

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning

, and ending

-*1538

DELAWARE BOTANIC GARDENS, INC.

Net Asset / Fund Balance at Beginning of Year 2,602,005

Revenue

Contributions	<u>727,206</u>	
Program service revenue	<u>19,907</u>	
Investment income	<u>12,395</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>114,530</u>	
Direct expenses	<u>57,251</u>	
Net income	<u>57,279</u>	
Other income	<u>-1,800</u>	
Total revenue		<u>814,987</u>

Expenses

Program services	<u>277,402</u>	
Management and general	<u>60,040</u>	
Fundraising	<u>47,866</u>	
Total expenses		<u>385,308</u>

Excess / (deficit) 429,679

Changes 19,930

Net Asset / Fund Balance at End of Year 3,051,614

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Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>814,987</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>385,308</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,604,547</u>	<u>3,058,752</u>	
Liabilities	<u>2,542</u>	<u>7,138</u>	
Net assets	<u><u>2,602,005</u></u>	<u><u>3,051,614</u></u>	<u>449,609</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>07/15/20</u>
Failure to file penalty	

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____ 20 _____

**▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.**

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

****-***1538**

Name and title of officer

**RAYMOND J. SANDER
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	814,987
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes due on this return, and the financial institution to debit the entry to this account. To make a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 9 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RAYMOND F. BOOK & ASSOCIATES, P.A.** to enter my PIN **57581** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date ▶ **07/01/20**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date ▶ **07/01/20**

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
DELAWARE BOTANIC GARDENS, INC.

Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1390

City or town, state or province, country, and ZIP or foreign postal code
OCEAN VIEW DE 19970

D Employer identification number
****-***1538**

E Telephone number
202-256-9501

F Name and address of principal officer:
RAYMOND J. SANDER

G Gross receipts \$ **876,868**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.DELAWAREGARDENS.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2012**

M State of legal domicile: **DE**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)		3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 11
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5 4
	6 Total number of volunteers (estimate if necessary)		6 250
	7a Total unrelated business revenue from Part VIII, column (B), line 12		7a 0
	7b Net unrelated business taxable income from Form 990-T, line 48		7b 0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	988,077	727,206
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,450	19,907
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,712	12,395
	12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,060,339	814,987
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		31,441	57,471
16a Professional fundraising fees (Part IX, column (A), line 11e)		33,376	38,459
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 47,866			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		171,909	289,378
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		236,726	385,308
19 Revenue less expenses. Subtract line 18 from line 12	823,613	429,679	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,604,547	3,058,752
	22 Net assets or fund balances. Subtract line 21 from line 20	2,542	7,138
		2,602,005	3,051,614

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: **RAYMOND J. SANDER** Date: _____
 Type or print name and title: **PRESIDENT**

Paid Preparer Use Only

Print/Type preparer's name: **SARAH E. DILL** Preparer's signature: _____ Date: **07/01/20** Check if self-employed PTIN: *********

Firm's name: ▶ **RAYMOND F. BOOK & ASSOCIATES, P.A.** Firm's EIN: ▶ **** - *** 5018**
220 BEISER BLVD.
 Firm's address: ▶ **DOVER, DE 19904-7790** Phone no.: **302-734-5826**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 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 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 \$ **277,402** including grants of \$) (Revenue \$ **19,907**)

THE DELAWARE BOTANIC GARDENS AT PEPPER CREEK HAS CREATED A UNIQUE, SUSTAINABLE, INSPIRATIONAL, AND ACCESSIBLE GARDEN FOR PUBLIC BENEFIT AND ENJOYMENT.

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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **277,402**

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investment—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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)	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	X	
28a		X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			6
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

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 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	11	
1b	Enter the number of voting members included on line 1a, above, who are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
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		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
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 **DE**
- 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 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 **▶**

RAYMOND SANDER P.O. BOX 1390 **DE 19970** 202-256-9501
OCEAN VIEW

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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 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 dotted 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)	(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			
(1) GREGORY D. TEPPER DIR OF HORTICULTURE	40.00 0.00	X					20,170	0	0
(2) BRENT BAKER SECRETARY	30.00 0.00	X		X			0	0	0
(3) TOM BASON DIRECTOR	35.00 0.00	X					0	0	0
(4) RON BASS DIRECTOR	8.00 0.00	X					0	0	0
(5) PETER E. CARTER DIRECTOR	2.00 0.00	X					0	0	0
(6) JEREMY HAGER DIRECTOR	2.00 0.00	X					0	0	0
(7) KATHY JOHNSON TREASURER	35.00 0.00	X		X			0	0	0
(8) CAROL MCCLLOUD VICE PRESIDENT	30.00 0.00	X		X			0	0	0
(9) RAYMOND J. SANDER PRESIDENT	50.00 0.00	X		X			0	0	0
(10) SHERYL J SWED EXECUTIVE DIRECTOR	50.00 0.00	X		X			0	0	0
(11) SCOTT THOMAS DIRECTOR	2.00 0.00	X					0	0	0

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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 dotted 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)	(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			
(12) LEDEE LICKLE	WAKEFIELD									
	2.00									
DIRECTOR	0.00	X					0	0	0	
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1b Subtotal							20,171			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							20,171			

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 **0**

	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

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 **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns				
	1b Membership dues	40,815			
	1c Fundraising events	155,515			
	1d Related organizations				
	1e Government grants (contributions)	205,000			
	1f All other contributions, gifts, grants, and similar amounts not included above	325,876			
	1g Noncash contributions included in lines 1a-1f	\$ 50,612			
	1h Total. Add lines 1a-1f	727,206			
Program Service Revenue	2a ADMISSIONS	11,179	11,179		
	2b TOURS	8,728	8,728		
	2c				
	2d				
	2e				
	2f All other program service revenue				
	2g Total. Add lines 2a-2f	19,907			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	12,395			12,395
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents				
	6b Less: rental expenses				
	6c Rental inc. or (loss)				
	6d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory				
	7b Less: cost or other basis and sales exps.				
	7c Gain or (loss)				
	7d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ 155,515 of contributions reported on line 1c). See Part IV, line 18	114,530			
	8b Less: direct expenses	57,251			
8c Net income or (loss) from fundraising events	57,279			6,555	
9a Gross income from gaming activities. See Part IV, line 19					
9b Less: direct expenses					
9c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	2,830				
10b Less: cost of goods sold	4,630				
10c Net income or (loss) from sales of inventory	-1,800			-1,800	
Miscellaneous Revenue	11a				
	11b				
	11c				
	11d All other revenue				
	11e Total. Add lines 11a-11d				
12 Total revenue. See instructions	814,987	19,907	0	17,150	

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Part IX Statement of Functional Expenses

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

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

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	6,051	6,051		
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	40,352	40,352		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,068	11,068		
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	24,987		24,987	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	38,459			38,459
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	28,757	27,447	1,310	
12 Advertising and promotion	4,165		4,165	
13 Office expenses	8,680		8,680	
14 Information technology				
15 Royalties				
16 Occupancy	1	1		
17 Travel	969		969	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	48,258	48,258		
23 Insurance	11,997	11,997		
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 GROUNDS MAINTENANCE	132,228	132,228		
b OTHER FUNDRAISING	9,407			9,407
c BAD DEBT EXPENSE	8,550		8,550	
d BANK MERCHANT FEES	4,806		4,806	
e All other expenses	6,573		6,573	
25 Total functional expenses. Add lines 1 through 24e	385,308	277,402	60,040	47,866
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	782,602	1	72,936	
	2 Savings and temporary cash investments	18,343	2	426,695	
	3 Pledges and grants receivable, net	52,833	3	100,414	
	4 Accounts receivable, net		4		
	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		8		
	9 Prepaid expenses and deferred charges	375	9	8	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,492,438			
	b Less: accumulated depreciation	10b 77,996	542,674	10c	2,414,442
	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		1,207,720	15	44,257
16 Total assets. Add lines 1 through 15 (must equal line 33)		2,604,547	16	3,058,752	
Liabilities	17 Accounts payable and accrued expenses	2,542	17	7,138	
	18 Grants payable		18		
	19 Deferred revenue		19		
	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		23		
	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		25		
	26 Total liabilities. Add lines 17 through 25		2,542	26	7,138
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	1,902,505	27	2,786,121	
	28 Net assets with donor restrictions	699,500	28	265,493	
	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		2,602,005	32	3,051,614	
33 Total liabilities and net assets/fund balances		2,604,547	33	3,058,752	

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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	814,987
2	Total expenses (must equal Part IX, column (A), line 25)	2	385,308
3	Revenue less expenses. Subtract line 2 from line 1	3	429,679
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,602,005
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	19,930
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,051,614

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	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.	X	
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?		X
3b	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		

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**SCHEDULE A
(Form 990 or 990-EZ)**

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

2019

Open to Public
Inspection

Name of the organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

****-***1538**

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 or 990-EZ).)
- 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)** or **section 509(a)(3)**. Check the box in lines 12a through 12f that describes the type of supporting organization and complete lines 12a, 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).

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(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		
(A)						
(B)						
(C)						
(D)						
(E)						
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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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12 Gross receipts from related activities, etc. (see instructions) 12
13 First five 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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2018 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2019. 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
b 33 1/3% support test—2018. 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
17a 10%-facts-and-circumstances test—2019. 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
b 10%-facts-and-circumstances test—2018. 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
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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	925,636	530,152	443,714	988,077	727,206	3,614,785
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27,194	83,877	89,274	100,650	127,882	428,877
3 Gross receipts from activities that are not an unrelated trade or business under section 513					2,830	2,830
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	952,830	614,029	532,988	1,088,727	857,918	4,046,492
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					270,479	270,479
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					270,479	270,479
8 Public support. (Subtract line 7c from line 6.)						3,776,013

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Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	952,830	614,029	532,988	1,088,727	857,918	4,046,492
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1,908	1,151	110	12,395	15,564
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		1,908	1,151	110	12,395	15,564
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					5,555	5,555
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	952,830	615,937	534,139	1,088,837	875,868	4,067,611

14 First five 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	92.83%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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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? 11a: A person who directly or indirectly controls... 11b: A family member... 11c: A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees... 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 each of its supported organizations by the last day of the fifth month of the organization's tax year... 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... Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies...

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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... Row 2: Activities Test. Answer (a) and (b) below. 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes... 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer (a) and (b) below. 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (or 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Table with 2 columns: Section D - Distributions and Current Year. Rows 1-10 detailing amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2019, and (iii) Distributable Amount for 2019. Rows 1-28 detailing distribution allocations and carryovers.

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization

Employer identification number

DELAWARE BOTANIC GARDENS, INC.

**** - *** 1538**

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

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- 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

**** - *** 1538**

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	GEORGE A ROBBINS AND RONALD W BASS 5 SEASIDE DR LEWES DE 19958	\$ 90,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RAYMOND J. SANDER & SHERYL J. SWED 201 ASHWOOD STREET BETHANY BEACH DE 19930	\$ 37,959	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DOGFISH HEAD COMPANIES, INC. 6 CANNERY VILLAGE CENTER MILTON DE 19968	\$ 3,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PENNONI FAMILY FOUNDATION 501 SILVERSIDE RD, STE 123 WILMINGTON DE 19809	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	GEORGE & LYNCH 150 LAFFERTY LN DOVER DE 19901	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BRENT & MALINDA BAKER 36471 RIDGESHORE LN MILLVILLE DE 19967	\$ 11,395	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

DELAWARE BOTANIC GARDENS, INC.

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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
7	STATE OF DELAWARE 820 SILVER LAKE BLVD, STE 100 DOVER DE 19904	\$ 205,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	PHOEBE CRAVEN 907 EDGEHILL RD WILMINGTON DE 19807	\$ 16,542	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	BONNIE AND CHARLES ZONKO 1304 N SHULF RD FENWICK ISLAND DE 19444	\$ 2,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	EDWARD KUSSY 3701 CAMERON MILL RD ALEXANDRIA VA 22305	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NANCY FREDERICK 4830 KENNET PIKE, APT 3102 WILMINGTON DE 19807	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	CAROLYN MCCLOUD 33 EBB TIDE COVE FENWICK ISLAND DE 19944	\$ 130,675	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

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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
13	BLESSING GREENHOUSE & COMPOST FAC PO BOX 647 MILFORD DE 19963	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	KATHLEEN AND THOMAS LEWIS 310 W 3RD ST BETHANY BEACH DE 19930-9170	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

DELAWARE BOTANIC GARDENS, INC.

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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
8	199 SHARES OF SYSCO CORP	\$ 14,842	05/22/19
		\$	
		\$	
		\$	
		\$	
		\$	

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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

2019

Open to Public Inspection

Name of the organization

Employer identification number

DELAWARE BOTANIC GARDENS, INC.

-*1538

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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	22,600	18,322	10,833	10,411	
b Contributions	8,500	5,300	7,164		11,000
c Net investment earnings, gains, and losses	2,245	-579	1,604	584	-505
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	105	583	289	152	84
g End of year balance	31,257	22,460	18,322	10,843	10,411

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **▶ 100.00 %**
- b** Permanent endowment **▶ %**
- c** Term endowment **▶ %**

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?		

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		268,046	5,599	262,447
c Leasehold improvements		1,914,640	27,072	1,887,568
d Equipment		291,781	44,826	246,955
e Other		17,971	499	17,472
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,414,442

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total. Includes large 'CLIENT COPY' watermark.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2) through (9).

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

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	
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

GENERAL ENDOWMENT FOR UNRESTRICTED USE BY NONPROFIT ORGANIZATION.

Part XIII Supplemental Information *(continued)*

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**SCHEDULE G
(Form 990 or 990-EZ)**

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.

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Name of the organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

****-***1538**

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 Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a 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			
YORKSTON CONSULTING 1 PO BOX 489 HOCKESSIN DE 19707	FUNDRAISER		X	0	27,346	-27,346
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					27,346	-27,346

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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.

DELAWARE

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
		FARM DINNER (event type)	 (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	263,490			263,490
	2 Less: Contributions	155,515			155,515
	3 Gross income (line 1 minus line 2)	107,975			107,975
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	30,000			30,000
	8 Entertainment				
	9 Other direct expenses	27,251			27,251
	10 Direct expense summary. Add lines 4 through 9 in column (d)				57,251
11 Net income summary. Subtract line 10 from line 3, column (d)				50,724	

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Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 11, 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	13a	%
b	An outside facility	13b	%

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.

SCH G, PART I, LINE 2B, COL (V) - FUNDRAISING VS. REIMBURSEMENT EXPLANATION
YORKSTON CONSULTING
FUNDRAISER

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

2019

Open To Public Inspection

Employer identification number

-*1538

DELAWARE BOTANIC GARDENS, INC.

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							▶ \$						

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Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) GREGORY D. TEPPER	OFFICER	20,171	SERVICES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART V - ADDITIONAL INFORMATION

GREG TEPPER IS A VOTING MEMBER OF THE ORGANIZATION AND AN
 EMPLOYEE. HIS SALARY IS SPLIT 70/30 TO CAPITAL ASSET AND EXPENSE,
 RESPECTIVELY.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**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

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

**** - ***1538**

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				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	14,842	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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	6	35,770	INVOICES FROM VENDORS
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

	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.		

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.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

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DELAWARE BOTANIC GARDENS, INC.

FORM 990 - ORGANIZATION'S MISSION

THE DELAWARE BOTANIC GARDENS AT PEPPER CREEK STRIVES TO EXALT NATURE'S
BEAUTY, TO DELIGHT AND EDUCATE VISITORS, AND TO STUDY AND PRESERVE THE
NATURAL ECOSYSTEMS OF SUSSEX COUTNY AND DELMARVA. THE DELAWARE BOTANIC
GARDNES HAS CREATED A UNIQUE, SUSTAINABLE, INSPIRATIONAL, AND ACCESSIBLE
GARDEN FOR PUBLIC BENEFIT AND ENJOYMENT.

FORM 990 - ADDITIONAL INFORMATION

THE ORGANIZATION ALLOCATES A PERCENTAGE OF EACH EMPLOYEES PAYROLL AND
EMPLOYER TAXES TO A CAPITAL ASSET. TOTAL WAGES AND TAXES WERE \$140,272 FOR
2019, OF WHICH, \$82,801 WAS ALLOCATED TO PROPERTY AND EQUIPMENT FOR 2019.

VOLUNTEERS

AMONG THE MANY UNIQUE CHARACTERISTICS OF THE DELAWARE BOTANIC GARDENS IS
THE CENTRAL ROLE OF VOLUNTEERS IN EVERY FACET OF THE ORGANIZATION FROM
MANAGEMENT AND OVERSIGHT TO IMPLEMENTATION; FROM GARDEN DESIGN TO GARDEN
PLANTING AND MAINTENANCE. HIGHLY EXPERIENCED SPECIALISTS VOLUNTEER AS
INFORMATION TECHNOLOGY DIRECTOR AND FINANCIAL DIRECTOR/TREASURER. THE
VOLUNTEER PHOTOGRAPHER IS A LICENSED DRONE OPERATOR WHOSE PHOTOS AND VIDEOS
HAVE DRAMATICALLY CAPTURED THE HISTORICAL DEVELOPMENT AND BEAUTY OF THE
GARDENS.

BECAUSE THE DELAWARE BOTANIC GARDENS HAS ONLY THREE PAID POSITIONS-DEPUTY
EXECUTIVE DIRECTOR & DIRECTOR OF HORTICULTURE, DIRECTOR OF FACILITIES, AND

Name of the organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

-*1538

SENIOR GARDENER-THE 76,158 HOURS DONATED BY OUR VOLUNTEERS (2016 - 2019) ARE THE LIFEblood OF DBG. THESE VOLUNTEER HOURS HAVE COLLECTIVELY CONTRIBUTED AN ESTIMATED \$1.9 MILLION IN STAFF TIME THAT DBG WOULD OTHERWISE HAVE HAD TO RAISE. THIS ESTIMATE IS BASED ON THE AVERAGE HOURLY VALUE OF \$25.38 FOR VOLUNTEERS IN DELAWARE (2018), AS REPORTED BY THE NONPROFIT GROUP INDEPENDENT SECTOR. THESE HOURS EQUATE TO MORE THAN 36 WORK-YEARS OF EFFORT DURING THE PERIOD 2016 TO 2019.

IN 2019, THERE ARE 250 ACTIVE VOLUNTEERS, AND WE USE A TOP RATED, ONLINE SOFTWARE SYSTEM FOR TRACKING AND COORDINATING THE ACTIVITIES OF OUR VOLUNTEERS.

IN 2019, VOLUNTEERS DONATED 29,102 HOURS:

*7,401 TO GARDEN PLANTING AND MAINTENANCE

*2,016 TO THE DOCENT PROGRAM, INCLUDING STAFFING EVENTS & TOURS

*2,082 TO IT MANAGEMENT AND BUSINESS SOFTWARE DEVELOPMENT

*754 TO GRANT WRITING AND GRANT MANAGEMENT

*615 TO PHOTOGRAPHY AND VIDEOGRAPHY

*10,834 TO MANAGEMENT, INCLUDING FINANCES, FUNDRAISING, MARKETING AND PUBLIC RELATIONS

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

RAY SANDER

SHERYL SWED

PRESIDENT

EXEC. DIR.

MARRIED

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

Name of the organization

DELAWARE BOTANIC GARDENS, INC.

Employer identification number

-*1538

THE TREASURER REVIEWS THE DRAFT 990 IN DETAIL WITH THE PRESIDENT. AFTER BOTH THE TREASURER AND THE PRESIDENT HAVE APPROVED THE DRAFT, THE FORM 990 IS REVIEWED WITH THE EXECUTIVE COMMITTEE, WHICH INCLUDES THE PRESIDENT, EXECUTIVE DIRECTOR, VICE PRESIDENT, SECRETARY, TREASURER, DIRECTOR OF INFORMATION TECHNOLOGY, AND ONE OTHER BOARD MEMBER.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE ORGANIZATION REQUIRES EACH MEMBER OF THE BOARD OF DIRECTORS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY STATEMENT UPON BEING APPOINTED TO THE BOARD AND ANNUALLY THEREAFTER.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS, THEN THE BUDGET COMMITTEE MAKES THE INITIAL APPROVAL AND THE FULL BOARD MAKES THE FINAL APPROVAL. NO OFFICER CURRENTLY RECEIVES COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII - ADDITIONAL INFORMATION

THE ORGANIZATION USES A CPA FIRM TO DO THEIR DAILY, MONTHLY, AND YEAR END BOOKKEEPING.

THE ORGANIZATION ENGAGES A SECOND, INDEPENDENT CPA FIRM TO PERFORM A COMPILATION AT YEAR-END AND TO PREPARE THE ORGANIZATION'S FORM 990 TAX RETURN.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2019

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return

DELAWARE BOTANIC GARDENS, INC.

Identifying number

**** - *** 1538**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	499
15	Property subject to section 168(f)(4) election	15	
16	Other depreciation (including ACRS)	16	47,759

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	48,258
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form **4562** (2019)

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:								
1	Engineering Costs	9/16/19	2,028		2,028	20 MO S/L	0	25
2	DonorPerfect Software	1/01/16	1,627		1,627	3 MO S/L	1,627	0
3	TRAILER FOR STORAGE	5/07/15	2,600		2,600	5 MO S/L	1,907	520
4	LAND IMPROVEMENTS	9/16/19	54,116		54,116	20 MO S/L	0	676
5	2015 Kubota Tractor, Loader	8/25/15	22,705		22,705	5 MO S/L	15,137	4,541
6	Engineering 2015	9/16/19	20,334		20,334	20 MO S/L	0	254
7	Piet Oudolf Meadow	12/31/17	86,874		86,874	20 MO S/L	0	4,344
8	LAND IMPROVEMENTS	9/16/19	98,126		98,126	20 MO S/L	0	1,227
9	MILLS - WELL	6/08/16	4,700		4,700	20 MO S/L	607	235
10	FENCING	2/15/17	10,378		10,378	20 MO S/L	995	518
11	Rocks for Garden Wall	9/16/19	6,222		6,222	20 MO S/L	0	78
12	Generator	6/13/16	1,399		1,399	10 MO S/L	361	140
13	ENGINEERING 2016	9/16/19	84,133		84,133	20 MO S/L	0	1,052
14	Deer Fence	5/02/17	34,411		34,411	20 MO S/L	2,868	1,720
15	LANDSCAPE DESIGN	9/16/19	51,054		51,054	20 MO S/L	0	638
16	Shed for pump house	8/18/17	1,940		1,940	40 MO S/L	65	48
17	MEADOW IRRIGATION	9/26/17	45,563		45,563	20 MO S/L	2,848	2,278
18	WELL #2	8/25/17	8,000		8,000	20 MO S/L	533	400
19	SITE ENGINEERING	9/16/19	3,305		3,305	20 MO S/L	0	41
20	ELECTRICAL WORK	12/09/17	25,070		25,070	40 MO S/L	0	627
21	#2 GENERATOR FOR PUMP STATION	8/22/17	1,199		1,199	10 MO S/L	160	120
22	ENGINEERING 2017	9/16/19	352,180		352,180	20 MO S/L	0	4,402
23	TRENCHING FOR WELL	6/06/17	1,202		1,202	20 MO S/L	95	60
24	SEWER INSTALLATION	9/16/19	540		540	20 MO S/L	0	7
25	TRAILER	11/16/17	4,143		4,143	10 MO S/L	449	414
26	HOOP HOUSE	9/16/19	9,638		9,638	40 MO S/L	0	4
27	LAND - PLANTINGS 2017	9/16/19	98,638		98,638	20 MO S/L	0	1,170
28	ALLOCATION OF PAYROLL - 2017	9/16/19	87,881		87,881	20 MO S/L	0	1,099
29	WETLANDS CLASSROOM	9/16/19	12,300		12,300	40 MO S/L	0	77
30	FOLLY GARDEN	9/16/19	18,459		18,459	20 MO S/L	0	231
31	EAST SIDE PATH	9/16/19	25,500		25,500	20 MO S/L	0	319
32	WOODLANDS IRRIGATION	10/18/18	11,653		11,653	20 MO S/L	97	583
33	ELECTRIC INSTALLATION	1/01/19	134,000		134,000	40 MO S/L	0	3,350
34	DEER FENCE	11/01/18	6,258		6,258	20 MO S/L	52	313
35	HOOP HOUSES	9/16/19	21,480		21,480	40 MO S/L	0	134
36	MOWER	6/25/18	5,439		5,439	10 MO S/L	272	544
37	WELCOME CENTER COSTS	9/16/19	42,900		42,900	40 MO S/L	0	268
38	MEADOW COSTS 2018	9/16/19	66,353		66,353	20 MO S/L	0	829
39	ALLOCATION OF PAYROLL - 2018	9/16/19	125,764		125,764	20 MO S/L	0	1,572
40	MEADOWS PLANTING - 2018	9/16/19	105,357		105,357	20 MO S/L	0	1,317
41	2 GOLF CARTS	8/20/18	6,200		6,200	10 MO S/L	207	620
42	2 TRANSFORMERS AND INSTALLATION	2/27/18	70,000		70,000	40 MO S/L	1,458	1,750
43	LAND IMPROVEMENT	11/18/19	16,350		16,350	20 MO S/L	0	68
44	ENTRY WAY/PARKING LOT	9/16/19	460,414		460,414	20 MO S/L	0	5,755
45	WOODLANDS PLANTINGS	9/16/19	2,376		2,376	20 MO S/L	0	30
46	INLAND DUNES PLANTING	9/16/19	23,865		23,865	20 MO S/L	0	298
47	LIVING SHORELINE	9/04/19	4,500		4,500	20 MO S/L	0	75
48	HOLLY TREE PLANTINGS	9/16/19	14,439		14,439	20 MO S/L	0	180
49	Electronic Curation System	12/17/19	17,971	X	17,472	3 MO Amort	0	499
50	WELCOME CENTER SIGNS	9/16/19	24,639		24,639	10 MO S/L	0	616
51	GOLF CART	9/16/19	3,160		3,160	10 MO S/L	0	79
52	DEFIBULATOR	9/16/19	1,964		1,964	10 MO S/L	0	49
53	GATE	9/16/19	16,139		16,139	20 MO S/L	0	202
54	SEWER DESIGN	12/31/19	13,000		13,000	0 -- Memo	0	0
55	FINAL WELCOME CENTER COSTS	9/16/19	25,029		25,029	40 MO S/L	0	156
56	FFE WELCOME CENTER	9/16/19	12,545		12,545	10 MO S/L	0	314
57	GROUNDS PATHWAYS	9/16/19	28,571		28,571	20 MO S/L	0	357
58	LABOR 2019 CAPITALIZED	9/16/19	82,801		82,801	20 MO S/L	0	1,035
Total Other Depreciation			2,505,438		2,504,939		29,738	48,258
Total ACRS and Other Depreciation			2,505,438		2,504,939		29,738	48,258

Federal Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		2,505,438		2,504,939		29,738	48,258
	Less: Dispositions and Transfers		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		<u>2,505,438</u>		<u>2,504,939</u>		<u>29,738</u>	<u>48,258</u>

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AMT Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
7-year GDS Property:								
51	GOLF CART	9/16/19	3,160	X	0	7 HY 200DB	0	3,160
52	DEFIBULATOR	9/16/19	1,964	X	0	7 HY 200DB	0	1,964
56	FFE WELCOME CENTER	9/16/19	12,545	X	0	7 HY 200DB	0	12,545
			<u>17,669</u>		<u>0</u>		<u>0</u>	<u>17,669</u>
15-year GDS Property:								
6	Engineering 2015	9/16/19	20,334	X	14,234	15 HY 150DB	0	6,812
8	LAND IMPROVEMENTS	9/16/19	98,126	X	68,688	15 HY 150DB	0	32,872
11	Rocks for Garden Wall	9/16/19	6,222	X	4,355	15 HY 150DB	0	2,084
13	ENGINEERING 2016	9/16/19	84,133	X	58,893	15 HY 150DB	0	28,185
30	FOLLY GARDEN	9/16/19	18,459	X	17,536	15 HY 150DB	0	923
31	EAST SIDE PATH	9/16/19	25,500	X	24,225	15 HY 150DB	0	1,275
38	MEADOW COSTS 2018	9/16/19	66,353	X	63,035	15 HY 150DB	0	3,318
43	LAND IMPROVEMENT	11/18/19	16,350	X	0	15 HY 150DB	0	16,350
44	ENTRY WAY/PARKING LOT	9/16/19	460,414	X	0	15 HY 150DB	0	460,414
46	INLAND DUNES PLANTING	9/16/19	23,865	X	0	15 HY 150DB	0	23,865
48	HOLLY TREE PLANTINGS	9/16/19	14,439	X	0	15 HY 150DB	0	14,439
53	GATE	9/16/19	16,139	X	0	15 HY 150DB	0	16,139
57	GROUND PATHWAYS	9/16/19	28,571	X	0	15 HY 150DB	0	28,571
58	LABOR 2019 CAPITALIZED	9/16/19	82,801	X	0	15 HY 150DB	0	82,801
			<u>961,706</u>		<u>250,966</u>		<u>0</u>	<u>718,048</u>
20-year GDS Property:								
45	WOODLANDS PLANTINGS	9/16/19	2,374	X	0	20 HY 150DB	0	2,374
			<u>2,374</u>		<u>0</u>		<u>0</u>	<u>2,374</u>
Non-Residential Real Property:								
26	HOOP HOUSE	9/16/19	644		644	39 MMS/L	0	5
33	ELECTRIC INSTALLATION	1/01/19	134,000		134,000	39 MMS/L	0	3,293
35	HOOP HOUSES	9/16/19	21,480		21,480	39 MMS/L	0	161
55	FINAL WELCOME CENTER COSTS	9/16/19	25,029		25,029	39 MMS/L	0	187
			<u>181,153</u>		<u>181,153</u>		<u>0</u>	<u>3,646</u>
Prior MACRS:								
5	2015 Kubota Tractor, Loader	8/25/15	22,705	X	11,352	3 HY 200DB	22,705	0
9	MILLS - WELL	6/08/16	4,700	X	2,350	15 HY 150DB	2,892	181
14	Deer Fence	5/02/17	34,411	X	17,206	15 HY 150DB	19,700	1,471
16	Shed for pump house	8/18/17	1,940		1,940	39 MMS/L	68	50
17	MEADOW IRRIGATION	9/26/17	45,563	X	22,782	15 HY 150DB	26,085	1,947
18	WELL #2	8/25/17	8,000	X	4,000	15 HY 150DB	4,580	342
21	#2 GENERATOR FOR PUMP STATION	8/22/17	1,199	X	599	7 HY 200DB	832	105
23	TRENCHING FOR WELL	6/06/17	1,202	X	601	15 HY 150DB	688	52
34	DEER FENCE	11/01/18	6,258	X	0	7 HY 200DB	6,258	0
36	MOWER	6/25/18	5,439	X	0	7 HY 200DB	5,439	0
42	2 TRANSFORMERS AND INSTALLATIC	2/27/18	70,000		70,000	39 MMS/L	1,571	1,794
			<u>201,417</u>		<u>130,830</u>		<u>90,818</u>	<u>5,942</u>
Other Depreciation:								
1	Engineering Costs	9/16/19	2,028		2,028	20 MO S/L	0	25
2	DonorPerfect Software	1/01/16	0		0	0 HY	0	0
3	TRAILER FOR STORAGE	5/07/15	2,600		2,600	5 MO S/L	1,907	520
4	LAND IMPROVEMENTS	9/16/19	54,116		54,116	20 MO S/L	0	676
7	Piet Oudolf Meadow	12/31/17	86,874		86,874	20 MO S/L	49,735	4,344
10	FENCING	2/15/17	0		0	0 HY	0	0
12	Generator	6/13/16	0		0	0 HY	0	0
15	LANDSCAPE DESIGN	9/16/19	51,054		51,054	20 MO S/L	0	638
19	SITE ENGINEERING	9/16/19	3,305		3,305	20 MO S/L	0	41
20	ELECTRICAL WORK	12/09/17	0		0	0 HY	0	0
22	ENGINEERING 2017	9/16/19	352,180		352,180	20 MO S/L	0	4,402
24	SEWER INSTALLATION	9/16/19	540		540	20 MO S/L	0	7

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AMT Asset Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
25	TRAILER	11/16/17	0		0	0 HY	0	0
27	LAND - PLANTINGS 2017	9/16/19	93,638		93,638	20 MO S/L	0	4,682
28	ALLOCATION OF PAYROLL - 2017	9/16/19	87,881		87,881	20 MO S/L	0	1,099
29	WETLANDS CLASSROOM	9/16/19	12,300		12,300	40 MO S/L	0	77
32	WOODLANDS IRRIGATION	10/18/18	0		0	0 HY	0	0
37	WELCOME CENTER COSTS	9/16/19	42,900		42,900	40 MO S/L	0	268
39	ALLOCATION OF PAYROLL - 2018	9/16/19	125,764		125,764	20 MO S/L	0	1,572
40	MEADOWS PLANTING - 2018	9/16/19	105,357		105,357	20 MO S/L	0	5,268
41	2 GOLF CARTS	8/20/18	0		0	0 HY	0	0
47	LIVING SHORELINE	9/04/19	0		0	0 HY	0	0
50	WELCOME CENTER SIGNS	9/16/19	24,639		24,639	10 MO S/L	0	616
54	SEWER DESIGN	12/31/19	0		0	0 HY	0	0
Total Other Depreciation			<u>1,045,176</u>		<u>1,045,176</u>		<u>51,642</u>	<u>24,235</u>
Total ACRS and Other Depreciation			<u>1,045,176</u>		<u>1,045,176</u>		<u>51,642</u>	<u>24,235</u>
Grand Totals			2,409,497		1,608,125		142,460	771,916
Less: Dispositions and Transfers			0		0		0	0
Net Grand Totals			<u>2,409,497</u>		<u>1,608,125</u>		<u>142,460</u>	<u>771,916</u>

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5758 DELAWARE BOTANIC GARDENS, INC.

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Bonus Depreciation Report

FYE: 12/31/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
49	Electronic Curation System	12/17/19	17,971		0	499	0	17,472
Grand Total			<u>17,971</u>		<u>0</u>	<u>499</u>	<u>0</u>	<u>17,472</u>

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5758 DELAWARE BOTANIC GARDENS, INC.

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FYE: 12/31/2019

Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	
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There are no assets that meet the criteria of this report

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Engineering Costs	9/16/19	2,028	102	102
2	DonorPerfect Software	1/01/16	1,627	0	0
3	TRAILER FOR STORAGE	5/07/15	2,600	173	173
4	LAND IMPROVEMENTS	9/16/19	54,116	2,706	2,706
5	2015 Kubota Tractor, Loader	8/25/15	22,705	3,027	0
6	Engineering 2015	9/16/19	20,334	1,017	1,352
7	Piet Oudolf Meadow	12/31/17	86,874	4,343	4,343
8	LAND IMPROVEMENTS	9/16/19	98,126	4,906	6,525
9	MILLS - WELL	6/08/16	4,700	235	162
10	FENCING	2/15/17	10,378	519	0
11	Rocks for Garden Wall	9/16/19	6,222	311	414
12	Generator	6/13/16	1,399	140	0
13	ENGINEERING 2016	9/16/19	84,133	4,206	5,594
14	Deer Fence	5/02/17	34,411	1,721	1,324
15	LANDSCAPE DESIGN	9/16/19	51,054	2,553	2,553
16	Shed for pump house	8/18/17	1,940	49	50
17	MEADOW IRRIGATION	9/26/17	45,563	2,278	1,753
18	WELL #2	8/25/17	8,000	400	308
19	SITE ENGINEERING	9/16/19	3,305	166	166
20	ELECTRICAL WORK	12/09/17	25,070	627	0
21	#2 GENERATOR FOR PUMP STATION	8/22/17	1,199	120	75
22	ENGINEERING 2017	9/16/19	352,180	17,609	17,609
23	TRENCHING FOR WELL	6/06/17	1,202	60	46
24	SEWER INSTALLATION	9/16/19	540	27	27
25	TRAILER	1/16/17	4,143	414	0
26	HOOP HOUSE	9/16/19	44	16	16
27	LAND - PLANTINGS 2017	9/16/19	93,338	4,682	682
28	ALLOCATION OF PAYROLL - 2017	9/16/19	87,821	4,394	394
29	WETLANDS CLASSROOM	9/16/19	12,300	307	307
30	FOLLY GARDEN	9/16/19	18,459	923	1,754
31	EAST SIDE PATH	9/16/19	25,500	1,275	2,423
32	WOODLANDS IRRIGATION	10/18/18	11,653	582	0
33	ELECTRIC INSTALLATION	1/01/19	134,000	3,350	3,436
34	DEER FENCE	11/01/18	6,258	313	0
35	HOOP HOUSES	9/16/19	21,480	537	550
36	MOWER	6/25/18	5,439	544	0
37	WELCOME CENTER COSTS	9/16/19	42,900	1,073	1,073
38	MEADOW COSTS 2018	9/16/19	66,353	3,318	6,303
39	ALLOCATION OF PAYROLL - 2018	9/16/19	125,764	6,288	6,288
40	MEADOWS PLANTING - 2018	9/16/19	105,357	5,268	5,268
41	2 GOLF CARTS	8/20/18	6,200	620	0
42	2 TRANSFORMERS AND INSTALLATION	2/27/18	70,000	1,750	1,795
43	LAND IMPROVEMENT	11/18/19	16,350	818	0
44	ENTRY WAY/PARKING LOT	9/16/19	460,414	23,021	0
45	WOODLANDS PLANTINGS	9/16/19	2,376	118	0
46	INLAND DUNES PLANTING	9/16/19	23,865	1,194	0
47	LIVING SHORELINE	9/04/19	4,500	225	0
48	HOLLY TREE PLANTINGS	9/16/19	14,439	722	0
49	Electronic Curation System	12/17/19	17,971	5,824	0
50	WELCOME CENTER SIGNS	9/16/19	24,639	2,464	2,464
51	GOLF CART	9/16/19	3,160	316	0
52	DEFIBULATOR	9/16/19	1,964	197	0
53	GATE	9/16/19	16,139	807	0
54	SEWER DESIGN	12/31/19	13,000	0	0
55	FINAL WELCOME CENTER COSTS	9/16/19	25,029	626	642
56	FFE WELCOME CENTER	9/16/19	12,545	1,254	0
57	GROUNDS PATHWAYS	9/16/19	28,571	1,429	0
58	LABOR 2019 CAPITALIZED	9/16/19	82,801	4,140	0
Total Other Depreciation			2,505,438	126,104	86,677
Total ACRS and Other Depreciation			2,505,438	126,104	86,677

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	Grand Totals		<u>2,505,438</u>	<u>126,104</u>	<u>86,677</u>

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Form **990****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning

, ending

Name

Taxpayer Identification Number

DELAWARE BOTANIC GARDENS, INC.**** - ***1538**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	1. 864,105	481,391	-382,714
	2. Membership dues and assessments	2. 19,220	40,815	21,595
	3. Government contributions and grants	3. 104,752	205,000	100,248
	4. Program service revenue	4.	19,907	19,907
	5. Investment income	5. 110	12,395	12,285
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. -1,560		1,560
	8. Net income or (loss) from fundraising events	8. 73,712	57,279	-16,433
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.	-1,800	-1,800
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 1,060,339	814,987	-245,352
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 17,344	6,051	-11,293
	16. Salaries, other compensation, and employee benefits	16. 14,097	51,420	37,323
	17. Professional fundraising fees	17. 33,376	38,459	5,083
	18. Other professional fees	18. 49,040	53,744	4,704
	19. Occupancy, rent, utilities, and maintenance	19. 1	1	
	20. Depreciation and Depletion	20. 13,625	48,258	34,633
	21. Other expenses	21. 109,243	187,375	78,132
	22. Total expenses. Add lines 14 through 21	22. 236,721	385,308	148,582
23. Excess or (Deficit). Subtract line 22 from line 12	23. 823,618	429,679	-393,934	
Other Information	24. Total exempt revenue	24. 1,060,339	814,987	-245,352
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. -1,450	37,057	38,507
	27. Total assets	27. 2,604,547	3,058,752	454,205
	28. Total liabilities	28. 2,542	7,138	4,596
	29. Retained earnings	29. 2,602,005	3,051,614	449,609
	30. Number of voting members of governing body	30. 11	11	
	31. Number of independent voting members of governing body	31. 11	11	
	32. Number of employees	32. 3	4	
	33. Number of volunteers	33. 166	250	

Form **990**

Tax Return History

2019

Name

DELAWARE BOTANIC GARDENS, INC.

Employer Identification Number

****-***1538**

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	914,111	517,367	427,144	968,857	686,391	
Membership dues	11,525	12,785	16,570	19,220	40,815	
Program service revenue	115				19,907	
Capital gain or loss	-454	434	11,045	-1,560		
Investment income		1,908	1,151	110	12,395	
Fundraising revenue (income/loss)	18,383	55,936	64,745	73,712	57,279	
Gaming revenue (income/loss)						
Other revenue					-1,800	
Total revenue	943,680	588,430	520,655	1,060,339	814,987	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			26,332	17,344	6,051	
Professional fees	34,130	22,901	22,484	14,097	51,420	
Occupancy costs		1	87,416	87,416	92,203	
Depreciation and depletion	1,861	5,822	8,430	13,625	48,258	
Other expenses	55,332	105,803	54,491	109,243	187,375	
Total expenses	91,324	144,533	141,738	236,726	385,308	
Excess or (Deficit)	852,356	443,897	378,917	823,613	429,679	
Total exempt revenue	943,680	588,430	520,655	1,060,339	814,987	
Total unrelated revenue						
Total excludable revenue	-339	2,342	12,196	-1,450	37,057	
Total Assets	961,372	1,399,804	1,786,022	2,604,547	3,058,752	
Total Liabilities	5,794	329	7,630	2,542	7,138	
Net Fund Balances	955,578	1,399,475	1,778,392	2,602,005	3,051,614	

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5758 DELAWARE BOTANIC GARDENS, INC.

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Federal Statements

FYE: 12/31/2019

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 12,395			14		
TOTAL	\$ <u>12,395</u>					

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5758 DELAWARE BOTANIC GARDENS, INC.

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FYE: 12/31/2019

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT LABOR	\$ 27,447	\$ 27,447	\$	\$
PAYROLL PROCESSING	1,310		1,310	
TOTAL	\$ 28,757	\$ 27,447	\$ 1,310	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
TECHNOLOGY	\$ 3,598	\$	\$ 3,598	\$
MEMBERSHIPS AND DUES	1,030		1,030	
VOLUNTEER EXPENSE	1,028		1,028	
SUPPLIES	19		158	
MEALS & ENTERTAINMENT	158			
TOTAL	\$ 6,573	\$ 0	\$ 6,573	\$ 0

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5758 DELAWARE BOTANIC GARDENS, INC.

Federal Statements

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FYE: 12/31/2019

Schedule A, Part III, Line 1(e)

Description	Amount
CONTRIBUTIONS	
GEORGE A ROBBINS AND RONALD W BASS	\$ 24,773
CASH CONTRIBUTION	148,997
RAYMOND J. SANDER & SHERYL J. SWED	10,450
CASH CONTRIBUTION	7,959
DOGFISH HEAD COMPANIES, INC.	8,350
CASH CONTRIBUTION	
BRENT & MALINDA BAKER	11,395
CASH CONTRIBUTION	
STATE OF DELAWARE	205,000
CASH CONTRIBUTION	
PHOEBE CRAVEN	1,200
CASH CONTRIBUTION	14,842
199 SHARES OF SYSCO CORP	
BONNIE AND CHARLES ZONKO	11,050
CASH CONTRIBUTION	
CAROLYN MCCLOUD	127,675
CASH CONTRIBUTION	
FARM DINNER	155,515
CASH CONTRIBUTION	
TOTAL	\$ 727,206

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Schedule A, Part III, Line 2(e)

Description	Amount
TOURS	\$ 8,728
ADMISSIONS	11,179
FARM DINNER	107,975
TOTAL	\$ 127,882

5758 DELAWARE BOTANIC GARDENS, INC.

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FYE: 12/31/2019

Federal Statements

Schedule A, Part III, Line 3(e)

Description	Amount
GIFT SHOP SALES	\$ 2,830
TOTAL	\$ 2,830

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2015	2016	2017	2018	2019
GEORGE A ROBBINS AND RONALD W BASS	\$	\$	\$	\$	\$ 90,450
RAYMOND J. SANDER & SHERYL J. SWED					37,959
BRENT & MALINDA BAKER					11,395
CAROLYN MCCLOUD					130,675
TOTAL	\$ 0	\$ 0	\$ 0	\$ 0	270,479

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Schedule A, Part III, Line 10a(e)

Description	Amount
INTEREST INCOME	\$ 12,395
TOTAL	\$ 12,395

Schedule A, Part III, Line 11

Description	Amount
OTHER EVENTS	\$ 6,555
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 5,555

5758 DELAWARE BOTANIC GARDENS, INC.

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Federal Statements

FYE: 12/31/2019

FARM DINNER

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER EXPENSES	\$ 8,328
TENT AND OTHER RENTALS	18,923
TOTAL	<u>\$ 27,251</u>

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OTHER EVENTS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ _____
TOTAL	\$ <u>0</u>

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