORPORATION, ASSOCIATION OR OTHER ORGANIZATION SHALL BE ELIGIBLE FOR MEMBERSHIP IN THE CORPORATION. SUCH PERSONS AND ORGANIZATIONS MAY BECOME MEMBERS BY PAYING DUES.

FORM 990, PART VI, SECTION A, LINE 7A:
 AT EACH ANNUAL MEETING, MEMBERS SHALL ELECT THAT PORTION OF THE BOARD OF TRUSTEES WHOSE TERMS HAVE EXPIRED.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE REVIEW OF FORM 990 IS DELEGATED TO THE AUDIT COMMITTEE, A SUB-GROUP OF THE BOARD. THE COMPLETED 990 IS DISTRIBUTED TO THE FULL BOARD BEFORE FILING.

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

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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CONFLICT OF INTEREST FORMS ARE SIGNED UPON ACCEPTANCE TO THE BOARD, AND

RETURN OF FORMS IS TRACKED BY THE ADMINISTRATIVE COORDINATOR. ALL BOARD

MEMBERS SIGN THE FORMS ANNUALLY.

NO CONTRACT OR OTHER TRANSACTION BETWEEN THE CORPORATION AND ONE OR MORE OF

ITS TRUSTEES OR OFFICERS, OR BETWEEN THE CORPORATION AND ANY OTHER

CORPORATION, FIRM, ASSOCIATION OR ENTITY IN WHICH A TRUSTEE OR OFFICER OF

THE CORPORATION IS A TRUSTEE OR OFFICER OR IS FINANCIALLY INTERESTED, SHALL

BE EITHER VOID OR VOIDABLE BECAUSE OF SUCH RELATIONSHIP OR INTEREST OR

BECAUSE SUCH TRUSTEES OR OFFICERS ARE PRESENT AT OR PARTICIPATE IN THE

MEETING OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF WHICH AUTHORIZES,

APPROVES OR RATIFIES SUCH CONTRACT OR TRANSACTION, OR BECAUSE HIS OR HER OR

THEIR VOTES ARE COUNTED FOR SUCH PURPOSE, IF:

(1) THE FACT OF SUCH RELATIONSHIP OR INTEREST AND THE FACTS AS TO THE

CONTRACT OR TRANSACTION ARE DISCLOSED OR KNOWN TO THE BOARD OF TRUSTEES OR

COMMITTEE WHICH AUTHORIZES, APPROVES OR RATIFIES THE CONTRACT OR

TRANSACTION BY A VOTE OR CONSENT SUFFICIENT FOR THE PURPOSE WITHOUT

COUNTING THE VOTES OR CONSENTS OF SUCH INTERESTED TRUSTEES OR OFFICERS; OR

(2) THE FACT OF SUCH RELATIONSHIP OR INTEREST AND THE FACTS AS TO THE

CONTRACT OR TRANSACTION ARE DISCLOSED OR KNOWN TO THE MEMBERS ENTITLED TO

VOTE AND THEY AUTHORIZE, APPROVE OR RATIFY SUCH CONTRACT OR TRANSACTION BY

VOTE OR WRITTEN CONSENT; OR

(3) THE CONTRACT OR TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION

AT THE TIME THE CONTRACT OR TRANSACTION IS AUTHORIZED, APPROVED OR

RATIFIED, IN THE LIGHT OF CIRCUMSTANCES KNOWN TO THOSE ENTITLED TO VOTE

THEREON AT THAT TIME.

INTERESTED TRUSTEES MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM

AT A MEETING OF THE BOARD OF TRUSTEES OR A COMMITTEE THEREOF WHICH

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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AUTHORIZES, APPROVES OR RATIFIES SUCH CONTRACT OR TRANSACTION.

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

THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR IS PERFORMED ANNUALLY BY THE MEMBERS OF THE PERSONNEL COMMITTEE, A COMMITTEE OF THE BOARD OF TRUSTEES AND A NON-BOARD MEMBER WHO SERVES AS A HUMAN RESOURCE CONSULTANT. THE PERSONNEL COMMITTEE USES COMPARABLE DATA TO DETERMINE COMPENSATION BY CONTACTING OTHER NON-PROFITS OF EQUAL SIZE, USING TOOLS SUCH AS GUIDESTAR AND OTHER PERSONNEL BASED WEB SITES, AND ALSO BY REVIEWING THE FORM 990 OF COMPARABLE ORGANIZATIONS. THE CURRENT FISCAL YEAR INCLUDED AN UPDATED COMPENSATION STUDY.

THE DETERMINATION OF COMPENSATION FOR OTHER OFFICERS OR KEY EMPLOYEES OF THE GARDEN IS PART OF THE ANNUAL BUDGETING PROCESS. SIGNIFICANT CHANGES IN COMPENSATION ARE HIGHLIGHTED AND REVIEWED THROUGH ANNUAL BOARD COMMITTEE REPORTING.

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

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM
 NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WV, WI

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

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE GARDEN POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS TO ITS WEBSITE WWW.DBG.ORG, AVAILABLE FOR PUBLIC VIEWING. ANNUAL REPORTS ARE FILED WITH AZ CORPORATION COMMISSION, WHICH ARE AVAILABLE ON THE WEB.

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF DBG

FOUNDATION	1,196,030.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">DESERT BOTANICAL GARDEN, INC.</p>	Employer identification number <p align="center">86-0136925</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DBG AGAVE, LLC 1201 N. GALVIN PKWY PHOENIX, AZ 85008	RECEIVING AND HOLDING CONTRIBUTED INTERESTS IN REAL ESTATE.	ARIZONA			DESERT BOTANICAL GARDEN, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DESERT BOTANICAL GARDEN FOUNDATION - 26-3305761, 1201 N. GALVIN PKWY, PHOENIX, AZ 85008	TO MANAGE ENDOWMENT FUNDS FOR THE DESERT BOTANICAL GARDEN.	ARIZONA	501(C)(3)	LINE 12A, I	DESERT BOTANICAL GARDEN, INC.		X

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

Schedule R (Form 990) 2022

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

