2023

990

PUBLIC

DISCLOSURE

PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable C Name of organization D Employer identification number Address change **QUAIL BOTANICAL GARDENS FOUNDATION** Name change SAN DIEGO BOTANIC GARDEN 95-6120581 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated PO BOX 230005 760-436-3036 10,159,210. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Applica-tion pending 92023-0005 ENCINITAS, CA H(a) Is this a group return F Name and address of principal officer: ARI NOVY Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.SDBGARDEN.ORG J Website: H(c) Group exemption number **K** Form of organization: X Corporation Association L Year of formation: 1961 M State of legal domicile: CA Trust Other Part I Summary Briefly describe the organization's mission or most significant activities: WE GARDEN TO CREATE, SHARE AND **Activities & Governance** APPLY PLANT WISDOM IN OUR WORLD. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 85 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 2,105,843. 2,954,558. Contributions and grants (Part VIII, line 1h) 8 5,843,349. 6,271,871. Program service revenue (Part VIII, line 2g) 114,114. 260,437. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 543,692. 439,884. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 8,606,998. 9,926,750. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 41,400. 18,500. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 3,423,658. 3,708,120. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 5,386,212. 5,319,883. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) $8,851,\overline{270}$. 9,046,503. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -244,272. 880,247. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 12,435,029. 13,634,863. Total assets (Part X, line 16) 521,994. 671,522 21 Total liabilities (Part X, line 26) 三年 913,035. 963,341 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ARI NOVY, PRESIDENT & CEO Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 04/02/25 Paid self-employed ALDRICH CPAS AND ADVISORS LLP Firm's EIN Preparer Firm's name Firm's address 680 HAWTHORNE AVE SE #140

No

Phone no. (503) 585-7774

X Yes

SALEM, OR 97301

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

Use Only

Pal	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission:
	THE MISSION OF SAN DIEGO BOTANIC GARDEN: WE GARDEN TO CREATE, SHARE,
	AND APPLY PLANT WISDOM IN OUR WORLD.
	Did the examination undertake any cignificant program consists during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,830,121. including grants of \$) (Revenue \$ 1,877,400.)
4a	
	OVERLOOKING THE PACIFIC OCEAN AND SERVES AS A PEACEFUL URBAN OASIS IN
	THE HEART OF ENCINITAS, CALIFORNIA. DURING FISCAL YEAR 2024 OVER
	243,000 VISITORS ENJOYED THE GARDEN'S 4 MILES OF TRAILS AND 29
	UNIQUELY-THEMED GARDENS AND PLANT COLLECTIONS WHICH PROVIDE AN
	IMMERSIVE EDUCATIONAL EXPERIENCE OF VARIOUS PLANT FAMILIES, FLOWERS,
	AND TREES FROM ALL OVER THE WORLD. GARDENS RANGE FROM THE LARGEST
	BAMBOO COLLECTION IN NORTH AMERICA TO THE AWARD-WINNING HAMILTON
	CHILDREN'S GARDEN.
4b	(Code:) (Expenses \$2,941,203. including grants of \$) (Revenue \$4,167,949.
	LIGHTSCAPE IS AN ILLUMINATED WALKING TRAIL THROUGH THE SAN DIEGO
	BOTANICAL GARDEN FEATURING A HOLIDAY EXPERIENCE THAT COMBINES ART,
	NATURE, AND TECHNOLOGY THROUGH A ONE-MILE WALKING TRAIL WITH
	INTERNATIONAL ARTISTIC INSTALLATIONS AND RETURNING FAVORITES, ALL
	COMING TO LIFE AFTER DARK WITH COLOR, IMAGINATION, AND SOUND. THE
	LIGHTSCAPE WELCOMED MORE THAN 119,000 VISITORS DURING THE FISCAL YEAR.
4c	(Code:) (Expenses \$ 223,790including grants of \$ 18,500) (Revenue \$ 75,000)
	SCIENCE & CONSERVATION - SDBG'S SCIENCE & CONSERVATION PROGRAMS WORK TO
	CONSERVE THREATENED PLANTS AND HABITATS, INCLUDING SAN DIEGO'S NATIVE
	FLORA AS WELL AS RARE PLANTS FROM AROUND THE WORLD. THE PROGRAMS
	CONDUCT AND COMMUNICATE SCIENCE & CONSERVATION TO ENHANCE THE
	PERSISTENCE OF AND ACCESS TO PLANT DIVERSITY WITHIN AND BEYOND THE
	GARDEN. THE PROGRAMS ALSO SERVE TO ADDRESS THE MOST PRESSING
	CHALLENGES - FROM BIODIVERSITY LOSS TO CLIMATE CHANGE TO FOOD
	INSECURITY DUE TO ENVIRONMENTAL DEGRADATION. THE WORK OF THE
	PROGRAMMING CONTINUES IN EVER MORE AMBITIOUS AND URGENT FORMS.
	THOOMERTING CONTINUED IN EARL MOVE THREE CONTINUES.
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 86,839 · including grants of \$) (Revenue \$ 151,522 ·)
4e	Total program service expenses 7,081,953.

Page 3

Form 990 (2023) QUAIL BOTANICAL GARDENS FOUNDATION Part IV Checklist of Required Schedules

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

Form	990 (2023) QUAIL BOTANICAL GARDENS FOUNDATION 95-6120	1581	ь	age 4
	rt IV Checklist of Required Schedules (continued)	7501	Г	aye •
	• (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1.10
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	28a		X
b	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 noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
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," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l		٠,,
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
rai				
	Check if Schedule O contains a response or note to any line in this Part V			Γ
. م	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		

332004 12-21-23

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form **990** (2023)

(gambling) winnings to prize winners?

Form 990 (2023) QUAIL BOTANICAL GARDENS FOUNDATION

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

2a 85 State the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 85 Statements. Held for the calendar year ending with or within the year covered by this return 2 Statements. 2 Statements. 2 Statements. 2 Statements. 3 St						Yes	No
the for the calendary year ending with or within the year covered by this return b if all least not is reported on line 22, did the organization file all required idearal employment tax returns? 3	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was a line and you and the school of your young of your young of your young of your young of young y			2a	85			
3a X X 1 1 1 1 1 1 1 1	b				2b	х	
b If Yes, "Insist iffeed a Form 980-T for this year? If 'No' 1 file's Sp. provide an explanation on Schedule O 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 accounts) 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 Was the circumstance of the organization file Form 8886-17 5b IV 4** To line 5a or 5b, did the organization file Form 8886-17 6c IV 5** To line 5a or 5b, did the organization file Form 8886-17 6c IV 5** To line 5a or 5b, did the organization file Form 8886-17 6d 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? 6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170¢). 8b If Yes, "did the organization notify the donor of the value of the goods or services provided? 7c IV 5** To Granization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c IV 10** The services provided of 10** The services pr		D. I					Х
4a A 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 accounts? b if "Yes," either the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time 5a or 5b, did the organization for FinOEN Foreign Bank and Financial Accounts (FBAF). 5c Id a 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 deductibles of scharable contributions? 5c Id a 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 deductibles a charable contributions? 6c Id a X 6d If "Yes," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and partly for goods and services provided to the payer? 7							
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, 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? 5b Did any stackle party notify the organization file Form 88861? 6c If Yes' to line Sa or 5b, did the organization file Form 88861? 6d Does the organization 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? b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organization services applied to the payor? 7 If X X 9 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 If X X 9 If If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X X 9 If If Yes, 'did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If If Yes, 'directly any funds of the property, did the organization file a Form 1086-07 and yes a property of the organization file and yes are undersonable of the property of the organization file and yes are undersonable of the property of the organization file and yes are undersonable of the property of the organization file and yes a							
see instructions for filing requirements for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5				•	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If Yes' to line Sa or Sb, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions. 6b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 7 Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to the Form 8882 or otherwise dispose of tanglible personal property for which it was required to the Form 8882. 6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received and contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organizations exceived a contribution of care, boats, arisingual, or indirectly, on a personal benefit contract? 7 Did the organization received an contribution of care, boats, arisingual, or indirectly, on a personal benefit contract? 7 Did the organization make and contribution of care, boats, arisingual, or indirectly, on a personal benefit contract? 8 Sponsoring organization services and contribution of care, boats, boats, and the particular of the organization file form 1098-C? 8 Sponsoring organization s	b			,			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes" to line 5 or 5b, did the organization file Form 8886-T? do 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? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization series a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? b if "Yes," did the organization neceive apayment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? to file Form 8282? b if "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? sell of during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f Sponsoring organization maintaining donor advised funds. a Did the sponsoring organization make and sithusticulation to under section 4968? Sponsoring organization make and sithusticulation to other sources against annutriation ground some property for paying the payor organization make a distribution or donor, donor advisor, or related person? Section 501(c)(72) organizations are of harding to the organization file and property for paying the section 501(c)(72) organizations or shareholders b Gross recognize from memory or shareholders b Gross recome from		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "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 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	а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? 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? 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? 18	b	·		ı			
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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? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 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? 15 X X If "Yes," complete Form 4720, Schedule O.		, , , , , , , , , , , , , , , , , , , ,					Λ
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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?	40		4 i	ma?	40		v
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	10		r inco	ne?	16		Λ
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		.+i.vi+:~				
	17				17		
					.,		

332005 12-21-23

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

800						X
Sec	tion A. Governing Body and Management				.,	
		۱.	19		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13	4		
	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.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19	4		
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	direc	t 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		_X_
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
_				7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
		-	•	8a	Х	
a b				8b	X	
				OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			г
	51111				Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	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 con	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	וא ממח	-T (section 501(c)(2)	s only)	availak	
10	for public inspection. Indicate how you made these available. Check all that apply.	ia 990	. (30001011 301 (0)(3)	orny)	uvandl	SIC
			.h!!- (2)			
40			,	d £: ··	nia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict (or interest policy, and	ı tınanı	ciai	
00	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization's book to be a standard or the person who possesses the organization or the person who person or the person of the person	ks and	d records			
	BALANCE FINANCIAL MANAGEMENT - 805-618-3125					
	300 QUAIL GARDENS DRIVE, ENCINITAS, CA 92024					

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

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

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

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

Check this box if neither the organization por any related organization compensated any current officer, director, or trustee

- 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 ne	or any related	organization compensate					sate	ed any current officer, director, or trustee.				
(A)	(B)			_ (0	C)			(D)	(E)	(F)		
Name and title	Average	(do		Posi		l than d	ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of		
	week		Ler an	uau	recid	i / ii us	iee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	or di	ee ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		e e	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	ual tr	tional		yoldr	t con	L	1099-14EC)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) ARI NOVY, PH.D.	40.00											
PRESIDENT & CEO				Х				298,500.	0.	17,480.		
(2) TOMOKO KUTA	40.00											
CHIEF OPERATIONS AND EXPER						X		127,923.	0.	28,862.		
(3) BRANDI EIDE	40.00											
SR. DIRECTOR OF FACILITIES & STRATEG						Х		117,531.	0.	16,516.		
(4) JILL GARDNER	40.00	1										
CHIEF ADMIN & CULTURE OFFICER						X		110,089.	0.	17,665.		
(5) COLIN KHOURY	40.00								_			
SR. DIRECTOR OF SCIENCE & CONSERVATI						Х		104,207.	0.	9,992.		
(6) MARCIA HALL BROCKETT	2.00											
TRUSTEE		Х						0.	0.	0.		
(7) MARK DOWLING	2.00											
TREASURER		Х		Х				0.	0.	0.		
(8) RANDI COOPERSMITH	2.00											
CHAIR		Х		Х				0.	0.	0.		
(9) JIM RUECKER	2.00							_	_			
TRUSTEE		Х						0.	0.	0.		
(10) ANDY GRANT	2.00							_	_	_		
TRUSTEE		Х						0.	0.	0.		
(11) ROXANA FOXX	2.00											
TRUSTEE		Х						0.	0.	0.		
(12) RUBEN FLORES-SAAIB	2.00											
TRUSTEE		Х						0.	0.	0.		
(13) MARTIN CASSELL	2.00											
TRUSTEE		Х						0.	0.	0.		
(14) ARLENE PRATER	2.00											
TRUSTEE		Х						0.	0.	0.		
(15) VANN PARKER	2.00											
SECRETARY		Х		Х				0.	0.	0.		
(16) DAVE CLAYCOMB	2.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(17) JOHN DEWALD	2.00											
TRUSTEE		Х						0.	0.	0.		

332007 12-21-23

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(C	•			(D)	(E)		1	(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation		ar	nount	
	week (list any	_	Cei ai	lu a ui	lecio	Tuus	(66)	from	from related			other	
	hours for	director						the organization	organizations (W-2/1099-MIS		I	pensa om th	
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	C /	l	aniza	
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		ı -	d rela	
	below	Individual trustee or	Institutional trustee	Ja.	Key employee	Highest compensated employee	Je.				orga	anizat	ions
	line)	Indi	Insti	Officer	Key	High	Former				<u> </u>		
(18) JANET KISTER	2.00										1		
TRUSTEE		Х						0.		0.	<u> </u>		0.
(19) JASON BALTIMORE	2.00												
TRUSTEE		Х						0.		0.	<u> </u>		0.
(20) ALANA ASMUSSEN	2.00												
TRUSTEE		Х						0.		0.	<u> </u>		0.
(21) MARTIN DICKINSON	2.00												
TRUSTEE		Х						0.		0.			0.
(22) CHANA MANNEN	2.00												
TRUSTEE		Х						0.		0.			0.
(23) ADAM ROBINSON	2.00												
TRUSTEE		Х						0.		0.			0.
											<u> </u>		
1b Subtotal								758,250.		0.	9	0,5	15.
c Total from continuation sheets to Part VI	l, Section A							0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)								758,250.		0.	9	<u>0,5</u>	15.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													<u> </u>
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3_		X
4 For any individual listed on line 1a, is the su	•							•	•				
and related organizations greater than \$150),000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fr	rom a	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ç	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	ensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)				C)	
Name and business	address	N	INC	<u> </u>			\dashv	Description of s	ervices		compe	nsatic	<u></u>
							_						
							_						
							\dashv						
							\dashv						
O Tatal number of traders at 1 to 1 to 1	a a le caller en 2 - 1	-4 "	:		Lla ·	- "	1.		aua Maari				
2 Total number of independent contractors (in	ncluaing but n	ot IIr	nited	a to t	เทอร	se lis	ted	above) who received mo	ore tnan				

Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1	<u> </u>	Federated campaigns 1a					
ant				715.				
يج و				115,240.				
ts, An			•	113,240.				
iai Iar			Related organizations 1d	201 050				
Si jinj			Government grants (contributions) 1e	391,050.				
rio S		f	All other contributions, gifts, grants, and					
ig #			similar amounts not included above \dots 1f 2,	447,553.				
함		g	Noncash contributions included in lines 1a-1f 1g \$	107,383.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		2,954,558.			
				Business Code				
ø	2	а	LIGHTSCAPE		4,167,949.			
ΣŠ		b	ADMISSIONS	712130	1,158,250.	1,158,250.		
Program Service Revenue		С	MEMBERSHIPS	712130	719,150.	719,150.		
an		d	PROGRAMS AND CLASSES	712130	151,522.	151,522.		
ge		е	SCIENCE & CONSERVATION	900009	75,000.	75,000.		
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f		6,271,871.			
	3	_	Investment income (including dividends, intere					
			other similar amounts)	•	260,441.			260,441.
	4		Income from investment of tax-exempt bond p		,			,
	5		Royalties					
	_		(i) Real	(ii) Personal				
	6	а	Gross rents 6a 304,450.					
			Less: rental expenses 6b 0.					
			Rental income or (loss) 6c 304,450.					
	c		Net rental income or (loss)		304,450.			304,450.
			Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory 7a 26,602.	()				
		h	Less: cost or other basis					
ø		~	and sales expenses					
nue		_	Gain or (loss) 7c -4 .					
eve			Net gain or (loss)		-4.			-4.
Other Revenue			Gross income from fundraising events (not		1.			1.
Ĕ∣	o	u	including \$ of					
١			contributions reported on line 1c). See					
			Part IV, line 18 8a	18,180.				
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events		-53,558.			-53,558.
			Gross income from gaming activities. See	<u> </u>	33,330.			33,330.
	9	а						
		L	Part IV, line 19 Less: direct expenses 9a 9b					
			Net income or (loss) from gaming activities	T				
	IU	а	Gross sales of inventory, less returns	323,108.				
				134,116.				
					188,992.			188,992.
_		С	Net income or (loss) from sales of inventory	Business Code	100,992.			100,992.
sn	44	_		Dualifess Code				
Miscellaneous Revenue	11	a b						
lla Ven								
Sce		ч С	All other revenue					
Ξ			Total. Add lines 11a-11d					
	12	<u>. </u>	Total revenue. See instructions		9,926,750.	6.271.871.	0.	700,321.
					, ,	<u>, </u>		,

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 (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 18,500. 18,500. 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, 286,000. 286,000. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,904,939. 2,416,923. 339,103. 148,913. Other salaries and wages 7 Pension plan accruals and contributions (include 76,406. 57,872. 14,968. 3,566. section 401(k) and 403(b) employer contributions) 185,611. 36,361. 140,588. 8,662. Other employee benefits 9 255,164. 200,721. 42,256. 12,187. 10 Payroll taxes Fees for services (nonemployees): Management 108,750. 108,750. Legal 1,045. 1,045. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 46,135. 534,824. 231,887. 256,802. column (A), amount, list line 11g expenses on Sch O.) 86,216. 86,166. 50. Advertising and promotion 12 25,300. 12,494. 10,340. 2,466. Office expenses 13 Information technology 14 15 Royalties 30,700. 200,927. 168,313. 1,914. 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 217,758. 165,496. 37,019. 15,243. Depreciation, depletion, and amortization 22 155,582. 46,830. 105,887. 2,865. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,218,449. 3,205,253. 2,132. 11,064. EVENTS AND PROGRAM COST 279,650. REPAIRS, MAINTENANCE, S 296,272. 16,396. 226. 52,046.223,347. 167,505. 3,796. CREDIT AND BANK CHARGES 75,330. 125,229. 40,190. 9,709. STAFFING COST 126,184. 74,053. 38,922. 13,209. e All other expenses 9,046,503. 7,081,953. 1,684,545. 280,005. 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)

I G	LA	Balarioc Oricet					
		Check if Schedule O contains a response or note	e to any	/ line in this Part X			(D)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			572,593.	1	534,199.
	2	Savings and temporary cash investments			2,463,542.	2	4,376,649.
	3	Pledges and grants receivable, net			145,369.	3	105,031.
	4	Accounts receivable, net			41,250.	4	21,250.
	5	Loans and other receivables from any current or					==/==
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
"	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		ı	57,562.	8	62,658.
Ass	9			l	97,908.	9	52,201.
		Land, buildings, and equipment: cost or other	 		3,73001		32,2321
	IVa	basis. Complete Part VI of Schedule D	102	12 232 941			
	h	Less: accumulated depreciation	10a	12,232,941.	6,452,720.	10c	6,273,979.
	11	Investments - publicly traded securities	1,281,659.	11	1,454,393.		
	12	Investments - other securities. See Part IV, line 1	1/201/0351	12	1,131,3331		
	13	Investments - other securities, see Part IV, line 1 Investments - program-related. See Part IV, line 1		13			
	14		16,154.	14	0.		
	15	Intangible assets Other assets. See Part IV, line 11		1,306,272.	15	754,503.	
	16	Total assets. Add lines 1 through 15 (must equa			12,435,029.	16	13,634,863.
	17	Accounts payable and accrued expenses		1	375,644.	17	458,497.
	18	Grants payable	ı	373,011.	18	430,437.	
	19	Deferred revenue	146,350.	19	213,025.		
	20	Tax-exempt bond liabilities			110,3300	20	213/0231
	21	Escrow or custodial account liability. Complete F		ı		21	
	22	Loans and other payables to any current or form					
Liabilities	22	trustee, key employee, creator or founder, substa					
i E		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		Г		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
	23	parties, and other liabilities not included on lines					
		of Schedule D	17-24).	Complete Fait A		25	
	26	Total liabilities. Add lines 17 through 25			521,994.	26	671,522.
	20	Organizations that follow FASB ASC 958, chee	ck here	X	322/3321	20	0,2,022
e S		and complete lines 27, 28, 32, and 33.	on nore	, <u></u>			
ŭ	27				9,282,081.	27	9,074,946.
3ala	28	Net assets with donor restrictions	2,630,954.	28	3,888,395.		
ğ		Organizations that do not follow FASB ASC 95			0,000,000		
Ξ		and complete lines 29 through 33.	, one	OK HOLO			
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or eq		ı		30	
ASS	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			11,913,035.	32	12,963,341.
Ž	33				12,435,029.	33	13,634,863.
	_ UU	rotal habilitios and not associs/fully balarices			,,,	3	

		,96	<u>3,3</u>	<u>41.</u>
Pai	rt XII Financial Statements and Reporting			
	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," 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	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

QUAIL BOTANICAL GARDENS FOUNDATION

Employer identification number 95-6120581

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 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). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

	idilotionally intogrator, or Type in Herri	anotionally integrated dapperting organization.	
f	Enter the number of supported organizations		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		above (see instructions))	Yes	No	, , ,	, , , ,
Total						

g Provide the following information about the supported organization(s).

(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.)

Se	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	ı	Г		_	1	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1	
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					12	
	Gross receipts from related activities,			fath a fifth ta			
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stoperion C. Computation of Publi						•••••
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	
	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies						
Ŀ	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	•		•		•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-		g	
k	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circle		•		•		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990) 2023

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	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and	, ,		,		. ,		
	membership fees received. (Do not							
	include any "unusual grants.")	2381369.	1744557.	2923774.	2105843.	2954558.	1211010)1.
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	1295775.	1725845.	2543539.	5843349.	6271871.	1768037	79.
3	Gross receipts from activities that are not an unrelated trade or bus-	101 007	60.460	210 004	207 006	202 100	101177	- ,
4	iness under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	101,297.	60,469.	218,884.	307,996.	323,108.	101175	94.
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	3778441.	3530871.	5686197.	8257188.	9549537.	$3080\overline{223}$	34.
7a	Amounts included on lines 1, 2, and							
b	3 received from disqualified persons 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	166,599.	248,215.	352,106. 4,766.		796,161.	179770	
c	Add lines 7a and 7b	166,599.	248,215.	356,872.	234,624.	796,161.	180247	
	Public support. (Subtract line 7c from line 6.)			,			2899976	
Sec	ction B. Total Support						•	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
9	Amounts from line 6	3778441.	3530871.	5686197.	8257188.	9549537.	3080223	34.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	279,341.	112,358.	308,648.	528,252.	564,890.	179348	39.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	279,341.	112,358.	308,648.	528,252.	564,890.	179348	<u> 9</u>
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	16,514.					16,51	L 4.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,166.	47,644.				55,81	
13	Total support. (Add lines 9, 10c, 11, and 12.)	4082462.	3690873.	5994845.	8785440.	10114427.	<u> 3266804</u>	<u> 17.</u>
14	First 5 years. If the Form 990 is for the	ie organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizati	on,	
	check this box and stop here							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2023 (li		•	olumn (f))		15	88.77	9
	Public support percentage from 2022					16	90.02	9
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	23 (line 10c, colun	mn (f), divided by li	ne 13, column (f))		17	5.49	9
	Investment income percentage from 2	•				18	5.72	9
19a	33 1/3% support tests - 2023. If the more than 33 1/3%, check this box ar							Х
1-	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	•			•			
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization		
	Drivate foundation If the organization			401 1 1 11				

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
	1		
	2		
	3a		
	3b		
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	Λh		
1	0b		<u> </u>

332024 12-21-23

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			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		
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.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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	s).		
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 in	nstruction	ns).	
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			

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

2b 3a 3b

Schedule A (Form 990) 2023

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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-functional	lly integrate	d Type III supporting orga	nization (see
in about in a	, 5	,, ,,	, .

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

QUAIL BOTANICAL GARDENS FOUNDATION

Employer identification number 95-6120581

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 not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

	Contributors (see instructions). Use duplicate copies of Part I in		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Trainity additions, and Zin 1 1	\$ 13,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Nume, address, and 2m + 4	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$, 6,122.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
16	Name, address, and ZIP + 4	\$ 12,493.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Tame, accessed, and an 1-1	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 22	Name, address, and ZIP + 4	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
25		\$ 1,000,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
26		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
27		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
28		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
29		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
30		\$ 10,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$99,754.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$5,258.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

QUAIL BOTANICAL GARDENS FOUNDATION

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
SECURITIES - PUBLICLY TRADED		
	\$\$	12/22/23
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
SECURITIES - PUBLICLY TRADED		
	\$\$	12/21/23
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Ψ	
(b)	(c)	(d)
Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		
	Description of noncash property given (b) Description of noncash property given SECURITIES - PUBLICLY TRADED (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given SECURITIES - PUBLICLY TRADED (b) Description of noncash property given SECURITIES - PUBLICLY TRADED (c) FMV (or estimate) (See instructions) SECURITIES - PUBLICLY TRADED (b) Description of noncash property given (c) FMV (or estimate) (See instructions) SECURITIES - PUBLICLY TRADED (b) Description of noncash property given (c) FMV (or estimate) (See instructions) SECURITIES - PUBLICLY TRADED (b) Description of noncash property given (c) FMV (or estimate) (See instructions) SECURITIES - PUBLICLY TRADED (b) Description of noncash property given (c) FMV (or estimate) (See instructions) SECURITIES - PUBLICLY TRADED (c) FMV (or estimate) (See instructions)

Name of organization **Employer identification number** QUAIL BOTANICAL GARDENS FOUNDATION 95-6120581 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2023
Open to Public Inspection

Name of the organization

QUAIL BOTANICAL GARDENS FOUNDATION

Employer identification number 95-6120581

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or A	Accounts. Complete if the		
	organization answered Tes On Form 990, Fait IV, link			(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 v	vriting that the assets he	ld in donor advised fu	nds		
_	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor ad					
_	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	·				
Par						
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a his	storically important land area		
	Protection of natural habitat		Preservation of a ce	rtified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ution in the form of a	conservation easement on the last		
	day of the tax year.			Held at the End of the Tax Year		
а	Total number of conservation easements			2a		
b				-		
С	Number of conservation easements on a certified historic stru	octure included on line 2a	a			
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, a	and not			
	on a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the orga	inization during the tax		
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the peri					
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, an	d enforcing conserva	tion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and on	forcing consorvation	pasaments during the year		
′	Amount of expenses incurred in monitoring, inspecting, name	iii ig or violations, and em	ording conservation e	easements during the year		
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(P	()(i)		
Ū	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation					
_	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	g				
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	enue statement and b	alance sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in further	ance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
2	If the organization received or held works of art, historical treatments	asures, or other similar as	ssets for financial gair			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
				\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other) (c) Accumulate depreciation		(d) Book value
1a Land				
b Buildings		7,058,978.	1,423,395.	5,635,583.
c Leasehold improvements		4,501,880.	4,143,143.	358,737.
d Equipment		646,953.	379,299.	267,654.
e Other		25,130.	13,125.	12,005.
Total. Add lines 1a through 1e. (Column (d) must ed	6,273,979.			

Schedule D (Form 990) 2023

$_{ m IL}$	BOTANICAL	GARDENS	FOUNDATION	95-6120581	Page 3
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	ICAL GARDENS	FOUNDATION 9	5-6120581 Page 3
Part VII Investments - Other Securities	Farma 000 Dart IV line	11h Cas Faura 000 Part V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd of year market value
(4) Financial dark attack	(b) book value	(c) Method of Valuation. Cost of el	id-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests		+	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)		-	
(2)			
(3)			
(4)			
(5)			
(6)		+	
(7)			
(8)		+	
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
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) BENEFICIAL INTEREST IN AS	SETS HELD BY	OTHER - AGENCY FUND	10,290.
(2) BENEFICIAL INTEREST IN ASS	SETS HELD BY	OTHERS - ENDOWMENT	
(3) FUNDS			334,747.
(4) CONSTRUCTION IN PROGRESS			408,520.
(5) EMPLOYEE RETENTION CREDITS	S RECEIVABLE		946.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	<u>l. (B)) </u>		754,503
Part X Other Liabilities	F 000 D-+ IV I'	44 446 O Farm 000 Park V line 0	NE.
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	(b) Book value
			(b) Book value
(1) Federal income taxes			+
(2)			
(3)			+
(4)			
(5) (6)			+
(7)			+
(7)			+
(9)			+
Total. (Column (b) must equal Form 990. Part X. line 25. co.	/ (R))		
2. Liability for uncertain tax positions. In Part XIII, provide			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 Schedule D (Form 990) 2023

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	10,168,546.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	170,059.			
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		71,737.			
	Add lines 2a through 2d	•	-	2e	241,796.	
3	Subtract line 2e from line 1			3	9,926,750.	
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				
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,926,750.	
	t XII Reconciliation of Expenses per Audited Financial Stater			Retur		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	9,118,240.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,	
a	Donated services and use of facilities	2a				
	Prior year adjustments					
c	Other losses					
ď	Other (Describe in Part XIII.)		71,737.			
	Add lines 2a through 2d		Ī	2e	71,737.	
3	Subtract line 2e from line 1			3	9,046,503.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				2,020,000	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)					
				4c	0.	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I. line 18.)			5	9,046,503.	
	t XIII Supplemental Information				3701073031	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV lines 1h a	nd 2h: Part V line 4:	· Part `	X line 2: Part XI	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, , a, ,	A, IIIC Z, I alt AI,	
111100	and 45, and 1 arring miles 24 and 45. Also complete this part to provide any ac	adicional inform	2001.			
PAF	T V, LINE 4:					
BOZ	RD DESIGNATED FUNDS ARE USED AS LONG-TERM	4 RESERV	E FUNDS TO	SU	PPORT THE	
LON	G TERM HEALTH OF THE ORGANIZATION. DISTRI	BUTIONS	FROM THE	PER	MANENT	
			-			
ENDOWMENT FUND ARE FOR GENERAL OPERATIONAL NEEDS.						
PAF	T X, LINE 2:					
THE	ORGANIZATION FOLLOWS US GAAP RELATED TO	THE REC	OGNITION O	F U	NCERTAIN	
<u>TA</u> 2	POSITIONS. THE ORGANIZATION RECOGNIZES A	ACCRUED	INTEREST A	ND :	PENALTIES	

ACTIVITIES, WHEN APPLICABLE. MANAGEMENT HAS DETERMINED THAT THE

ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF THE STATEMENTS OF

ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2024 AND 2023, AND

THEREFORE, NO AMOUNTS HAVE BEEN ACCRUED.

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number	
QUAIL BOTANICAL GARDENS FOUNDATION						95-6120	581	
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	'es" or	n Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not	
Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) Did fundraiser have custody or control of contributions?		(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		
		Yes	No					
Total								
3 List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration	

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

Schedule G (Form 990) 2023

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

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			GARDEN PARTY			col. (c))
a)			(event type)	(event type)	(total number)	001. (0)
Revenue						
eve	1	Gross receipts	133,420.			133,420.
ш						
	2	Less: Contributions	115,240.			115,240.
	3	Gross income (line 1 minus line 2)	18,180.			18,180.
	4	Cash prizes				
	_					
w	5	Noncash prizes				
)Se	_	Dent/facility costs	8,216.			8,216.
(pel	6	Rent/facility costs	0,210.			0,210.
Direct Expenses	7	Food and beverages	21,214.			21,214.
irec	•	rood and beverages	21,211.			21,211.
	8	Entertainment	8.364.			8.364.
	9	Other direct expenses	8,364. 33,944.			8,364. 33,944.
	10	Direct expense summary. Add lines 4 through				71,738.
	11	Net income summary. Subtract line 10 from lin				-53,558.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(, ,	bingo/progressive bingo		col. (a) through col. (c))
3eV						
	1_	Gross revenue				
	_	Ocal actions				
ses	2	Cash prizes				
ens	2	Noncash prizes				
Direct Expenses	3	Noncasii prizes				
ect	4	Rent/facility costs				
چ	•					
	5	Other direct expenses				
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	☐ No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
_						
		ter the state(s) in which the organization condu he organization licensed to conduct gaming ac				Yes No
						Yes No
D	П	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	ear?	Yes No
		Yes," explain:	•			

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 QUAIL BOTANICAL GARDENS FOUNDATION 95-0	61205	81	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No
	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?	Y	'es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	Enter the hame and address of the person who propares the organization organization of garming special events been and records.			
	Name			
	- Name			
	Address			
	Audiess			
45-	Does the averagination have a contract with a third part from whom the averagination was in a consider we can also		'es	No
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	62	NO
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	birector/officer Employee independent contractor			
47	Mandatan diatributiana			
	Mandatory distributions:			
а	solution Is the organization required under state law to make charitable distributions from the gaming proceeds to		,	
	retain the state gaming license?	. Ш Ү	'es	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
			_	
				-

Schedule G (Form 990) QUAIL BOTANICAL GARDENS FOUNDATION	95-6120581 Page 4
Schedule G (Form 990) QUAIL BOTANICAL GARDENS FOUNDATION Part IV Supplemental Information (continued)	
	-

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

QUAIL BOT	ANICAL GA	RDENS FOUND	ATION				95-6120581
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				-		
2 Describe in Part IV the organization's properties Part II Grants and Other Assistance to					anization answered "Y	/es" on Form 990 Part	IV line 21 for any
recipient that received more than					amzation anowered	05 0111 01111 000, 1 411	1v, iii 21, 101 arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOTANIC GARDENS CONSERVATION INT'L US, INC - 1151 OXFORD RD - SAN MARINO, CA 91108	65-0815620	501C3	11,000.	0.			CHARITABLE PURPOSE GRANT FOR UKRAINE BG AND AFGHANI SCHOLAR
2 Enter total number of section 501(c)(3) a	ınd government org	ganizations listed in th	ie line 1 table		<u> </u>	1	1.
3 Enter total number of other organization	-						

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
Supplemental Information. Provide the information.	tion required in Part I, line	e 2; Part III, columi	n (b); and any other ad	ditional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Questions Regarding Compensation

QUAIL BOTANICAL GARDENS FOUNDATION

Employer identification number 95-6120581

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA 332111 11-06-23

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

Schedule J (Form 990) 2023

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	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ARI NOVY, PH.D.	(i)	298,500.	0.	0.	12,480.	5,000.	315,980.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TOMOKO KUTA	(i)	127,923.	0.	0.	26,000.	2,862.	156,785.	0.
CHIEF OPERATIONS AND EXPER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	QUAIL BOTANIO	JAL GA.	RDENS FOUL	NDATION	95-6	12U:	DAT	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	107,383.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27								
28	Other () Other ()							
<u>20</u> 29	Number of Forms 8283 received by the organiz	ration during	the tax year for e	ontributions				
29	for which the organization completed Form 828	•	•					
	for which the organization completed Form 626	oo, Fait V, L	onee Acknowledg	ement			Yes	No
20-	During the year did the examination receive by	, aantributia	n any nyanasty ran	autod in Dort I lines 1 throug	h 00 that it		162	NO
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					20-		Х
	exempt purposes for the entire holding period?					30a		Λ
	If "Yes," describe the arrangement in Part II.	aliou that	auiroo tha ravia	of any panatandard contains	iono?		v	
31	Does the organization have a gift acceptance p	-	· ·	•	IOUS?	31	Х	
32a	Does the organization hire or use third parties of		•	, ,				v
_	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

QUAIL BOTANICAL GARDENS FOUNDATION

Employer identification number 95-6120581

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

THE ORGANIZATION'S DIVERSE TOPOGRAPHY AND WIDE VARIETY OF MICROCLIMATES

PROVIDES VISITORS WITH THE VARIED SENSATIONS OF STROLLING THROUGH A

TROPICAL RAINFOREST TO HIKING IN THE HIGH-DESERT. FOUR MILES OF TRAILS

WIND THROUGH 29 UNIQUELY THEMED GARDENS.

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

SDBG WAS NAMED ONE OF THE" TOP 10 BOTANIC GARDENS" BY USA TODAY AND ONE

OF THE "TOP 10 NORTH AMERICAN GARDENS WORTH TRAVELING FOR" BY THE

CANADIAN GARDEN COUNCIL AND AMERICAN PUBLIC GARDEN ASSOCIATION. SDBG

MAINTAINS OVER 5,200 DIFFERENT PLANT SPECIES IN ITS LIVING COLLECTIONS,

INCLUDING HUNDREDS OF SPECIES NOT REPRESENTED AT OTHER BOTANIC GARDENS.

THE DICKINSON FAMILY EDUCATION CONSERVATORY HOUSES BOTANIC-THEMED

EVENTS AND EXHIBITS.

THE SEEDS OF WONDER AND HAMILTON CHILDREN'S GARDENS INVITE YOUNG
CHILDREN AND THEIR FAMILIES TO SAFELY PLAY OUTDOORS AND EXPLORE NATURE.

OVER 55 VOLUNTEERS SERVE TO ENHANCE THE PROGRAMMING IN AREAS SUCH AS
EDUCATION, PUBLIC TOURS, VISITOR SERVICES, HORTICULTURE AND GARDEN
MAINTENANCE. SDBG SEEKS TO INSPIRE AN UNDERSTANDING AND LOVE OF NATURE
THROUGH ADULT ENRICHMENT CLASSES FOCUSING ON HORTICULTURE, WATER
CONSERVATION, FIRE-SAFE LANDSCAPING, SOIL MAINTENANCE, HYDROPONIC
GARDENING, WELLNESS AND THE ARTS.

SDBG OFFERS DISCOUNTS ON ADMISSION AND MEMBERSHIPS TO ACTIVE DUTY

MILITARY FAMILIES, SENIORS, STUDENTS, AND THROUGH PARTICIPATION IN THE

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization

QUAIL BOTANICAL GARDENS FOUNDATION

MUSEUMS FOR ALL PROGRAM. PARTNERSHIPS WITH COMMUNITY MEMBERS, SCHOOLS

AND OTHER ORGANIZATIONS SERVE DIVERSE POPULATIONS THROUGH FREE OUTREACH

PROGRAMS AND DISCOUNTED ADMISSION. SDBG HAS AN ACTIVE IDEA (INCLUSION,

DIVERSITY, EQUITY, ACCESSIBILITY) COUNCIL THAT ENSURES WE MEET THE

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

THE SCIENCE AND CONSERVATION DEPARTMENT COLLABORATES WITH COMMUNITY,

NONPROFIT, ACADEMIC, GOVERNMENT AND INDUSTRY PARTNERS TO MAXIMIZE A

COMBINED IMPACT. MAJOR ACTIVITIES INCLUDE CONSERVATION HORTICULTURE,

SEED BANKING, RARE PLANT AND HABITAT SURVEYING, MONITORING AND

COLLECTING, CHARACTERIZING, EVALUATING AND DISTRIBUTING USEFUL PLANTS,

ENVIRONMENTAL RESTORATION, CONSERVATION PLANNING AND SCIENCE OUTREACH

AND EDUCATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION & PUBLIC PROGRAMMING - EACH YEAR, SDBG ENRICHES THE LIVES OF

THOUSANDS OF CHILDREN AND ADULTS BY FOSTERING CONSERVATION AND

ENVIRONMENTAL RESPONSIBILITY, EDUCATING ABOUT PLANTS AND NATURE AND

TAPPING INTO PLANT WISDOM THROUGH PROGRAMS AND ACTIVITIES.

EXPENSES \$ 86,839. INCLUDING GRANTS OF \$ 0. REVENUE \$ 151,522.

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

DRAFT OF FORM 990 IS REVIEWED AND APPROVED BY AUDIT & FINANCE COMMITTEES,
FINAL COPY OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS.

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

NEEDS OF ALL.

Schedule O (Form 990) 2023	Page 2
Name of the organization QUAIL BOTANICAL GARDENS FOUNDATION	Employer identification number 95-6120581
CONFLICT OF INTEREST POLICIES AND ENFORCEMENT ARE DISCUSSE	D AT MONTHLY
BOARD MEETINGS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE IS THE COMPENSATION COMMITTEE. MEE	TINGS ARE HELD NO
LESS THAN ANNUALLY. AN ANALYSIS OF MARKET DATA FOR COMPARA	BLE POSITIONS IN
COMPARABLE MARKETS AND ORGANIZATIONS IS REVIEWED FOR CURRE	NT COMPENSATION
PRACTICES. THE POLICY IS TO FOLLOW MARKET RATES ASSUMING T	HE EMPLOYEE IS
MEETING EXPECTATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
ALL DOCUMENTS AND REPORTS SUBJECT TO PUBLIC DISCLOSURE ARE	AVAILABLE UPON
REQUEST.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

ication for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electr	ronic ming (e-me). You can electronically life Form 8666 to	request up	o to a o month extension of time to t	iic arry or t	110 1011110		
listed	below except for Form 8870, Information Return for Transfe	ers Associa	ted With Certain Personal Benefit C	ontracts. A	An extensio	n	
reque	st for Form 8870 must be sent to the IRS in a paper format	(see instru	ctions). For more details on the elect	ronic filing	of Form		
8868,	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-	profits.					
Cautio	on: If you are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879	9-TE for payment	
instru	ctions.						
All co	rporations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts	3	
must i	use Form 7004 to request an extension of time to file incom	e tax retur	ns.				
Part I	- Identification						
Туре	or Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	identificati	on number (TIN)	
Print							
	QUAIL BOTANICAL GARDENS FOU	INDATI	ON		95-61	L20581	
File by t due date		ee instruct	ions.				
filing yo	ur PO BOX 230005						
return. S instructi		oreign add	ress, see instructions.				
	ENCINITAS, CA 92023-0005	3	,				
Enter	the Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applia	cation Is For	Return	Application Is For			Return	
		Code				Code	
Form	990 or Form 990-EZ	01	Form 4720 (other than individual)			09	
	4720 (individual)	03	Form 5227			10	
	990-PF	04	Form 6069			11	
	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	990-T (trust other than above)	06	Form 5330 (individual)			13	
	990-T (corporation)	07	Form 5330 (other than individual)				
	1041-A	08	1 om 3000 (other than marviddar)			14	
Afte	er vou enter vour Return Code, complete either Part II or Par	t III Part II	Lincluding signature is applicable o	nly for an	extension o	of	
	er you enter your Return Code, complete either Part II or Par o file Form 5330	t III. Part II	I, including signature, is applicable o	nly for an	extension o	of	
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)