2022 Exempt Organization Business Tax Return

prepared for:

SANTA FE BOTANICAL GARDEN

P.O. BOX 23343 SANTA FE, NM 87502

Loftis & Lovato Group

5501 Eagle Rock Ave NE, Suite C-5 Albuquerque, NM 87113

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury

	iiai Kevei	nue Service	Go to www.irs.gov/Form990 for Instructions and the latest inf	ormation.		Inspection
Α	For the	e 2022 c	alendar year, or tax year beginning , and ending			
В	Check if a	pplicable:	C Name of organization		D Employe	r identification number
	Address o	change	SANTA FE BOTANICAL GARDEN			
\Box	Name cha	enge	Doing business as		85-0	366754
\equiv			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
\Box	Initial retu	I -	PO BOX 23343		505-	471-9103
	Final retur terminated		City or town, state or province, country, and ZIP or foreign postal code			
	Amended		SANTA FE NM 87502		G Gross reco	eipts\$ 1,350,853
\equiv			F Name and address of principal officer:	H(a) Is this a gro	un return for s	ubordinates? Yes X No
Ш	Applicatio	on pending	KEVIN FLORES	in(a) is this a gio	up return for s	
			PO BOX 23343	H(b) Are all subo	ordinates inclu	uded? Yes No
			SANTA FE NM 87502	If "No,"	attach a list.	See instructions
<u></u>	Tax-exer	mpt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Website	: S	ANTAFEBOTANICALGARDEN.ORG	H(c) Group exer	mption numbe	r
ĸ	Form of o	organization:	X Corporation Trust Association Other L Ye	ear of formation: 1	987	M State of legal domicile: NM
P	Part I	Su	mmary			
10000000	1 E		scribe the organization's mission or most significant activities:			
ø		-	ATION AND COMMUNITY SERVICE ON TOPICS OF HORTICULTU	RE AND TH	 IE	
anc anc			RONMENT.			
Ë						
Governance	2 .	Chook this	s box if the organization discontinued its operations or disposed of more than 25%	of its not seed		
Õ	2 (fuction members of the governing body (Port VII line 16)		ا م ا	14
න් ග			of voting members of the governing body (Part VI, line 1a)			14
Activities	4 1	Number o	of independent voting members of the governing body (Part VI, line 1b)		4	19
Ę			nber of individuals employed in calendar year 2022 (Part V, line 2a)			
Ä			nber of volunteers (estimate if necessary)		6	150
	7a ⁻	Total unre	elated business revenue from Part VIII, column (C), line 12			0
	1 d	Net unrela	ated business taxable income from Form 990-T, Part I, line 11		7b	0
			(5.4)	Prior Yea		Current Year
ne	8 (Contributi	ons and grants (Part VIII, line 1h)		3,456	1,077,878
Revenue	9 F	Program s	service revenue (Part VIII, line 2g)		5,578	144,202
Şe)	10	Investmer	nt income (Part VIII, column (A), lines 3, 4, and 7d)		2,884	1,881
_			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		386	85,052
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,045	5,536	1,309,013
			nd similar amounts paid (Part IX, column (A), lines 1–3)			0
			paid to or for members (Part IX, column (A), line 4)			0
es			other compensation, employee benefits (Part IX, column (A), lines 5–10)	172	2,527	279,959
penses	16a F	Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
κbe	b∃	Total fund	draising expenses (Part IX, column (D), line 25) 40,482			
Ж	17 (Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	459	349	542,790
			enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	631	L,876	822,749
		Revenue	less expenses. Subtract line 18 from line 12		3,660	486,264
Net Assets or Fund Balances	200			Beginning of Cur		End of Year
sets	20 ☐	Total asse	ets (Part X, line 16)	4,838		5,718,860
A Po	21 7		ilities (Part X, line 26)		889,	884,976
<u> </u>	22 1	Net asset	s or fund balances. Subtract line 21 from line 20	4,369	0,047	4,833,884
P	Part II	Sig	gnature Block			
U	nder per	nalties of p	perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the be	st of my kn	owledge and belief, it is
trı	ue, corre	ect, and co	emplete. Declaration of preparer (other than officer) is based on all information of which preparer has	as any knowledge	e.	
				·		
Sig	gn	Signature	of officer		Date	
He	_	KEV	IN FLORES FINANCE DI	RECTOR		
	-		rint name and title			
		Print/Type	preparer's name Pregarer's signature	Date	Check	if PTIN
Pai	d	Alex G	Alex Guch	11/13	/24 self-em	□ "
	parer		T - 61 - 6 T 1 - 5 7007E54R1600481		irm's EIN	84-3463346
	e Only	Firm's nar	5501 Eagle Rock Ave NE, Suite C-5	F	IIII S EIIN	04 0400040
	-,	Firm's add	311 NA 07112		hone no	505-293-5009

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

Form 990 (2022) SANTA F	E BOTANICAL	GARDEN	85-03	366754	Page 2
Part III Statement of	f Program Servic	e Accomplis	hments		
Check if Sch	edule O contains a	a response or	note to any line in this I	Part III	X
HERITAGE AND B	EBRATES, CU IODIVERSITY	OF OUR	REGION IN PART	S THE RICH BOTAN NERSHIP WITH NAT NAGEMENT OF OUR	TURE, THROUG
2 Did the organization under	take any significant pro	aram services di	uring the year which were not I	isted on the	
prior Form 990 or 990-EZ? If "Yes," describe these ne	w services on Schedule	e O.			Yes X No
continuo?	- 		es in how it conducts, any prog		Yes X No
4 Describe the organization's	s program service acco 3) and 501(c)(4) organi	zations are requi	each of its three largest progra red to report the amount of gra reported.		
4a (Code:) (Expense See Schedule O) 				
			ding grants of \$		3,333)
ENGAGE DIVERSE AND NATURE ACT NEW MEXICO PUB SFBG. THE GAR THAT SUPPORTS	AUDIENCES IVITIES. TH LIC SCHOOLS DEN GROUNDS AN ARRAY OF TY SCIENCE	OF ALL A E EDUCAT TO EXPA PROVIDE LEARNIN PROJECTS	GES THROUGH CLA ION STAFF WORK IND THEIR PROGRA A UNIQUE OUTDO G EXPERIENCES INVOLVING HAN	CH PROGRAMS OF TASSES, WORKSHOPS S CLOSELY WITH S AMS THROUGH VISTOOR LEARNING ENTILS THE S DS-ON ACTIVITIES	S, LECTURES, STAFF OF THE ITS TO THE VIRONMENT SFBG ALSO
AND ART INSTAL BOTANICAL HERI INCREDIBLE NAT WITH THE INSTI KIMMERER, ACCL SCIENTIFIC KNO PUBLIC PROGRAM	LECTURE - T LATIONS) TO TAGE OF NOR URAL ENVIRO TUTE OF AME AIMED AUTHO WLEDGE, AND	HE SFBG FURTHER THERN NE NMENT OF RICAN IN R OF BRA THE TEA BG PROVI	TIS MISSION TO WEXT WE WEXT WHILE THE REGION. TO THE REGION (IALL IDING SWEETGRAME) CHINGS OF PLANT	CONVERSATIONS W	RICH LE ABOUT THE DEN PARTNERE ROBIN WALL WISDOM, ER PRESENTED
·					
4d Other program services (D	escribe on Schedule O	1			
(Expenses \$. <i>)</i> ng grants of \$) (Re	evenue \$)
4e Total program service expe		561,547	, (•	,

e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," blete Schedule A e organization required to complete Schedule B, Schedule of Contributors? See instructions the organization engage in direct or indirect political campaign activities on behalf of or in opposition to idates for public office? If "Yes," complete Schedule C, Part I ion 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ion in effect during the tax year? If "Yes," complete Schedule C, Part II e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, saments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III he organization maintain any donor advised funds or any similar funds or accounts for which donors the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "complete Schedule D, Part I he organization receive or hold a conservation easement, including easements to preserve open space, invironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," blete Schedule D, Part III he organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a addian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or negotiation services? If "Yes," complete Schedule D, Part IV he organization, directly or through a related organization, hold assets in donor-restricted endowments quasi endowments? If "Yes," complete Schedule D, Part V organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, III, IX, or X, as applicable.	3 4 5 6 7 8	X X	x x x x
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organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			X
/III, IX, or X, as applicable.			
he organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
olete Schedule D, Part VI	11a	X	
he organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
he organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
he organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ted in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		X
he organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
he organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
he organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
dule D, Parts XI and XII	12a	X	
the organization included in consolidated, independent audited financial statements for the tax year? If			
" and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
			X
ha annualization maintain an affice annulayees an annuta system of the United Chatca	44-		X
he organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
aising, business, investment, and program service activities outside the United States, or aggregate			
gn investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
he organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
ny foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
he organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
tance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
he organization report a total of more than \$15,000 of expenses for professional fundraising services on			
IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
	18		X
he organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
es," complete Schedule G, Part III	19		X
he organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>			X
es" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
is to line 20a, did the organization attach a copy of its addited infancial statements to this return?			
he organization report more than \$5,000 of grants or other assistance to any domestic organization or			
r rrrr, erragh and hit	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ne organization report an amount for investments—program related in Part X, line 13, that is 5% or more total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ne organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets ted in Part X, line 16? If "Yes," complete Schedule D, Part IX ne organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ne organization's separate or consolidated financial statements for the tax year include a footnote that addresses rganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ne organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete dule D, Parts XI and XII the organization included in consolidated, independent audited financial statements for the tax year? If "and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional organization maintain an office, employees, or agents outside of the United States? ne organization maintain an office, employees, or agents outside of the United States? ne organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, aising, business, investment, and program service activities outside the United States, or aggregate gn investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV ne organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other tance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ne organization report a total of more than \$15,000 of expenses for professional fundraising services on X, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II Nolly lines 1c and 8a? If "Yes," complete Schedule G, Part II	total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ne organization report an amount for investments—program related in Part X, line 13, that is 5% or more total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c ne organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets ted in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d ne organization report an amount for other liabilities in Part X, line 25? 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If "Yes," complete Schedule F, Parts III and IV 15 ne organization report a total of more than \$15,000 of expenses for professional fundraising services on X, column (A), lines 6 and 11e? If "Y

Form 990 (2022) SANTA FE BOTANICAL GARDEN

Page 4 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 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No." go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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? X If "Yes," complete Schedule L, Part I 25b 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% X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 X 27 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV X 28b 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 35a 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 X related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 12 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Filter the number of employees expended or Form Way, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required defeated employment tax returns? 2b IV If Vers, I was a filted a Form 990-17 for this year? If Vers filter 900-900-900-900-900-900-900-900-900-900	Form	990 (2022) SANTA FE BOTANICAL GARDEN 85-0366	754			Р	age 5
Statements, filed for the calendar year ending with or within the year covered by this return 2 2 2 X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Life of the organization have unrelated business gross income of \$1,000 or more during the year? 4a A any time during the calendar year, did the organization have an interest in. or a signature or other authority ovor. 5a famical secount in a freeign country (such as as bank account, securities account; or other famicals account); or a famical account in famical property or the country (such as as bank account, securities account; or other famicals account); or a famical account in famical property or the country (such as as bank account, securities account or other famicals account); or a famical account in famical property or the country (such as as bank account, securities account, or other famicals). 5a Was the organization party to a prohibited tax selected transaction and you three during the tax year? 5b Was the organization party to a prohibited tax selected transaction and you three during the tax year? 5c If Year to line 5o or 5b, cit the organization family on the selected that selected transaction? 5c If Year to line 5o or 5b, cit the organization family on the selected transaction and your three during the selected transaction and your time during the tax year? 5c If Year to line 5o or 5b, cit the organization family on the selected transaction and your time during the tax year? 5c If Year to line 5o or 5b, cit the organization family on the selected transaction and your time during the tax year? 5c If Year to line 1 accounts (Year) and your selected transaction and your time during the tax year? 5c If Year to line 1 accounts (Year) and your selection 170(c). 5c If Year to line 1 accounts (Year) and your selection 170(c) and your selec	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (cont.	inued)		Yes	No
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ab Did the organization have unrelated business gross income of \$1,000 or more during the year; bit "Yes," in still field a Firm 980 FIV to film 180, provide an explanation on Schedule O ab Larry 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 (auch as a bank account, eccurrities account, or other financial accounts; FBAR). by It "Yes," enter the name of the foreign country It was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization line from 8086-1? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible as a payment in excess of \$75 made panty as a contribution and party for goods and services provided to the payor? 7 or Organizations that may receive deductible contributions under section 170(c). 8b Was the organization received a contribution or quisited that the organization and services provided to the payor? 7 or Was the organization received an extra service of the services provided? 7 or Was the organization services as anyment in excess of \$75 made panty as a contribution or quisited for anyment organization services as anym		Statements, filed for the calendar year ending with or within the year covered by this return	2a	19			
b If "Yes," has it filled a Form 990-T for this year? If "No to line 3b, provide an explanation on Schedule O a financial account in a foreign country (such as a bairk account, excurities account, or other financial account)? 4 A X b If "Yes," enter the name of the foreign country Sea instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 May the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 May 10 any suspendit party notify the organization line Form 888-72 5 Did any suspendit party notify the organization line Form 888-72 5 Did any suspendit party notify the organization line Form 888-72 5 Did any suspendit party notify the organization line Form 888-72 6 Did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 5 Did the organization trace with a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 Did the organization tracelve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5 Did the organization sell exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 Did the organization necesive a payment in excess of \$75 made party as a contribution on aparty for goods and services provided to the payor? 7 Did the organization sell-except and payor? 7 Did the organization sell-except and payor? 7 Did the organization sell-except and payor? 7 Did the organization receive a contribution of qualified intellectual property for which it was required to file Form 8282? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1980-67 7 Did the organization received a contribution of qua	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Enter the number of voting members of the governing body at the end of the tax year 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. be Enter the number of voting members included on line 1a, above, who are independent 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? 3 Did the organization delegate control over management odiness customanly performed by or under the direct supervision of officers, director, trustees, or key employees to a management company or other person? 3 Did the organization have members or stockholders? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members, stockholders? 10 Did the organization have members, stockholders? 10 Did the organization have members, stockholders? 10 Did the organization have members or stockholders? 10 Did the organization than the powering body? 10 Did the organization to notemproneneously document the meetings held or written actions undertaken during the year by the following: 10 Did the organization to molemproneneously document the meetings held or written actions undertaken during the year by the following: 10 Did the organization than the powering body? 10 Did the organization than the powering body? 11 Did the organization than the powering body? 12 Did the organization than the powering body is the new organization than the power body than the power body	<u>Sec</u>	ation A. Governing Body and Management					
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 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (4) Own website	17	List the states with which a copy of this Form 990 is required to be filed None					
 Own website	18		ection (501(c)			
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 							
 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 							
20 State the name, address, and telephone number of the person who possesses the organization's books and records	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of the con	erest po	licy,			
TO BOTTON TO THE COMPANIE OF THE COMPANIES TO THE COMPANIES OF THE COMPANI			ords				

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505-471-9103 SANTA FE NM 87505 Form **990** (2022)

Form 990 (2022) SANTA FE BOTANICAL GARDEN

85-0366754

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

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box off	x, unle	Pos check ess pe nd a d	rson i irecto	than or	an e)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	organization and related organizations
(1) KEVIN FLORES										
FINANCE DIRECTOR	10.00			х				21,663	0	0
(2) RICHARD HERRMAN	0.00							21,003		
	40.00									
FORMER EXEC DIRECTOR	0.00			X				11,757	0	0
(3) PAUL EITNER										
MEMBER	2.00							0	0	0
MEMBER (4) BARCY FOX	0.00	X						0	0	0
(4) DIRECT TOX	6.00									
VICE CHAIR	0.00	X		х				0	0	0
(5) DOUG GLEN										
	2.00									
MEMBER	0.00	X						0	0	0
(6) LARRY GOOD										
	2.00								•	
MEMBER	0.00	X						0	0	0
(7) ELIZABETH KEEFE										
VICE CUATE	6.00	X		x				0	0	0
VICE CHAIR (8) AMY MCCOMBS	0.00	Λ		Λ		1		0		<u> </u>
(0)AMI MCCOMBS	2.00									
MEMBER	0.00	X						0	0	0
(9) SCOTT MCINTYRE										
	2.00									
MEMBER	0.00	X						0	0	0
(10) JIM MOORE										
	10.00								_	
CHAIR	0.00	X		Х				0	0	0
(11) JERRY RICHARDSO										
SECRETARY	4.00	X		x				0	0	0
SECRETARI	0.00	Λ		Λ				U	0	000

7 0111 990 (2022) 5711(171 111								05 050				ı a	ige (
Part VII Section A. Officers	s, Directors, Tr	uste	es, k			loye	es,	and Highest Compensate	ed Employees (continued)				
(A)	(B)	,		Pos check		than o		(D)	(E)		(F)		
Name and title	Average hours					is both r/trust		Reportable compensation	Reportable compensation		ated am of other		
	per week (list any	악교	Ins	잌	줎	유플	Б	from the organization (W-2/	from related organizations (W-2/		pensati om the		
	hours for	direc	stitutio	Officer	Key employee	hest	Former	1099-MISC/	1099-MISC/	organ	ization	and	
	related organizations	tor tru	onal t		ploye	m com		1099-NEC)	1099-NEC)	related o	organiz	alions	
	below dotted line)	Individual trustee or director	Institutional trustee		ě	Highest compensated employee							
(12) WILLIAM SAUB	,		Ф			ted							
TREASURER	4.00	X		x				0	0				C
(13) LINDA SAURAG		^		Λ				0	0				
	2.00												
MEMBER	0.00	X						0	0				C
(14) ALEX SPEYER	0.00												
MEMBER	2.00	·						0	0				C
(15) ROGER STUTZ	0.00	X						0	U				
(13) ROCER DIGIE	2.00												
MEMBER	0.00	X						0	0				C
(16) DAVID YOUNG													
	40.00												_
EXECUTIVE DIRECTOR	0.00	X		Х				0	0				C
		•											
1b Subtotal								33,420					
c Total from continuation she								33,420					
d Total (add lines 1b and 1c) Total number of individuals (in									\$100,000 of				
reportable compensation from			0	11100	, , , ,		1001	, who received more than	ψ 100,000 of				
O Did the conscient on that one for				4							Y	es	No
3 Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir "complete Sche	ecto dule	r, tru <i>J foi</i>	stee <i>suc</i>	, key h ind	/ em dividu	pioy <i>ıal</i>	ee, or highest compensated		1888888	3	388888888	х
4 For any individual listed on line	e 1a, is the sum	of re	eport	able	com	pens	satio	on and other compensation	from the				
organization and related organ									ch		4		X
individual5 Did any person listed on line 1	la receive or acc	rue	com	pens	atior	i fror	n ar	ny unrelated organization or	individual				
for services rendered to the or	rganization? <i>If "</i> \									5	5		X
Section B. Independent Contract				:					h #400 000 -f				
1 Complete this table for your five compensation from the organic										ar.			
Name and	(A) I business address							Descrip	(B) tion of services		Comp	(C) censatio	on
2 Total number of independent of	contractors (incli	udina	g but	not	limit	ed to	tho	ose listed above) who					
received more than \$100,000	of compensation	n froi	n the	e org	aniz	ation	1	,	0			000	
DAA											Form	990	(2022)

Form 990 (2022) SANTA FE BOTANICAL GARDEN

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888688666	rt V			f Revenue edule O cor	ntains a re	esponse or note	to any line in th	nis Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts		Federated camp			1a					
	b	Membership due	es		1b	136,631				
An	С	Fundraising eve	nts		1c					
ilar		Related organiz			1d					
Sim	e	Government grants (co	ontributio	ns)	1e					
her (All other contributions, and similar amounts n	ot include	ed above	1f	941,247				
and Other Similar Amounts	g	Noncash contributions lines 1a-1f			1g \$	24,286				
an	h	Total. Add lines	1a–1f				1,077,878			
						Business Code				
3	2a	GARDEN ADM	ISSI	ons		900099	138,610	138,610		
; •	b	MISCELLANE	OUS 1	PROGRAM REV	ENUE	900099	5,592	5,592		
	С									
Ş.ĕ	d									
Revenue	е									
-	f	All other program	n serv	ice revenue						
	g	Total. Add lines	2a-2f				144,202		I	
	3	Investment inco	me (in	cluding dividen	ds, interest	, and				
		other similar am					1,881	1,881		
	4	Income from inv	estme	nt of tax-exemp	ot bond pro	ceeds				
	5	Royalties			<u></u>			000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	51	,418					
	b	Less: rental expenses								
		Rental inc. or (loss)	6c		,418					
		Net rental incom Gross amount from	ne or (I				51,418	51,418	55555555555555555555555555555555555555	550555050505555555555555555555555555555
	<i>i</i> a	sales of assets		(i) Securitie	es	(ii) Other				
_		other than inventory	7a							
Jue	b	Less: cost or other								
ther Revenue		basis and sales exps.	7b							
8		Gain or (loss)	7c							
her		Net gain or (loss			· <u>· · · · · · · · · · · · · · · · · · </u>					
ŏ	8a	Gross income from		ising events						
		(not including \$								
		of contributions rep		n line						
		1c). See Part IV, lii			8a					
		Less: direct exp			8b	888				
		Net income or (I		_	events					
	9a	Gross income fr								
		activities. See P			9a					
		Less: direct exp			9b					
		Net income or (I	,		ivities					
	าบล	Gross sales of in			10-	75 474				
	1.	returns and allow			10a	75,474				
		Less: cost of go			10b	41,840	22 624	22 624		
_	С	Net income or (I	uss) tr	on sales of inv	енюгу	Business Code	33,634	33,634		
snc	44-									
ne Tue	11a									
ver	b									
Miscellaneous Revenue	C									
Ξ		All other revenue								
		Total. Add lines Total revenue.					1,309,013	231,135	0	
		ι οι ωι τονοπιίο	See in	e arrestance						

2) SANTA FE BOTANICAL GARDEN

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service **(D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, 7b Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 7,760 trustees, and key employees 11,757 3,174 823 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 240,340 158,624 64,892 16,824 Other salaries and wages Pension plan accruals and contributions (include 1,226 1,782 1,858 2,700 section 401(k) and 403(b) employer contributions) 502 130 729 189 Other employee benefits 9 23,304 15,381 6,292 1,631 Payroll taxes Fees for services (nonemployees): Management 22,25974,195 51,936 Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column 18,682 18,531 151 (A) amount, list line 11g expenses on Schedule O.) 3,375 3,037 Advertising and promotion 34 304 12 9,334 6,875 2,073 386 Office expenses 13 Information technology 7,783 389 14 5,604 1,790 Royalties 15 72,844 52,449 16,753 3,642 Occupancy 16 1,014 466 467 81 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 21,154 21,154 20 Payments to affiliates 21 197,250 142,020 45,367 9,863 Depreciation, depletion, and amortization 22 10,881 7,618 2,828 435 23 Insurance 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.) 39,293 39,293 PRODUCTION а 35,582 25,618 8,184 1,780 REPAIRS AND MAINTENANCE b 21,338 $8,\overline{535}$ 12,162 641 DUES C 10,761 15,373 1,537 3,075 BANK FEES d All other expenses 14,692 12,554 1,849 289 822,749 561,547 220,720 40,482 Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2022)

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Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 349,985 347,162 Cash—non-interest-bearing Savings and temporary cash investments 328,006 681,627 2 4,000 Pledges and grants receivable, net 3 1,000 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 29,309 28,766 Inventories for sale or use 8 Prepaid expenses and deferred charges 6,057 1,483 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,986,872 **b** Less: accumulated depreciation _____ 1,414,574 4,022,656 10c 4,572,298 10b 102,497 Investments—publicly traded securities 82,950 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,838,936 5,718,860 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 15,764 15,168 17 17 18 Grants payable 18 4,125 10,136 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties _____ 150,000 200,000 23 Unsecured notes and loans payable to unrelated third parties 300,000 150,000 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 509,672 of Schedule D 469,889 884,976 26 Total liabilities. Add lines 17 through 25. 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 4,153,756 215,291 Net assets without donor restrictions 4,274,022 27 Net assets with donor restrictions 559,862 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31

5,718,860 Form **990** (2022)

4,833,884

4,369,047

4,838,936

32

Total net assets or fund balances

Total liabilities and net assets/fund balances . .

orn	n 990 (2022) SANTA FE BOTANICAL GARDEN 85-0366754			Pag	e 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,30	0, 90	13
2	Total expenses (must equal Part IX, column (A), line 25)	2	82	22,7	149
3	Revenue less expenses. Subtract line 2 from line 1	3	48	36,2	264
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,30	59,0	47
5	Net unrealized gains (losses) on investments	5	-2	21,4	127
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			
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,83	33,8	884
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule 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 compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a

X

SCHEDULE A (Form 990)

Public Charity Status and Public Support

 $Complete \ if the \ organization \ is \ a \ section \ 501(c)(3) \ organization \ or \ a \ section \ 4947(a)(1) \ nonexempt \ charitable \ trust.$

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

SANTA FE BOTANICAL GARDEN

Employer identification number 85-0366754

			SANIA FE BOI	TANICAL GARDEN			65-036	0/54	
Pa	rt I	Reas	on for Public Charity	Status. (All organization	ns must	comple	ete this part.) See instruc	tions.	
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check only	one box	i.)		
1		A church, cor	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).		
2	П	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Foi	rm 990).)				
3	П			ce organization described in se		(b)(1)(A)	(iii).		
4	П			d in conjunction with a hospital				nospital's name,	
		city, and state	ə.				,,,,,,,	•	
5		•		of a college or university owned	or operate	ed by a g	overnmental unit described in		
	ш	-	(b)(1)(A)(iv). (Complete Par	-	•	, ,			
6				overnmental unit described in	section 17	'0(b)(1)(<i>A</i>	A)(v).		
7		An organizati	•	substantial part of its support fr			•••	;	
8				1 70(b)(1)(A)(vi). (Complete Pa	rt II.)				
9	П	-		cribed in section 170(b)(1)(A)	-	ted in cor	niunction with a land-grant colle	eae	
		-	_	of agriculture (see instructions).			-	3	
		university:	o o	,		•			
10	X	receipts from support from	activities related to its exen gross investment income ar) more than 33 1/3% of its support functions, subject to certain and unrelated business taxable in 0, 1975. See section 509(a)(2	exception	s; and (2 ss section) no more than 331/3% of its a 511 tax) from businesses	ss	
11			-	exclusively to test for public saf					
12	П			exclusively for the benefit of, to				ses of	
		one or more	publicly supported organizat	ions described in section 509(a)(1) or se	ection 50	9(a)(2). See section 509(a)(3). Check	
		the box on lin	es 12a through 12d that des	scribes the type of supporting o	rganizatio	n and cor	nplete lines 12e, 12f, and 12g.		
	а	_		erated, supervised, or controlle ver to regularly appoint or elect				ng	
		supportin	g organization. You must c	omplete Part IV, Sections A	and B.				
	b	Type II. A	A supporting organization su	pervised or controlled in conne	ction with	its suppo	rted organization(s), by having		
				ting organization vested in the Part IV, Sections A and C.	same pers	ons that	control or manage the support	ed	
	С	Type III f its suppo	functionally integrated. A street organization(s) (see ins	supporting organization operate tructions). You must complet	ed in conne e Part IV,	ection wit Sections	h, and functionally integrated v s A, D, and E.	vith,	
	d	that is no	t functionally integrated. The	d. A supporting organization operorganization operorganization generally must s	atisfy a dis	tribution	requirement and an attentivene		
				nust complete Part IV, Section					
	е			eived a written determination fr n-functionally integrated suppor			s a Type I, Type II, Type III		
	f		nber of supported organizati		ung organ	ization.			
	g			ne supported organization(s).					
/i)	_	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amoun	at of
(1)		anization	(11) = 11	(described on lines 1–10		r governing	support (see	(vi) Amoun other suppor	
				above (see instructions))	docu	ment?	instructions)	instruction	ns)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota									

chedule A (Form 990) 2022 SANTA FE BOTANICAL GARDEN

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (e) 2022 (c) 2020 (d) 2021 (f) Total Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2021 Schedule A, Part II, line 14 15 15 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

this box and **stop here.** The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions Schedule A (Form 990) 2022

Section A. Public Support
Calendar year (or fiscal year beginning in)

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Schedule A (Form 990) 2022 SANTA FE BOTANICAL GARDEN

85-0366754

(e) 2022

Page 3

(f) Total

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

(a) 2018

(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.)

(c) 2020

(d) 2021

(b) 2019

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,111,929	879,747	1,075,246	636,299	1,077,878	4,781,099
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	266,570	365,655	28,194	198,098	272,975	1,131,492
3	Gross receipts from activities that are not an unrelated trade or business under section 513	18,385	36,402	7,927	42,344		105,058
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	1,396,884	1,281,804	1,111,367	876,741	1,350,853	6,017,649
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						6,017,649
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	American to the control of the contr	1,396,884	1,281,804	1,111,367	876,741	1,350,853	6,017,649
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	66	71	115	1,786	1,881	3,919
С	Add lines 10a and 10b	66	71	115	1,786	1,881	3,919
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.)	4,464					4,464
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,401,414	1,281,875	1,111,482	878,527	1,352,734	6,026,032
14	First 5 years. If the Form 990 is for the or	•	econd, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop her		4				
	tion C. Computation of Public S					ТТ	
15	Public support percentage for 2022 (line 8						99.86%
16	Public support percentage from 2021 School Public Support percentage from 2021 School Public Support Public Sup						95.59%
	tion D. Computation of Investment			(5)		47	0/
17	Investment income percentage for 2022 (I		lin = 47				%
18	Investment income percentage from 2021 \$ 33 1/3% support tests—2022. If the organization is a support test in the organization is a support test in the organization is a support test in the organization in the organization is a support test in the organization	·				18	%
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization o	ualifies as a public	cly supported organ	nization	X
b	33 1/3% support tests—2021. If the organized the second state of t						
20	line 18 is not more than 33 1/3%, check the		_			-	
20	Private foundation. If the organization di	и посспеск а рох с	911 IIIIE 14, 19a, Or	I SD, CHECK THIS DO	A and See mstruction		
						Schedule A	A (Form 990) 2022

Part IV Suppor

Supporting Organizations

(Complete only if you checked a box on line 12 on 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**.
- 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).
- 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.*
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

наналальная — — — — — — — — — — — — — — — — — — —	Yes	No
1		
1		
2		
3a		
3b		B888888888888
2-		
3c		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
J		
7		
7		
8		
9a		
9b		
9c		
10a		
10b		
dule A	(Form 9	90) 202

Schedule A (Form 990) 2022 SANTA FE BOTANICAL GARDEN

Part IV Supporting Organizations (continued)

85-0366754

Fai	Supporting Organizations (continued)	1	- 1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sect	ion B. Type I Supporting Organizations	110	I	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	568686868888888	58888888888888888
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,			
0 4	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	1	.,	
	Management of the approximation's discrete and with a territory of the discrete		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	1		
Sect	the supported organization(s). ion D. All Type III Supporting Organizations	<u> </u>	I	
0000	ion 217th Typo in Supporting Siguinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		nanananananana
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		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
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 (see instru	ıctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
h	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 Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	secoccidii:18888	
	<u> </u>			

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

(see instructions).

Schedu	ule A (Form 990) 2022 SANTA FE BOTANICAL GARDEN		85-0366	754 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations must	st com	plete Sections A through E	
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
			(71)1 1101 1 001	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	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		
Sect	tion 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		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2022

SANTA FE BOTANICAL GARDEN 85-0366754 Schedule A (Form 990) 2022

Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 Amounts paid to acquire exempt-use assets 4 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 8 (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 **c** From 2019 **d** From 2020 **e** From 2021 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 **d** Excess from 2021

e Excess from 2022

Schedule A (Form 990) 2022

Part 1		b. Also complete		nformation. (See in	structions.)
	· · · · · · · · · · · · · · · · · · ·	 		\$ 4,464	

SANTA FE BOTANICAL GARDEN

85-0366754

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

DAA

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

Schedule D (Form 990) 2022

Employer identification number

Open to Public Inspection

SZ	ANTA FE BOTANICAL GARDEN		85-0366754
Pa	rt I Organizations Maintaining Donor Advised Fu	unds or Other Similar Funds or	
0000000	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ		important land area
	Protection of natural habitat	Preservation of a certified his	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	rvation
	easement on the last day of the tax year.		Held at the End of the Tax Yea
а			Bookoodoos
	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure incl	luded in (a)	2c
	Number of conservation easements included in (c) acquired after July		. = -
•	historia atrustura listad in the National Degister		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organization	. —
•	tax year	tangalorica, or terminated by the organization	aon daning the
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mon		
•	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation a	·····
6	Stall and volunteer flours devoted to monitoring, inspecting, nanding of	i violations, and emorcing conservation e	asements during the year
7	Amount of expanses incurred in manitoring inspecting handling of vis	lations and enforcing concentation cocon	agenta during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and emorcing conservation easen	ients during the year
	Does and appropriation accompant reported on line 2(d) shave acticly	the requirements of eastion 170/b\/4\/D\/i	
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(ff)(4)(b)(f	Yes No
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem balance sheet, and include, if applicable, the text of the footnote to the	·	
	organization's accounting for conservation easements.	organization's infancial statements that u	escribes trie
Da	rt III Organizations Maintaining Collections of Art	Historical Treasures or Othe	r Similar Assots
9888888	Complete if the organization answered "Yes" on		Olimai Assets.
12	If the organization elected, as permitted under FASB ASC 958, not to r		e sheet works
ıa	of art, historical treasures, or other similar assets held for public exhibit		
	service, provide in Part XIII the text of the footnote to its financial state		or public
h	If the organization elected, as permitted under FASB ASC 958, to repo		neet works of
J	·		
	art, historical treasures, or other similar assets held for public exhibition	i, education, or research in futilierafice of	public service,
	provide the following amounts relating to these items:		Φ.
	(i) Revenue included on Form 990, Part VIII, line 1		•
_	(ii) Assets included in Form 990, Part X	About in the contract of the first of the contract of the cont	5
2	If the organization received or held works of art, historical treasures, or		oviae the
	following amounts required to be reported under FASB ASC 958 relating	ng to these items:	•
			\$
b	Assets included in Form 990. Part X		S

Schedule D (Form 990) 2022 SANTA FE	BOTANICAL	GARDEN		85-03667	54		Page 2
Part III Organizations Maintainin	g Collections o	f Art, Historical	Treasures,	or Other Sin	nilar Asse	ts (con	tinued)
3 Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check any of the fo	llowing that ma	ke significant use	e of its		
a X Public exhibition	d 🗌	Loan or exchange pro	ogram				
b Scholarly research	е 🗌	Other	· ·				
c Preservation for future generations							
4 Provide a description of the organization's of XIII.	ollections and explair	n how they further the	organization's	exempt purpose	in Part		
5 During the year, did the organization solicit of	or receive donations	of art. historical treasu	ures, or other si	milar			
assets to be sold to raise funds rather than t		·				Ye	s X No
Part IV Escrow and Custodial Ar							
Complete if the organizatio 990, Part X, line 21.	_	s" on Form 990, I	Part IV, line	9, or reported	l an amour	nt on Fo	orm
1a Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions	or other assets	not			
included on Form 990, Part X?		•				Ye	s No
b If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				. 🗀	
υ		g				Amoun	<u> </u>
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount on F	orm 990. Part X. line	21. for escrow or cus	stodial account	liability?		Ye	s No
b If "Yes," explain the arrangement in Part XIII							. \square
Part V Endowment Funds.		•					
Complete if the organization	n answered "Yes	s" on Form 990, I	Part IV, line	10.			
	(a) Current year	(b) Prior year	(c) Two years	back (d) Thr	ee years back	(e) Four	years back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:				
a Board designated or quasi-endowment	%						
b Permanent endowment %							
c Term endowment %							
The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a Are there endowment funds not in the posse	ssion of the organiza	ition that are held and	d administered f	for the			
organization by:							Yes No
(i) Unrelated organizations						3a(i)	
(ii) Related organizations						3a(ii)	
b If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Schedule R?				3b	
4 Describe in Part XIII the intended uses of the		wment funds.					
Part VI Land, Buildings, and Equ							
Complete if the organization							
Description of property	(a) Cost or other b	` '	other basis	(c) Accumulated	d	(d) Book	value
	(investment)	(oti	her)	depreciation			
1a Land							
b Buildings		4 0	02 076	1 205	166	2 61	7 010
c Leasehold improvements		4,9	93,076	1,385		ع, و	7,910
d Equipment			5,556		,556	0.4	1 200
e Other Total. Add lines 1a through 1e. (Column (d) must			088,240	23	, 852		54,388
i otal. Add lines Ta tillough Te. (Column (a) must	equal Fullii 990, Pan	. A, COIUITIII (B), IINE T	<i>uu.)</i>			4,5	<i>1</i> 2,298

Investments - Other Securities.

Part VII

Schedule D (Form 990) 2022 SANTA FE BOTANICAL GARDEN

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Page	3	

	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	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	f valuation:
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		E6000000000000000000000000000000000000	100000000000000000000000000000000000000
	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)				, ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (h) must squal Form 000 Port V sel (P) line 15)			
Part X	n (b) must equal Form 990, Part X, col. (B) line 15.)			
raitA	Complete if the organization answered "Yes" on	Form 000 Part IV	line 11e or 11f See Fo	rm 000 Part Y
	line 25.	roilli 990, Fait IV,	illie Tie Of Til. See Fo	iii 990, Fait A,
 1.	(a) Description of liability			(b) Book value
	income taxes			(b) DOOK VAIUE
	LIABILITY			509,672
· /				309,012
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				F00 6=4
	n (b) must equal Form 990, Part X, col. (B) line 25.)			509,672
-	uncertain tax positions. In Part XIII, provide the text of the footn	-		
organization's	liability for uncertain tax positions under FASB ASC 740. Check	here if the text of the fo	otnote has been provided in P	art XIIIX
DAA			•	Schedule D (Form 990) 202

che	edule D (Form 990) 2022 SANTA FE BOTANICAL GARDE:	N	85-036675	4	Page 4
Pa	Reconciliation of Revenue per Audited Financial		•	eturn.	
	Complete if the organization answered "Yes" on Forn		1		1 000 202
1	Total revenue, gains, and other support per audited financial statements			1	1,290,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-21,427		
	Donated services and use of facilities		2,807		
	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	-18,620
3	Subtract line 2e from line 1			3	1,309,013
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	1,309,013

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Ves" on Form 000, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	825,556
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	2,807		
b	Prior year adjustments	2b	·		
С	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	2,807
3	Subtract line 2e from line 1			3	822,749
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			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	822,749

Part XIII Supplemental Information.

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

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

THE GARDEN IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. THE GARDEN REGULARLY EVALUATES ACTIVITIES AS IT RELATES TO ITS TAX-EXEMPT STATUS. IF THE GARDEN ACTIVITIES ARE DETERMINED TO BE OUTSIDE OF ITS TAX-EXEMPT STATUS THE POTENTIAL EXISTS FOR TAX LIABILITIES ON THOSE UNRELATED ACTIVITIES. CURRENTLY, THE GARDEN ENGAGES IN NO ACTIVITIES THAT WOULD BE TAXED AS POTENTIALLY GENERATING UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE GARDEN'S FINANCIAL STATEMENTS. THE GARDEN'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE GARDEN'S OPEN AUDIT PERIODS ARE FOR THE YEARS ENDED

Schedule D (F	Form 990) 202 Supplen	22 SA nental li	NTA FE	BOTAN: on (continu	ICAL GAI ed)	RDEN	85	-0366754		Page 5
DECEMI	BER 31,	2019	AND 1	THEREAF	TER. TH	E GARDE	N HAS NOT	RECOGNIZED	ANY CI	HANGES
то тні	E FINAN	CIAL	STATEM	MENTS F	OR UNCE	RTAIN T	AX POSITI	ONS.		
• • • • • • • • • • • • • • • • • • • •										
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• • • • • • • • • • • • • • • • • • • •										
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SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Bubli

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

SANTA FE BOTANICAL GARDEN

85-0366754

Amended Return Explanation

THE PROGRAM DESCRIPTION ON THE ORIGINAL FORM 990, PART III, LINE 4B SECOND ACCOMPLISHMENT WAS INCORRECT, IT INCLUDED THE SAME DESCRIPTION AS
THE FIRST PROGRAM ACCOMPLISHMENT. SCHEDULE O FORM 990, PART III, LINE 4B SECOND ACCOMPLISHMENT WAS CHANGED TO DESCRIBE THE ACTUAL ACTIVITIES OF THE
SECOND PROGRAM ACCOMPLISHMENT. THE SECOND ACCOMPLISHMENT IS DESCRIBED NOW
AT PART III, LINE 4B - SECOND ACCOMPLISHMENT AND NOT IN SCHEDULE O.

FORM 990, Part III, Line 4a - First Accomplishment

MUSEUM HILL BOTANICAL GARDEN- THE HORTICULTURAL PROGRAM AT THE SANTA FE

BOTANICAL GARDEN (SFBG) CURATES, INSTALLS, AND MAINTAINS THE LIVING

COLLECTIONS ON THE APPROXIMATELY 19 ACRES OF LAND AT THE SFBG. THE LIVING

COLLECTIONS ARE TAXONOMICALLY DIVERSE AND FOCUS ON SPECIES THAT ARE WELL
ADAPTED TO NORTHERN NEW MEXICO, WITH A SPECIAL EMPHASIS ON WATER

CONSERVATION, ATTRACTING POLLINATORS, AND SOUND HORTICULTURAL PRACTICES FOR

THE REGION. THERE ALSO ARE ETHNOBOTANICAL PLANTINGS THAT HELP MAKE THE

CONNECTION BETWEEN OUR RICH CULTURAL HERITAGE AND THE IMPORTANCE OF PLANTS

TO THE SURVIVAL OF INDIGENOUS PEOPLES AND THE HISTORIC HISPANIC POPULATIONS

OF NORTHERN NEW MEXICO. A SIGNIFICANT PORTION OF THE SFBG CONSISTS OF A

MATURE PIÑON JUNIPER WOODLAND FOR WHICH THE GARDEN'S STAFF IS DEVELOPING A

LONG-TERM MANAGEMENT PLAN. THE SFBG'S LIVING COLLECTIONS ATTRACT NEARLY

23,000 VISITORS IN 2022.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

THE GARDEN HAS MEMBERS.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** SANTA FE BOTANICAL GARDEN 85-0366754 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 DRAFT OF THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR. A FINAL COPY IS CIRCULATED TO THE BOARD OF DIRECTORS WITH A REQUEST FOR COMMENTS/QUESTIONS WITHIN 5 DAYS. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy ANNUALLY, A CONFLICT OF INTEREST INQUIRY IS DISTRIBUTED TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND MONITORED BY THE EXECUTIVE COMMITTEE. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public Form 990, Part XII, Line 2c - Change in Financial Review Process DRAFT REVIEWED BY THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR. A FINAL COPY OS CIRCULATED TO THE BOARD OF DIRECTORS WITH A REQUEST FOR COMMENTS/QUESTIONS WITHIN 5 DAYS. Page 1 of 1