

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DENVER BOTANIC GARDENS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 909 YORK STREET City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80206-3751 F Name and address of principal officer: BRIAN VOGT SAME AS C ABOVE
D Employer identification number 84-0440359	
E Telephone number 720-865-3500	
G Gross receipts \$ 47,052,432.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "No," attach a list. See instructions	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.BOTANICGARDENS.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1951	M State of legal domicile: CO

Part I Summary	
	1 Briefly describe the organization's mission or most significant activities: TO CONNECT PEOPLE WITH PLANTS, PROVIDING DELIGHT AND ENLIGHTENMENT TO EVERYONE.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 37
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 37
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 459
	6 Total number of volunteers (estimate if necessary) 6 1272
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -23,151.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 15,851,944. Current Year 31,275,010.
	9 Program service revenue (Part VIII, line 2g) 5,698,864. 12,192,792.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,792. 742.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 169,427. 2,120,501.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,735,027. 45,589,045.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,111,840. 17,059,281.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,197,478.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16,124,272. 9,700,505.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,236,112. 26,759,786.	
19 Revenue less expenses. Subtract line 18 from line 12 -9,501,085. 18,829,259.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 12,242,528. End of Year 28,176,565.
	21 Total liabilities (Part X, line 26) 8,222,766. 5,327,544.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,019,762. 22,849,021.

Part II Signature Block																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
Sign Here	Signature of officer _____ Date _____ BRIAN VOGT, CHIEF EXECUTIVE OFFICER Type or print name and title															
Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Print/Type preparer's name SARAH HINTZ</td> <td>Preparer's signature SARAH HINTZ</td> <td>Date 07/29/22</td> <td>Check if self-employed <input type="checkbox"/></td> <td>PTIN P00492291</td> </tr> <tr> <td>Firm's name ▶ CLIFTONLARSONALLEN LLP</td> <td colspan="2">Firm's EIN ▶ 41-0746749</td> <td colspan="2"></td> </tr> <tr> <td>Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111</td> <td colspan="4">Phone no. (303) 779-5710</td> </tr> </table>	Print/Type preparer's name SARAH HINTZ	Preparer's signature SARAH HINTZ	Date 07/29/22	Check if self-employed <input type="checkbox"/>	PTIN P00492291	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749				Firm's address ▶ 8390 EAST CRESCENT PARKWAY, SUITE 300 GREENWOOD VILLAGE, CO 80111	Phone no. (303) 779-5710			
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May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF DENVER BOTANIC GARDENS IS TO CONNECT PEOPLE WITH PLANTS, ESPECIALLY PLANTS FROM THE ROCKY MOUNTAIN REGION AND SIMILAR REGIONS AROUND THE WORLD, PROVIDING DELIGHT AND ENLIGHTENMENT TO EVERYONE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,511,487. including grants of \$ 0.) (Revenue \$ 0.) HORTICULTURE, SCIENCE AND CONSERVATION: DENVER BOTANIC GARDENS IS RESPONSIBLE FOR LIVING PLANT COLLECTIONS AND HORTICULTURAL GARDEN DISPLAYS, WHICH INCLUDE MORE THAN 51,000 LIVING PLANTS, BELONGING TO 10,000+ SPECIES. OUR WIDE RANGE OF GARDENS ILLUSTRATE THE CONNECTION BETWEEN PLANTS AND PEOPLE. OUR DIVERSE COLLECTIONS FEATURE PLANTS FROM ALL CORNERS OF THE WORLD, FROM THE TROPICS TO THE TUNDRA. DISTINCTIVE GARDENS DEFINE AND CELEBRATE OUR REGIONAL SENSE OF PLACE IN OUR UNIQUE HIGH ALTITUDE, SEMI-ARID CLIMATE AND GEOGRAPHY. AS AN ACCREDITED MUSEUM, OUR DIVERSE COLLECTIONS ARE USED FOR EDUCATION, RESEARCH AND PURE ENJOYMENT. AMONG OUR LIVING COLLECTIONS RESIDE TWO NATIONAL COLLECTIONS REGISTERED WITH THE NATIONAL PLANT COLLECTIONS NETWORK (PCN): OAKS (QUERCUS) AND ALPINES OF THE WORLD.

4b (Code:) (Expenses \$ 4,574,057. including grants of \$ 0.) (Revenue \$ 837,619.) EDUCATION AND OUTREACH: IN 2021, DENVER BOTANIC GARDENS' EDUCATION PROGRAMS REACHED 7,814 SCHOOL CHILDREN, PROVIDING HANDS-ON EXPERIENCES, STANDARDS-BASED SCIENCE LESSONS AND THE OPPORTUNITY FOR CHILDREN TO EXPLORE THE MARVELS OF THE PLANT WORLD, BOTH IN PERSON AND VIRTUALLY. MANY OF THESE CHILDREN CAME FROM LOW-INCOME SCHOOLS AND BENEFITED FROM THE GARDENS' EDUCATIONAL ACCESS PROGRAM.

MORE THAN 7,184 PEOPLE PARTICIPATED IN FAMILY AND CHILDREN'S PROGRAMS WHILE THE MORDECAI CHILDREN'S GARDEN CONTINUED TO FLOURISH. ADULT CLASSES AND WORKSHOPS SERVED 6,259 REGISTRANTS IN A WIDE VARIETY OF CONTENT AREAS. THE HELEN FOWLER LIBRARY OFFERED ELECTRONIC ACCESS THROUGHOUT THE YEAR AND SUCCESSFULLY REOPENED TO PUBLIC, IN-PERSON

4c (Code:) (Expenses \$ 2,882,511. including grants of \$ 0.) (Revenue \$ 2,648,157.) CHATFIELD FARMS: THE MISSION OF DENVER BOTANIC GARDENS CHATFIELD FARMS IS TO INSPIRE THE PUBLIC TO BE GOOD STEWARDS OF THE ENVIRONMENT BY CONNECTING PEOPLE TO OUR PAST, PRESENT AND FUTURE RELATIONSHIPS WITH PLANTS OF THE ROCKY MOUNTAIN REGION. CHATFIELD FARMS IS A 700-ACRE NATIVE PLANT REFUGE AND WORKING FARM LOCATED ALONG THE BANKS OF DEER CREEK IN SOUTHERN JEFFERSON COUNTY. ATTENDANCE AT EVENTS AND DAILY VISITOR NUMBERS REBOUNDED EXTREMELY WELL IN 2021. CHATFIELD FARMS HAD JUST OVER 173,400 VISITORS FOR THE YEAR. LAVENDER FESTIVAL HOSTED 7,300 ATTENDEES AFTER BEING POSTPONED IN 2020. CORN MAZE WAS ANOTHER GREAT SUCCESS WITH 30,000 VISITORS DURING SEPTEMBER AND OCTOBER. PUMPKIN FESTIVAL HOSTED 35,667 ATTENDEES AND 23,000 PUMPKINS WERE PURCHASED. TRAIL OF LIGHTS HAD A BREAKOUT YEAR WITH CLOSE TO 40,000 ATTENDEES! THE

4d Other program services (Describe on Schedule O.) (Expenses \$ 11,605,768. including grants of \$ 0.) (Revenue \$ 9,902,247.)

4e Total program service expenses 23,573,823.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOHN CALDERHEAD - 720-865-3500
909 YORK STREET, DENVER, CO 80206-3751

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN VOGT CHIEF EXECUTIVE OFFICER	60.00 0.00			X				386,370.	0.	28,221.
(2) JOHN CALDERHEAD CHIEF FINANCIAL OFFICER	40.00 0.00			X				216,155.	0.	38,707.
(3) JOHANNA KELLY DIRECTOR OF DEVELOPMENT	40.00 0.00				X			179,611.	0.	36,394.
(4) JENNIFER RILEY-CHEWYND DIRECTOR OF MARKETING	40.00 0.00					X		166,457.	0.	39,276.
(5) DAN DOMAGALA DIRECTOR OF INFORMATION TECHNOLOGY	40.00 0.00					X		143,959.	0.	44,667.
(6) SARADA KRISHNAN DIRECTOR OF HORTICULTURE & CFGI	40.00 0.00					X		166,981.	0.	20,354.
(7) MARY BRADLEY DIRECTOR OF MEMBERSHIP	40.00 0.00					X		148,123.	0.	22,743.
(8) SUZI LATONA DIRECTOR OF OPERATIONS	40.00 0.00					X		145,958.	0.	24,121.
(9) KATHY HODGSON BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.
(10) MIKE IMHOFF VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(11) DAWN BOOKHARDT SECRETARY	1.00 0.00	X		X				0.	0.	0.
(12) ABE RODRIGUEZ TREASURER	1.00 0.00	X		X				0.	0.	0.
(13) WENDY ALLEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JANDEL ALLEN-DAVIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DIANE BARRETT DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) JOSEPH BLACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) NINA CASANOVA DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTINA CAULKINS DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) MARY LEE CHIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) RICHARD CLARK PAST CHAIR	1.00 0.00	X						0.	0.	0.
(21) ANDREW CULLEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) PAPA M DIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) MELISSA ELIOT DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) RHONDA FIELDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) CORY FREYER DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) AL GERACE DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,553,614.	0.	254,483.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,553,614.	0.	254,483.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GH PHIPPS CONSTRUCTION CO., 5995 GREENWOOD PLAZA BLVD, SUITE 100, GREENWOOD VILLAGE, SAVATREE, LLC	CONSTRUCTION	482,687.
8585 EAST WARREN AVE., DENVER, CO 80231	LANDSCAPE	416,702.
DIDIER DESIGN STUDIO PO BOX 1013, FORT COLLINS, CO 80522	ARCHITECTURAL DESIGN	388,764.
EMICO MEDIA, INC PO BOX 1247, ARVADA, CO 80001	ADVERTISING	218,112.
DALYTE - AIA INDUSTRIES, INC 290 E 56TH AVENUE, DENVER, CO 80216	REPAIR AND MAINTENANCE	217,963.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **14**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CATHERINE HANCE DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) ALLEGRE HAYNES DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) DOROTHY HORRELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) ELIOT HOYT DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) DING WEN HSU DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) CHRISTOPHER LEACH DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) WY LIVINGSTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) SUSAN MORRICE DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) JUDI NEWMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) MEG NICHOLS DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) JANE O'SHAUGHNESSY DIRECTOR THRU 07/21	1.00 0.00	X						0.	0.	0.
(38) RONALD OTSUKA DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) SCOTT RICHARDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) YRMA RICO DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) CAROLINE SCHOMP DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) CYNTHIA SCOTT DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) HAROLD SMETHILLS DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) BRAD STEVINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) MARIANNE SULSER DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) CHARLIE WOOLLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	3,318,218.				
	c Fundraising events	1c	307,068.				
	d Related organizations	1d	1,213,564.				
	e Government grants (contributions)	1e	22,759,330.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,676,830.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 231,399.				
	h Total. Add lines 1a-1f		31,275,010.				
	Program Service Revenue	2 a EDUC & HORT PROGRAMS	Business Code				
		900099	12,192,792.	12,192,792.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		12,192,792.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10.			10.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		2,627.			2,627.	
	6 a Gross rents	6a	(i) Real	1,585,112.			
			(ii) Personal				
	b Less: rental expenses ...	6b	662,469.				
	c Rental income or (loss)	6c	922,643.				
	d Net rental income or (loss)		922,643.		-23,151.	945,794.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities		732.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	732.				
d Net gain or (loss)		732.			732.		
8 a Gross income from fundraising events (not including \$ 307,068. of contributions reported on line 1c). See Part IV, line 18	8a		30,480.				
			30,480.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events		0.					
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a		1,587,773.				
			770,438.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory		817,335.	817,335.				
Miscellaneous Revenue	11 a CONCESSION INCOME	Business Code					
		900099	341,999.	341,999.			
	b TOUR FEES	900099	22,871.	22,871.			
	c MISCELLANEOUS INCOME	900099	13,026.	13,026.			
	d All other revenue						
e Total. Add lines 11a-11d		377,896.					
12 Total revenue. See instructions		45,589,045.	13,388,023.	-23,151.	949,163.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	950,503.	328,200.	342,397.	279,906.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,946,533.	11,126,693.	492,447.	327,393.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	583,959.	521,597.	46,443.	15,919.
9 Other employee benefits	2,668,922.	2,311,263.	251,663.	105,996.
10 Payroll taxes	909,364.	777,202.	90,539.	41,623.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,500.		35,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,225,264.	2,015,660.	195,493.	14,111.
12 Advertising and promotion	224,466.	5,479.	218,987.	
13 Office expenses	1,383,666.	1,039,272.	174,098.	170,296.
14 Information technology	337,455.	331,660.	35.	5,760.
15 Royalties				
16 Occupancy	2,523,616.	2,341,638.	90,989.	90,989.
17 Travel	41,545.	36,485.	4,726.	334.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	251,914.	107,035.	23,893.	120,986.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	140,524.	140,524.		
23 Insurance	274,373.	245,689.	15,532.	13,152.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CAPITAL IMPROVEMENTS	849,977.	849,977.		
b REPAIRS & MAINTENANCE	709,380.	709,380.		
c PROGRAM SUPPLIES	359,286.	359,286.		
d EXHIBIT FEES	104,528.	104,528.		
e All other expenses	239,011.	222,255.	5,743.	11,013.
25 Total functional expenses. Add lines 1 through 24e	26,759,786.	23,573,823.	1,988,485.	1,197,478.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,062,456.	1	18,131,090.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	3,633,804.	3	7,234,281.
	4 Accounts receivable, net	130,019.	4	381,242.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	281,967.	8	332,040.
	9 Prepaid expenses and deferred charges	300,206.	9	248,424.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,746,364.		
	b Less: accumulated depreciation	10b 1,143,669.		
		597,647.	10c	602,695.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,236,429.	15	1,246,793.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,242,528.	16	28,176,565.	
Liabilities	17 Accounts payable and accrued expenses	1,817,886.	17	1,827,229.
	18 Grants payable		18	
	19 Deferred revenue	3,240,708.	19	3,494,462.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,062,100.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	102,072.	25	5,853.
	26 Total liabilities. Add lines 17 through 25	8,222,766.	26	5,327,544.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,334,984.	27	19,903,445.
	28 Net assets with donor restrictions	2,684,778.	28	2,945,576.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,019,762.	32	22,849,021.
33 Total liabilities and net assets/fund balances	12,242,528.	33	28,176,565.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,589,045.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,759,786.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,829,259.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,019,762.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,849,021.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2021)

SCHEDULE A
(Form 990)

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

2021

Open to Public Inspection

Name of the organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
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Part I 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).**
- 4 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: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,865,233.	17,732,507.	23,919,804.	10,870,327.	25,518,327.	97,906,198.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	4,429,136.	4,657,267.	5,124,217.	4,981,617.	5,880,302.	25,072,539.
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	24,294,369.	22,389,774.	29,044,021.	15,851,944.	31,398,629.	122,978,737.
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)						6,529,314.
6 Public support. Subtract line 5 from line 4.						116,449,423.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	24,294,369.	22,389,774.	29,044,021.	15,851,944.	31,398,629.	122,978,737.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	923,691.	1,019,146.	1,408,770.	335,004.	1,587,749.	5,274,360.
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.)	2,027,977.	1,967,492.	1,984,273.	788,165.	1,996,149.	8,764,056.
11 Total support. Add lines 7 through 10						137,017,153.
12 Gross receipts from related activities, etc. (see instructions)					12	45,925,060.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	84.99 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	84.12 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

DENVER BOTANIC GARDENS, INC.

Employer identification number

84-0440359

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,880,302.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,122,625.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,213,564.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 10,495,742.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 4,671,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
--	--

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization DENVER BOTANIC GARDENS, INC. Employer identification number 84-0440359

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

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

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

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

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,174,195.	33,122,005.	28,209,302.	30,136,358.	25,913,158.
b Contributions	172,121.	652,718.	902,186.	547,568.	1,280,452.
c Net investment earnings, gains, and losses	5,608,490.	4,576,803.	5,102,644.	-1,466,957.	3,907,147.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,241,335.	1,177,331.	1,092,127.	1,007,667.	964,399.
f Administrative expenses					
g End of year balance	41,713,471.	37,174,195.	33,122,005.	28,209,302.	25,913,158.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 30.4300 %
 - b Permanent endowment 69.5700 %
 - c Term endowment .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		230,589.	74,644.	155,945.
d Equipment		1,515,775.	1,069,025.	446,750.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				602,695.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DENVER BOTANIC GARDENS ENDOWMENT	5,853.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,853.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	50,942,179.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	123,618.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	5,780,611.
e	Add lines 2a through 2d	2e	5,904,229.
3	Subtract line 2e from line 1	3	45,037,950.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	551,095.
c	Add lines 4a and 4b	4c	551,095.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	45,589,045.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	27,573,644.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	123,618.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	690,240.
e	Add lines 2a through 2d	2e	813,858.
3	Subtract line 2e from line 1	3	26,759,786.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,759,786.

Part XIII Supplemental Information.

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

PART III, LINE 4:

THE GARDENS' COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE GARDENS' INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE COMBINED STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED COLLECTION ITEMS ARE NOT REFLECTED ON THE COMBINED FINANCIAL STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES MAY BE USED FOR NEW COLLECTIONS OR THE DIRECT CARE OF OTHER COLLECTIONS AND ARE REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASSES.

THE GARDENS' COLLECTIONS CONSIST OF LIVING PLANTS, HERBARIUM, A LIBRARY

Part XIII Supplemental Information (continued)

AND HISTORICAL COLLECTIONS. THE GARDENS' LIVING PLANT AND HERBARIUM
 COLLECTIONS ARE MADE UP OF OVER 18,000 TAXA OF PLANTS, 63,000 HERBARIUM
 SPECIMEN SHEETS AND 18,000 PRESERVED AND DOCUMENTED NATIVE MUSHROOMS. THE
 GARDENS HAS A LIBRARY CONSISTING OF OVER 30,000 BOOKS, PERIODICALS, SEED
 AND NURSERY CATALOGS, SLIDES AND PAMPHLETS. THE GARDENS HAS OVER 1,400
 TWO-DIMENSIONAL WORKS OF ART IN AN ARRAY OF MEDIA INCLUDING PHOTOGRAPHS,
 LITHOGRAPHY DRAWINGS, MAPS, AND ENGRAVINGS, AND 60 PIECES OF
 THREE-DIMENSIONAL ART IN THE FORM OF BRONZE, GLASS AND STONE SCULPTURES.
 ADDITIONALLY, THE GARDENS HAS HISTORIC BUILDINGS, TOOLS AND FARM
 IMPLEMENTS AT ITS CHATFIELD FARMS LOCATION.

ALL OF THESE COLLECTIONS ARE HELD FOR EDUCATIONAL, RESEARCH, SCIENTIFIC
 AND CURATORIAL PURPOSES. EACH OF THESE COLLECTION ITEMS IS CATALOGED,
 PRESERVED, CARED FOR AND ACTIVITIES VERIFYING THEIR EXISTENCE AND
 ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS ARE
 SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO
 SUPPORT THE GARDENS' COLLECTIONS. DURING 2021, DEACCESSIONED ITEMS,
 PRIMARILY TRADED OR DONATED TO OTHER BOTANICAL GARDENS, WERE NOT
 SIGNIFICANT.

PART V, LINE 4:

ENDOWMENT FUNDS SHALL BE USED BY DENVER BOTANIC GARDENS FOR PURPOSES
 SETFORTH BY THE ENDOWMENT DONOR(S). SUCH USES INCLUDE BUT ARE NOT LIMITED
 TO HORTICULTURE, EDUCATION, SCIENCE OR GENERAL SUPPORT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DBG ENDOWMENT INCOME	5,780,611.
----------------------	------------

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION FROM DBG ENDOWMENT 1,213,564.

RENT EXPENSES REPORTED AS REVENUE -662,469.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 551,095.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DBG ENDOWMENT EXPENSES 27,771.

RENT EXPENSES INCLUDED IN REVENUE 662,469.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 690,240.

**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

2021

**Open to Public
Inspection**

Name of the organization

DENVER BOTANIC GARDENS, INC.

Employer identification number

84-0440359

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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 is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FETE DES FLEURS		NONE	
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	337,548.		337,548.
	2	Less: Contributions	307,068.		307,068.
	3	Gross income (line 1 minus line 2)	30,480.		30,480.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	20,260.		20,260.
	8	Entertainment	6,850.		6,850.
	9	Other direct expenses	3,370.		3,370.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				0.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		%
b An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "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

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**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.

Name of the organization **DENVER BOTANIC GARDENS, INC.** Employer identification number **84-0440359**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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**

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**

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN VOGT CHIEF EXECUTIVE OFFICER	(i)	354,370.	32,000.	0.	17,400.	10,821.	414,591.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN CALDERHEAD CHIEF FINANCIAL OFFICER	(i)	215,155.	1,000.	0.	13,230.	25,477.	254,862.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHANNA KELLY DIRECTOR OF DEVELOPMENT	(i)	178,611.	1,000.	0.	10,974.	25,420.	216,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER RILEY-CHETWYND DIRECTOR OF MARKETING	(i)	165,457.	1,000.	0.	10,231.	29,045.	205,733.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAN DOMAGALA DIRECTOR OF INFORMATION TECHNOLOGY	(i)	142,959.	1,000.	0.	9,127.	35,540.	188,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARADA KRISHNAN DIRECTOR OF HORTICULTURE & CFGI	(i)	165,981.	1,000.	0.	10,014.	10,340.	187,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY BRADLEY DIRECTOR OF MEMBERSHIP	(i)	147,123.	1,000.	0.	8,930.	13,813.	170,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SUZI LATONA DIRECTOR OF OPERATIONS	(i)	144,958.	1,000.	0.	9,074.	15,047.	170,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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.

Multiple horizontal lines for supplemental information.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **DENVER BOTANIC GARDENS, INC.** Employer identification number **84-0440359**

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CITY & COUNTY OF DENVER	84-6000580	000000000	02/16/17	15,506,673.	REFUNDING OF ISSUE DTD 11/12/08	X			X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased	15,690,000.									
3 Total proceeds of issue	17,302,394.									
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds	302,534.									
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion	2011									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X								
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X									
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00 %		%		%		%
6 Total of lines 4 and 500 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY & COUNTY OF DENVER

DATE THE REBATE COMPUTATION WAS PERFORMED: 11/12/2013

SCHEDULE K, PART I

IN 2008 THE CITY AND COUNTY OF DENVER ENTERED INTO A LEASE PURCHASE AGREEMENT IN AN AGGREGATE PRINCIPAL AMOUNT OF \$17,735,000 WITH CERTIFICATES OF PARTICIPATION (2008 COPS) EXECUTED AND DELIVERED IN A CORRESPONDING AGGREGATE PRINCIPAL AMOUNT TO CONSTRUCT A PARKING FACILITY TO BE OWNED BY THE CITY FOR THE BENEFIT OF THE DENVER BOTANIC GARDENS (DBG). AT THE TIME OF DELIVERY OF THE 2008 COPS, DBG AND THE CITY ENTERED INTO A THIRD AMENDMENT OF A COOPERATIVE AGREEMENT UNDER WHICH DBG OPERATES THE PARKING FACILITY AS THE CITY'S AGENT. IN 2017 THE CITY ENTERED INTO AN AMENDED AND RESTATED LEASE PURCHASE AGREEMENT (2017 LEASE) IN THE AGGREGATE PRINCIPAL AMOUNT OF \$15,506,673 TO REFINANCE THE 2008 LEASE AND 2008 COPS. THE CITY OWNS THE LAND AND ASSETS OF DBG. AS SUCH, THE PARKING FACILITY IS NOT AN ASSET ON THE BOOKS OF DBG AND THE OBLIGATIONS UNDER THE 2017 LEASE PURCHASE AGREEMENT ARE NOT THE OBLIGATION OF THE DBG AND THEREFORE IS NOT INCLUDED AS A LIABILITY OF DBG.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **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.**

Name of the organization: **DENVER BOTANIC GARDENS, INC.** Employer identification number: **84-0440359**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,870.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	17	195,386.	FMV
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	X	3	4,528.	FMV
20 Drugs and medical supplies	X	1	420.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	5	14,500.	FMV
26 Other (PLANTS)	X	4	13,695.	FMV
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF ITEMS CONTRIBUTED WAS USED FOR SECURITIES DONATED, NUMBER OF CONTRIBUTIONS WERE USED FOR ALL OTHER NONCASH CONTRIBUTIONS IN PART I.

Multiple horizontal lines for data entry.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

DENVER BOTANIC GARDENS, INC.

Employer identification number

84-0440359

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

SCIENTIFIC RESEARCH IS CLOSELY LINKED TO EVERYTHING AT THE GARDENS. THE

CORE MOTIVATION OF OUR SCIENTIFIC WORK IS TO INVESTIGATE AND EXPLAIN

BIODIVERSITY PATTERNS AND PROCESSES. WE ACTIVELY CONDUCT SCIENTIFIC

RESEARCH, SERVE AS A RESOURCE OF SCIENTIFIC EXPERTISE AND WORK TO TRAIN

THE NEXT GENERATION OF SCIENTISTS.

OUR PROGRAMS INCLUDE POPULATION MONITORING, SEED COLLECTION, GENETIC

INVESTIGATIONS FOR CONSERVATION OR TAXONOMIC CLARIFICATION, HABITAT

RESTORATION, CITIZEN SCIENCE AND TRACKING PHENOLOGY (LIFE-HISTORY

EVENTS) OF COMMON SPECIES. THE GARDENS DOCUMENTS PLANT AND FUNGAL

DIVERSITY WITH A FOCUS ON THE SOUTHERN ROCKY MOUNTAIN REGION THROUGH

OUR COLLECTING EFFORTS. THE KATHRYN KALMBACH VASCULAR PLANT HERBARIUM

HOUSES NEARLY 80,000 SPECIMENS WHILE THE SAM MITCHEL HERBARIUM OF FUNGI

HOUSES NEARLY 20,000 WELL-CURATED SPECIMENS FROM THE REGION. THE

GARDENS CONTINUES TO TRAIN THE NEXT GENERATION OF SCIENTISTS THROUGH

GRADUATE STUDENT AND INTERNSHIP PROGRAMS IN COLLABORATION WITH THE

UNIVERSITY OF COLORADO AT DENVER AND OTHER LOCAL ORGANIZATIONS. IN 2021

WE CONNECTED WITH THE LOCAL COMMUNITY THROUGH THE DENVER ECOFLORA

PROJECT, A CITIZEN SCIENCE-BASED PROJECT TO DOCUMENT PLANT DIVERSITY IN

THE DENVER-METRO AREA USING THE APP INATURALIST. WE ALSO BEGAN EXPANDED

RESTORATION STUDIES EXAMINING SEED MIXES AND INFLUENCE OF A WARMING

CLIMATE ON PLANT SUCCESS THROUGH COMMON GARDEN STUDIES. OUR IMLS FUNDED

COLLECTIONS HOUSING PROJECT CAME TO A CLOSE HAVING REHOUSED AND

CATALOGED THE NON-LIVING COLLECTIONS HELD BY THE GARDENS.

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
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THE GARDENS' CENTER FOR GLOBAL INITIATIVES IS AN EXAMPLE OF THE GARDENS' WORK AROUND THE GLOBE. WE CONTINUED OUR COLLABORATION WITH INSTITUTO NACIONAL DE TECNOLOGIA AGROPECUARIA (INTA), ARGENTINA IN 2021.

THIS COLLABORATION WAS DEVELOPED TO EXCHANGE INFORMATION AND CAPACITY ON PROPAGATION AND RESEARCH OF NATIVE FLORA OF BOTH ARGENTINA, PATAGONIA IN PARTICULAR, AND THE ROCKY MOUNTAIN AND PLAINS REGIONS OF COLORADO. IN 2020, WE JOINED THE AFGHAN FELLOWSHIP LEGACY PROJECT (AFLP) AND UNITED NATIONS INSTITUTE FOR TRAINING AND RESEARCH (UNITAR) TO FORM THE AFGHANISTAN BOTANICAL GARDEN NETWORK TO PROVIDE GUIDANCE IN DEVELOPING BOTANICAL GARDENS AT THREE AFGHAN UNIVERSITIES - KABUL UNIVERSITY, PAKTIA UNIVERSITY AND BAMYAN UNIVERSITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ACCESS THREE DAYS A WEEK.

OUTREACH PROGRAMS ARE A CORNERSTONE IN THE GARDENS' MISSION AND INCLUDE HORTICULTURE THERAPY SERVICES FOR THE ELDERLY, PEOPLE WITH DISABILITIES AND VETERANS. OUR URBAN FOOD INITIATIVES PROGRAMS PROVIDED FRESH PRODUCE TO LOCAL FOOD DESERT COMMUNITIES, DISTRIBUTING THOUSANDS OF POUNDS OF FRESH PRODUCE TO VARIOUS COMMUNITY GROUPS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNITY SUPPORTING AGRICULTURE PROGRAM GREW OVER 71,000 POUNDS OF 100 DIFFERENT VARIETIES OF VEGETABLES AND FLOWERS DISTRIBUTED TO 330 PAYING SHAREHOLDERS IN 2021. THE PROGRAM DONATED 9000 POUNDS OF PRODUCE TO NUMEROUS NOT-FOR PROFITS AND FOODBANKS SERVING 800 FAMILIES AND 200

Name of the organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
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SINGLES EVERY MONTH DURING THE GROWING SEASON.

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

VISITOR EXPERIENCE: IN 2021, 1,262,176 INDIVIDUALS VISITED THE DENVER

BOTANIC GARDENS. THE GARDENS PRESENTED TEN ART EXHIBITIONS TO FURTHER

CONNECT VISITORS WITH THE NATURAL WORLD. THESE INCLUDED AN OUTDOOR

AUGMENTED REALITY EXHIBITION, SEEING THE INVISIBLE, AND NINE

EXHIBITIONS PRESENTED IN THE FREYER NEWMAN CENTER FOR SCIENCE, ART &

EDUCATION: PRIMA LINGUA: FIRST WORDS OF THE EARTH, DREAMS IN BLOOM:

PHOTOS BY FARES MICUE, RADIANT SEASON: PAINTINGS BY KEVIN SLOAN,

SALVADOR DALI: GARDENS OF THE MIND, GOLDEN OPPORTUNITY: BOTANICAL

ILLUSTRATION, OF SKY AND GROUND: YOSHITOMO SAITO, FERVOR: ANA MARIA

HERNANDO, ALEBRIJE: XOLOTL, SBAI GRADUATE SHOWCASE, THE INDELIBLE

GARDEN: PRINTS BY TAIKO CHANDLER. BLOSSOMS OF LIGHT, THE GARDENS'

LARGEST EVENT, WELCOMED 162,040 VISITORS. THE GARDENS ALSO HOSTED

EVENINGS AL FRESCO AND GLOW AT THE GARDENS IN ADDITION TO AN ONLINE

SPRING PLANT SALE & FALL PLANT & BULB SALE.

EXPENSES \$ 10,755,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 9,902,247.

CAPITAL IMPROVEMENTS: THE GARDENS' LAND AND BUILDINGS ARE OWNED BY THE

CITY & COUNTY OF DENVER AT ITS DENVER LOCATION, AND THE ARMY CORPS OF

ENGINEERS AT ITS CHATFIELD LOCATION. UNDER THIS ARRANGEMENT, CAPITAL

EXPENSES ARE EXPENSED AS INCURRED AND BECOME ASSETS OF THE RESPECTIVE

GOVERNMENTAL ENTITY.

EXPENSES \$ 849,977. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF

Name of the organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
--	--

THE BOARD OF TRUSTEES BETWEEN MEETINGS OF THE BOARD OF TRUSTEES, EXCEPT AS PROHIBITED BY STATUTE.

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

THE PRESIDENT OR OTHER DESIGNATED REPRESENTATIVE OF EACH OF THE FOLLOWING ORGANIZATIONS SHALL BE AN EX-OFFICIO VOTING MEMBER OF THE BOARD OF TRUSTEES: DENVER BOTANIC GARDENS ENDOWMENT, INC.; DENVER BOTANIC GARDENS GUILD; DENVER DEBUTANTE BALL; AND THE GARDEN CLUB OF DENVER. EACH AFORESAID ORGANIZATION SHALL DESIGNATE AN INDIVIDUAL TO SERVE ON THE BOARD OF TRUSTEES AT LEAST TWO MONTHS PRIOR TO THE END OF THE GARDENS' FISCAL YEAR IN ORDER FOR THEM TO BE BRIEFED BY THE NOMINATING AND GOVERNANCE COMMITTEE. IN ADDITION, THE MAYOR OF THE CITY AND COUNTY OF DENVER OR, AT THE ELECTION AND PLEASURE OF THE MAYOR, THE MANAGER OF PARKS AND RECREATION FOR THE CITY AND COUNTY OF DENVER SHALL ALSO BE AN EX-OFFICIO VOTING TRUSTEE.

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

THE FORM 990 WAS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE AND MADE AVAILABLE TO EACH MEMBER OF THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT PRIOR TO FILING.

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

THE GARDENS ADOPTED AN UPDATED COMPREHENSIVE CODE OF ETHICS IN 2017 WHICH INCLUDES CONFLICT OF INTEREST, WHISTLE BLOWING AND DOCUMENT RETENTION POLICIES WHICH WERE SUBSEQUENTLY INCORPORATED INTO THE EMPLOYEE GUIDELINES MANUAL AND THE VOLUNTEER HANDBOOK. THE CODE WAS DESIGNED AS A CONTINUOUSLY EVOLVING DOCUMENT. THE CODE APPLIES TO ALL REPRESENTATIVES ASSOCIATED WITH THE GARDENS, INCLUDING THE BOARD OF TRUSTEES, NON-TRUSTEE MEMBERS ON THE COMMITTEES OF THE BOARD, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OFFICIALLY

Name of the organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
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AFFILIATED GROUPS. BOARD MEMBERS AND OFFICERS ARE REQUIRED ANNUALLY TO
 DECLARE ANY CONFLICTS OF INTEREST. THE DECLARATIONS ARE REVIEWED, AND IF A
 CONFLICT ARISES ANYONE INVOLVED IS REQUIRED TO RECUSE THEMSELVES FROM
 DECISIONS OR ACTIONS SURROUNDING THE AREA OF CONFLICT. THE CODE IS REVIEWED
 WHENEVER ORIENTATIONS ARE HELD, WITH ADDITIONAL PERIODIC REVIEWS BEING
 CONDUCTED. ALL DELIBERATIONS AND DECISIONS HAVE BEEN DOCUMENTED IN THE
 BOARD MINUTES.

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

ANNUALLY, THE DBG BOARD OF TRUSTEES CONDUCTS A PERFORMANCE REVIEW OF THE
 CEO FOR THE PRIOR CALENDAR YEAR. THE CHAIR OF THE BOARD OF TRUSTEES
 APPOINTS A REVIEW COMMITTEE CONSISTING OF THE CHAIR, VICE CHAIR AND
 IMMEDIATE PAST CHAIR, TO GATHER AND REVIEW INPUT FROM THE BOARD OF
 TRUSTEES, CONSIDER AND DISCUSS THE INPUT, ANALYZE MARKET DATA, AND MEET
 WITH THE CEO TO PROVIDE THE PERFORMANCE REVIEW, COMMENSURATE COMPENSATION,
 AND PERFORMANCE BONUS DETAILS. THE COMPENSATION PACKAGE IS APPROVED BY THE
 FULL BOARD OF TRUSTEES.

THE GARDENS PARTICIPATES ANNUALLY IN SALARY SURVEYS AND USES THIS DATA AS
 GUIDANCE IN DETERMINING SALARY/WAGE RANGES FOR ALL POSITIONS AND IN MAKING
 ADJUSTMENTS WITHIN THE ORGANIZATION. ADJUSTMENT RECOMMENDATIONS ARE
 REVIEWED BY THE CEO AND THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.
 THE LAST YEAR THIS PROCESS WAS COMPLETED WAS IN 2021.

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

THE GARDENS MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY
 AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE
 AVAILABLE ON THE GARDENS' WEBSITE: WWW.BOTANICGARDENS.ORG

Name of the organization DENVER BOTANIC GARDENS, INC.	Employer identification number 84-0440359
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FORM 990, PART XII, LINE 2C

THE PROCESS FOR OVERSEEING AND SELECTING AN INDEPENDENT ACCOUNTANT HAS
NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **DENVER BOTANIC GARDENS, INC.** Employer identification number **84-0440359**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DENVER BOTANIC GARDENS ENDOWMENT, INC. - 84-1202946, 909 YORK STREET, DENVER, CO 80206	SUPPORT DENVER BOTANIC GARDENS	COLORADO	501(C)(3)	LINE 12A, I	DENVER BOTANIC GARDENS	X	
PLANT SELECT, CSU - 26-0199189 1173 CAMPUS DELIVERY FORT COLLINS, CO 80523	EDUCATION & RESEARCH	COLORADO	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DENVER BOTANIC GARDENS ENDOWMENT, INC.	C	1,213,564.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CARRYOVER DATA TO 2022

Name DENVER BOTANIC GARDENS, INC.	Employer Identification Number 84-0440359
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Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL POST-2017 NET OPERATING LOSS - GARDEN RENTAL - ANCIL	42,777.
FEDERAL PRE-2018 NET OPERATING LOSS	39,131.

Type and Entity: GARDEN RENTAL - ANCILL POST-2017 NO
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover										
			Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	
A 2018	5,942.												
B 2019	13,002.												
C 2020	682.												
D 2021	23,151.												
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
K													
L													
M													
N													
O													
P													
Q													
R													
S													
T													
U													
V													
W													

Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/18	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2012	16,516.	6,996.	6,996.								
B	2013	12,705.										
C	2015	6,003.										
D	2016	7,108.										
E	2017	3,795.										
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
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M												
N												
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V												
W												

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) DENVER BOTANIC GARDENS, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 909 YORK STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80206-3751</p>	<p>D Employer identification number 84-0440359</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 28,176,565.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

L The books are in care of ▶ **JOHN CALDERHEAD** Telephone number ▶ **720-865-3500**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments	
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a
b Other credits (see instructions)	1b
c General business credit. Attach Form 3800 (see instructions)	1c
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d
e Total credits. Add lines 1a through 1d	1e
2 Subtract line 1e from Part II, line 7	2 0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4 0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5 0.
6a Payments: A 2020 overpayment credited to 2021	6a
b 2021 estimated tax payments. Check if section 643(g) election applies	6b
c Tax deposited with Form 8868	6c
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d
e Backup withholding (see instructions)	6e
f Credit for small employer health insurance premiums (attach Form 8941)	6f
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439	6g
<input type="checkbox"/> Form 4136	
7 Total payments. Add lines 6a through 6g	7
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶	11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
4 Enter available pre-2018 NOL carryovers here ▶ \$ 39,131. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
532000	\$ 19,626.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer	Date	CHIEF EXECUTIVE OFFICER	Title		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SARAH HINTZ		SARAH HINTZ	07/29/22		P00492291
	Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶		41-0746749
	8390 EAST CRESCENT PARKWAY, SUITE 300			Phone no. (303) 779-5710		
Firm's address ▶ GREENWOOD VILLAGE, CO 80111						

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	--	------------------------------------

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	16,516.	6,996.	9,520.	9,520.
12/31/13	12,705.	0.	12,705.	12,705.
12/31/15	6,003.	0.	6,003.	6,003.
12/31/16	7,108.	0.	7,108.	7,108.
12/31/17	3,795.	0.	3,795.	3,795.
NOL CARRYOVER AVAILABLE THIS YEAR			39,131.	39,131.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization DENVER BOTANIC GARDENS, INC. B Employer identification number 84-0440359 C Unrelated business activity code (see instructions) 532000 D Sequence: 1 of 1

E Describe the unrelated trade or business GARDEN RENTAL - ANCILLARY INCOME

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction, Income (loss) from a partnership, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, and Total.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Line number, Description, and Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Depreciation; Less depreciation claimed; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business income before net operating loss deduction; Deduction for net operating loss; and Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes a checkbox for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property (GARDEN RENTALS - ANCILLARY, 909 YORK STREET, DENVER, CO 80206). Rows 2-4: Rent received or accrued breakdown (a, b, c). Row 3: Total rents received or accrued (94,948). Row 4: Deductions (118,099). Row 5: Total deductions (118,099).

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-8: Gross income from or allocable to debt-financed property, deductions, and total gross income. Rows 9-11: Allocable deductions and total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0.

Part XI Supplemental Information (see instructions)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	5,942.	0.	5,942.	5,942.
12/31/19	13,002.	0.	13,002.	13,002.
12/31/20	682.	0.	682.	682.
NOL CARRYOVER AVAILABLE THIS YEAR			19,626.	19,626.

FORM 990-T (A) DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
GARDEN RENTAL EXPENSES		118,099.	
		0.	
- SUBTOTAL -	1		118,099.
TOTAL TO FORM 990-T, SCHEDULE A, PART IV, LINE 4			118,099.