

# PUBLIC INSPECTION COPY

EXTENDED TO MAY 16, 2022

## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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OMB No. 1545-0047

# 2020

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**

Name of foundation <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>		<b>A</b> Employer identification number <b>88-0061520</b>						
Number and street (or P.O. box number if mail is not delivered to street address) <b>37615 E ARBORETUM WAY</b>	Room/suite	<b>B</b> Telephone number <b>520-689-2723</b>						
City or town, state or province, country, and ZIP or foreign postal code <b>SUPERIOR, AZ 85173-5100</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>						
<b>G</b> Check all that apply: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Initial return</td> <td style="width: 33%;">Initial return of a former public charity</td> </tr> <tr> <td>Final return</td> <td>Amended return</td> </tr> <tr> <td>Address change</td> <td>Name change</td> </tr> </table>		Initial return	Initial return of a former public charity	Final return	Amended return	Address change	Name change	<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
Initial return	Initial return of a former public charity							
Final return	Amended return							
Address change	Name change							
<b>H</b> Check type of organization: <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</td> <td>Section 4947(a)(1) nonexempt charitable trust</td> <td>Other taxable private foundation</td> </tr> </table>		<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>			
<input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation	Section 4947(a)(1) nonexempt charitable trust	Other taxable private foundation						
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>11,174,604.</b>	<b>J</b> Accounting method: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cash</td> <td><input checked="" type="checkbox"/> Accrual</td> </tr> <tr> <td colspan="2">Other (specify) _____</td> </tr> </table> (Part I, column (d), must be on cash basis.)	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) _____		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>		
<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual							
Other (specify) _____								

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received	794,455.			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities	117,603.	117,603.	117,603.	STATEMENT 1
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10		246,213.		
	<b>b</b> Gross sales price for all assets on line 6a	1,307,414.			
	<b>7</b> Capital gain net income (from Part IV, line 2)		246,213.		
	<b>8</b> Net short-term capital gain			0.	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances	568,054.			STATEMENT 2
<b>b</b> Less: Cost of goods sold	261,608.				
<b>c</b> Gross profit or (loss)	306,446.		306,446.		
<b>11</b> Other income	1,413,201.	0.	1,413,201.	STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11	2,877,918.	363,816.	1,837,250.		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	123,632.	0.	123,632.	0.
	<b>14</b> Other employee salaries and wages	1,123,632.	0.	665,364.	458,268.
	<b>15</b> Pension plans, employee benefits	237,295.	0.	237,295.	0.
	<b>16a</b> Legal fees	STMT 4 33,265.	0.	33,265.	0.
	<b>b</b> Accounting fees				
	<b>c</b> Other professional fees	STMT 5 16,076.	16,076.	0.	0.
	<b>17</b> Interest	10,750.	0.	10,750.	0.
	<b>18</b> Taxes	STMT 6 93,087.	0.	93,087.	0.
	<b>19</b> Depreciation and depletion	166,772.	0.	166,772.	
	<b>20</b> Occupancy	123,783.	0.	123,783.	0.
	<b>21</b> Travel, conferences, and meetings	23.	0.	23.	0.
	<b>22</b> Printing and publications	36,013.	0.	23,363.	12,650.
	<b>23</b> Other expenses	STMT 7 362,442.	0.	359,916.	2,526.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	2,326,770.	16,076.	1,837,250.	473,444.
	<b>25</b> Contributions, gifts, grants paid	0.			0.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	2,326,770.	16,076.	1,837,250.	473,444.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	551,148.				
<b>b Net investment income</b> (if negative, enter -0-)		347,740.			
<b>c Adjusted net income</b> (if negative, enter -0-)			0.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		938,283.	1,121,083.	1,121,083.
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable	154,900.			
		Less: allowance for doubtful accounts		181,847.	154,900.	154,900.
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts				
	8	Inventories for sale or use		64,502.	49,116.	49,116.
	9	Prepaid expenses and deferred charges		16,876.	22,532.	22,532.
	10a	Investments - U.S. and state government obligations		83,806.	0.	0.
	b	Investments - corporate stock	STMT 9	3,000,021.	4,358,544.	4,358,544.
	c	Investments - corporate bonds	STMT 10	1,403,150.	1,263,792.	1,263,792.
	11	Investments - land, buildings, and equipment: basis				
	Less: accumulated depreciation					
12	Investments - mortgage loans					
13	Investments - other	STMT 11	91,067.	115,736.	115,736.	
14	Land, buildings, and equipment: basis	6,447,788.				
	Less: accumulated depreciation	STMT 12	2,358,887.	4,001,868.	4,088,901.	
15	Other assets (describe)					
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)		9,781,420.	11,174,604.	11,174,604.	
Liabilities	17	Accounts payable and accrued expenses		83,614.	149,825.	
	18	Grants payable				
	19	Deferred revenue		293,865.	259,535.	
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable		642,085.	400,000.	
	22	Other liabilities (describe)				
23	<b>Total liabilities</b> (add lines 17 through 22)		1,019,564.	809,360.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.					
	24	Net assets without donor restrictions		8,154,353.	8,924,108.	
	25	Net assets with donor restrictions		607,503.	1,441,136.	
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds				
	29	<b>Total net assets or fund balances</b>		8,761,856.	10,365,244.	
30	<b>Total liabilities and net assets/fund balances</b>		9,781,420.	11,174,604.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	8,761,856.
2	Enter amount from Part I, line 27a	2	551,148.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 8	3	1,059,396.
4	Add lines 1, 2, and 3	4	10,372,400.
5	Decreases not included in line 2 (itemize) PRIOR PERIOD ADJUSTMENT	5	7,156.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	10,365,244.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a <b>PUBLICLY TRADED SEC</b>	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a <b>1,307,414.</b>		<b>1,061,201.</b>	<b>246,213.</b>
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			<b>246,213.</b>
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	<b>246,213.</b>
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 .....	3	<b>0.</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			

2 Reserved .....	2	
3 Reserved .....	3	
4 Reserved .....	4	
5 Reserved .....	5	
6 Reserved .....	6	
7 Reserved .....	7	
8 Reserved .....	8	

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>01/10/86</u> (attach copy of letter if necessary-see instructions)			
b Reserved		1	N/A
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	
3 Add lines 1 and 2		3	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		0.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		0.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9		0.
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10		
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NONE</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16. Row 11: 'At any time during the year, did the foundation, directly or indirectly, own a controlled entity...' Yes: , No: X. Row 12: 'Did the foundation make a distribution to a donor advised fund...' Yes: , No: X. Row 13: 'Did the foundation comply with the public inspection requirements...' Yes: X, No: . Row 14: 'The books are in care of...' Website: WWW.BTARBORETUM.ORG, Care of: KENT ENNIS, Telephone: 520-689-2723, Located at: 37615 E ARBORETUM WAY, SUPERIOR, AZ, ZIP+4: 85173-5100. Row 15: 'Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041...' Amount: 15, N/A. Row 16: 'At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?' Yes: , No: X.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b. Row 1a: 'During the year, did the foundation (either directly or indirectly):' (1) Engage in the sale or exchange... Yes: , No: X. (2) Borrow money from, lend money to, or otherwise extend credit to... Yes: , No: X. (3) Furnish goods, services, or facilities to... Yes: , No: X. (4) Pay compensation to, or pay or reimburse the expenses of... Yes: , No: X. (5) Transfer any income or assets to a disqualified person... Yes: , No: X. (6) Agree to pay money or property to a government official... Yes: , No: X. Row 1b: 'If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions...' N/A. Row 1c: 'Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?' Yes: , No: X. Row 2: 'Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):' Row 2a: 'At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020?' Yes: , No: X. Row 2b: 'Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income?' N/A. Row 2c: 'If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.' Row 3a: 'Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?' Yes: , No: X. Row 3b: 'If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period... (3) the lapse of the 10-, 15-, or 20-year first phase holding period?' N/A. Row 4a: 'Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?' Yes: , No: X. Row 4b: 'Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?' Yes: , No: X.

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

<b>5a</b> During the year, did the foundation pay or incur any amount to:			<b>Yes</b>	<b>No</b>
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>			
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>		<b>X</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>		
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		123,632.	11,336.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANN MCKINNON - 37615 E ARBORETUM WAY, SUPERIOR, AZ 85173	DEVELOPMENT DEPARTMENT 40.00	77,822.	2,370.	0.
LESLIE H BUNCHEK - 37615 E ARBORETUM WAY, SUPERIOR, AZ 85173	FINANCE DEPARTMENT 40.00	58,771.	13,029.	0.
SHELBI STORMS - 37615 E ARBORETUM WAY, SUPERIOR, AZ 85173	VISITOR SERVICES DEPARTMENT 40.00	51,621.	14,253.	0.
LYNNEA SPENCER - 37615 E ARBORETUM WAY, SUPERIOR, AZ 85173	VISITOR SERVICES DEPARTMENT 40.00	50,125.	14,497.	0.
LEONARD DRAYTON - 37615 E ARBORETUM WAY, SUPERIOR, AZ 85173	FACILITIES DEPARTMENT 40.00	52,507.	8,722.	0.
<b>Total</b> number of other employees paid over \$50,000			0	



**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 14	2,326,770.
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3	

Total. Add lines 1 through 3 ..... 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	5,451,553.
b	Average of monthly cash balances .....	1b	714,022.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	6,165,575.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	6,165,575.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	92,484.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	6,073,091.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	303,655.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6 .....	1	
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	
4	Recoveries of amounts treated as qualifying distributions .....	4	
5	Add lines 3 and 4 .....	5	
6	Deduction from distributable amount (see instructions) .....	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	473,444.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	473,444.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	473,444.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7 .....				
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only .....				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015 .....				
<b>b</b> From 2016 .....				
<b>c</b> From 2017 .....				
<b>d</b> From 2018 .....				
<b>e</b> From 2019 .....				
<b>f</b> Total of lines 3a through e .....				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ .....				
<b>a</b> Applied to 2019, but not more than line 2a ...				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....				
<b>d</b> Applied to 2020 distributable amount .....				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).) .....				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed .....				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr. ...				
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021 .....				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) .....				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 .....				
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a .....				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016 ...				
<b>b</b> Excess from 2017 ...				
<b>c</b> Excess from 2018 ...				
<b>d</b> Excess from 2019 ...				
<b>e</b> Excess from 2020 ...				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶ 08/18/75

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	0.	0.	0.	0.
b 85% of line 2a	0.	0.	0.	0.	0.
c Qualifying distributions from Part XII, line 4, for each year listed	473,444.	539,086.	912,590.	640,720.	2,565,840.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	473,444.	539,086.	912,590.	640,720.	2,565,840.
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed	202,437.	179,285.	188,086.	199,147.	768,955.
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

ALLISON LESTER, 520-689-4588  
37615 E ARBORETUM WAY, SUPERIOR, AZ 85173-5100

b The form in which applications should be submitted and information and materials they should include:

LETTER

c Any submission deadlines:

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

LIMITED TO FREE OR REDUCED ADMISSION

**Part XV** **Supplementary Information** *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
NONE				
<b>Total</b> .....				<b>3a</b> 0.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....				<b>3b</b> 0.





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**BOYCE THOMPSON SOUTHWESTERN ARBORETUM**

Employer identification number

**88-0061520**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number <b>88-0061520</b>
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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
<u>1</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>21,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>44,593.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>35,012.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number  <b>88-0061520</b>
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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	To respect our donors' privacy, we have redacted their personal information.	\$ 19,975.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	To respect our donors' privacy, we have redacted their personal information.	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	To respect our donors' privacy, we have redacted their personal information.	\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	To respect our donors' privacy, we have redacted their personal information.	\$ 10,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	To respect our donors' privacy, we have redacted their personal information.	\$ 10,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	To respect our donors' privacy, we have redacted their personal information.	\$ 10,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number  <b>88-0061520</b>
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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	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	To respect our donors' privacy, we have redacted their personal information.	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	To respect our donors' privacy, we have redacted their personal information.	\$ 6,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	To respect our donors' privacy, we have redacted their personal information.	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	To respect our donors' privacy, we have redacted their personal information.	\$ 5,947.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number  <b>88-0061520</b>
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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
19	To respect our donors' privacy, we have redacted their personal information.	\$ 5,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	To respect our donors' privacy, we have redacted their personal information.	\$ 5,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	To respect our donors' privacy, we have redacted their personal information.	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	To respect our donors' privacy, we have redacted their personal information.	\$ 5,060.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number  <b>88-0061520</b>
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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
25	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	To respect our donors' privacy, we have redacted their personal information.	\$ 244,405.	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.)

Name of organization  <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number  <b>88-0061520</b>
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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
7	85 SHARES OF IWF STOCK _____ _____ _____	\$ 19,975.	12/21/20
18	2-PACK 44 GALLON BINS _____ _____ _____	\$ 97.	03/03/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____



Name of organization  <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Employer identification number  <b>88-0061520</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

FORM 990-PF

DIVIDENDS AND INTEREST FROM SECURITIES

STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
INTEREST & DIVIDEND INCOME	117,603.	0.	117,603.	117,603.	117,603.
TO PART I, LINE 4	117,603.	0.	117,603.	117,603.	117,603.

FORM 990-PF

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

INCOME

1. GROSS RECEIPTS . . . . .	568,054	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		568,054
4. COST OF GOODS SOLD (LINE 15) . . . . .	261,608	
5. GROSS PROFIT (LINE 3 LESS LINE 4). . . . .		306,446
6. OTHER INCOME . . . . .		
7. GROSS INCOME (ADD LINES 5 AND 6) . . . . .		306,446

COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR . . . . .	64,502	
9. MERCHANDISE PURCHASED. . . . .	246,222	
10. COST OF LABOR. . . . .		
11. MATERIALS AND SUPPLIES . . . . .		
12. OTHER COSTS. . . . .		
13. ADD LINES 8 THROUGH 12 . . . . .		310,724
14. INVENTORY AT END OF YEAR . . . . .	49,116	
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14). . . . .		261,608

## FORM 990-PF

## OTHER INCOME

## STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ADMISSIONS	787,561.	0.	787,561.
OTHER INCOME	106,889.	0.	106,889.
SUBSCRIPTION REVENUE	6,367.	0.	6,367.
MEMBERSHIP DUES AND ASSESSMENTS	512,384.	0.	512,384.
TOTAL TO FORM 990-PF, PART I, LINE 11	1,413,201.	0.	1,413,201.

## FORM 990-PF

## LEGAL FEES

## STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	33,265.	0.	33,265.	0.
TO FM 990-PF, PG 1, LN 16A	33,265.	0.	33,265.	0.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	16,076.	16,076.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	16,076.	16,076.	0.	0.

## FORM 990-PF

## TAXES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PAYROLL TAXES	92,968.	0.	92,968.	0.
SALES TAXES	119.	0.	119.	0.
TO FORM 990-PF, PG 1, LN 18	93,087.	0.	93,087.	0.

## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	13,521.	0.	13,521.	0.
OFFICE EXPENSES	61,530.	0.	61,530.	0.
INFORMATION TECHNOLOGY	34,344.	0.	34,344.	0.
INSURANCE	62,944.	0.	62,944.	0.
MEMBERSHIP AND DUES	15,315.	0.	12,789.	2,526.
SUPPLIES	110,681.	0.	110,681.	0.
EVENT SUPPLIES	25,080.	0.	25,080.	0.
EQUIPMENT MAINTENANCE	3,388.	0.	3,388.	0.
MEALS & ENTERTAINMENT	405.	0.	405.	0.
VEHICLE EXPENSES	28,318.	0.	28,318.	0.
STAFF DEVELOPMENT	1,392.	0.	1,392.	0.
FUNDRAISING COSTS	5,483.	0.	5,483.	0.
PENALTIES AND INTEREST	41.	0.	41.	0.
TO FORM 990-PF, PG 1, LN 23	362,442.	0.	359,916.	2,526.

## FORM 990-PF

## OTHER INCREASES IN NET ASSETS OR FUND BALANCES

## STATEMENT 8

DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS HELD	1,054,743.
DONATION OF COLLECTION ASSETS - NOT CAPITALIZED OR EXPENSED	4,653.
TOTAL TO FORM 990-PF, PART III, LINE 3	1,059,396.

## FORM 990-PF

## CORPORATE STOCK

## STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	4,358,544.	4,358,544.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,358,544.	4,358,544.

FORM 990-PF	CORPORATE BONDS	STATEMENT 10	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		1,263,792.	1,263,792.
TOTAL TO FORM 990-PF, PART II, LINE 10C		1,263,792.	1,263,792.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT 11	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
OTHER INVESTMENTS	COST	115,736.	115,736.
TOTAL TO FORM 990-PF, PART II, LINE 13		115,736.	115,736.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 12	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	49,001.	0.	49,001.
BUILDINGS AND IMPROVEMENTS	5,563,733.	2,001,738.	3,561,995.
EQUIPMENT	401,730.	309,275.	92,455.
LAND IMPROVEMENTS	145,767.	47,874.	97,893.
CONSTRUCTION IN PROGRESS	287,557.	0.	287,557.
TOTAL TO FM 990-PF, PART II, LN 14	6,447,788.	2,358,887.	4,088,901.



FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JIM REYNOLDS 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	EMERITUS DIRECTOR 0.50		0.	0.
KENT ENNIS 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	TREASURER 0.50		0.	0.
RICK GIBSON 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	SECRETARY 0.50		0.	0.
LEROY BRADY 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	PRESIDENT 0.50		0.	0.
MILA BESICH-LIRA 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50		0.	0.
SHELLY ESQUE 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50		0.	0.
BOBBIE MILLER 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50		0.	0.
JAY REAM 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50		0.	0.
JOSEPH GIACOBAZZI 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50		0.	0.
JARED LANGKILDE 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50		0.	0.

BOYCE THOMPSON SOUTHWESTERN ARBORETUM

88-0061520

DR. BOBBI LANCASTER 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.
LYNNE NEMETH 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR OF DEVELOPMENT 40.00	123,632.	11,336.	0.
CAROLYN BAECKER 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.
VICTORIA BEVER 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.
TAIMUR BURKI 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.
GEMA DUARTE LUNA 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.
CAROL PARROT 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.
ANNE SCHROCK 37615 E ARBORETUM WAY SUPERIOR, AZ 85173	DIRECTOR 0.50	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>123,632.</u>	<u>11,336.</u>	<u>0.</u>
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ACTIVITY ONE

THE BOYCE THOMPSON SOUTHWESTERN ARBORETUM (BTSA) IS AZ'S OLDEST AND LARGEST BOTANICAL INSTITUTION. IT WAS ESTABLISHED IN 1924 BY THE FOUNDER OF MAGMA MINING COMPANY, WILLIAM BOYCE THOMPSON, FOR THE PURPOSE OF "INSTILLING IN PEOPLE AN APPRECIATION OF PLANTS." BTSA IS NOW VISITED BY OVER 120,000 PEOPLE ANNUALLY.

LOCATED AN HOUR EAST OF AZ'S STATE CAPITAL, BTSA COVERS 350 ACRES WITH 135 ACRES OF CULTIVATED GARDENS FROM DESERTS AROUND THE WORLD ENCOMPASSING 4,025 TAXA.

BTSA'S ACTIVITIES WERE COOPERATIVELY MANAGED BY BOYCE THOMPSON SOUTHWESTERN ARBORETUM, INC., ARIZONA STATE PARKS, AND THE UNIVERSITY OF ARIZONA; THAT ARRANGEMENT CEASED TO EXIST BY THE CLOSE OF FISCAL YEAR 2019. BTSA IS NOW MANAGED SOLELY BY THE NONPROFIT BTSA.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

2,326,770.

GENERAL EXPLANATION

STATEMENT 15

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

FORM 990-PF, PART I, LINE 1 - GOVERNMENT GRANT - PPP LOAN FORGIVENESS

EXPLANATION:

THE ORGANIZATION IS APPLYING REV. PROC. 2021-48 SECTION 3.01(3) TO TREAT AS TAX-EXEMPT INCOME RESULTING FROM THE COMPLETE FORGIVENESS OF THE PPP LOAN THAT THE ORGANIZATION RECEIVED IN THE AMOUNT OF \$244,405 DURING THE TAX YEAR. FORGIVENESS OF THE PPP LOAN HAS BEEN GRANTED AS OF THE DATE THIS RETURN IS FILED.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BOYCE THOMPSON SOUTHWESTERN ARBORETUM</b>	Taxpayer identification number (TIN) <b>88-0061520</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>37615 E ARBORETUM WAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SUPERIOR, AZ 85173-5100</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KENT ENNIS**

- The books are in the care of ▶ **37615 E ARBORETUM WAY - SUPERIOR, AZ 85173-5100**  
Telephone No. ▶ **520-689-2723** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.