Form	990

# **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

Do not enter Social Security numbers on this form as it may be made public. 000 and the Instantions ~~~ - ---------

Open to Public

OMB No. 1545-0047

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AF	or th	e 2022	cale	ndar	year, or t	tax y	year beg	inning	07/0	1/20	22	ar	nd end	ing	_			5/30/20		
B	heck if ap		Nam	e of o	rganization										D	Employer id	dentif	ication num	ber	
	_		GI	REAT	TER DES	MC	DINES H	BOTANICA	L GA	RDEN										
	Addre chang			,	ness As													540765		
	Name	change	Num	ber a	nd street (or	P.O.	box if mail i	s not delivered	to stree	t addres	is)	Roc	om/suite		E	Telephone I	numb	er		
	Initial	return	9(	)9 E	ROBERT 1	D.	RAY DI	RIVE								(5	15	) 323-62	.90	
	Termi	inated	City	or tow	n, state or p	rovin	nce, country	, and ZIP or for	reign pos	stal code	e									
	Amen return				OINES,			9								Gross recei			5,83	9.
	_ Applic	ng F	Nam	e and	address of p	orinci	pal officer:	KIMB	BERLE	Y PE	REZ				H(a)	Is this a gro subordinate	oup ret s?	turn for	Yes	X No
			9(	)9 I	ROBERT	D.	RAY DI	RIVE, DE	IS MO	INES	, IA 50	0309	)		H(b)	Are all subor	dinates	s included?	Yes	No
<u> </u>	Tax-ex	empt state	us:	Х	501(c)(3)		501(c) (	) ┥ (i	nsert no	.)	4947(a)(1	) or	5	27		If "No," atta	ach a li	ist. (see instruc	tions)	
J	Websi	te: 🕨	WWW .	DME	BOTANIC	ALG	GARDEN.	COM							H(c)	Group exer	nption	number 🕨		
		of organiz	ation:	Х	Corporation		Trust	Association	0	Other 🕨	•		L Year	of format	ion:	1969 <b>M</b>	Stat	e of legal do	micile:	IA
P	art I	Sum																		
	1	Briefly of	descri	be th	e organizat	tion's	s mission	or most signi	ificant a	activities	s: <u>EXPL</u>	ORI	<u>NG, I</u>	EXPLA	INI	NG_AND	CE	ELEBRAT	ING	
e		THE V	VORL	D_C	F_PLANT	rs.														
nar																				
Governance						-		discontinue	•		•						ts.			
								g body (Part									3			21
s 8								the governi									4			21
/itie	5	Total nu	umber	of in	dividuals e	emplo	oyed in ca	llendar year 2	2022 (P	art V, li	ne 2a)						5			47
Activities &					olunteers (e												6			400
•								VIII, column									7a			,293.
	b	Net unr	elated	bus	ness taxab	ole in	come fron	n Form 990-1	T, line 3	4.				<u></u>			7b			<u>,972.</u>
																or Year			ent Yea	
ne											со	PY FO	OR	—–ור	4,007,504.					220.
Revenue											PUBLIC			.	1	,107,8				407.
Re								nes 3, 4, and						」			IONE			,510.
								5, 6d, 8c, 9c,								673,5				265.
								st equal Part							5	<u>,788,9</u>			812,	402.
								olumn (A), lin									IONE			NONE
								lumn (A), line							1		IONE		0.4.0	NONE
ses	15							nefits (Part I)							1	<u>,845,5</u>				635.
Expenses	16a							nn (A), line 1								N	IONE	Ľ	25,	,000.
Ĕ	D							(D), line 25)							1	0.01 0	0.0	0	475	660
								1a-11d, 11f-				• • •		•		<u>,981,2</u>				662.
								al Part IX, co				• • •		•		<u>,826,8</u>		4,		297.
r s	19	Revenu	e less	sexp		ITACI		om line 12 _				<u></u>				,962,0 of Current		End	of Year	<u>,105.</u>
Net Assets or Fund Balances	20	Total an	soto /	Part '	(line 16)									Segin		,044,0				023.
Asse	21							 		• • •		• • •		•		, <u>011,0</u> 661,3				999.
und	22							21 from line 2		•••		• • •		•	20	,382,7				024.
	art II		natur			Oub								•	20	, 502, 7	<u> </u>	20,	017,	021.
		<u> </u>				have	examined	this return, inc	cluding a	accomp	anving sche	dules	and state	ements, a	ind to	the best of	of my	knowledge	and be	lief, it is
true	e, corre	ct, and co	omplet	e. Dec	laration of pr	repar	rer (other th	an officer) is b	ased on	all infor	mation of w	hich p	reparer h	has any kr	nowle	edge.				
Sig			ignatu	re of c	officer											Date				
He	re																			
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For	Pape	rwork R	educt	ion A	ct Notice.	see	the separ	ate instructio	ons.											(2022)

	GREATER DES MOINES BOTANICAL GARDEN 42-0
For	m 990 (2022)
Ρ	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	
	EXPLORING, EXPLAINING AND CELEBRATING THE WORLD OF PLANTS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:	) (Expenses \$	4,393,597. including	grants of \$	NONE ) (Revenue \$	1,231,407. )	
		GREATER DES MOINES H					
		FOR-PROFIT ORGANIZAT					
		AINING, AN CELEBRAT					
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		DEN DESIGN AND INNOVA					
		SCHEDULE O FOR CONTI					
4b	(Code:	) (Expenses \$	includina	grants of \$	) (Revenue \$	)	
	(	,(++		g	/(	/	
4c	(Code:	) (Expenses \$	including	grants of \$	) (Revenue \$	)	
			0	·	/、	,	
4d	Other r	orogram services (Describe or	n Schedule O.)				
~		ses \$ includi		) (Revenue	\$)		
4e		rogram service expenses			. /		
	020 1.000		2,000,001,			Form <b>990</b> (2	022
2E1		2VF K932 12/13/2023	16.00.22 122-7	11 1035577			_

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Yes

Yes

Page 2

Х

X No

X No

<sup>-0540765</sup> 

Page 3

Part	V Checklist of Required Schedules			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	<u> </u>		
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			Í
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	ĺ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	Í
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 27	
	If "Yes," complete Schedule G, Part III	19		x
20 2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 23
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

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Form **990** (2022)

Form 9	90 (2022)		F	-age <b>4</b>
Part	V 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			
22	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	22	v	
24 0	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
24 a	\$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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception.	240		<u> </u>
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	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		х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
22	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1.	34		x
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	
Part				
	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 1a 46			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
101	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	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 47			
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?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
40.	against amounts due or received from them.)	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year  12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

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Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71		37
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	v	
a	The governing body?	oa 8b	X X	
b	Each committee with authority to act on behalf of the governing body?	00	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	)	- 21
		000.0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
N N	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		40-		37
	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 exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		
17 10	List the states with which a copy of this Form 990 is required to be filed		tion 5	01(~)
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	uon o	01(0)
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	oct r	olicy
13	and financial statements available to the public during the tax year.		σσιμ	,oncy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		
	KIMBERLEY PEREZ 909 ROBERT D. RAY DRIVE DES MOINES, IA 50309			
	515-323-6290	Form	990	(2022)
JSA 2E1042	1 000			,

<sup>3162</sup>VF K932 12/13/2023 16:00:22 V22-7.11 1235577

JSA

Page 7

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

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.

					C)					_
(A)	(B)	(do r	ot of		ition	e than c	200	(D)	(E)	(F)
Name and title	Average hours					is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week					or/trust		from the	from related	compensation
	(list any	우파	Ē	Q	2	<u> 역</u> 프	Г	organization (W-2/	organizations (W-2/	from the
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	ctor	tion	7	nplo	yee		1099-NEC)	1099-NEC)	Telated organizations
	below	trust	altr		yee	mpe				
	dotted line)	ee	Istee			insa				
						ted				
(1) KIMBERLEY PEREZ	40.00	-								
PRESIDENT/CEO	NONE			Х				172,222.	NONE	22,491.
(2) AZURE CHRISTENSEN	40.00	-								
CHIEF ADVANCEMENT OFFICER	NONE			Х				116,522.	NONE	19,783.
(3) WHITNEY BOUMA	40.00									
CHIEF PROGRAM OFFICER	NONE			Х				54,154.	NONE	NONE
(4) JACKIE PULLEN	8.00	-								
CFO	NONE			Х				36,000.	NONE	NONE
(5) STACEY JOHNSON	0.42	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(6) ED KENNY	0.84	-								
CHAIR	NONE	X		Х				NONE	NONE	NONE
(7) JENNIFER BRYANT	0.72	-								
SECRETARY	NONE	X		Х				NONE	NONE	NONE
(8) MIKE ABBOT	0.50	-								
VICE CHAIR	NONE	X		Х				NONE	NONE	NONE
(9) JEAN CLABAUGH	0.37	-								
DIRECTOR	NONE	X						NONE	NONE	NONE
(10) GRAHAM GILLETTE	0.44									
DIRECTOR	NONE	X						NONE	NONE	NONE
(11) BEN PAGE	0.22									
DIRECTOR	NONE	X						NONE	NONE	NONE
(12) LINDA WESTERGAARD	0.41									
DIRECTOR	NONE	X						NONE	NONE	NONE
(13) JESSICA ZAUGG	0.74									
TREASURER	NONE	X		Χ				NONE	NONE	NONE
(14) JOHNATHAN FRANTZ	0.35									
DIRECTOR	NONE	Х						NONE	NONE	
										Form <b>990</b> (2022)

Part VII Section A. Officers, Directo (A)	(B)			, (C				(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	ition more rson lirect	e than c is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MEL MEREDITH FRAZIER	0.04									
DIRECTOR	NONE	Х						NONE	NONE	NON
_16)_PROCTER_LUREMAN	0.81	х						NONE	NONE	NON
17) CHRISTINE HENSLEY	0.62									
VICE CHAIR	NONE	Х		Х				NONE	NONE	NON
18) CLAUDIA SCHABEL	0.35									
DIRECTOR	NONE	Х						NONE	NONE	NON
19) LAUREN BURT	0.08									
DIRECTOR	NONE	Х						NONE	NONE	NON
20) KIM LIEN	4.12									
DIRECTOR	NONE	Х						NONE	NONE	NON
21) EVERETT MILES	0.38									
DIRECTOR	NONE	Х						NONE	NONE	NON
22) RANDY RAMUNDT	0.51									
DIRECTOR	NONE	Х						NONE	NONE	NON
23) TRAVIS SHEETS	0.47									
DIRECTOR	NONE	X						NONE	NONE	NON
24) MIKE SIMONSON	0.38									
DIRECTOR	NONE	x						NONE	NONE	NON
25) JILL STEVENSON	3.78									
DIRECTOR	NONE	x						NONE	NONE	NON
1b Sub-total	· · ·							378,898.	NONE	42,274
c Total from continuation sheets to Par	t VII, Section A	•••	•••	• •		•••		NONE	NONE	NON
d Total (add lines 1b and 1c)								378,898.	NONE	42,274

reportable co	ompensation from	the d	organization	

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

# 

#### Section B. Independent Contractors

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

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

2

JSA 2E1055 1.000

#### GREATER DES MOINES BOTANICAL GARDEN

week (list any box, t	unles	ss pe	ition more t rson is lirector	than one estimates both an r/trustee round and r/trustee employee	from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organizations organizations
hours per week (list any hours for related organizations below dotted line)       (do n box, u officer or direction of the constraints of the co	unles r and Institutional	heck ss pe d a d	more f rson is lirector	s both an r/trustee Highest	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatio from the organization and related organization
week (list any hours for related organizations below dotted line)       box, to office:         0 or an advise of the constraints of the	unles r and Institutional	ss pe d a d	rson is lirector	s both an r/trustee Highest	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensatio from the organization and related organization
hours for related organizations below dotted line)     office of director use       6.)     DOUG     VAN	and Institutional	dad	lirecto	r/trustee Highest	) the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
related organizations below dotted line)     or director director       6.)     DOUG     VAN	Institutional			Highest	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
6) DOUG VAN ZANTEN 0.62	stitutional trustee	ficer	sy employee	nployee			organization and related organization
6) DOUG VAN ZANTEN 0.62	utional trustee	9r	mployee	st compensated		2 NONE	organization
6) DOUG VAN ZANTEN 0.62	nal trustee		loyee	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		2 NONE	
6) DOUG VAN ZANTEN 0.62	trustee			pensated	NONE	2 NONE	N
6) DOUG VAN ZANTEN 0.62	stee			rsated	NONE	: NONE	N
+					NONE	2 NONE	N
+					NONE	: NONE	N
IRECTOR         NONE         X							<u> </u>
·							
·							
·							
b Sub-total					►		
c Total from continuation sheets to Part VII, Section A					•		
d Total (add lines 1b and 1c)							
Total number of individuals (including but not limited to those li					received more than	\$100.000 of	
reportable compensation from the organization		a ui	0010)	,		φ100,000 0i	
							Vee
							Yes
Did the organization list any former officer, director, or							
employee on line 1a? If "Yes," complete Schedule J for such indi	livid	ual					3
For any individual listed on line 1a, is the sum of reportab	م ام	~	none	ation	and other company	sation from the	
organization and related organizations greater than \$15							
individual.							<b>4</b> X
Did any person listed on line 1a receive or accrue compens							-
for services rendered to the organization? If "Yes," complete Sch	iedi	ile J	for s	such pe	erson		5
ection B. Independent Contractors							
Complete this table for your five highest compensated indepe							
compensation from the organization. Report compensation for	the	e ca	lenda	ar year	ending with or with	hin the organizatio	n's tax
year.							
(A)					(B)		(0)
(A) Name and business address					(B) Description of se		<b>(C)</b> Compensation
Name and busiless address							Sempendation
				_ [			

2 Total number of independent contractors (including but not limited to those listed above) who received more than 100,000 in compensation from the organization  $\blacktriangleright$ NONE JSA 2E1055 1.000

#### Form 990 (2022)

#### GREATER DES MOINES BOTANICAL GARDEN Part VIII Statement of Revenue

г \_

		Check if Schedule	<u>e O</u> co	ontains a r	espor	nse or note to any	y line in this Part \	/	<u></u>	<u>•••</u> •
							(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns			1a					
ant	b	Membership dues			1b					
ΰğ	c	Fundraising events			1c	1,719.				
fts,	d	Related organizations			1d					
ija	e	Government grants (co			1e	1,014,000.				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions,		· [						
	·		-	-	1f	1,733,501.				
				,,						
	g	lines 1a-1f			1g	\$ 33,747.				
aŭ	h	Total. Add lines 1a-1f					2,749,220.			
		Total. Add lines 1a-11				Business Code	2,,19,220.			
Ð		GENEDAL ADMIGGION				561499	856,968.	856,968.		
ś	2a	GENERAL ADMISSION								
Program Service Revenue	b	PROGRAM FEES				561499	316,241.	316,241.		
E P	C	MEMBERSHIP DUES				561499	58,198.	58,198.		
gra Re	d									
Ś	е									
Δ.	f	All other program servi								
	g	Total. Add lines 2a-2f					1,231,407.			
	3	Investment income	•	0		-				
		other similar amounts)					125,937.			125,937
	4	Income from investme		•		•	NONE			
	5	Royalties			NONE					
e				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a	42	0,983.					
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c	42	0,983.	NONE				
	d	Net rental income or (lo	oss) .	<u></u> .			420,983.			420,983
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets	of assets							
		other than inventory	7a							
	b	Less: cost or other basis								
Revenue		and sales expenses	7b			37,427.				
ě	c	Gain or (loss)	7c			-37,427.				
	d	Net gain or (loss)					-37,427.			-37,427
Othei	8a									
ō	- Ou	events (not including \$								
		of contributions rep								
		1c). See Part IV, line 18			8a	34,280.				
	b	Less: direct expenses				26,244.				
	с С	Net income or (loss) fr					8,036.			8,036
	9a		rom	gaming						
	Ja	activities. See Part IV, I		0 0	9a	NONE				
	h					NONE				
	b c	Less: direct expenses Net income or (loss) f					NONE			
		. ,		-						
	10a	Gross sales of i returns and allowances		ory, less	102	347,112.				
	.					169,766.				
	b c	Less: cost of goods sole Net income or (loss) fro					177,347.		54,293.	123,054
	-		5111 30			Business Code	111,341.		57,293.	123,034
Miscellaneous Revenue		COMMISSIONS				722210	136,899.			136,899
nec	11a					122210	10,099.			130,039
ella ver	b					+				
Re	C									
Ϊ	d	All other revenue				L	100 000			
	e	Total. Add lines 11a-1					136,899.			
	12	Total revenue. See ins	ITUCTIO	MS			4,812,402.	1,231,407.	54,293.	777,482

6         Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B).         NONE           7         Other salaries and wages.         1,340,489.         1,180,643.         99,           8         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         33,413.         29,428.         2,           9         Other employee benefits         175,602.         154,663.         12,           11         Fees for services (nonemployees):         NONE         1740.         652.           c Accounting         21,325.         18,782.         1,           d Lobbying         NONE         144,093.         130,339.         8,           g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses of Schedule 0.)         144,093.         130,339.         8,           12         Advertising and promotion         70,341.         61,953.         5,           13         Office expenses         97,166.         85,580.         7,           14         Advertising and promotion         71,748.         91,290.         16           16         Occupancy         91,748.         91,290.         16           1	Check if Schedule O contains a response or note to any line in this Part IX								
and domestic governments. See Part IV, line 21         NONE           2 Grants and other assistance to domestic individuals. See Part IV, line 22         NONE           3 Grants and other assistance to domestic individuals. See Part IV, line 15. and foreign individuals. See Part IV, line 15. and 16         NONE           4 Benefits paid to of for members.         NONE         NONE           5 Compensation of current officers, directors, trustees, addeded undersche 4958(r)(1) and persons described in section 4958(r)(3)(8).         NONE           7 Other salaries and wages         1,340,489         1,180,643.         99,           8 Pension plan accrusta and contributions in Management         185,244.         163,154.         13.           9 Other employee benefits         175,602.         154,663.         12.           11 Fees for services (nonemployees): a Management         NONE         1740.         652.           c Accounting         740.         652.         1.         1.           9 Other. (if let 11g amount excets 10% of tim 25, column (A amount lite 11g egeness of Schedue O)         1.0, 339.         8.           11 Advertising and promotion         77.166.         85,580.         7.           13 Othice expenses         91,748.         91,290.         1.           144,093.         1.30,339.         8.         466,179.         466,1,95.		<b>(D)</b> Fundraising expenses							
Individuals. See Part IV, line 22,,         NONE           3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16         NONE           4 Benefits paid to or for members,, trustees, and key employees,,, 507, 887.         447, 324.         37,           5 Compensation of current officers, directors, trustees, and key employees,,, 507, 887.         447, 324.         37,           6 Compensation of current officers, directors, trustees, and key employees,,, 507, 887.         447, 324.         37,           7 Other salaries and wages,,, 17, 502.         1, 340, 489.         1, 180, 643.         99,           9 Other employee benefits         175, 602.         154, 663.         12,           11 Fees for services (nonemployees):         a Management         NONE         185, 244.         163, 154.         13,           10 Payroll taxes.        , 175, 602.         154, 663.         12,         14         Lobying, 100.         100.           9 Other employee benefits        , 176.         NONE         100.         100.         125, 000.         144, 093.         130, 339.         8,           12 Advertising and promotion        , 176.         80.         126.         144, 093.         130, 339.         8,           12 Advertising and pro									
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16       NONE         4 Benefits paid to or for members									
toreign individuals. See Part IV, lines 15 and 16         NONE           4 Benefits paid to r for members,									
4         Benefits paid to or for members         NONE           5         Compensation of current officers, itrustees, and key employees         507,887.         447,324.         37,           6         Compensation not included above to disqualified persons (as defined under section 4956(r)(3)(B)         NONE         37,           7         Other salaries and wages         1,340,489.         1,180,643.         99,           8         Pension plan accruals and contributions (include section 4956(r)(3)(B)         33,413.         29,428.         2,           9         Other employee benefits         185,244.         163,154.         13,           10         Payroll taxes         175,602.         154,663.         12,           11         Fees for services (nonemployees):         185,244.         163,154.         13,           10         Payroll taxes         740.         652.         64counting.         1,           14         Lobbying         NONE         144,093.         130,339.         8,           12         Advertising and promotion         70,341.         61,953.         5,           13         Office expenses         97,166.         85,580.         7,           14         Information technology.         91,7748.         91,290.									
5         Compensation of current officers, directors, trustees, and key employees         507,887.         447,324.         37,           6         Compensation not included above to disqualified persons (accruate section 4956(c)(3)(B).         507,887.         447,324.         37,           7         Other salaries and wages.         507,887.         447,324.         37,           7         Other salaries and wages.         1,340,489.         1,180,643.         99,           8         Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions)         33,413.         29,428.         2,           9         Other employee benefits         175,602.         154,663.         12,           17         Feer stores (nonemployees):         a Management         740.         652.           8         Paryotil taxes         21,325.         18,782.         1,           1         Lobbying         21,325.         18,782.         1,           4         Lobbying         144,093.         130,339.         8,           2         Avertising and promotion         70,341.         61,953.         5,           3         Office expenses         97,166.         85,580.         7,           1         Information technology. <t< td=""><td></td><td></td></t<>									
trustees, and key employees         507,887.         447,324.         37,           6 Compensation not included above to disqualide persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and for expenses on Schedule 0.)     1,340,489.     1,340,489.     12, 130,732.     1,310,339.     8, NONE           1         Autorizing and promotion         70,341.         61,953.         5, 97,166.         55,580.         7, 91,748.           1         Information technology.         1         4,438.         3,909.         1           1         Payments of travel or entertainment expenses for any federal, state, or local public officials Depreclation, d									
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8).         NONE           7         Other salaries and wages         1,340,489         1,180,643         99,           8         Pension plan accrutals and contributions (h) and 403(b) employer contributions;         33,413         29,428         2,           9         Other employee benefits         175,602         154,663         12,           11         Fees for services (nonemployees):         185,244         163,154         13,           9         Other employee benefits         175,602         154,663         12,           11         Fees for services (nonemployees):         1740         652.         21,325         18,782         1,           a Management         21,325         18,782         1,         10         NONE         144,093         130,339         8,           9         Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g eames eas on Schedule 0.         144,093         130,339         8,           11         rdremation technology.         191,748         91,290         11           14         Information technology.         93,007         92,542         11           14         Information technology.         93,007         92,54	,591.	22,972							
7 Other salaries and wages       1,340,489       1,180,643       99,         8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       33,413       29,428       2,         9 Other employee benefits       11,540,489       1,340,489       1,380,643       99,         10 Payroll taxes       11,5602       154,663       12,         11 Fees for services (nonemployees):       1175,602       154,663       12,         a Management       740       652       2       2       2,325       18,782       1,         d Lobbying       21,325       18,782       1,       10       10,339       8,         g Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0)       1144,093       130,339       8,         12 Advertising and promotion       70,341       61,953       5,       9,         13 Office expenses       91,748       91,290       10       10         14 Advertising and promotion       466,179       463,848       1,         17 Travel       4,438       3,909       11         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       11         10 Interest       932,877 <t< td=""><td></td><td></td></t<>									
8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       33,413.       29,428.       2,         9       Other employee benefits       185,244.       163,154.       13,         10       Payroll taxes       175,602.       154,663.       12,         11       Fees for services (nonemployees):       NONE       740.       652.       2,         a Management       21,325.       18,782.       1,       1,         d Lobbying       21,325.       18,782.       1,         d Lobbying       25,000.       90.       100.       100.         f Investment management fees       NONE       90.       91.       130,339.       8,         12       Advertising and promotion       70.341.       61.953.       5,         30       Office expenses       97,166.       85,580.       7,         31       Information technology.       91,748.       91,290.       144,093.       130,339.       8,         144.093       NONE       90.       1466,179.       463,848.       1,       4,438.       3,909.       144,488.       3,909.       144,488.       1,001.       1,001.       1,001.       1,001.       1,001.       1,001.       <									
section 401(k) and 403(b) employer contributions)         185,244.         163,154.         13,           10         Payroll taxes         175,602.         154,663.         12,           11         Fees for services (nonemployees):         175,602.         154,663.         12,           11         Fees for services (nonemployees):         NONE         175,602.         154,663.         12,           11         Fees for services (nonemployees):         NONE         1740.         652.         18,782.         1,           12         Advacounting	,215.	60,631							
10       Payroll taxes       175,602       154,663       12,         11       Fees for services (nonemployees):       a Management       740       652         11       Fees for services (nonemployees):       a Management       740       652         12       Adventising services. See Part IV, line 17.       21,325       18,782       1,         11       Professional fundraising services. See Part IV, line 17.       25,000       100NE       100NE         12       Advertising and promotion       70,341       61,953       5,         13       Office expenses       97,166       85,580       7,         14       Information technology       91,748       91,290       100NE         15       Royalties       100NE       100NE       100NE       100NE         16       Occupancy       466,179       463,848       1,         17       Travel       4,438       3,909       100NE         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       10NE         20       Interest       932,877       928,214       2,         21       Payments to affiliates       93,007       92,542       93,007       92,542	,473.	1,511							
Image: Section of the secting the section of the section o	,711.	8,379							
a Management         NONE           b Legal         740.         652.           c Accounting         21,325.         18,782.         1,           d Lobbying         NONE         21,325.         18,782.         1,           e Professional fundraising services. See Part IV, line 17.         25,000.         NONE         9           g Other. (# line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g excenses on Schedule O.)         NONE         9           12 Advertising and promotion         70,341.         61,953.         5,           97,166.         85,580.         7,           14 Information technology.         91,748.         91,290.           15 Royalties.         NONE         466,179.         463,848.         1,           17 Travel.         4,438.         3,909.         18         Payments of travel or entertainment expenses for any federal, state, or local public officials         NONE         10           10 Interest	,997.	7,943							
b Legal         740.         652.           c Accounting         21,325.         18,782.         1,           d Lobbying         21,325.         18,782.         1,           e Professional fundraising services. See Part IV, line 17.         25,000.         100NE           g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)         144,093.         130,339.         8,           12 Advertising and promotion         70,341.         61,953.         5,           13 Office expenses         97,166.         85,580.         7,           14 Information technology.         91,748.         91,290.         16           15 Royatties.         91,748.         91,290.         16           16 Occupancy         466,179.         463,848.         1,           17 Travel         4,438.         3,909.         18           18 Payments of travel or entertainment expenses for any federal, state, or local public officials         NONE         100NE           10 Interest         93,007.         92,377.         928,214.         2,           21 Payments to affiliates.         93,007.         92,542.         199,590.           24 Other expenses. Itemize expenses on tic covered above. (List miscellaneous expenses on Schedule O.)         199,59									
C Accounting       21,325       18,782       1,         d Lobbying       NONE       NONE       1         e Professional fundraising services. See Part IV, line 17.       25,000       NONE       1         g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)       144,093       130,339       8,         12 Advertising and promotion       70,341       61,953       5,         13 Office expenses       97,166       85,580       7,         14 Information technology       91,748       91,290       1         15 Royalties       NONE       466,179       463,848       1,         17 Travel       4,438       3,909       1       1       1         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       1       1       1       1         10 Interest       0 Interest       93,007       92,542       2       1       1       2       1       1       2       1 </td <td></td> <td></td>									
d Lobbying         NONE           e Professional fundraising services. See Part IV, line 17.         25,000.           f Investment management fees         NONE           g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)         144,093.           12 Advertising and promotion         70,341.         61,953.           13 Office expenses         97,166.         85,580.           14 Information technology.         91,748.         91,290.           15 Royalties.         NONE         1466,179.           16 Occupancy         466,179.         463,848.         1,           17 Travel         4,438.         3,909.         18           19 Conferences, conventions, and meetings         6,097.         5,370.           21 Payments to affiliates.         NONE         93,007.         928,214.         2,           23 Insurance         93,007.         92,542.         2,         1           24 expenses. Itemize expenses on Schedule O.)         199,590.         199,590.         199,590.           24 Other expenses. Itemize expenses on covered above. (List miscellaneous expenses on Schedule O.)         93,007.         92,542.         2,           25 HORTICULTURAL SUPPLIES         69,611.         69,611.         69,611.         69,	55.	33							
e Professional fundraising services. See Part IV, line 17,       25,000.         f Investment management fees       NONE         g Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)       144,093.         12 Advertising and promotion       70,341.       61,953.         13 Office expenses       97,166.       85,580.       7,         14 Information technology       91,748.       91,290.       1         15 Royalties       NONE       466,179.       463,848.       1,         17 Travel       4,438.       3,909.       1       3       3       90.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       0       0       0       1         19 Conferences, conventions, and meetings       03,007.       92,542.       2       0 </td <td>,578.</td> <td>965</td>	,578.	965							
f       Investment management fees       NONE         9       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O)       144,093.       130,339.       8,         12       Advertising and promotion       70,341.       61,953.       5,         13       Office expenses       97,166.       85,580.       7,         14       Information technology.       91,748.       91,290.         15       Royalties.       NONE       16         0 ccupancy       466,179.       463,848.       1,         17       Travel       4,438.       3,909.       18         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       192,877.       928,214.       2,         19       Conferences, conventions, and meetings       93,007.       92,542.       2       193,007.       92,542.       2         21       Payments to affiliates       93,007.       92,542.       2       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.       199,590.									
9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)       144,093.       130,339.       8,         12 Advertising and promotion       70,341.       61,953.       5,         13 Office expenses       97,166.       85,580.       7,         14 Information technology       91,748.       91,290.       130,339.       8,         14 Information technology       91,748.       91,290.       130,399.       8,         15 Royalties       NONE       466,179.       463,848.       1,         17 Travel       4,438.       3,909.       130,339.       8,         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       1000000000000000000000000000000000000		25,000							
(A), amount, list line 11g expenses on Schedule 0.)       144,093.       130,339.       8,         12       Advertising and promotion       70,341.       61,953.       5,         13       Office expenses       97,166.       85,580.       7,         14       Information technology.       91,748.       91,290.       1000000000000000000000000000000000000									
12       Advertising and promotion       70,341.       61,953.       5,         13       Office expenses       97,166.       85,580.       7,         14       Information technology.       91,748.       91,290.         15       Royalties.       NONE       16         16       Occupancy       466,179.       463,848.       1,         17       Travel       4,438.       3,909.       17         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       16         19       Conferences, conventions, and meetings       6,097.       5,370.       16         11       Interest       NONE       17       18       14       14         19       Conferences, conventions, and meetings       000000000000000000000000000000000000									
13       Office expenses       97,166.       85,580.       7,         14       Information technology.       91,748.       91,290.         15       Royalties.       NONE       16         16       Occupancy       466,179.       463,848.       1,         17       Travel       4,438.       3,909.       17         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       16         19       Conferences, conventions, and meetings       6,097.       5,370.       16         20       Interest       00NE       10       10       10       10         21       Payments to affiliates       932,877.       928,214.       2,         23       Insurance       93,007.       92,542.       19       3,007.       92,542.         24       Other expenses on time 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590.       199,590.       199,590.         a       PROGRAM EXPENSE       199,590.       199,590.       69,611.       69,611.         b       HORTICULTURAL SUPPLIES       63,177.       62,861.       63,177.       62,861.	,537.	5,217							
14       Information technology       91,748.       91,290.         15       Royalties       NONE       16         16       Occupancy       466,179.       463,848.       1,         17       Travel       4,438.       3,909.       17         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       16         19       Conferences, conventions, and meetings       0       6,097.       5,370.         20       Interest       0.0NE       16       17         21       Payments to affiliates       NONE       16       20,097.       5,370.         21       Payments to affiliates       932,877.       928,214.       2,         22       Depreciation, depletion, and amortization       93,007.       92,542.       24         24       Other expenses. Itemize expenses on tic covered above. (List miscellaneous expenses on Schedule O.)       199,590.       199,590.       199,590.         a       PROGRAM EXPENSE       199,590.       199,590.       69,611.       69,611.         b       HORTICULTURAL SUPPLIES       63,177.       62,861.       63,177.       62,861.	,206.	3,182							
None         15       Royalties       NONE         16       Occupancy       466,179       463,848       1,         17       Travel       4,438       3,909       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       1         19       Conferences, conventions, and meetings       NONE       1         20       Interest       6,097       5,370         21       Payments to affiliates       NONE       1         22       Depreciation, depletion, and amortization       932,877       928,214       2,         23       Insurance       93,007       92,542       2         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590       199,590       199,590         a       PROGRAM EXPENSE       199,590       199,590       69,611       69,611         b       HORTICULTURAL SUPPLIES       63,177       62,861       62,861	,192.	4,395							
16       Occupancy       466,179.       463,848.       1,         17       Travel       4,438.       3,909.         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       NONE       1         19       Conferences, conventions, and meetings       NONE       1         20       Interest       6,097.       5,370.         21       Payments to affiliates       NONE       1         22       Depreciation, depletion, and amortization       932,877.       928,214.       2,         23       Insurance       93,007.       92,542.       2         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590.       199,590.         a       PROGRAM EXPENSE       199,590.       199,590.       199,590.         b       HORTICULTURAL SUPPLIES c       69,611.       69,611.       62,861.	285.	174							
17Travel4,438.3,909.18Payments of travel or entertainment expenses for any federal, state, or local public officialsNONE19Conferences, conventions, and meetingsNONE20Interest6,097.21Payments to affiliatesNONE22Depreciation, depletion, and amortization932,877.23Insurance93,007.24Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)199,590.aPROGRAM EXPENSE199,590.bHORTICULTURAL SUPPLIES G JANITORIAL63,177.cJANITORIAL63,177.									
18Payments of travel or entertainment expenses for any federal, state, or local public officialsNONE19Conferences, conventions, and meetingsNONE20Interest6,097.21Payments to affiliatesNONE22Depreciation, depletion, and amortization932,877.23Insurance93,007.24Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)199,590.aPROGRAM EXPENSE199,590.bHORTICULTURAL SUPPLIES JANITORIAL63,177.cJANITORIAL63,177.	,446.	884							
for any federal, state, or local public officials19Conferences, conventions, and meetingsNONE20Interest6,097.21Payments to affiliatesNONE22Depreciation, depletion, and amortization932,877.23Insurance93,007.24Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)199,590.aPROGRAM EXPENSE199,590.bHORTICULTURAL SUPPLIES69,611.cJANITORIAL63,177.62,861.	328.	201							
20       Interest       6,097.       5,370.         21       Payments to affiliates       NONE       20         22       Depreciation, depletion, and amortization       932,877.       928,214.       2,         23       Insurance       93,007.       92,542.       24         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590.       199,590.         a       PROGRAM EXPENSE       199,590.       199,590.       199,590.         b       HORTICULTURAL SUPPLIES       69,611.       69,611.       69,611.         c       JANITORIAL       63,177.       62,861.       100.									
21       Payments to affiliates       NONE         22       Depreciation, depletion, and amortization       932,877.       928,214.       2,         23       Insurance       93,007.       92,542.       2,         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590.       199,590.         a       PROGRAM EXPENSE       199,590.       199,590.         b       HORTICULTURAL SUPPLIES       69,611.       69,611.         c       JANITORIAL       63,177.       62,861.									
22       Depreciation, depletion, and amortization       932,877.       928,214.       2,         23       Insurance       93,007.       92,542.       2,         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590.       199,590.         a       PROGRAM EXPENSE       199,590.       199,590.         b       HORTICULTURAL SUPPLIES       69,611.       69,611.         c       JANITORIAL       63,177.       62,861.	451.	276							
23       Insurance       93,007.       92,542.         24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       93,007.       92,542.         a       PROGRAM EXPENSE       199,590.       199,590.         b       HORTICULTURAL SUPPLIES       69,611.       69,611.         c       JANITORIAL       63,177.       62,861.									
24       Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)       199,590.         a       PROGRAM EXPENSE       199,590.         b       HORTICULTURAL SUPPLIES       69,611.         c       JANITORIAL       63,177.	,894.	1,769							
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)199,590.a PROGRAM EXPENSE199,590.199,590.b HORTICULTURAL SUPPLIES69,611.69,611.c JANITORIAL63,177.62,861.	289.	176							
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)199,590.aPROGRAM EXPENSE199,590.bHORTICULTURAL SUPPLIES69,611.cJANITORIAL63,177.62,861.199,590.									
(A), amount, list line 24e expenses on Schedule O.)       199,590.         a PROGRAM EXPENSE       199,590.         b HORTICULTURAL SUPPLIES       69,611.         c JANITORIAL       63,177.									
b         HORTICULTURAL SUPPLIES         69,611.         69,611.           c         JANITORIAL         63,177.         62,861.									
c JANITORIAL 63,177. 62,861.									
	196.	120							
d REPAIRS 124,661. 124,038.	387.	236							
	,707.	4,098							
	,538.	148,162							
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)									

JSA 2E1052 1.000 Form 990 (2022)

Page	1	1	

	Check if Schedule O contains a response or note to any line in this Pa	art X		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	85,555.	1	-105,867
2	Savings and temporary cash investments.	799,136.	2	1,125,037
3	Pledges and grants receivable, net	176,684.	3	76,484
4	Accounts receivable, net	155,432.	4	173,143
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	NONE	5	NON
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).	NONE	6	NON
7 ts	Notes and loans receivable, net	NONE	7	NON
Assets 0 8 2	Inventories for sale or use	58,839.	8	56,156
ë 9	Prepaid expenses and deferred charges	88,011.	9	48,127
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 20,776,020.			
b	Less: accumulated depreciation	13,780,487.	10c	15,568,861
11	Investments - publicly traded securities.	NONE	11	NON
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE	13	NON
14	Intangible assets	159,514.	14	136,671
15	Other assets. See Part IV, line 11	5,740,441.	15	5,232,411
16	Total assets. Add lines 1 through 15 (must equal line 33)	21,044,099.	16	22,311,023
17	Accounts payable and accrued expenses	291,293.	17	749,782
18	Grants payable	NONE	18	NON
19	Deferred revenue	220,015.	19	398,460
20	Tax-exempt bond liabilities	NONE	20	NOI
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NOI
ซ 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
api	controlled entity or family member of any of these persons	NONE	22	NON
<b>-</b> 23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
24	Unsecured notes and loans payable to unrelated third parties	150,000.	24	403,840
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	NONE	25	111,917
26	Total liabilities. Add lines 17 through 25	661,308.	26	1,663,999
Jces	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	16,724,531.	27	16,688,281
28	Net assets with donor restrictions.	3,658,260.	28	3,958,743
Net Assets of Fund balances           2           3           3           3           4           5           6           7           8           7           8           9           10	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS 31	Retained earnings, endowment, accumulated income, or other funds		31	
รั 52 ซี	Total net assets or fund balances	20,382,791.	32	20,647,024
ž 33	Total liabilities and net assets/fund balances	21,044,099.	33	22,311,023
		, ,	-	Form <b>990</b> (2022

GREATER	DES	MOINES	BOTANICAL	GARDEN
GURAIRU	DED	NOTIND	BUTANICAL	GANDEN

Form 99	90 (2022)				Pa	ge <b>12</b>
Part	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		4,8	12,	402.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>4,7</u>	43,	<u>297</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3			69,	105
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	0,3	82,	<u>791</u> .
5	Net unrealized gains (losses) on investments	5		3	40,	958
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	45,	<u>830</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	0,6	47,	024
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," ex	plain o	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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 audi	ted on	а			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain d	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in th	ne			
	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 und	ergo tl	he			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	udits .		3b		

Form **990** (2022)

SCHEDULE	ΞA
(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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service					Attach to Form 990 or F			nformation	Open to Public	
				GO TO WWW.Irs.go	/Form990 for instructio	ms and t	ne latest i	1	Inspection	
		ne organization						Employer identif		
	rt I			ICAL GARDEN	organizations must	comple	to this r		540765	
				· ·	is: (For lines 1 through			,	13.	
1			•		tion of churches desc		•	,		
2										
3			cribed in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).) a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
4		•	al research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the							
		hospital's nam	ne, city, and s	tate:	-	-				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
		section 170(b	)(1)(A)(iv). (C	Complete Part II.)						
6			-	-	rnmental unit describe		-			
7	X	-		-	-	pport fro	om a go	vernmental unit or fr	om the general public	
-				)(1)(A)(vi). (Compl	-	<b>D</b> (    )				
8					b)(1)(A)(vi). (Complete			l in anni 11 an tinn 11 dh a	land mant calls as	
9		•		•	ed in <b>section 170(b)(1</b> griculture (see instruct		•		• •	
		university:	a non-ianu-	grant conege of ag		10115). EI		name, city, and state o	i the college of	
10	$\square$	·	on that norma	Illy receives (1) mo	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross	
		receipts from	activities rela	ited to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more that	n 331/3 % of its	
		acquired by th	gross investri ne organizatio	on after June 30, 1	nrelated business tax 975. See <b>section 509</b>	able inco ( <b>a)(2).</b> (C	Complete	e Part III.)	DUSINESSES	
11					usively to test for publi					
12		An organizatio	on organized a	and operated exclu	sively for the benefit o	of, to perf	form the	functions of, or to car	rry out the purposes of	
		-		-			-		ction 509(a)(3). Check	
	_		-		es the type of suppor			-	-	
а				-	, supervised, or contr	-				
			•	., .	regularly appoint or e		ajority of	the directors or truste	ees of the	
<b>b</b>		•	•		e Part IV, Sections A			own orted organizati	ion(o) by boying	
b					ed or controlled in co organization vested in					
			-		, Sections A and C.		e persor		lage the supported	
с				-	ng organization opera	ted in co	onnectio	n with, and functiona	llv integrated with.	
			-		ns). You must comple				,	
d			-		porting organization of				rted organization(s)	
		that is not fu	unctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement an	d an attentiveness	
	_		-	-	omplete Part IV, Sect					
е			-		a written determinatio				II, Type III	
£	En	•	-	•••	ionally integrated sup	porting c	organizat	ion.		
t g				l organizations	orted organization(s).				•••••	
9		ame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	(7)				(described on lines 1-10	listed in you	ur governing	support (see	other support (see	
					above (see instructions))	Yes	ment? No	instructions)	instructions)	
(A)										
(~)										
(B)										
. /										
(C)										
(D)										
( <b>-</b> `										
(E)										
Tet										
Tota	11									

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	971,741.	2,450,572.	1,899,348.	3,971,470.	2,749,220.	12,042,351.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	971,741.	2,450,572.	1,899,348.	3,971,470.	2,749,220.	12,042,351.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,127,595.
6	Public support. Subtract line 5 from line 4						10,914,756.
	tion B. Total Support						10,914,756.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4	971,741.	2,450,572.	1,899,348.	3,971,470.	2,749,220.	12,042,351.
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	345,593.	279,168.	175,138.	394,946.	125,937.	1,320,782.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						13,363,133.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2022 (lin	ne 6, column (f)	), divided by line	11, column (f))		14	81.68 %
15	Public support percentage from 2021					15	76.45 <b>%</b>
16a	331/3% support test - 2022. If the org						
	box and stop here. The organization qu		• • • •	•			
b	331/3% support test - 2021. If the org						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
h	organization						
D	10%-facts-and-circumstances test - 2	•					
	15 is 10% or more, and if the organization month					-	-
	in Part VI how the organization meets			-	-		
18	organization. Private foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b	, 17a, or 17b,	check this box	and see
	instructions						<u></u>

Schedule A (Form 990) 2022

Page 3

Schedule A	(Form	990	2022
Schedule A		330	12022

# 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.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(a) 2018	<b>(b)</b> 2019	(a) 2020	(4) 2021	(a) 2022	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties, and income from similar						
ь.	sources						
d	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11 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	<b>Total support.</b> (Add lines 9, 10c, 11,						
10	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secor	d third fourth.	or fifth tax ve	ar as a section	501(c)(3)
	organization, check this box and stop here.	0	,		,		
Sec	tion C. Computation of Public Supr						
15	Public support percentage for 2022 (line 8,	column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2022 (lir	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or					ore than 331/3%	6, and line
	17 is not more than 331/3%, check this	box and <b>stop</b>	here. The orga	nization qualifies	as a publicly su	upported organiz	ation
b	331/3% support tests - 2021. If the orga	anization did not	check a box or	line 14 or line	19a, and line 16	is more than 33	31/3 %, and
	line 18 is not more than 331/3%, check	this box and st	top here. The o	ganization qualifi	es as a publicly	supported organ	ization
20	Private foundation. If the organization of	did not check a	a box on line	14, 19a, or 19b	, check this bo	x and see instr	uctions _
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

JSA

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

F

nequie A (	FORM 990) 2022		
art IV	Supporting Organizations	(continued)	

- Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a 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 11b
  - **b** A family member of a person described on line 11a above?
  - c 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.

#### 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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

#### 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 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	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see ins</b>	structio	ons).	
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s).
•	• ··			Yes	No
2	Activ	ities Test. Answer lines 2a and 2b below.			

-			
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
	have engaged in these activities but for the organization's involvement.	20	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
D	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h	
	- OF ITS SUDDOTTED OTDATIZATIONS ("IF TES," DESCRIDE IN <b>FAIL VI</b> THE TOTE DIAVED BY THE OTDATIZATION IN THIS FEDALD.	⊢ sn ∣	

-	regare		<u> </u>			
		Schedule	϶A	(Form	990)	2022

1	BOTANTCAL	GARDEN	

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Yes No

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(B) Current Year

	GREATER DES MOINES BOTANICAL GARDEN	1	42-0	)540765
Sch	edule A (Form 990) 2022			Pa
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	atio	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organiza			
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Ye

8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</li> </ol>			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

7 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

Sect	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		1 /		Current Year
1	Amounts paid to supported organizations to accomplish ex	vemnt nurnoses		1	Guitent Teal
2	Amounts paid to perform activity that directly furthers exer		he	-	
2	organizations, in excess of income from activity		50	2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	2	
4	Amounts paid to acquire exempt-use assets		2010/13	4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b>		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	-	
U	(provide details in <b>Part VI</b> ). See instructions.	the organization is resp		8	
9	Distributable amount for 2022 from Section C, line 6			9	
<u> </u>	Line 8 amount divided by line 9 amount			9 10	
10				10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
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:				
a	Excess from 2018				
a b	Excess from 2019				
о С	Excess from 2020				
-					
d	Excess from 2021				
е	Excess from 2022				

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number

GREATER DES MOINES BOTANICAL GARDEN		42-0540765
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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#### GREATER DES MOINES BOTANICAL GARDEN 42-0540765 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Х 1 N/A Person Payroll \$ 220,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Х N/A Person Payroll 1,350,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 N/A Person Х Payroll 119,193. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х N/A Person Payroll 233,055. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 5 Х N/A Person Payroll 103,217. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Х 6 N/A Person Payroll \$ 60,000. Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Name of organization

Schedule B (Form 990) (2022)

Page 2

Employer identification number

#### GREATER DES MOINES BOTANICAL GARDEN 42-0540765 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Х N/A Person Payroll \$ 110,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Х N/A Person Payroll 250,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Х N/A Person Payroll 135,000. \$ Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

Page 2

Employer identification number

Schedule B (Form 990) (2022)

Name of organization

Name of o			er identification number
Dout	GREATER DES MOINES BOTANICAL GARDEN		42-0540765
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_

Page 3

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Schedule B (Form 990) (2022)

	(Form 990) (2022)			Page 4		
Name of o	rganization			Employer identification number		
	GREATER DES MOINES BO			42-0540765		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any o ions completing Part e year. (Enter this int	one contributor. C III, enter the total of formation once. Se	complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	_	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfe and ZIP + 4	•	hip 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) Transfe	er of gift			
	Transferee's name, address, a		Relationship of transferor to transferee			

Schedule B (Form 990) (2022)

SCHEE	DULE	D
(Form	990)	

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Dublic On

\$

Schedule D (Form 990) 2022

2

OMB No. 1545-0047

	rnal Revenue Service	Go to www.irs.gov/l	Form990 for instructions	and	the latest inform	ation.		Inspection
	ne of the organization					Em	ployer identifica	
GR	EATER DES MOIN	VES BOTANICAL GARDEN					42-05407	765
P	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other	Sim	ilar Funds or	Acco	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990,	Part	IV, line 6.			
			(a) Donor advis	sed fur	nds		(b) Funds and	other accounts
1	Total number at e	nd of year						
2	Aggregate value of	of contributions to (during year)						
3	Aggregate value of	of grants from (during year)						
4	Aggregate value a	at end of year						
5	Did the organizat	ion inform all donors and donor	advisors in writing th	at th	ne assets held	in do	nor advised	
	funds are the orga	anization's property, subject to the	e organization's exclusi	ve le	gal control?			Yes No
6	-	ion inform all grantees, donors, a						
		e purposes and not for the bene						
_		nissible private benefit?					<u></u>	Yes No
P		tion Easements.	") <i>(</i> " <b>–</b> 000	<b>–</b> (	N/ II			
		e if the organization answered						
1		servation easements held by the		that				
		n of land for public use (for example	, recreation or education)	$\vdash$				portant land area
		of natural habitat			Preservation	or a c	ertified histo	ric structure
2		n of open space a through 2d if the organization h	ald a qualified appears	otion	oontribution in	the fr	arm of a con	o on votion
2	•	last day of the tax year.	elu a qualifieu conserva	ation	contribution in			End of the Tax Year
а		onservation easements				2a		
a b		tricted by conservation easements				2b		
c		rvation easements on a certified				2c		
d		rvation easements included in (c)						
		e listed in the National Register				2d		
3		rvation easements modified, tra				inated	by the ora	anization during the
	tax year		, ,	0	,		, ,	5
4		where property subject to conse	rvation easement is loc	ated				
5	Does the organiz	ation have a written policy reg	parding the periodic r	noni	toring, inspect	ion, h	andling of	
	violations, and enf	orcement of the conservation ea	sements it holds?					Yes No
6	Staff and volunteer	hours devoted to monitoring, insp	ecting, handling of viola	tions,	, and enforcing	conse	rvation easem	ents during the year
7	Amount of expens	ses incurred in monitoring, inspec	ting, handling of violatio	ons, a	and enforcing c	onser	ation easem	ents during the year
8		vation easement reported on line 2						
•		)(4)(B)(ii)?						
9		cribe how the organization re						
		nd include, if applicable, the text counting for conservation easeme		le of	ganizations in	lancia	statements	that describes the
P		tions Maintaining Collections		easi	ures, or Othe	r Sim	ilar Assets	_
	•	e if the organization answered				• • • • • • •		
1a	If the organization	elected as permitted under FA	SB ASC 958 not to r	enor	t in its revenu	e stat	ement and k	alance sheet works
iu	of art, historical	treasures, or other similar asse	ts held for public exh	nibitio	on, education,	or re	search in fu	irtherance of public
	service, provide in	Part XIII the text of the footnote	to its financial stateme	nts th	hat describes ti	hese it	iems.	
b		n elected, as permitted under Fasures, or other similar assets he						
		ing amounts relating to these iter		, eu	ucation, or res	earch		
		ded on Form 990, Part VIII, line 1					\$	
		ed in Form 990, Part X						
2		n received or held works of a						
		s required to be reported under F						
а	-	on Form 990. Part VIII. line 1						

Tor Tuperwork Reduction Act Notice, see the instructions for Form 550.									
JSA									
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Assets included in Form 990, Part X

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

b

Schee	dule D (Form 990) 2022 GRE.	ATER DES MOINI	ES BOTAN	IICAL G	ARDEN	1			42-0	54076	5 F	Page <b>2</b>
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asure	s, or (	Other S	Similar A	ssets (	continue	ed)	
3	Using the organization's acquisitio collection items (check all that appl		other recor	ds, checl	k any o	of the	followi	ng that m	nake sigr	nificant ι	ise c	of its
а	Public exhibition	,	d	Loan	or exch	ande i	program	n				
b	Scholarly research		e	Other								
c	Preservation for future gener	ations										
4	Provide a description of the organ		and expla	ain how t	thev fu	rther i	the ora	anization'	s exemn	t nurnos	e in	Part
7	XIII.				iney ru		the erg		o oxomp	t puipoo	0 111	i un
5	During the year, did the organizatio	n solicit or receive o	onations o	f art, hist	orical tr	easur	es, or o	ther simila	ar			
	assets to be sold to raise funds rath	er than to be mainta	ained as pa	rt of the o	organiza	ation's	s collect	ion?	[	Yes		No
Ра	rt IV Escrow and Custodial A	rrangements.										
	Complete if the organiza	tion answered "Ye	s" on Fori	m 990, F	Part IV,	line 9	9, or re	ported a	n amoui	nt on Fo	rm	
	990, Part X, line 21.											
1a	Is the organization an agent, trust	ee, custodian or o	ther interm	ediary fo	or cont	ributic	ons or o	other asse	ets not			
	included on Form 990, Part X?			-					[	Yes		No
b	If "Yes," explain the arrangement in											_
				Ū.					Amount			
с	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an am					or cus	stodial a	ccount lia	bility?	Yes		No
b	If "Yes," explain the arrangement in									 		1
	rt V Endowment Funds.											_
	Complete if the organiza	tion answered "Ye	es" on For	m 990, F	Part IV,	line	10.					
		(a) Current year	<b>(b)</b> Prio	r year	(c) Tw	o years	back	(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	4,809,650.	2,94	12,878.	2,	761,23	30.	2,76	0,656.	2,	737,1	68.
b	Contributions	20,000.		99,935.			09.		3,259.		48,0	
	Net investment earnings, gains,			-								
C	and losses	459,500.	18	31,274.		234,77	73.		9,789.		40,2	278.
d	Grants or scholarships	148,538.		96,940.		40,20					52,3	
	Other expenditures for facilities											
c	and programs											
f	Administrative expenses	19,656.		17,497.		1,33	31.	1	2,474.		12,4	168.
	End of year balance	5,120,956.		9,650.	2.	954,87			1,230.	2.7	760,6	
g 2	Provide the estimated percentage								-			
2 a	Board designated or quasi-endowm			e (iiiie ig,	colum	1 (a)) 1	ieiu as.					
b	Permanent endowment 49.200											
С	Term endowment %											
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.									
3a	Are there endowment funds not in			tion that	are hel	d and	ladmini	stered for	the			
	organization by:	·	0							[	Yes	No
	(i) Unrelated organizations									3a(i)	Х	
	(ii) Related organizations									3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate									3b		
4	Describe in Part XIII the intended u	0										
Ра	rt VI Land, Buildings, and Equ	ipment.						_		( ) ( P	4.0	
	Complete if the organiza Description of property						11a. S					•
	Description of property	(a) Cost or (inves		(b) Cost ( (0	or other ba other)	asis	(c) Accu depre		(0	<ol> <li>Book val</li> </ol>	ue	
1a	Land											
b	Buildings			10,4	63,21	1.	2,77	2,848.		7,69	0,3	63.
с	Leasehold improvements				.75,49			2,874.		6,24	2,6	18.
d	Equipment				561,60			1,437.			0,2	
е	Other			1,4	175,65	56.		NONE		1,47		
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, colum	n (B), lir	ne 10c	c.)			15,56		

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. (Column (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>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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)INVESTMENTS HELD W/ COMM FDN	3,721,169.
(2)ROU ASSET	111,455.
(3)BENEFICIAL INTEREST	1,399,787.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,232,411.

#### 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)CAPITAL LEASE PAYABLE		111,917.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, co	ol. (B) line 25.)	111,917.

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 111

 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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	IN IN THE REATER DES MOINES BOTANICAL GARDEN		42-0	)540765	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.			
1	Total revenue, gains, and other support per audited financial statements	L	1	5,507,	960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	958.			
b	Donated services and use of facilities	590.			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	010.			
е	Add lines 2a through 2d		2e	695,	558.
3	Subtract line 2e from line 1		3	4,812,	402.
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.)				
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,812,	402.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	er Returr	າ.		
1	Total expenses and losses per audited financial statements	L	1	5,097,	897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	590.			
b	Prior year adjustments				
с	Other losses				
d	Other (Describe in Part XIII.)	010.			
е	Add lines 2a through 2d		2e	354,	600.
3	Subtract line 2e from line 1		3	4,743,	297.
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				
b	Other (Describe in Part XIII.) 4b				
с	Add lines 4a and 4b		4c		
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ).		5	4,743,	297
	XIII Supplemental Information.		•	-,,-,,	277.

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

SEE SUPPLEMENTAL PAGE

Schedule D (Form 990) 2022         GREATER DES MOINES BOT           Part XIII         Supplemental Information (continued)	TANICAL GARDEN	42-0540765	Page <b>5</b>
SCHEDULE D, PART XI, LINE 2D			
COST OF MERCHANDISE	169,766		
FUNDRAISING EVENTS EXPENSE	26,244		
TOTAL TO 990, SCHEDULE D, PART XI, LINE 2D	196,010		
SCHEDULE D, PART XII, LINE 2D			
COST OF MERCHANDISE	169,766		
FUNDRAISING EVENTS EXPENSE	26,244		

TOTAL TO 990, SCHEDULE D, PART XII, LINE 2D 196,010

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamin	ng Activities	OMB No. 1545-0047	
Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						9, or if the	2022	
Department of the Treasury		Attach t	to Form 990 o		Open to Public			
Internal Revenue Service	Go	to www.irs.gov/Form9	990 for instru	ctions and t	he latest information.		Inspection	
Name of the organization						Employer identificati		
GREATER DES MOI	g Activities. Comp		ization an	swered "	Yes" on Form 99	42-05407		
	EZ filers are not re							
	the organization rais				activities. Check a	all that apply.		
a X Mail solicita	tions	е	X Solic	itation of	non-government g	Irants		
	email solicitations	f			government grants	S		
c Phone solic		g	X Spec	cial fundra	ising events			
d X In-person so					-   '			
b If "Yes," list the	ion have a written of as listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	X Yes No fundraiser is to be	
<b>(i)</b> Name and add or entity (fu		(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
SEE SUPPLEMENT	INFORMATION		Yes	No				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total		<u> </u>				25,000		
	which the organizat				contributions or			
registration or lic	ensing.							
IA,								

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.

		gross receipts greater than \$5,00	0.			
			(a) Event #1 CHAMPAGNE / CHOC	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	35,999.			35,999
R(	2	Less: Contributions Gross income (line 1 minus	1,719.			1,719
	3	line 2)	34,280.			34,280
	4	Cash prizes				
	5	Noncash prizes	1,866.			1,866
Direct Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages	18,527.			18,527
Dire	8	Entertainment	2,250.			2,250
	9	Other direct expenses	3,601.			3,601
	10 11	Direct expense summary. Add lin Net income summary. Subtract l	nes 4 through 9 in colu line 10 from line 3. col	umn (d) umn (d)		26,244. 8,036
Ра	rt II	Gaming. Complete if the org	anization answered ""			
		\$15,000 on Form 990-EZ, lin	ie 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
səsu	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes%	Yes% No	
	7	Direct expense summary. Add lir	nes 2 through 5 in colu	umn (d)		
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)	<u></u>	
9 a b	. I	Enter the state(s) in which the org s the organization licensed to con f "No," explain:		in each of these state		Yes No
	-					
	_					
10a		Nere any of the organization's gaming f "Yes," explain:	g licenses revoked, susp	pended, or terminated du	ring the tax year?	Yes No

Sched	edule G (Form 990 or 990-EZ) 2022 GREATER DES MOINES BOTANICAL GARDEN 42-054	0765	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а			%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ►		
15 0	Does the organization have a contract with a third party from whom the organization receives gaming		
15 a		Yes	No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
D			
•	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party:		
L	, in res, enter hame and address of the time party.		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a			
	retain the state gaming license?	Yes	No
b			
~	or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$		
Par	<b>rt IV</b> Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME: NICOLE SYVERSON

ACTIVITY : FEASIBILITY STUDY

CUSTODY OR CONTROL OF CONTRIBUTION? NO

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 25,000.

SCHEDULE J		Compen	Isa	tion Information	1	OMB No.	1545-0	047
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			എന	<b>99</b>	)			
				ısated Employees swered "Yes" on Form 990, Part IV, line 2	3.	ZU		
	nent of the Treasury		Attacl	h to Form 990. r instructions and the latest information.		Open t		
	Revenue Service of the organization	Go to www.irs.gov/Formas	90 101	instructions and the latest mormation.	Employer identifica		ectio	n
		DINES BOTANICAL GARDEN			42-05407	765		
Part		ns Regarding Compensation						
							Yes	No
1a		propriate box(es) if the organization pro				m		
		Section A, line 1a. Complete Part III to	provi		-			
		ss or charter travel		Housing allowance or residence for	•			
		or companions		Payments for business use of perso				
		emnification and gross-up payments		Health or social club dues or initiati				
	Discretio	onary spending account		Personal services (such as maid, ch	auffeur, chef)			
b	or reimburse	boxes on line 1a are checked, did the ment or provision of all of the ex	pens	ses described above? If "No," con	nplete Part III	to		
•	explain					<u>1b</u>		
2	-	anization require substantiation prior stees, and officers, including the CEC						
						2		
2		n, if any, of the following the organization			+ +			
3		CEO/Executive Director. Check all the						
		ization to establish compensation of the						
	Comper	sation committee	X	Written employment contract				
	Indepen	dent compensation consultant	Х	Compensation survey or study				
	Form 99	00 of other organizations	Х	Approval by the board or compense	ation committee			
4		ar, did any person listed on Form 990, or a related organization:	Part	t VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayme	ent?		. 4a		Х
b	Participate in	or receive payment from a supplemen	ital n	onqualified retirement plan?		. 4b		Х
С	-	or receive payment from an equity-bas				. 4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and p	rovid	e the applicable amounts for each i	tem in Part III.			
_	-	501(c)(3), 501(c)(4), and 501(c)(29) or	-	-				
5	compensatior	listed on Form 990, Part VII, Secting contingent on the revenues of:						
a		ion?						X
b		rganization? e 5a or 5b, describe in Part III.	•••			. 5b		X
6	•	listed on Form 990, Part VII, Sectin contingent on the net earnings of:	ion A	A, line 1a, did the organization pa	ay or accrue a	лу		
а		ion?				. 6a		Х
b		rganization?						Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7		listed on Form 990, Part VII, Sectio						
	payments not	described on lines 5 and 6? If "Yes," d	escri	be in Part III				Х
8	-	ounts reported on Form 990, Part VII,	•	•	•			
		l contract exception described in l	•					
-								X
9		ine 8, did the organization also foll						
	Regulations S	ection 53.4958-6(c)?				. 9		<u> </u>

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

42-0540765

#### 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 a	nd/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation				
KIMBERLEY PEREZ	(i)	167,222.	5,000.	NONE	NONE	22,491.	194,713.	NONI
1 PRESIDENT/CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NON
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022

Page 2

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047 22

2

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.

**Open to Public** Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

#### GREATER DES MOINES BOTANICAL GARDEN

42-0540765

Par	Types of Property			1				
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
12	Qualified conservation							
13	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
-	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		4.0	22 848				
25	Other ►( EQUIPMENT/SUPP )		49	33,747.	FMV			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		• •					
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
					[		Yes	No
30a	During the year, did the organizat							
	28, that it must hold for at least th	-						
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31	X	
32a	Does the organization hire or use		•	•				
_	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.				-			
ror Pa	aperwork Reduction Act Notice, see the Instr	uctions for For	m 990.		Schedule	M (For	rm 990	) 2022

JSA

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

SCHEDULE M, PART I, COLUMN B

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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



Internal Revenue Service In Name of the organization

#### FORM 990, PART III, LINE 4A

GREATER DES MOINES BOTANICAL GARDEN

AS A RENOWNED CULTURAL INSTITUTION, THE GARDEN CULTIVATES DIVERSE PLANTS AND CONNECTS PEOPLE TO THE ENVIRONMENT SURROUNDING THEM. FROM THE STORIED BONSAI COLLECTION AND UNCOMMON, UNIQUE PLANT SPECIES TO THE DIVERSE AND STUNNING INDOOR AND OUTDOOR GARDENS, THERE'S SOMETHING OF INTEREST FOR GARDEN ENTHUSIASTS AND CASUAL OBSERVERS ALIKE. ORIGINALLY OPENED AS THE GREATER DES MOINES BOTANICAL CENTER IN 1979 AS PART OF THE CITY OF DES MOINES PARKS AND RECREATION DEPARTMENT, THE GEODESIC DOMED CONSERVATORY WAS THE HEART OF THE OPERATIONS. DES MOINES WATER WORKS ASSUMED THE OPERATION IN 2004, OPENING THE GARDENERS SHOWHOUSE, WHICH LAID A FOUNDATION FOR A MORE ROBUST GARDEN. IN 2013, THE GREATER DES MOINES BOTANICAL GARDEN BECAME A 501(C)3 NOT-FOR-PROFIT ORGANIZATION AND ASSUMED A LONG-TERM LEASE FOR THE LAND ON WHICH THE GARDEN IS LOCATED, FORMING A STRONG PUBLIC/PRIVATE PARTNERSHIP WITH THE CITY OF DES MOINES. EXTENSIVE EXPANSION OF ADDITIONAL OUTDOOR GARDENS HAS CONTINUED, WITH APPROXIMATELY TWELVE ACRES OF FREE-ACCESS AND ADMISSION-BASED GARDENS AVAILABLE TODAY. PROGRAMMING EXPANSION HAS ALIGNED WITH PHYSICAL EXPANSION, INCLUDING ROBUST CHILDREN'S PROGRAMMING, WELLNESS PROGRAMS, CLASSES FOR WIDE RANGING INTERESTS, SEASONAL MUSIC SERIES, AND UNIQUE EXPERIENCES DURING THE COLD-WEATHER MONTHS TO MAKE THE MOST OF THE GARDEN'S UNIQUE INDOOR TROPICAL CLIMATE. THE GARDEN HAS ALSO ADDED PROGRAMS TO REDUCE/ELIMINATE ACCESS BARRIERS BASED ON A VARIETY OF FACTORS. WIDE RANGING INTERESTS, SEASONAL MUSIC SERIES, AND UNIQUE EXPERIENCES DURING THE COLD-WEATHER MONTHS TO MAKE THE MOST OF THE GARDEN'S UNIQUE INDOOR TROPICAL CLIMATE. THE GARDEN HAS ALSO ADDED

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Name of the organization	Employer identif	ication number				
GREATER DES MOINES	BOTANICAL GARDEN	42-0540	)765			

PROGRAMS TO REDUCE/ELIMINATE ACCESS BARRIERS BASED ON A VARIETY OF

FACTORS.

#### FORM 990, PART VI, SECTION A, LINE 7A

AS SPECIFIED IN THE ORGANIZATION'S BYLAWS, THE CITY OF DES MOINES APPOINTS TWO MEMBERS TO THE BOARD OF DIRECTORS, AND DES MOINES WATER WORKS APPOINTS ONE MEMBER TO THE BOARD OF DIRECTORS. ALL THREE OF THOSE MEMBERS HAVE SERVED MULTIPLE YEARS ON THE BOTANICAL GARDEN'S BOARD. AND NO CHANGES TO THOSE APPOINTMENTS WERE MADE IN THE TAX YEAR. THE VOTING RIGHTS OF APPOINTED MEMBERS ARE IDENTICAL TO ELECTED MEMBERS.

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

AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE FORM 990. THE FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD. THE FINANCE COMMITTEE REVIEWS THE FORM 990 WITH THE FULL BOARD. THE CFO IS AVAILABLE TO ANSWER ANY QUESTIONS OR PROVIDE CLARIFICATION. THE FINAL FORM 990, WITH ALL REQUIRED SCHEDULES, IS PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING THE 990.

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

CONFLICT OF INTEREST INFORMATION IS COLLECTED ON AN ANNUAL BASIS FROM ALL OFFICERS, DIRECTORS, MANAGERS, STAFF AND COMMITTEE MEMBERS TO DOCUMENT ALL REAL OR PERCEIVED CONFLICTS OF INTEREST. COMPLETED FORMS ARE RETURNED TO THE CHAIRPERSON AND PRESIDENT FOR REVIEW.

#### FORM 990, PART VI, SECTION B, LINE 15A

SALARY BENCH MARKING IS BASED UPON COMPARABLE SALARY INFORMATION FROM A NATIONAL STUDY OF PUBLIC GARDEN COMPENSATION, INFORMATION FROM OUR HR PARTNER AND COMPARISON TO LOCAL NON-PROFITS. THE EXECUTIVE COMMITTEE, WHO

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 Employer identification number

 GREATER DES MOINES BOTANICAL GARDEN
 42-0540765

IS INDEPENDENT FOR COMPENSATION PURPOSES, APPROVES ALL EXECUTIVE COMPENSATION. IN ADDITION, THE FINANCE COMMITTEE AND BOARD OF DIRECTORS APPROVES A FULL TIME EMPLOYEE STAFFING PLAN AND RELATED SALARY BUDGET WITH EACH FY OPERATING BUDGET.

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

THE ORGANIZATION PROVIDES A COPY OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST. THESE DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF TIME AS DESCRIBED IN INTERNAL REVENUE CODE SECTION 6104(D) FOR PUBLIC DISCLOSURE DOCUMENTS.

#### FORM 990, PART XI, LINE 9

NET ASSET ADJUSTMENT -145,830

Form	990-T	Ex	empt Organization Business Income Tax Return (and proxy tax under section 6033(e))	n		. 1545-0047	
		23	20	<b>JZZ</b>			
	ment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Pu	ublic Inspection	
	Revenue Service	Do	not enter SSN numbers on this form as it may be made public if your organization is a 501(c)			01(c)(3) ations Only	
A	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	D Emplo	oyer identifica	tion number	
		Drint	GREATER DES MOINES BOTANICAL GARDEN		)540765	<u> </u>	
	mpt under section	Print or			exemption n nstructions)	umber	
	501(C)(3)	Туре	909 ROBERT D. RAY DRIVE				
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code	F	Cheek hew if		
	408A 530(a)	0	DES MOINES, IN 50509		Check box if an amended		
	529(a) 529A		value of all assets at end of year				_
_	neck organization ty neck if filing only to	/pe	X     501(c) corporation     501(c) trust     401(a) trust     Other trust       Claim credit from Form 8941     Claim a refund shown on Form 2		tate college	/university	
	• •	organiza	Claim credit from Form 8941 Claim a refund shown on Form 2 tion filing a consolidated return with a 501(c)(2) titleholding corporation				Т
			Schedules A (Form 990-T)			_ • • • • • • 1	1
			corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?			⊥ Yes X No	_
			identifying number of the parent corporation		••••		<b>,</b>
	le books are in care		IMBERLEY PEREZ Telephone number 515	-323-	6290		-
			09 ROBERT D. RAY DRIVE	525	0290		
		-	ES MOINES, IA 50309				
		_					
Par	t I Total Unre	lated B	usiness Taxable Income				-
1	Total of unrelate	ed busir	ess taxable income computed from all unrelated trades or businesses (see	e			
	instructions)			. 1		9,972	
2	Reserved			. 2			
3	Add lines 1 and 2			. 3		9,972	•
4	Charitable contrib	utions (s	ee instructions for limitation rules)	. 4			
5	Total unrelated bu	isiness t	axable income before net operating losses. Subtract line 4 from line 3	. 5		9,972	•
6	Deduction for net	operatin	g loss. See instructions	. 6			
7	Total of unrelate	ed busir	ess taxable income before specific deduction and section 199A deduction	.			
						9,972	
8	Specific deduction	n (genera	Illy \$1,000, but see instructions for exceptions)	. 8		1,000	•
9			ction. See instructions.	. 9			
10			s 8 and 9 • • • • • • • • • • • • • • • • • •	· <u>10</u>		1,000	•
11	Unrelated busine	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7			0 0 7 0	
D				.   11		8,972	•
	t II Tax Comp					1 004	
1			corporations. Multiply Part I, line 11 by 21% (0.21)			1,884	•
2		Г	rates.       See instructions for tax computation.       Income tax on the amount or         Tax rate schedule or       Schedule D (Form 1041).				
2	Part I, line 11 from	_					_
3 4			structions				-
4 5			istructions				-
э 6			ity income. See instructions				_
о 7	•		6 to line 1 or 2, whichever applies			1,884	-
-			lotice, see instructions.	•   /	Eorm	<b>990-T</b> (202	

Form	990-T (2022)		42-054076	5 F	Page <b>2</b>
Par	Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
С	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	1d			
е	Total credits. Add lines 1a through 1d.		1e		
2	Subtract line 1e from Part II, line 7		2	1,8	84.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697	Form 8866			
	Other (attach statement)		3		
4	Total tax. Add lines 2 and 3 (see instructions).	deferred under			
	section 1294. Enter tax amount here	· ·	4	1,8	84.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5		
6a	Payments: A 2021 overpayment credited to 2022	6a			
b	2022 estimated tax payments. Check if section 643(g) election applies	6b			
С	Tax deposited with Form 8868	6c	_		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	_		
е	Backup withholding (see instructions)	6e	_		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	_		
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136         Other Total	6g			
7	Total payments. Add lines 6a through 6g	· · · · · · · · · · · · · · · · · · ·	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			1,8	<u>84.</u>
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa				
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax	Refunded	11		
Par					
1	At any time during the 2022 calendar year, did the organization have an in	-		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? I	-	•		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes	s," enter the name of the	foreign country		
	here				X
2	During the tax year, did the organization receive a distribution from, or was it th	e grantor of, or transferor to	o, a foreign trust?		X
•	If "Yes," see instructions for other forms the organization may have to file.	¢			
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
4	Enter available pre-2018 NOL carryovers here \$ Do not inc				
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover sh	nown here by any deduct	ion reported on		
F	Part I, line 6.		a Dan't raduas		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for t		S. Don't reduce		
	Business Activity Code	Available post-2017	NOL carryover		
		\$			
		_			
		_  \$			
		_  \$			
6a	Did the organization change its method of accounting? (see instructions)	· · · · · · · · · · · · · · · · · · ·			Х
	If 6a is "Yes," has the organization described the change on Form 990,		1128? If "No."		- 21
	explain in Part V.				
Par					
	le the explanation required by Part IV, line 6b. Also, provide any other additional inform	ation. See instructions.			

Sign			jury, I declare that I have examine, and complete. Declaration of prepa					
Sign Here							with the pre	discuss this return
	Sigr	ature of officer		Date	Title		(see instructions)	? X Yes No
Deid		Print/Type prepar	rer's name	Preparer's signature		Date	Check if	PTIN
Paid		SHAWNELL	LINOT			12/13/2023	self-employed	P01663908
Prepar Use O		Firm's name	FORVIS, LLP				Firm's EIN 4	4-0160260
056 01	пу	Firm's address	1551 N WATERFRONT	PKWY, STE 300	, WICHIT	A, KS 67206	Phone no. 316-	-265-2811
JSA 2X2741 1.	000							Form <b>990-T</b> (2022)

SCHE	DULE A
(Form	990-T)

Department of the Treasury Internal Revenue Service

## **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047  $\bigcirc$ 

2

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

22

A Name of the organization	B Employer identification number				
GREATER DES MOINES BOTANICAL GARDEN	42-0540765				
<b>C</b> Unrelated business activity code (see instructions) 453220	D Sequence: 1 of 1				

E Describe the unrelated trade or business GIFT SHOP

Par	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales 103,354.					
b	Less returns and allowances c Balance	1c	103,354.			
2	Cost of goods sold (Part III, line 8).	2	49,061.			
3	Gross profit. Subtract line 2 from line 1c	3	54,293.			54,293.
4a	Capital gain net income (attach Schedule D (Form 1041 or					
	Form 1120)). See instructions.	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
13	Total. Combine lines 3 through 12	13	54,293.			54,293.
Par	t I Deductions Not Taken Elsewhere See instructions f		nitations on deduct	ions. Deduct	ions n	nust be
	directly connected with the unrelated business incom					
1	Compensation of officers, directors, and trustees (Part X) $\ldots$				1	
2	Salaries and wages				2	31,173.
3	Repairs and maintenance				3	513.
4	Bad debts				4	
5	Interest (attach statement). See instructions				5	
6	Taxes and licenses				6	
7	Depreciation (attach Form 4562). See instructions					
8	Less depreciation claimed in Part III and elsewhere on return				8b	
9	Depletion				9	
10	Contributions to deferred compensation plans				10	
11	Employee benefit programs				11	
12	Excess exempt expenses (Part VIII)				12	
13	Excess readership costs (Part IX)				13	10.005
14	Other deductions (attach statement)				14	12,635.
15	Total deductions. Add lines 1 through 14				15	44,321.
16	Unrelated business income before net operating loss deduction					0 000
	column (C)				16	9,972.
17	Deduction for net operating loss. See instructions				17	0.070
18 For P	Unrelated business taxable income. Subtract line 17 from line 1 perwork Reduction Act Notice, see instructions.	10	<u></u>		18	9,972. A (Form 990-T) 2022

Schedule A (Form 990-T) 2022 Page 2 Part III Cost of Goods Sold Enter method of inventory valuation 58,839. Inventory at beginning of year 1 1 46,378. 2 2 Purchases 3 Cost of labor 3 4 Additional section 263A costs (attach statement) 4 5 5 Other costs (attach statement) 105,217 6 Total. Add lines 1 through 5 6 7 56,156 Inventory at end of year 7 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 49,061 8 8 Yes X No Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? q Rent Income (From Real Property and Personal Property Leased with Real Property) Part IV Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D Rent received or accrued 2 a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) 3 Deductions directly connected with the income 4 in lines 2(a) and 2(b) (attach statement) . . . Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) 5 Part V Unrelated Debt-Financed Income (see instructions) Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. 1 Α в С D Α в С D 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with or allocable to debt-financed property a Straight line depreciation (attach statement). b Other deductions (attach statement) С Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable 4 to debt-financed property (attach statement) 5 Average adjusted basis of or allocable to debtfinanced property (attach statement) % % 6 Divide line 4 by line 5 % % 7 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 8 9 Allocable deductions. Multiply line 3c by line 6 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 10 11 Schedule A (Form 990-T) 2022 JSA

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Sched	ule A (Form 990-T) 2022					Page 3
Par	t VI Interest, Anr	nuities, Royalt	ies, and Rents		nizations (see instructions)	
				Exempt Co		
	1. Name of controlled organization	2. Employer identification number	<ol> <li>Net unrelate income (loss) (see instruction</li> </ol>	payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						
			Nonexe	empt Controlled Organizati	ons	
	7. Taxable income	inc	et unrelated come (loss) instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
					Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Total	-	ncomo of o S	action 501(c)	(7), (9), or (17) Organiz	ation (and instructions)	
Fai	1. Description of income		ount of income	3. Deductions	4. Set-asides	5. Total deductions
				directly connected (attach statement)	(attach statement)	and set-asides (add columns 3 and 4)
<u>(1)</u>						
(2) (2)						
(3) (4)						
(4)		Enter he	unts in column 2. re and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	S					
Part			Income, Othe	er Than Advertising Inco	ome (see instructions)	
1	Description of exploit					
2				iness. Enter here and on F		2
3		•		nrelated business income.	Enter here and on Part I,	
	line 10, column (B)					3
4	· · · · ·			s. Subtract line 3 from line	ne 2. If a gain, complete	
_	lines 5 through 7			• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • •	4
5				sincome		5
6 7	Expenses attributable					6
7				6, but do not enter more		
	4. Enter nere and on I	Part II, IIne 12		<u></u>		7

Schedule A (Form 990-T) 2022

JSA

Scheo	lule A (Form 990-T) 2022				Page 4
Ра	rt IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	eporting two or more periodicals	on a consolidated bas	is.	
	A				
	в				
	c				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (A).			
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (B)			· ·
4	Advertising gain (loss). Subtract line 3 fr	om line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any col	umn in			
	line 4 showing a loss or zero, do not co	mplete			
	lines 5 through 7, and enter zero on line	8			
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is les	s than			
	line 5, subtract line 6 from line 5. If line 5	is less			
	than line 6, enter zero				
8	Excess readership costs allowed				
	deduction. For each column showing a				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.		he 8a. columns tot	al or zero here and	on
u	Part II, line 13	•			
					•
Pa	rt X Compensation of Officers,	Directors, and Trustees	(see instructions)	1	
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business

	to business	unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total Enter have and an Dart II line 4		

Total. Enter here and on Part II, line 1	
Part XI Supplemental Information (see instructions)	

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SCHEDULE A:GIFT SHOP PART II - LINE 14 - OTHER DEDUCTIONS

SHOP SUPPLIES	1,553.
CREDIT CARD FEES	2,883.
BARCODE SOFTWARE	102.
ADVERTISING AND PROMOTION	1,106.
INSURANCE	1,652.
OCCUPANCY	2,180.
OFFICE EXPENSES	3,159.
TOTAL OTHER DEDUCTIONS	12,635.

STATEMENT 1