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

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

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.

OMB No. 1545-0047 Open to Public

Inspection

Α	For th	e 2022 calendar year, or tax year beginning OCT 1, 2022 and	ending SI	EP 30, 2023	
В	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addre	DESERT BOTANICAL GARDEN, INC.			
	Name	pe Doing business as	86-0136925		
	Initial returr		E Telephone number	r	
	Final	V 1201 N GALVIN PARKWAY	480-941-1225		
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	28,311,780.
	Amer	FROENIX, AZ 65006		H(a) Is this a group re	eturn
	Appli tion pend	F Name and address of principal officer: KENNETT 5. Scholz		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	Included? Yes No
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
	Webs			H(c) Group exemptio	n number
		f organization: X Corporation Trust Association Other	L Year	of formation: 1937	State of legal domicile: AZ
Ρ	art I	Summary			
đ	1	Briefly describe the organization's mission or most significant activities: $\underline{\text{THE GAR}}$	RDEN'S CO	MMITMENT TO THE	
5 UC		COMMUNITY IS TO ADVANCE EXCELLENCE IN EDUCATION, RESEARCH,			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	1 1	
Ň	3				41
ن م	2 4	Number of independent voting members of the governing body (Part VI, line 1b)		41	
S O	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		266	
iti	6	Total number of volunteers (estimate if necessary)			436
Act Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		16,268,300.	8,874,756.
Revenue	9	Program service revenue (Part VIII, line 2g)		17,806,225.	12,838,689.
Bel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,352.	198,300.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,128,719.	4,809,027.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		39,207,596.	26,720,772.
	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.
c d	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,051,356.	13,269,929.
SUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)		υ.	0.
Exnenses	b	Total fundraising expenses (Part IX, column (D), line 25) 2,863,2		0.064.402	0.250.405
	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,864,483.	8,352,405.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,915,839.	21,622,334.	
		Revenue less expenses. Subtract line 18 from line 12		17,291,757.	5,098,438.
S OL			Be	ginning of Current Year	End of Year
Assets	P 20	Total assets (Part X, line 16)		67,699,429.	75,155,805.
etA	=	Total liabilities (Part X, line 26)		5,696,081.	6,470,273.
Ž	<u>22</u>	Net assets or fund balances. Subtract line 21 from line 20		62,003,348.	68,685,532.
Ρ	art II	Signature Diock			

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

Sign	Signature of officer			Date					
Here	MARGARET BURKE, CFOO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	AMY A. O'LOUGHLIN		02/15/24	4 self-employed	₽00869687				
Preparer	Firm's name CBIZ MHM, LLC			Firm's EIN 34	-1884125				
Use Only	Firm's address 4722 N 24TH ST, STE 300								
	PHOENIX, AZ 85016			Phone no.602-2	64-6835				
May the I	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No			
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2022) DESERT BOTANICAL GARDEN, INC.		
	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?	Y	es 🛛 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?	? 🗌 Y	es 🗴 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, a	s measured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses	, and
	revenue, if any, for each program service reported.		
4a		renue \$ 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 \$) (Rev		
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Form 990 (2022) DESERT BOTANICAL OF Part IV Checklist of Required Schedules DESERT BOTANICAL GARDEN, INC.

Page 3

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. 10 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X c) Did the organization report an amount for investments - program related in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X d) Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 111 X 12a Did the organization maxima office, employees, or agents outside of the United States? 13 X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 114 X 14a X 13 X 14a X				Yes	No
1 It is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 X 3 Did the organization required to complete Schedule C, Part II 3 X 4 Section 501(b)(3) organizations. Did the organization engage in lobbying activities on have a section 501(b) election 501	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidates for public office? If Yres, "complete Schedule C, Part II 3 X 4 Section 501(b) organization. Did the organization engage in lobbying activities, on have a section 501(b) election in effect during the tax year? If Yres, "complete Schedule C, Part II 4 X 5 Did the organization maxima and yound avides that receives membership dues, assessments, or similar amounts as difficult on or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to amounts in total cancervation assement, including easements to prove as a coustodant for amounts in total account in british structures? If Yres, "complete Schedule D, Part II 7 X 9 Did the organization maxima celections of works of art, historical trassume, or other amilian assets? If Yres, "complete Schedule D, Part IV 7 X 9 Did the organization maxima of the collowing questions is "Yes," then complete Schedule D, Part IV 8 X 9 Did the organization report an amount for investments - order scuttes in Part X, line 10? H'Yes," complete Schedule D, Part VI 11 X 10 Did the organization report an amount for investments - program related in Part X,					
public office? # 'Yes,' complete Schedule Q. Pert I 3 X 4 Section 501(k) ejection in effort 4 X 5 Is the organization as socian 501(k) (s), 501(k	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
4 Section 501(c)(3) organizations. Did the organization biologing activities, or have a section 501(h) election in effect during the tax year? (****, *** complete Schedule C, Part II 4 X 5 In the organization ascience 501(c)(d), 501(c)(d), or 501(c)(d) organization that near/vex membership dues, assessments, or similar amounts as defined in the Price 98.8197 (****). *** 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distinguiston or investment of amounts in such funds or account? If *****, ****, complete Schedule D, Part II 6 X 7 Z Did the organization maintain collections of writes of account liability, serves as a custodian in such that the assess, in other similar assets? If *****, ******** 7 X 8 Did the organization maintain collections of writes of arth, historial researce, or other similar assets? If *****, *****************************	3				
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5 Is the organization asceline 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98192 (*) **********************************	4				w
eminal amounts as defined in Rev. Proc. 99-197. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any domer advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or instort asset or consolided D. Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization maintain collections of works of art, historical treasures, or other assets? If "Yes," complete Schedule D, Part II. 8 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quast anowments or investments - other securities in Part X, ince 17, If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107, If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - program related in Part X, ine 13, that is 5% or more of its total assets reported in Part X, line 167, If "Yes," complete Schedule D, Part X 116 X 13 X Did the organiz	_		4		Δ
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10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 11a X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11b X c Did the organization report an amount for investments - other asset In Part X, line 16? If "Yes," complete Schedule D, Part VIII. 11e X c Did the organization report an amount for other asset In Part X, line 15; that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X c Did the organization report an amount for other asset In Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization orbid sed financial statements for the tax year? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization separate, independent audited financial statements for the tax year? 11f X			9		х
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X	15				
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 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 			16		х
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i> 21 X			17		Х
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X		1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	19				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	b		20b		
	21				
		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II		0000	

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DESERT BOTANICAL GARDEN, INC. Form 990 (2022) DESERT BOTANICAL GARDEN
Part IV Checklist of Required Schedules (continu

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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	<u></u>	<u></u>	
_			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 140			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	266		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	AR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	any contributions that were not tax deductible as charitable contributions?			x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
2	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	d to the payor? 7a	x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		x	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
С	to file Form 8282?	70		x
لم		<u>7c</u>		
				x
e				x
f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	orm 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	• • • • • • • • • • • • • • • • • • • •	<u>13a</u>		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans 13b			
С				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1
	excess parachute payment(s) during the year?			X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			X
800	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	aton A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a	41	res	
Ia	If there are material differences in voting rights among members of the governing body at the end of the tax year			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		41		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervisi			
U	of officers, directors, trustees, or key employees to a management company or other person?			x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·····		x
6	Did the energy institute have an end of the did and		х	
7a				
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·····		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?		х	
h	Each committee with authority to act on behalf of the governing body?		х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u></u>		1
	(This Section B requests mornation about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
	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?		х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
b				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b			x	
·	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?		х	
14	Did the organization have a written document retention and destruction policy?		х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
а	The organization's CEO, Executive Director, or top management official	15a	х	
ĩ	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			l
<u>17</u>	List the states with which a copy of this Form 990 is required to be filedAL,AK,AR,CA,CO,CT,DC,FL,GA,HI,I	LKS		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990-T (section		availa	hla
10	for public inspection. Indicate how you made these available. Check all that apply.		avana	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest		cial	
10	statements available to the public during the tax year.	policy, and find	orai	
19				
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Form 990 (2		86-0136925	Page 1							
Part VII	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with c	or within the organization's	tax year.							

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)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated		
	hours per	box	box, unless		rson i	s both	n an	compensation	compensation	amount of		
	week		officer and a							from	from related	other
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations		
	line)	ndividual trustee or director	n stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) KENNETH J SCHUTZ	40.00	_	_		-							
EXECUTIVE DIRECTOR				х				460,025.	0.	26,890.		
(2) MARGARET BURKE	40.00											
CHIEF FINANCIAL & OPERATING OFFICER				х				259,570.	0.	40,415.		
(3) MIKE REMEDI	40.00											
CHIEF DEVELOPMENT OFFICER						X		220,409.	0.	21,104.		
(4) KIMBERLIE MCCUE	40.00											
CHIEF SCIENCE OFFICER						x		189,314.	0.	33,594.		
(5) ELAINE MCGINN	40.00											
CHIEF EXPERIENCE OFFICER						X		189,314.	0.	23,261.		
(6) TINA WILSON	40.00											
SR DIRECTOR OF HORTICULTURE						X		156,662.	0.	18,741.		
(7) MARCIA FLYNN	40.00											
SR DIRECTOR EVENT SERVICES						X		129,959.	0.	15,933.		
(8) AMY FLOOD	5.00											
PRESIDENT	5.00	Х		Х				0.	0.	0.		
(9) DAN PEREZ	5.00											
VICE PRESIDENT	5.00	Х		X				0.	0.	0.		
(10) HAROLD C. DORENBECHER	5.00											
VICE PRESIDENT, PRESIDENT ELECT	5.00	Х		X				0.	0.	0.		
(11) LAURA A. LO BIANCO	5.00											
SECRETARY	5.00	Х		X				0.	0.	0.		
(12) PAUL J. MOUNTAIN	5.00											
TREASURER	5.00	Х		Х				0.	0.	0.		
(13) REBECCA AILES-FINE	5.00											
TRUSTEE	5.00	Х						٥.	0.	0.		
(14) KATE BAKER	5.00											
TRUSTEE	5.00	Х						0.	0.	0.		
(15) SALVADOR AVILA BRETTS	5.00											
TRUSTEE	5.00	Х						0.	0.	0.		
(16) JASON BARLOW	5.00											
TRUSTEE	5.00	х						0.	0.	0.		
(17) SCOTT BURDICK	5.00											
TRUSTEE	5.00	х						٥.	0.	0.		
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Form 990 (2022) DESERT BOTANI	ICAL GARDEN	, I	NC.						86-0136	5925	5 F	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(C				(D)	(E)		(F)	
Name and title	Average Position							Reportable	Reportable		Estimat	ted
	hours per	(do not check more than one box, unless person is both an						compensation	compensation		amount	
	week			d a di				from	from related		othe	
	(list any	ctor						the	organizations		compens	
	hours for	· direc				8		organization	(W-2/1099-MISC	;/	from t	
	related	ee 01	trustee			nsat		(W-2/1099-MISC/	1099-NEC)		organiza	tion
	organizations	trust	lal tri		yee	a mo		1099-NEC)			and rela	ited
	below	In dividual trustee or director	In stit utio nal 1	er	Key employee	est c loyee	ner				organizat	tions
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former					
(18) AMANDA BURKE	5.00											
TRUSTEE	5.00	х						0.		0.		Ο.
(19) SHELLEY COHN	5.00											
TRUSTEE	5.00	x						0.		0.		0.
(20) BARRY K. FINGERHUT	5.00									-+		
TRUSTEE	5.00	x						0.		0.		0.
(21) URSULA GANGADEAN	5.00							·.		<u></u> +		
								0				0
TRUSTEE	5.00	х						0.		0.		0.
(22) CHRISTOPHER GATELY	5.00											
TRUSTEE	5.00	Х						0.		0.		0.
(23) DIANA GREGORY	5.00											
TRUSTEE	5.00	Х						٥.		٥.		٥.
(24) MARTIN HARVIER	5.00											
TRUSTEE	5.00	х						0.		0.		Ο.
(25) LORI A. HIGUERA	5.00											
TRUSTEE	5.00	х						0.		0.		0.
(26) BARBARA HOFFNAGLE	5.00									-+		
TRUSTEE	5.00	x						0.		0.		0.
								1,605,253.		0.	170	,938.
1b Subtotal										· ·	175	
c Total from continuation sheets to Part VI								0.		0.	4 - 0	0.
d Total (add lines 1b and 1c)								1,605,253.		٥.	179	,938.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization											1	15
										_	Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mplo	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for si	uch individual										3	x
4 For any individual listed on line 1a, is the su										Π		
and related organizations greater than \$150										— F	4 X	
5 Did any person listed on line 1a receive or a										. 1	-	
rendered to the organization? If "Yes," com										- F	5	x
Section B. Independent Contractors	piele Schedule	<u>, </u>	or st		bers	011 .				<u> </u>	5	
	managet ad ind	000		* ~ ~	tra	oto	o th	at received more than f	100 000 of compo	neet	ion from	
1 Complete this table for your five highest con	•	•							· ·	nsau		
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig wi	th c	or wi	<u>tnin</u>		ear.		(
(A)	addraaa							(B)	omiono	0	(C)	~~
Name and business	address							Description of s	ervices		ompensatio	חכ
KITCHELL PEREZ												
7909 W GLENDALE AVE, GLENDALE, AZ 853	303							CONSTRUCTION PROJE	CT SERVICES		340	,225.
2 Total number of independent contractors (ir	-	ot lir	nitec	to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					8	8					0.00	
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								I	Form 990	(2022)
232008 12-13-22												

Part VII Section A. Officers, Director	ors, Trustees, Key	Emp	loyee			ligh	est		es (continued)	1
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(chec	k all	that	app	ly)	compensation	compensation	amount of
	per week					9		from the	from related organizations	other compensatio
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	or director				ted en		(W-2/1099-MISC)	, , , , , , , , , , , , , , , , , , ,	organizatior
	related	ctee o	rustee			oen sat				and related
	organizatio	ns 🛓	onal t		ploye	com				organization
	below line)	Individual tructae	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) MARY HOVDEN	5.0		=	6	ž	Ξ	R			
TRUSTEE	5.0							0.	0.	
(28) THOMAS R. JONES	5.0		+							
TRUSTEE	5.0							0.	0.	
(29) JANE JOZOFF	5.0	0								
TRUSTEE	5.0	0 x						0.	0.	
(30) MARK LANDY	5.0	0								
TRUSTEE	5.0	0 X					L	0.	0.	
(31) JAN LEWIS	5.0	0								
TRUSTEE	5.0	0 X						٥.	0.	
(32) BRUCE MACDONOUGH	5.0	0								
TRUSTEE	5.0	0 X						0.	0.	
(33) REA MAYER	5.0									
TRUSTEE	5.0							0.	0.	
(34) TAMMY MCLEOD	5.0									
	5.0		_					0.	0.	
(35) PAUL MORELL	5.0									
TRUSTEE (36) KATHY MUNSON	5.0		+-					0.	0.	
TRUSTEE	5.0							0.	0.	
(37) ADRIANA MURRIETTA	5.0		+					0.	0.	
RUSTEE	5.0							0.	0.	
(38) LINDA NORQUIST	5.0							·.	••	
RUSTEE	5.0							0.	0.	
(39) LINDA PERLICH	5.0		+					```	••	
TRUSTEE	5.0							0.	0.	
(40) ROBERT S. REDER	5.0	0								
TRUSTEE	5.0	0 x						0.	0.	
(41) EDGARDO RIVERA	5.0	0								
TRUSTEE	5.0	0 X						0.	0.	
(42) RICK ROBINSON	5.0	0								
TRUSTEE	5.0	0 X						0.	0.	
43) JOETTE SCHMIDT	5.0	0								
RUSTEE	5.0	0 X	\bot					0.	0.	
(44) MELANIE STUCKENBERG	5.0									
RUSTEE	5.0		\perp					0.	0.	
(45) ANN STANTON	5.0									
RUSTEE	5.0		_					0.	0.	
46) KATHLEEN TADDIE	5.0									
RUSTEE	5.0	0 X						0.	0.	

Form 990 DESERT BOTAN										
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est		, ,	
(A) Name and title	(B) Average hours	verage Position hours (check all that a					ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) LORENA VAN ASSCHE TRUSTEE	5.00	x						0.	0.	0
(48) JAMEY WETMORE	5.00								°.	
TRUSTEE	5.00	x						0.	0.	0
Total to Part VII, Section A, line 1c										

232201 04-01-22

ar	t VIII				_					-
		Check if Schedule O o	conta	ains a respo	nse	or note to any line		(5)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
IUN		Membership dues				1,331,046.				
e		Fundraising events				113,500.				
ΓA		Related organizations				731,239.				
		Government grants (contr				575,356.				
0		All other contributions, gifts,								
ner		similar amounts not included	-			6,123,615.				
D D	g	Noncash contributions included in			;	343,006.				
and Other Similar Amounts	h	Total. Add lines 1a-1f					8,874,756.			
						Business Code				
	2 a	ADMISSIONS				900099	9,225,667.	9,225,667.		
đ	b	MEMBERSHIP DUES				900099	2,831,219.	2,831,219.		
Hevenue	с	GROUP SERVICES				900099	712,067.	712,067.		
eve	d	EDUCATIONAL CLASSES				611600	69,736.	69,736.		
ſ	е					ļ ļ				
	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f					12,838,689.			
	3	Investment income (incluc	ding o	dividends, ir	ntere	st, and				
		other similar amounts)					212,576.			212,5
	4	Income from investment o	of tax	-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
		Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)))	(i) Coourrit		(ii) Other				
	7 a	Gross amount from sales of	_	(i) Securit	les	(ii) Other				
		assets other than inventory	7a			1,087.				
	D	Less: cost or other basis	76	15,3	63	0.				
	_	and sales expenses	7b 7c	-15,3		1.087.				
		Gain or (loss)		,		, ,	-14,276.			-14,2
		Net gain or (loss) Gross income from fundraisir					14,270.			14,2
	0 a	including \$1	-							
		contributions reported on								
		Part IV, line 18		-	8a	3,004,877.				
	h	Less: direct expenses			8b	1,020,971.				
		Net income or (loss) from				, ,	1,983,906.			1,983,9
		Gross income from gamin								
	• •	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a	3,171,835.				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from					2,617,161.	2,617,161.		
						Business Code				
Hevenue	11 a	OTHER INCOME				900099	207,960.	207,960.		
nu(b				_					
eve	с				_					
ř		All other revenue								
		Total. Add lines 11a-11d					207,960.			
		Total revenue. See instruction					26,720,772.	15,663,810.	0.	2,182,2

15080215 143399 412262

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Form 990 (2022) DESERT BOTANICAL GAR
Part IX Statement of Functional Expenses DESERT BOTANICAL GARDEN, INC.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	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.	69,450
9	Other employee benefits	1,166,782.	861,589.	72,590.	232,60
0	Payroll taxes	632,215.	487,867.	55,316.	89,03
1	Fees for services (nonemployees):				
а	Management				
b	Legal	45,787.		45,787.	
С	Accounting	75,775.		75,775.	
d	Lobbying				
е	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 0.)	1,905,198.	1,861,101.	44,097.	
2	Advertising and promotion	642,142.	612,879.		29,26
3	Office expenses	749,252.	651,468.	31,167.	66,61
4	Information technology	65,019.		65,019.	
5	Royalties				
6	Occupancy	394,876.	286,671.	12,579.	95,62
7	Travel	273,394.	169,009.	86,147.	18,23
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	27,534.		27,534.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	1,426,889.	1,227,124.	142,689.	57,07
3	Insurance	341,867.	294,005.	34,187.	13,675
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MERCHANT AND PERMIT FEE	679,344.	53,626.	607,947.	17,77
a b	REPAIRS AND MAINTENANCE	526,776.	456,280.	49,852.	20,644
c	HARDWARE AND SOFTWARE	491,078.	350,212.	60,556.	80,31
d	UTILITIES	314,123.	250,996.	26,561.	36,56
	All other expenses	393,351.	310,719.	1,203.	81,42
е 5	Total functional expenses. Add lines 1 through 24e	21,622,334.	16,265,105.	2,493,976.	2,863,25
<u>5</u> 6	Joint costs. Complete this line only if the organization	,,		_,•	_,,20
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2022)

Form 990 (202

orm 990 Part X			86-013	B6925 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
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	
ω 7	Notes and loans receivable, net		7	
	Inventories for sale or use	47,154.	8	36,167
88 9	Prepaid expenses and deferred charges	524,362.	9	1,609,752
	a Land, buildings, and equipment: cost or other	, -		, ,
	basis. Complete Part VI of Schedule D 10a 47,958,901.			
	basis complete rait of obligation basis complete rait of obligation 10b 25,192,292.	21,730,451.	10c	22,766,609
11	Investments - publicly traded securities	615,874.	11	11,559,290
12	Investments - other securities. See Part IV, line 11		12	/
13	Investments - program-related. See Part IV, line 11		13	
14		73,858.	14	233,858
15	F	15,353,749.	15	16,819,218
16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33)	67,699,429.	16	75,155,805
17	Accounts payable and accrued expenses	1,622,332.	17	2,789,391
18		_,,	18	
19	Grants payable	3,180,298.	19	2,650,522
20	Deferred revenue		20	
20	Tax-exempt bond liabilities		20	
00	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director,		21	
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
			22	
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	842,689.		738,755
24	Unsecured notes and loans payable to unrelated third parties	042,005.	24	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	50,762.	05	291,605
06	F	5,696,081.	25 26	6,470,273
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	5,000,001.	20	0,470,275
e l				
5 07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	35,109,198.	27	37,355,570
27	F	26,894,150.		31,329,962
28	Net assets with donor restrictions	20,004,100.	28	51,525,502
5	Organizations that do not follow FASB ASC 958, check here			
5 000	and complete lines 29 through 33.		00	
29	Capital stock or trust principal, or current funds		29	
	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances 8 2 8 8 8 8 9 0 1 5 2 1	Retained earnings, endowment, accumulated income, or other funds	62 002 240	31	68 605 533
	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	75,155,80

Form 990 (2022)

232011 12-13-22

Form	1990 (2022) DESERT BOTANICAL GARDEN, INC.	86-013692	5	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
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.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		.		
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	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?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	F	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule 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?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2022)

232012 12-13-22

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

Open to Public Inspection

Nan	Name of the organization Employer identification number									
D			BOTANICAL GARD						86-0136925	
Pa	rt I	Reason for Public (Sharity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found			-					
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section a	509(a)(2).	See section !	5 09(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported	
		organization(s). You mus	•							
C		Type III functionally inte						ly integrate	ed with,	
		its supported organization								
C		Type III non-functionally	• •					Ũ		
		that is not functionally int			•		-	an attentiv	veness	
		requirement (see instructi		•						
e		Check this box if the orga					Type I, Type	II, Type III		
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			[]	
f		er the number of supported o	•							
<u></u> 0		vide the following information i) Name of supported	i about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other	
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)	
		•		above (see instructions))	Tes					
Tota	al									

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(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 organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	9,134,955.	7,105,439.	7,884,947.	14,268,300.	9,327,927.	47,721,568.			
5	1									
	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,						4 000 107			
•	column (f)						4,829,107.			
	Public support. Subtract line 5 from line 4. ction B. Total Support						42,892,461.			
	• •	(a) 2018	(h) 0010	(a) 2020	(4) 2021	(a) 2022				
	ndar year (or fiscal year beginning in)	(a) 2018 9,134,955.	(b)2019 7,105,439.	(c) 2020 7,884,947.	(d) 2021 14,268,300.	(e) 2022 9,327,927.	(f) Total 47,721,568.			
-	Amounts from line 4 Gross income from interest,	5,154,555.	,,105,455.	7,001,017.	14,200,300.	5,527,527.	47,721,500.			
8	,									
	dividends, payments received on									
	securities loans, rents, royalties,	63,303.	22,671.	352.	11,203.	212,576.	310,105.			
0	and income from similar sources Net income from unrelated business		22,072.		11,200.	,,,,,,	510,103.			
9	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
10	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						48,031,673.			
12		etc. (see instructio	uns)			12	67,864,265.			
	First 5 years. If the Form 990 is for th	,	,				, ,			
	organization, check this box and stop	0								
Sec	ction C. Computation of Publi									
	Public support percentage for 2022 (I			olumn (f))		14	89.30 %			
	Public support percentage from 2021		-			15	80.82 %			
	33 1/3% support test - 2022. If the o					ore, check this bo>	and			
	stop here. The organization qualifies						T			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li							
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c							
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization	-				
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, 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-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation				
18	Private foundation. If the organization	n did not check a b	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions				
						Schedule A	(Form 990) 2022			

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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	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	ization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the						ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organization	ation	
b 33 1/3% support tests - 2021. If the	-					
line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		<u></u>
232023 12-09-22		. –			Sched	lule A (Form 990) 2022
		17				

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1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

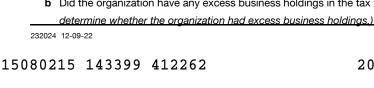
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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10b Schedule A (Form 990) 2022

18

DESERT BOTANICAL GARDEN, INC.

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Yes No

Yes No

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated supervised or controlled the supporting organization? If IVes II are taken in	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(a)	1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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Schedule A						
Dert V	Tym	~	111	A	1.	

Part V	Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi		•	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	st complete	Sections A through E.	1
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	l lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	tion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mai	ntenance of property held for production of income (see instructions)	6		
7 Oth	er expenses (see instructions)	7		
8 Adj	usted 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 Agg	regate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
a Ave	rage monthly value of securities	1a		
b Ave	rage monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Dise	count claimed for blockage or other factors			
(exp	lain in detail in Part VI):			
	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Cas	h 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 Mul	tiply line 5 by 0.035.	6		
7 Rec	overies of prior-year distributions	7		
8 Min	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	usted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Min	imum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	er greater of line 2 or line 3.	4		
5 Inco	ome tax imposed in prior year	5		
6 Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
eme	ergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

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Schedule A	(Form	990)	2022

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<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	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	·	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	;	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	DESERT	BOTANICAL GARDEN,	INC.		86-0136925	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	l, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9 3; Part IV, Section E, li	c, 11a, 11b, and 11c nes 1c, 2a, 2b, 3a, a	l, line 10; Part II, line 17a or ;; Part IV, Section B, lines 1 ınd 3b; Part V, line 1; Part V ete this part for any additior	and 2; Part IV, Section /, Section B, line 1e; Pa	n C,
	(See instructions.)	18; and Par	t V, Section E, lines 2, 5	, and 6. Also comple	ete this part for any addition	hai information.	
_							
232028 12-09-2	2					Schedule A (Form	990) 2022

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2022

Employer identification number

86-0136925

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

DESERT	BOTANICAL	GARDEN,	INC.
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Organization type (check o	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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 for an *exclusively* set in the set of t

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

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

Schedule B (Form 990) (2022)

DESERT B	OTANICAL GARDEN, INC.		86-0136925
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 contributior	(d) Type of contribution
1		\$530,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
2		\$250,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
3		\$537,	322. Person X Moncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$500,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
5		\$300,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
6		\$260,	000. Person X Payroll Image: Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

223452 11-15-22

15080215 143399 412262

Employer identification number

Schedule B (Form 990) (2022) Name of organization

Schedule B (Form 990) (2022)

Dout I	Contributoro /	· · · · · · ·	
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022) Name of organization

Employer identification number

	3 (Form 990) (2022)		Page 3
Name of or	ganization		Employer identification number
DESERT B	OTANICAL GARDEN, INC.		86-0136925
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	

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Schedule B (Form 990) (2022)

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Page 4

ame of organiz	zation		Employer identification number
SERT BOTAN	NICAL GARDEN, INC.		86-0136925
Part III Exc	clusively religious, charitable, etc., contribution	is to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
com	m any one contributor. Complete columns (a) the pleting Part III, enter the total of exclusively religious, cha	nrough (e) and the following line entraritable, etc., contributions of \$1,000 or le	ry. For organizations ess for the year. (Enter this info. once.)
Use	e duplicate copies of Part III if additional sp	ace is needed.	
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., -	
		(e) Transfer of gift	t
	-		B
	Transferee's name, address, and		Relationship of transferor to transferee
—			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		., -	
		(e) Transfer of gift	t
	T		
	Transferee's name, address, and		Relationship of transferor to transferee
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	t
	Transferee's name, address, and	7 ID + <i>1</i>	Relationship of transferor to transferee
a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, and	1 7 IP + 4	Relationship of transferor to transferee

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		0			OMB No. 1545-0047
			al Financial Statements		NIB 100: 1343-0047
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZZ
	ment of the Treasury I Revenue Service		Attach to Form 990. O for instructions and the latest information.		Open to Public Inspection
Nam	e of the organizatio	on		Emp	loyer identification number
Pa	rt I Organiza	DESERT BOTANICAL GARDEN, IN tions Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	coun	86-0136925
		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fund	ds and other accounts
1	Total number at en	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	Did the organizatio				
6			exclusive legal control? dvisors in writing that grant funds can be used o		Yes No
0	•	e	or donor advisor, or for any other purpose conferr	-	
	impermissible priva			•	Yes No
Pa			ganization answered "Yes" on Form 990, Part IV		
1		ervation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education)	orically i	mportant land area
	Protection of	natural habitat	Preservation of a cert	ified his	toric structure
	Preservation	of open space			
2	•	o o 1	fied conservation contribution in the form of a co	nservat	
	day of the tax year.				Held at the End of the Tax Year
a				2a	
b	° °			2b	
C			ucture included in (a)	2c	
d		ration easements included in (c) acquired a stad in the National Register	• • •	2d	
3			eased, extinguished, or terminated by the organ	<u> </u>	during the tax
U	year		cased, extinguished, or terminated by the organ		
4		where property subject to conservation easily as a subject to c	sement is located		
5		ion have a written policy regarding the per			
	violations, and enfo	prcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easer	ments during the year
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation ea	sement	s during the year
•				(1)	
8			e satisfy the requirements of section 170(h)(4)(B)		Yes No
9			on easements in its revenue and expense statem		
Ũ		-	note to the organization's financial statements the		
		ounting for conservation easements.			
Pa	rt III Organiza	tions Maintaining Collections of	f Art, Historical Treasures, or Other S	Similar	Assets.
	Complete if	the organization answered "Yes" on Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sh	eet works
	of art, historical tre	asures, or other similar assets held for put	olic exhibition, education, or research in furtherar	nce of p	ublic
			ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
		· · ·	exhibition, education, or research in furtherance	e of pub	lic service,
	•	ng amounts relating to these items:			×.
					<u> </u>
2	.,		asures, or other similar assets for financial gain,		,
-	-	ints required to be reported under FASB A		PIOVICE	
а	-			9	6
	Assets included in				3
	A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 20				

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Schedule D (Form 990) 2022	
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Sche		ANICAL GARDEN, I					86-013		<u> </u>	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	⁻ Simila	r Assets	(contir	nued)	
3	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):									
а										
b										
с										
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o				⁻ similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrange		te if the organizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par									
1 a	Is the organization an agent, trustee, custodi							٦.,		٦
	on Form 990, Part X?						L	Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
	Amount									
	Beginning balance									
	Additions during the year									
e f	Distributions during the year					. <u>1e</u> 1f				
י 2a	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par						0.				<u></u>
		(a) Current year	(b) Prior year	(c) Two years			/ears back	(e) Four	years	back
1a	Beginning of year balance	14,906,516.	19,127,527.	16,798			98,168. 17,008,			
b	Contributions	15,855.	34,111.	69	,668.					
с	Net investment earnings, gains, and losses	1,896,955.	-3,539,058.	2,941	,702.	1,1	96. 340,8		881.	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	733,881.	716,064.	682	,242.	7	50,981.		602,	596.
f	Administrative expenses								359,	278.
g	End of year balance	16,085,445.	14,906,516.	19,127	,527.	16,7	98,399.	16,	,398,	168.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment 100	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administere	ed for the	е		r		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza							3b	X	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		/ment funds.							
1 41	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or ot		or other		ccumulate	od .	(d) Boo	k volu	
	Description of property	basis (investm	• •	(other)	• •	oreciation		(u) D00	n value	5
1a	Land		,	. ,						
	Buildings		21	,970,347.		9,141,	394.	12	828,	953.
	Leasehold improvements			,600,672.		12,708,		/	, 892,	
	Equipment			,411,402.		3,342,		,		804.
	Other			,976,480.		,		4 ,	,976,	
	. Add lines 1a through 1e. (Column (d) must e		. column (B). line 1	0c.)		<u></u>		22	,766,	609.
		· · · · · · · · · · · · · · · · · · ·								

Schedule D (Form 990) 2022

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)		
otal. (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.

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 DESERT BOTANICAL GARDEN, INC.			86-0136925	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	ments With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line ⁻	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	28,871,022.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	387,716.		
b	Donated services and use of facilities		567,591.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-1,087.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-1,196,030.		
с	Add lines 4a and 4b			4c	-1,196,030.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)				26,720,772.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per R	leturn.	
	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:				
а	Donated services and use of facilities	2a	567,591.		
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	<u> </u>		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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)				21,622,334.
Pa	rt XIII Supplemental Information.			•	
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2;	Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				,
PART	III, LINE 1A:				
COLI	ECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING PLANT COLLE	ECTION,			
WHIC	TH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE COLLECTION I	TEMS ARE			
NOT	CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY CONSISTS OF	OVER 500			
BOTA	NICAL PERIODICALS AND OVER 9,700 RARE BOOKS, INCLUDING FLOR	RISTIC,			
ECOI	OGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE DESERTS C	OF THE			
WORI	D. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL ILLUSTR	RATION,			
PLAN	IT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS, RARE	AND			
ENDA	NGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION. THE HER	BARIUM			
COLI	ECTION IS AVAILABLE FOR USE BY STAFF, VOLUNTEERS, AND RESEA	ARCHERS			
GLOE	BALLY. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN	ADVISOR			
FROM	I ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR	R EACH			
					orm 990) 2022

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Schedule D (Form 990) 2022 DESERT BOTANICAL GARDEN, INC. Part XIII Supplemental Information (continued)	86-0136925	Page 5
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 APPROXMATE 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

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Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued) Collection is available for use by starf, volunteers, and researchers LOBALLY, BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR ROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH NEROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2023 FOR THE NEROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2023 FOR THE NEROCESSED HERBARIUM SPECIMEN IS APPROXIMATELY \$30 AND THE PROCESSED PECIMEN VALUE IS APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMEN VALUE IS APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE PRACTICE. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY IANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE CCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS, COSTS OF PURCHASING OLLECTION ITEMS ARE INCLUDED AS A CHANGE IN NET ASSETS WITHOUT DONOR ESTRICTIONS IN PROGRAM EXPENSE IN THE ACCOMPANYING CONSOLIDATED TATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS. THE GARDEN'S FOLICY IS O NOT DISPOSE OR OTHERWISE SELL COLLECTION ITEMS, HOWEVER SHOULD SUCH EED ARISE, THE GARDEN'S POLICY IS TO USE THE PROCEED FROM DEACCESSIONED OLLECTION ITEMS POLICY IS TO USE THE PROCEED FROM DEACCESSIONED OLLECTION ITEMS AND CHANGES THE LIFE, USEPULNESS, OR QUALITY OF A GARDEN'S UNESTMENT THAT ENHANCES THE LIFE, USEPULNESS, OR QUALITY OF A GARDEN'S OLLECTIONS, DURING THE YEARS ENDED SEPTEMERE 30, 2023 AND 2022, PURCHASED CQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.	Schedule D (Form 990) 2022 DESERT BOTANICAL GARDEN, INC.	00-0130923	Page 5
LGBALLY, BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR ROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH NEPROCESSED HERBARIUM SPECIMEN. ADJUSTING THESE AMOUNTS IN 2023 FOR THE NUVAL CONSUMER PRICE INDEX ("CPI"), THE GARDEN ESTIMATED THAT THE VALUE FEACH UNFROCESSED SPECIMEN IS APPROXIMATELY \$30 AND THE PROCESSED PECIMEN VALUE IS APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMEN VALUE IS APPROXIMATELY \$53, FOR AN ESTIMATED TOTAL OF HERBARIUM PECIMENS IN THE APPROXIMATE RANGE OF \$5,524,000 TO \$5,547,000. IN CONFORMITY WITH THE FRACTICE. IN CONFORMITY WITH THE FRACTICE FOLLOWED BY ANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE COOMPANYING CONSOLIDATED FINANCIAL STATEMENTS, COSTS OF FURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN NET ASSETS WITHOUT DONOR ESTRICTIONS IN PROGRAM EXPENSE IN THE ACCOMPANYING CONSOLIDATED TRATEMENTS OF ACTIVITIES AND CHANGE IN NET ASSETS. THE GARDEN'S POLICY IS TO NOT DISPOSE OR OTHERWISE SELL COLLECTION ITEMS, HOWEVER SHOULD SUCH EED ARISE, THE GARDEN'S POLICY IS TO USE THE PROCEED FROM DEACCESSIONED COLLECTION ITEMS FOR THE ACQUISITION OF NEW COLLECTION ITEMS AND/OR THE IERCT CARE OF EXISTING COLLECTIONS, THE GARDEN DEFINES DIRECT CARE AS AN NVESTMENT THAT ENHANCES THE LIFE, USEFULNESS, OR QUALITY OF A GARDEN'S COLLECTIONS, DURING THE HERAS ENDED SEPTEMEER 30, 2023 AND 2022, PURCHASED COLLECTIONS, DURING THE VERAS ENDED SEPTEMEER 30, 2023 AND 2022, PURCHASED COULSITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.	Part XIII Supplemental Information (continued)		
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PART V, LINE 4:	ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.		
ART V, LINE 4:			
	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.

Schedule D (Form 990) 2022

DESERT BOTANICAL GARDEN, INC.

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 DESERT BOTANICAL GARDEN, INC. Part XIII Supplemental Information (continued)		86-0136925	Page 5
	-1 087		
	-1,087.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF DBG			
FOUNDATION -1	1,196,030.		
		Schedule D (Form 9	
			501 2022

Department of the Treasury			Attach to Form 990.		C	pen to Public
Internal Revenue Service	Go to _W	ww.irs.gov/Form	1990 for instructions and the latest i	nformation.	Ir	spection
Name of the organization					Employer ide	entification number
DESERT BOTANICAL GARDE	N, INC.				86-013692	25
Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answere	ed "Yes" on
Form 990, Part IV					:-*	
			ds to substantiate the amount of its gra the selection criteria used to award the		r	Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance of	outside the
			an be duplicated if additional space is r	1		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
				REIMBURSED	AUTHOR'S	
				TRAVEL EXPE	ENSES TO	
			AUTHOR FOR BOOK FEATURED IN	PARTICIPATE	E IN DBG BOO	ĸ
EUROPE			DBG BOOK CLUB	CLUB		5,000.
				PAID TO CON	NTRACT ARTIS	TS
				RELATED TO	DAY OF THE	
CENTRAL AMERICA AND				DEAD CELEBF	RATION -	
THE CARRIBEAN			CONTRACTED SERVICES	INDIVIDUAL	WORKED WITH	77,108.
3 a Subtotal b Total from continuation	0	0				82,108.
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	0	0				82,108.

Statement of Activities Outside the United States

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2022

OMB No. 1545-0047

2022

232071 10-17-22

SCHEDULE F (Form 990) DESERT BOTANICAL GARDEN, INC.

86-0136925

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t					
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total number of	other organizations c	or entities						

Schedule F (Form 990) 2022	DESERT	BOTANICAL	GARDEN,	INC.

86-0136925

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

232074 10-17-22

Schedule F (Form 990) 2022 DESERT BOTANTCAL GARDEN, INC.	00 0	Page :
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of fu	nds); Part I, line 3, column (f) (accounting method	; amounts of
investments vs. expenditures per region); Part II, line 1 (accountir		
(estimated number of recipients), as applicable. Also complete th	is part to provide any additional information. See	Instructions.
ART I, LINE 3, COLUMN (E):		
EGION: CENTRAL AMERICA AND THE CARRIBEAN		
E) SPECIFIC TYPES OF SERVICES IN REGION: PAID TO CONTRAC	T ARTISTS	
ELATED TO DAY OF THE DEAD CELEBRATION - INDIVIDUAL WORKEI	O WITH REGIONAL	
RTISTS TO CREATE EXHIBITS FOR THE GARDEN, ALL SERVICES PI	ERFORMED OUTSIDE	
HE US		
2075 10-17-22	Sche	edule F (Form 990) 202
) 05050 DESERT BOTANTCAL CI	1122 איזרוקע

86-0136925

Page 5

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ties	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$19				r 19,	or if the	2022
Department of the Treasury Internal Revenue Service		Attach to Form 990 c						Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	n.	Employer id	dentification number
5		ANICAL GARDEN, INC.					86-0136	
	sing Activities. complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-I	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations blicitations on have a written o ted in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	es 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser red in col. (i)	
			Yes	No				
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

Schedule G (Form 990) 2022

232081 10-27-22

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 DINNER IN THE DESERT	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue	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
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Irect Ex	7	Food and beverages				
	~	Entertainment				
1						
	9	Other direct expenses	455,647.	· · · · · · · · · · · · · · · · · · ·	345,468.	, ,
1	9 10	Other direct expenses Direct expense summary. Add lines 4 through	455,647. n 9 in column (d)		· · · · · · · · · · · · · · · · · · ·	1,065,547
1	9 10 11	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	455,647. n 9 in column (d) ine 3, column (d)		,	1,065,547
1 1 Par	9 10 11	Other direct expenses	455,647. n 9 in column (d) ine 3, column (d)		,	1 , 065 , 547 1 , 939 , 330 (d) Total gaming (add
1	9 10 <u>11</u>	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	455,647. n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	1 , 065 , 547 1 , 065 , 547 1 , 939 , 330 (d) Total gaming (add col. (a) through col. (c
1 1 Par	9 10 11 1	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	455,647. n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	1 , 065 , 547 1 , 939 , 330 (d) Total gaming (add
1 1 Par	9 10 <u>11</u> <u>1</u> 2	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	455,647. n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	1 , 065 , 547 1 , 939 , 330 (d) Total gaming (add
ct Expenses Hevenue	9 10 <u>11</u> <u>1</u> 2 3	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	455,647. n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	1 , 065 , 547 1 , 939 , 330 (d) Total gaming (add
Direct Expenses Hevenue	9 10 11 1 1 2 3 4	Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	455,647. n 9 in column (d) ine 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	1 , 065 , 547 1 , 939 , 330 (d) Total gaming (add

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

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

232082 10-27-22

Schedule G (Form 990) 2022

No

No

Sch	edule G (Form 990) 2022	DESERT BOTANICAL GARDEN, INC.	86-03	36925	Page 3
	Is the organization a grantor, ben	aming activities with nonmembers? eficiary or trustee of a trust, or a member of a partnership or other entity forme	ed	Yes Yes	No
	Indicate the percentage of gamin	g activity conducted in:			
				13a	<u>%</u>
		e person who prepares the organization's gaming/special events books and re		13b	%
	Name				
	Address				
15a	a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?		Yes	No No
ł	If "Yes," enter the amount of gam of gaming revenue retained by the	ing revenue received by the organization \$ and th e third party \$	e amount		
C	If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
	retain the state gaming license?	r state law to make charitable distributions from the gaming proceeds to required under state law to be distributed to other exempt organizations or sp		Yes	🗌 No
Pa		ties during the tax year \$ mation. Provide the explanations required by Part I, line 2b, columns (iii) an s applicable. Also provide any additional information. See instructions.	d (v); and Parl	III, lines 9,	9b, 10b,
	150, 150, 16, and 170, as				
2320	83 10-27-22	43	Schedu	le G (Form	990) 2022

Part IV	Supplemental Information (c	continued)
232084 04-01-	-22	Schedule G (Form 990)

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-004	47		
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	22	•		
Depa	Department of the Treasury Attach to Form 990.							
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
Nan	ne of the organizatior		Employer id		on nui	mber		
De		DESERT BOTANICAL GARDEN, INC.	86-01	36925				
Fa	rt I Question	s Regarding Compensation			X			
4-	Chaoli the energy	ate hav(as) if the averagization avayided any of the following to avfew a nerson listed on Form	000		Yes	No		
a		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,					
	First-class or c		naluco					
	Travel for com	—						
		ation and gross-up payments Health or social club dues or initiation fee						
		spending account						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
_		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's	;					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation	n committee Written employment contract						
	X Independent c	ompensation consultant X Compensation survey or study						
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee					
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 re	lated organization:						
а	Receive a severanc	e payment or change-of-control payment?		. 4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	Х			
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re					v		
a	The organization?			. <u>5a</u>		X		
b		ation?		. 5 b		X		
~		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	-				v		
a	The organization?			<u>6a</u>		X X		
a		ation?		. <u>6b</u>				
7		or 6b, describe in Part III.						
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х			
0		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th		. 7	25			
8				0		x		
9				8				
3		id the organization also follow the rebuttable presumption procedure described in		. 9				
	Regulations section	1 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.		ile J (Forn	n 000	0000		
LUA			Schedu	ie u (rom	11 990	, 2022		

86-0136925

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

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

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

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

Schedule J (Form 990) 2022

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 J (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Employer identification number 86-0136925

2

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
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							
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Augustic Structures Qualified conservation contribution - Other							
15								
16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory Drugs and medical supplies							
20								
22	Taxidermy							
22	Historical artifacts							
23 24	Scientific specimens Archeological artifacts							
	Other (PLANTS/TREES/SU)	X	0	343,006.	FMV			
25 26	· · · · · · · · · · · · · · · · · · ·		, ,					
26 27	Other ()							
	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organiz	ation during	l the tax year for o					
29	for which the organization completed Form 828		•					
	for which the organization completed form 626	5, Fait V, D		23			Yes	No
202	During the year, did the organization receive by	contributio	n any proporty rop	ortod in Part I, linos 1 throug	h 28. that it		165	
5 0a	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?			-		30a		x
Ь						30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	olicy that ro	quires the review	of any nonstandard contribut	ions?	31	x	
31						51		
JZd	Does the organization hire or use third parties of contributions?					222	x	
L.						SZa		
		olumn (o) for	a tuno of property	for which column (a) is she	wod			
33		olunnin (C) för	a type of property	nor which column (a) is chec	neu,			
b 33	contributions? If "Yes," describe in Part II. If the organization didn't report an amount in co describe in Part II.					<u>32a</u>	Δ	

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

Schedule M (Form 990) 2022

232141 09-09-22

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:

Part II

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 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.	-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organizatio	n DESERT BOTANICAL GARDEN, INC.	Employer in 86-013	lentification number 6925
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
EXHIBITION AND CON	SERVATION OF DESERT PLANTS OF THE WORLD WITH EMPHASIS		
ON THE SONORAN DES	ERT. WE WILL ENSURE THAT THE GARDEN IS ALWAYS A		
COMPELLING ATTRACT	ION THAT BRINGS TO LIFE THE MANY WONDERS OF THE		
DESERT.			
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
WONDERS OF THE DES	ERT.		
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
PROMOTES A SCIENTI	FICALLY AND ENVIRONMENTALLY LITERATE COMMUNITY		
THROUGH HANDS-ON,	NATURE-BASED LEARNING, AND GARDEN STAFF AND		
RESOURCES. THESE F	LACE-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	I INQUIRY-BASED INVESTIGATIONS THAT INCORPORATE ART,		
SCIENCE, MUSIC, AN	D MUCH MORE.		
IN FY2023, CACTUS	CLUBHOUSE OPENED IN THE FALL FRIDAY-SUNDAY,		
9:00AM-4:00PM. STA	RTING IN JANUARY AND CARRYING THROUGH MAY 2023, THE		
CLUBHOUSE WAS OPEN	WEDNESDAY-SUNDAY. THROUGH FY2023, THE CLUBHOUSE		
WELCOMED 22,420 VI	SITORS, INCLUDING OVER 9,100 CHILDREN. CACTUS		
CLUBHOUSE ADMISSIC	N WAS INCLUDED WITH GARDEN ADMISSION AND MEMBERSHIP.		
THE CHILDREN AND F	AMILY DEPARTMENT RAN ADDITIONAL PROGRAMMING FOR		
· · · ·	DIA DE MUERTOS AND STRANGE GARDEN IN THE FALL, AND eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedu	ile O (Form 990) 2022
232211 10-28-22	50		

Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
DESERT BOTANICAL GARDEN, INC.	86-0136925
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:

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Schedule O (Form 990) 2022 Name of the organization	Page Employer identification number
DESERT BOTANICAL GARDEN, INC.	86-0136925
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	
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Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
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.

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DESERT BOTANICAL GARDEN, INC.		86-0136925
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF DBG		
CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF DEG		
FOUNDATION	1,196,030.	
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SCHEDULE	R
(Fauna 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-0136925

Department of the Treasury Internal Revenue Service

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

Name of the organization

DESERT BOTANICAL GARDEN, INC.

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	RECEIVING AND HOLDING				
1201 N. GALVIN PKWY	CONTRIBUTED INTERESTS IN				DESERT BOTANICAL
PHOENIX, AZ 85008	REAL ESTATE.	ARIZONA			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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DESERT BOTANICAL GARDEN FOUNDATION -	TO MANAGE ENDOWMENT FUNDS						
26-3305761, 1201 N. GALVIN PKWY, PHOENIX, AZ	FOR THE DESERT BOTANICAL				DESERT BOTANICAL		
85008	GARDEN.	ARIZONA	501(C)(3)	LINE 12A, I	GARDEN, INC.		х
	-						

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total Share of p income end-of-year assets		alloca	ortionate tions?	amount in how		or Percentage ^{ng} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
]										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l contr ent	(i) ction (b)(13) rolled tity?	
		country)						Yes	No	
	1	7								
									<u> </u>	

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.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
d	Loans or loan guarantees to or for related organization(s)	1d		х
	Loans or loan guarantees by related organization(s)	1e		x
f	Dividends from related organization(s)	1f		x
	Sale of assets to related organization(s)	1g		x
	Purchase of assets from related organization(s)	1h		х
	Exchange of assets with related organization(s)	1i		х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
	Performance of services or membership or fundraising solicitations for related organization(s)	11		х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
0	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		x
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		x
	Other transfer of cash or property from related organization(s)	1s		Х
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)				
<u>(2)</u>				
<u>(3)</u>				
<u>(</u> 4)				
<u>(5)</u>				
(6)				

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Schedule R (Form 990) 2022 DESERT BOTANICAL GARDEN, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)		14	2)	(f)	(g)	(r	J)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Predominant income	Are Are partne 501(org	all	Share of	Share of		• , opor-	Code V-UBI	Genera	
of entity	T finally dotivity		Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispropor- tionate allocations?		amount in box 20	manag	ownership
,		country)	sections 512-514)	Yes		income	assets	Yes	No		Yes	
			/	103	NO			103		,		

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DESERT BOTANICAL GARDEN, INC. Schedule R (Form 990) 2022 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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