

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> DESERT BOTANICAL GARDEN, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1201 N. GALVIN PKWY City or town, state or country, and ZIP + 4 PHOENIX, AZ 85008 <b>F Name and address of principal officer:</b> KENNETH J. SCHUTZ SAME AS C ABOVE	<b>D Employer identification number</b> 86-0136925 <b>E Telephone number</b> 480-481-8155 <b>G Gross receipts \$</b> 13,459,008. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.DBG.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1937 <b>M State of legal domicile:</b> AZ

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>AS A LIVING MUSEUM, THE ORGANIZATION'S PURPOSE IS FOR ADVANCING EXCELLENCE IN EDUCATION,</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3 42
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 32
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 246
	6 Total number of volunteers (estimate if necessary)	6 803
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)		3,061,937. 3,324,756.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-31,677. 101.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,480,054. 1,395,928.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,717,315. 11,780,559.
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. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,424,006. 6,523,156.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,352,563.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,370,972. 5,043,013.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,794,978. 11,566,169.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,077,663. 214,390.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,526,116. End of Year 21,028,917.
	21 Total liabilities (Part X, line 26)	3,789,229. 4,601,806.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,736,887. 16,427,111.

**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.

<b>Sign Here</b>	Signature of officer KENNETH J. SCHUTZ, EXECUTIVE DIRECTOR Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JEFFREY A. BITHER	Preparer's signature Jeffrey A. Bither, CPA, PFS	Date 2/13/13	Check if self-employed <input type="checkbox"/>	PTIN P01428424
	Firm's name ▶ SCHMIDT WESTERGARD & COMPANY, PLLC			Firm's EIN ▶ 86-0271207	
	Firm's address ▶ 77 WEST UNIVERSITY DRIVE MESA, AZ 85201-5830			Phone no. 480.834.6030	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AS A LIVING MUSEUM, THE ORGANIZATION'S PURPOSE IS FOR ADVANCING EXCELLENCE IN EDUCATION, RESEARCH, EXHIBITION, AND CONSERVATION OF DESERT PLANTS OF THE WORLD WITH EMPHASIS ON THE SOUTHWESTERN UNITED STATES, AND ENGAGING IN ANY LAWFUL ACT OR ACTIVITY NOT FOR PECUNIARY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 and section 4947(a)(1) trusts 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 \$ 8,759,846. including grants of \$ ) (Revenue \$ 3,449,950.) HORTICULTURE - PROPAGATING & MAINTAINING A LIVING PLANT COLLECTION OF OVER 75,000 DESERT PLANTS WITH PARTICULAR EMPHASIS ON THOSE INHABITING THE SONORAN DESERT, MANY OF WHICH ARE ENDANGERED SPECIES. THIS PROGRAM ALSO WORKS TO PRESERVE DESERT PLANT LIFE OUTSIDE OF ITS COLLECTION BY EDUCATING THE PUBLIC REGARDING THE BEAUTY, VARIETY AND FRAGILITY OF DESERT PLANT LIFE BY DISPLAYING AND INTERPRETING ITS COLLECTION FOR THE PUBLIC AT ITS GARDEN IN PHOENIX, AZ WHICH IN THE CURRENT YEAR ATTRACTED APPROXIMATELY 376,000 VISITORS FROM ALL OVER THE WORLD.

EDUCATION - PROVIDES PROGRAMMING FOR CHILDREN, ADULTS, AND EDUCATORS THAT PROMOTE GREATER ENJOYMENT, UNDERSTANDING AND STEWARDSHIP OF THE SONORAN DESERT. CLASSROOM OPPORTUNITIES FOR PRESCHOOLERS, IN-DEPTH

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

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,759,846.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions, and Yes/No columns. Includes rows for 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7, 7a-7h, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a-14b.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AZ
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
19 Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: MICHAEL OLSON - 480-481-8155 1201 N. GALVIN PARKWAY, PHOENIX, AZ 85008

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (describe hours for related organizations in Schedule O)	(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			
(1) REBECCA AILES-FINE TRUSTEE	5.00	X						0.	0.	0.
(2) TOM BEKEY TRUSTEE	5.00	X						0.	0.	0.
(3) OONAGH BOPPART TRUSTEE	5.00	X						0.	0.	0.
(4) TENIQUA BROUGHTON TRUSTEE	5.00	X						0.	0.	0.
(5) JOHN BURNSIDE TRUSTEE	5.00	X						0.	0.	0.
(6) CRAIG CLIFFORD TRUSTEE	5.00	X						0.	0.	0.
(7) LEE BAUMANN COHN TRUSTEE	5.00	X						0.	0.	0.
(8) LOU COMUS, JR. TRUSTEE	5.00	X						0.	0.	0.
(9) HAROLD DORENBECHER TRUSTEE	5.00	X						0.	0.	0.
(10) ARDIE EVANS TRUSTEE	5.00	X						0.	0.	0.
(11) BART FABER TRUSTEE	5.00	X						0.	0.	0.
(12) AMY FLOOD TRUSTEE	5.00	X						0.	0.	0.
(13) MIKE GILMAN TRUSTEE	5.00	X						0.	0.	0.
(14) HAZEL HARE TRUSTEE	5.00	X						0.	0.	0.
(15) JEFF HEBETS TRUSTEE	5.00	X						0.	0.	0.
(16) MARTHA HUNTER TRUSTEE	5.00	X						0.	0.	0.
(17) JANE JOZOFF TRUSTEE	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) MARI KOERNER TRUSTEE	5.00	X						0.	0.	0.
(19) TED LAGREID TRUSTEE	5.00	X						0.	0.	0.
(20) JAN LEWIS TRUSTEE	5.00	X						0.	0.	0.
(21) BRUCE MACDONOUGH TRUSTEE	5.00	X						0.	0.	0.
(22) TAMMY MCLEOD TRUSTEE	5.00	X						0.	0.	0.
(23) PAUL MORELL TRUSTEE	5.00	X						0.	0.	0.
(24) PEGGY MULLAN TRUSTEE	5.00	X						0.	0.	0.
(25) CAROLYN O'MALLEY TRUSTEE	5.00	X						0.	0.	0.
(26) DON OTTOSEN TRUSTEE	5.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								447,750.	0.	58,708.
<b>d Total (add lines 1b and 1c)</b> .....								447,750.	0.	58,708.

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 **3**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		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? If "Yes," complete Schedule J for such individual .....	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? If "Yes," complete Schedule J for such person .....		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
THE ARIZONA REPUBLIC P. O. BOX 677595, DALLAS, TX 75267-7595	ADVERTISING	189,532.
JOHN DOUGLAS ARCHITECTS, 4400 N. CIVIC CENTER PLAZA, SCOTTSDALE, AZ 85251	ARCHITECTS	186,019.
FABULOUS FOODS 120 S. 26TH STREET, PHOENIX, AZ 85034	FOOD & BEVERAGE	183,968.
KITCHELL-PEREZ, LLC, 748 W. PIERCE STREET, SUITE B, PHOENIX, AZ 85007	CONSTRUCTION	167,879.
P.S.STUDIOS, INC. 3002 N. THIRD STREET, PHOENIX, AZ 85012	MARKETING	131,531.

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 **6**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT PAGE TRUSTEE	5.00	X						0.	0.	0.
(28) ROSE PAPP TRUSTEE	5.00	X						0.	0.	0.
(29) DARRA RAYNDON TRUSTEE	5.00	X						0.	0.	0.
(30) JOHN SULLIVAN TRUSTEE	5.00	X						0.	0.	0.
(31) BOB TANCER TRUSTEE	5.00	X						0.	0.	0.
(32) STEVE TUFTS TRUSTEE	5.00	X						0.	0.	0.
(33) KEN UDENZE TRUSTEE	5.00	X						0.	0.	0.
(34) BRUCE WEBER TRUSTEE	5.00	X						0.	0.	0.
(35) MAJA WESSELS TRUSTEE	5.00	X						0.	0.	0.
(36) BILL WILDER TRUSTEE	5.00	X						0.	0.	0.
(37) STEVE ZYLSTRA TRUSTEE	5.00	X						0.	0.	0.
(38) KATE BAKER PRESIDENT	10.00	X		X				0.	0.	0.
(39) SHELLEY COHN VICE PRESIDENT	5.00	X		X				0.	0.	0.
(40) BARBARA HOFFNAGLE VICE PRESIDENT	5.00	X		X				0.	0.	0.
(41) MARTA MORANDO SECRETARY	5.00	X		X				0.	0.	0.
(42) GAIL BRADLEY TREASURER	5.00	X		X				0.	0.	0.
(43) KEN SCHUTZ EXECUTIVE DIRECTOR	40.00				X			215,000.	0.	31,328.
(44) MARYLYNN MACK DEPUTY DIRECTOR	40.00					X		112,750.	0.	13,435.
(45) BEVERLY DUZIK DEVELOPMENT DIRECTOR	40.00					X		120,000.	0.	13,945.
<b>Total to Part VII, Section A, line 1c</b>								<b>447,750.</b>		<b>58,708.</b>

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b> 2039411.					
	<b>c</b> Fundraising events	<b>1c</b> 1253119.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 267,259.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3499985.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	243,586.					
	<b>h Total.</b> Add lines 1a-1f		7059774.				
	<b>Program Service Revenue</b>	<b>2 a</b> <u>ADMISSIONS</u>	Business Code 900099	2711295.	2711295.		
<b>b</b> <u>GROUP SERVICES</u>		900099	316,915.	316,915.			
<b>c</b> <u>EDUCATION / CLASSES</u>		611600	296,546.	296,546.			
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			3324756.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		127.			127.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	26.				
		<b>c</b> Gain or (loss)	-26.				
	<b>d</b> Net gain or (loss)		-26.			-26.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,253,119. of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 610920.					
		<b>b</b> Less: direct expenses	<b>b</b> 610920.				
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b> 10,279.						
	<b>b</b> Less: direct expenses	<b>b</b> 567.					
	<b>c</b> Net income or (loss) from gaming activities		9,712.			9,712.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b> 2,318,247.						
	<b>b</b> Less: cost of goods sold	<b>b</b> 1,066,936.					
	<b>c</b> Net income or (loss) from sales of inventory		1251311.			1,251,311.	
Miscellaneous Revenue		Business Code					
<b>11 a</b> <u>CONCESSION SALES</u>	722210	124,110.			124,110.		
	<b>b</b> <u>MISCELLANEOUS</u>	900099	9,711.		9,711.		
	<b>c</b> <u>CONSULTING FEES</u>	900099	1,084.	1,084.			
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		134,905.				
<b>12 Total revenue.</b> See instructions.		11,780,559.	3325840.	0.	1,394,945.		

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	276,988.		276,988.	
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	5,053,113.	3,850,479.	506,971.	695,663.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	146,492.	94,246.	29,867.	22,379.
9 Other employee benefits	620,653.	495,155.	55,180.	70,318.
10 Payroll taxes	425,910.	318,184.	53,347.	54,379.
11 Fees for services (non-employees):				
a Management				
b Legal	15,739.		15,739.	
c Accounting	75,670.		75,670.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	946.	784.		162.
g Other	211,607.	174,346.	37,261.	
12 Advertising and promotion	323,198.	241,606.	5,000.	76,592.
13 Office expenses	1,001,352.	837,308.	51,389.	112,655.
14 Information technology	2,085.		2,085.	
15 Royalties				
16 Occupancy	502,897.	272,257.	165,899.	64,741.
17 Travel	187,416.	51,939.	115,850.	19,627.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	47,041.	47,041.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,187,998.	1,187,998.		
23 Insurance	112,176.	82,781.	15,592.	13,803.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OUTSIDE SERVICES</b>	984,623.	819,452.	31,303.	133,868.
b <b>BEVERAGE EXPENSE</b>	90,250.	90,250.		
c <b>SPECIAL EVENTS EXPENSE</b>	64,613.			64,613.
d <b>EXHIBIT PLANNING</b>	62,965.	62,965.		
e All other expenses	172,437.	133,055.	15,619.	23,763.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	11,566,169.	8,759,846.	1,453,760.	1,352,563.
26 <b>Joint costs.</b> 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)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,258,188.	1	1,679,548.	
	<b>2</b> Savings and temporary cash investments .....	37,502.	2	1,032,707.	
	<b>3</b> Pledges and grants receivable, net .....	683,808.	3	1,271,156.	
	<b>4</b> Accounts receivable, net .....	18,095.	4	64,216.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....	220,740.	8	65,443.	
	<b>9</b> Prepaid expenses and deferred charges .....	219,848.	9	148,359.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 30,688,285.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,073,845.	16,951,264.	<b>10c</b>	16,614,440.
	<b>11</b> Investments - publicly traded securities .....	61,063.	11	79,190.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	75,608.	15	73,858.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	19,526,116.	16	21,028,917.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	795,159.	17	1,092,710.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	1,144,070.	19	1,351,131.	
	<b>20</b> Tax-exempt bond liabilities .....	600,000.	20	600,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	550,000.	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23	100,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	1,250,000.	25	907,965.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,789,229.	26	4,601,806.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	13,889,648.	27	12,596,005.	
	<b>28</b> Temporarily restricted net assets .....	1,847,239.	28	3,831,106.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	15,736,887.	33	16,427,111.		
<b>34</b> Total liabilities and net assets/fund balances .....	19,526,116.	34	21,028,917.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,780,559.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,566,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	214,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,736,887.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	475,834.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,427,111.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	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 in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **DESERT BOTANICAL GARDEN, INC.** Employer identification number **86-0136925**

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,952,536.	3,189,180.	3,342,443.	3,278,757.	5,020,363.	20,783,279.
<b>2</b> 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 .....	7,419,241.	13,546,529.	8,535,928.	8,157,008.	8,303,613.	45,962,319.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	13,371,777.	16,735,709.	11,878,371.	11,435,765.	13,323,976.	66,745,598.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	1,173,856.	549,748.	817,561.	941,185.	2,278,162.	5,760,512.
<b>b</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 .....	2,402,798.	1,344,309.	641,669.	250,000.	411,015.	5,049,791.
<b>c</b> Add lines 7a and 7b .....	3,576,654.	1,894,057.	1,459,230.	1,191,185.	2,689,177.	10,810,303.
<b>8 Public support</b> (Subtract line 7c from line 6.) .....						55,935,295.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....	13,371,777.	16,735,709.	11,878,371.	11,435,765.	13,323,976.	66,745,598.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	858,049.	654,694.	9,079.	3,207.	127.	1,525,156.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	858,049.	654,694.	9,079.	3,207.	127.	1,525,156.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	171,503.	202,461.	152,091.	96,858.	134,905.	757,818.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....	14,401,329.	17,592,864.	12,039,541.	11,535,830.	13,459,008.	69,028,572.

**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**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	81.03 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	88.79 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	2.21 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 .....	<b>18</b>	3.72 %

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:**

**CONSULTING FEES**

**MISCELLANEOUS**

**CONCESSION SALES**

**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.

OMB No. 1545-0047

**2011**

Name of the organization

Employer identification number

DESERT BOTANICAL GARDEN, INC.

86-0136925

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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 protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>15,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>16,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>7</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>14,051.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,677.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>11,304.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>13</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>175,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>14</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>10,631.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>15</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>13,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>16</u>	To protect 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 if there is a noncash contribution.)
<u>17</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>1,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>18</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>19</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>20</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>10,206.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>21</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,629.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>22</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>12,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>23</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>10,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>24</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>13,908.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>25</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>26</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>27</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>28</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>7,951.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>29</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>30</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>31</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>52,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>32</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>33</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,075.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>34</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>35</u>	To protect 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 if there is a noncash contribution.)
<u>36</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>9,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>37</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>10,110.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>38</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>39</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>40</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>11,120.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>41</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>42</u>	To protect 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 if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>43</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>44</u>	To protect 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 if there is a noncash contribution.)
<u>45</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>140,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>46</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>47</u>	To protect 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 if there is a noncash contribution.)
<u>48</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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
49	To protect 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 if there is a noncash contribution.)
50	To protect our donors' privacy, we have redacted their personal information.	\$ 79,977.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	To protect our donors' privacy, we have redacted their personal information.	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	To protect our donors' privacy, we have redacted their personal information.	\$ 55,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	To protect our donors' privacy, we have redacted their personal information.	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	To protect our donors' privacy, we have redacted their personal information.	\$ 7,186.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>55</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>56</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>57</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>58</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>59</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>60</u>	To protect 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 if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>61</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>62</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>8,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>63</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>64</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>46,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>65</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>66</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>32,984.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>67</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,625.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>68</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>69</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>50,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>70</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>71</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,251.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>72</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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
73	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	To protect our donors' privacy, we have redacted their personal information.	\$ <u>505,195.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	To protect 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 if there is a noncash contribution.)
77	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	To protect our donors' privacy, we have redacted their personal information.	\$ <u>55,160.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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
79	To protect our donors' privacy, we have redacted their personal information.	\$ 14,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	To protect our donors' privacy, we have redacted their personal information.	\$ 5,233.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	To protect 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 if there is a noncash contribution.)
82	To protect 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 if there is a noncash contribution.)
83	To protect 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 if there is a noncash contribution.)
84	To protect our donors' privacy, we have redacted their personal information.	\$ 19,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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
85	To protect 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 if there is a noncash contribution.)
86	To protect 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 if there is a noncash contribution.)
87	To protect our donors' privacy, we have redacted their personal information.	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	To protect our donors' privacy, we have redacted their personal information.	\$ 5,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	To protect our donors' privacy, we have redacted their personal information.	\$ 30,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	To protect our donors' privacy, we have redacted their personal information.	\$ 1,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>91</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>92</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>2,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>93</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>94</u>	To protect 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 if there is a noncash contribution.)
<u>95</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>96</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>8,329.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>97</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>7,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>98</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,060.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>99</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>100</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>9,250.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>101</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>7,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>102</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>17,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**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>103</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>65,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>104</u>	To protect 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 if there is a noncash contribution.)
<u>105</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>106</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>121,830.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>107</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>14,077.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	To protect our donors' privacy, we have redacted their personal information.	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

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

(a) No. from Part I	(b)	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>50</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	<u>02/14/12</u>
<u>66</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>14,987.</u>	<u>02/07/12</u>
<u>100</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>9,250.</u>	<u>04/24/12</u>
<u>101</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>7,000.</u>	<u>04/28/12</u>
<u>102</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>17,500.</u>	<u>03/22/12</u>
<u>103</u>	To protect our donors' privacy, we have redacted their personal information.	\$ <u>65,000.</u>	<u>04/16/12</u>

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

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

(a) No. from Part I	(b)	(c) FMV (or estimate) (see instructions)	(d) Date received
107	To protect our donors' privacy, we have redacted their personal information.	\$ 10,199.	12/22/11
_____	To protect our donors' privacy, we have redacted their personal information.	\$ _____	_____
_____	To protect our donors' privacy, we have redacted their personal information.	\$ _____	_____
_____	To protect our donors' privacy, we have redacted their personal information.	\$ _____	_____
_____	To protect our donors' privacy, we have redacted their personal information.	\$ _____	_____
_____	To protect our donors' privacy, we have redacted their personal information.	\$ _____	_____
_____	To protect our donors' privacy, we have redacted their personal information.	\$ _____	_____

Name of organization <b>DESERT BOTANICAL GARDEN, INC.</b>	Employer identification number <b>86-0136925</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in 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 are a 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 programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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" to 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 XIV 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	9,327,182.	9,218,659.	6,719,079.		
b Contributions	-379,198.	108,523.	2,499,580.	6,719,079.	
c Net investment earnings, gains, and losses	1,338,225.	-494,099.	748,412.	288,123.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	570,333.	-494,099.	748,412.	288,123.	
g End of year balance	9,715,876.	9,327,182.	9,218,659.	6,719,079.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in 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" to 3a(ii), are the related organizations listed as required on Schedule R? | X   |    |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** 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		12,412,209.	4,864,194.	7,548,015.
c Leasehold improvements		15,453,789.	6,785,771.	8,668,018.
d Equipment		2,822,287.	2,423,880.	398,407.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				16,614,440.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>BANK LINE OF CREDIT</b>	700,000.
(3) <b>NOTE PAYABLE MERIDIAN BANK</b>	200,000.
(4) <b>INTER-COMPANY PAYABLE - ENDOWMENT</b>	7,965.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	907,965.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,780,559.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,566,169.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	214,390.
4	Net unrealized gains (losses) on investments	4	-232.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	476,066.
9	Total adjustments (net). Add lines 4 through 8	9	475,834.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	690,224.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	13,036,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-232.
b	Donated services and use of facilities	2b	429,900.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,447,827.
e	Add lines 2a through 2d	2e	1,877,495.
3	Subtract line 2e from line 1	3	11,159,375.
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 XIV.)	4b	621,184.
c	Add lines 4a and 4b	4c	621,184.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,780,559.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	11,957,952.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	429,900.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	57,455.
e	Add lines 2a through 2d	2e	487,355.
3	Subtract line 2e from line 1	3	11,470,597.
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 XIV.)	4b	95,572.
c	Add lines 4a and 4b	4c	95,572.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,566,169.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A: COLLECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING**

**PLANT COLLECTION, WHICH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE**

**COLLECTION ITEMS ARE NOT CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY**

**CONSISTS OF OVER 500 BOTANICAL PERIODICALS AND OVER 7,000 RARE BOOKS,**

**INCLUDING FLORISTIC, ECOLOGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE**

**DESERTS OF THE WORLD. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL**

**ILLUSTRATION, PLANT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS,**

**RARE AND ENDANGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION.**

**Part XIV** Supplemental Information (continued)

THE LIVING PLANT COLLECTION CONSISTS OF PLANTS THAT ARE RARE AND DIFFICULT TO REPLACE. THE GARDEN EMPLOYS HORTICULTURISTS TO ENSURE THAT THE COLLECTION ITEMS ARE PRESERVED AND PROTECTED. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR FROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH UNPROCESSED HERBARIUM SPECIMEN AND A VALUE OF \$35 WAS ESTIMATED FOR EACH PROCESSED HERBARIUM SPECIMEN, FOR AN ESTIMATED TOTAL OF HERBARIUM SPECIMENS OF \$2,520,000. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

COSTS OF PURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN UNRESTRICTED NET ASSETS IN "PROGRAM EXPENSE" IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES. DURING THE YEAR ENDED SEPTEMBER 30, 2012, ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.

PART III, LINE 4: COLLECTIONS INCLUDE THE GARDEN'S LIBRARY AND LIVING PLANT COLLECTION, WHICH ARE ON DISPLAY FOR THE GENERAL PUBLIC. THESE COLLECTION ITEMS ARE NOT CAPITALIZED BY THE GARDEN. THE GARDEN'S LIBRARY CONSISTS OF OVER 500 BOTANICAL PERIODICALS AND OVER 7,000 RARE BOOKS, INCLUDING FLORISTIC, ECOLOGICAL AND HORTICULTURAL WORKS THAT RELATE TO THE DESERTS OF THE WORLD. THE LIBRARY ALSO INCLUDES MATERIALS ON BOTANICAL ILLUSTRATION, PLANT TAXONOMY AND NOMENCLATURE, EDIBLE AND USEFUL PLANTS, RARE AND ENDANGERED PLANTS, AND DESERT ECOLOGY AND CONSERVATION.

THE LIVING PLANT COLLECTION CONSISTS OF PLANTS THAT ARE RARE AND DIFFICULT TO REPLACE. THE GARDEN EMPLOYS HORTICULTURISTS TO ENSURE THAT THE

**Part XIV** Supplemental Information (continued)

COLLECTION ITEMS ARE PRESERVED AND PROTECTED. BASED ON AN INDEPENDENT STUDY CONDUCTED IN 2005 BY AN ADVISOR FROM ARIZONA STATE UNIVERSITY, A VALUE OF \$20 WAS ESTIMATED FOR EACH UNPROCESSED HERBARIUM SPECIMEN AND A VALUE OF \$35 WAS ESTIMATED FOR EACH PROCESSED HERBARIUM SPECIMEN, FOR AN ESTIMATED TOTAL OF HERBARIUM SPECIMENS OF \$2,520,000. IN CONFORMITY WITH THE PRACTICE FOLLOWED BY MANY GARDENS, SPECIMENS CONTRIBUTED TO THE GARDEN ARE NOT INCLUDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

COSTS OF PURCHASING COLLECTION ITEMS ARE INCLUDED AS A CHANGE IN UNRESTRICTED NET ASSETS IN "PROGRAM EXPENSE" IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES. DURING THE YEAR ENDED SEPTEMBER 30, 2012, ACQUISITIONS AND DE-ACCESSIONS OF COLLECTION ITEMS WERE NOT SIGNIFICANT.

PART V, LINE 4: THE ENDOWMENT IS HELD BY THE ORGANIZATION'S SUPPORTING ORGANIZATION AND ITS INTENDED USE IS TO PROVIDE A PERMANENT ENDOWMENT WITH INVESTMENT INCOME AVAILABLE FOR THE OPERATING EXPENSES OF THE GARDEN.

PART X, LINE 2: THE GARDEN IS A NONPROFIT CORPORATION EXEMPT FROM BOTH FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "IRC") AND SIMILAR STATE PROVISIONS. IN ADDITION, THE GARDEN QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE IRC AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION. INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME WOULD BE TAXED.

THE GARDEN FOLLOWS THE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") RELATED TO ACCOUNTING FOR INCOME TAX

**Part XIV** Supplemental Information (continued)

UNCERTAINTIES. UNDER THIS GUIDANCE, THE GARDEN ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON WHETHER IT IS "MORE-LIKELY-THAN-NOT" THAT THE POSITION WILL BE SUSTAINED BY THE TAXING AUTHORITY UPON EXAMINATION. THE GARDEN ROUTINELY EVALUATES POTENTIAL UNCERTAIN TAX POSITIONS. THE GARDEN HAS IDENTIFIED ITS STATUS AS AN EXEMPT ORGANIZATION AS A TAX POSITION; HOWEVER, THE GARDEN HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY THAT REQUIRES RECOGNITION.

THE GARDEN FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN CERTAIN STATE AND LOCAL JURISDICTIONS. AS OF SEPTEMBER 30, 2012, U.S. FEDERAL INFORMATION RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2009 AND STATE RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2008 WERE CLOSED TO ASSESSMENT. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF ADMINISTRATION EXPENSES WHEN ASSESSED.

## PART XI, LINE 8 - OTHER ADJUSTMENTS:

RECEIVABLE DISCOUNT	-15,934.
TRANSFER OF ENDOWMENT TO DESERT BOTANICAL GARDEN FOUNDATION	-8,000.
REPURPOSE OF ENDOWMENT FUNDS (SEE STATEMENT BELOW)	500,000.
TOTAL TO SCHEDULE D, PART XI, LINE 8	476,066.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

## REVENUE REPORTED ON DESERT BOTANICAL GARDEN FOUNDATION EIN:

26-3305761	1,447,827.
------------	------------

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECEIVABLE DISCOUNT	15,934.
IN-KIND AUCTION ITEMS	95,572.

**Part XIV** Supplemental Information (continued)

GRANTS FROM DESERT BOTANICAL GARDEN FOUNDATION	509,678.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	621,184.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON DESERT BOTANICAL GARDEN FOUNDATION

EIN: 26-3305761	57,455.
-----------------	---------

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

IN-KIND AUCTION ITEMS	95,572.
-----------------------	---------

PART XI, LINE 8

THE ORGANIZATION KNOWN AS DESERT BOTANICAL GARDEN FOUNDATION WAS ORGANIZED FOR EDUCATIONAL AND CHARITABLE PURPOSES FOR THE BENEFIT OF, AND TO CARRY OUT CERTAIN PURPOSES OF, DESERT BOTANICAL GARDEN, INC. DURING THE YEAR ENDED SEPTEMBER 30, 2012, DESERT BOTANICAL GARDEN, INC. TRANSFERRED ALL OF THE CASH, INVESTMENTS AND CONTRIBUTIONS RECEIVABLE RELATED TO THE ORGANIZATION'S ENDOWMENT TO THE FOUNDATION. ALSO DURING THE YEAR, A DONOR REPURPOSED A PREVIOUS ENDOWMENT CONTRIBUTION. THEREFORE, THE CONTRIBUTION WAS TRANSFERED BACK TO THE ORGANIZATION FROM THE FOUNDATION.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to 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
		DINNER ON	LUMINARIA	8	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	517,091.	915,891.	431,057.	1,864,039.
	<b>2</b> Less: Charitable contributions .....	391,306.	536,019.	325,794.	1,253,119.
	<b>3</b> Gross income (line 1 minus line 2) .....	125,785.	379,872.	105,263.	610,920.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	125,785.	379,872.	105,263.	610,920.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 610,920 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate 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: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>4b</b>	<b>4c</b>							
		X								
	X									
	X									
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>5b</b>								
	X									
		X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>6b</b>								
	X									
		X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>		X							
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEN SCHUTZ	(i)	190,000.	25,000.	0.	30,478.	850.	246,328.	228,515.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINES 4B-C: KEN SCHUTZ \$25,000 NONQUALIFIED RETIREMENT PLAN THAT IS NON-ELIGIBLE UNTIL RETIREMENT.

PART I, LINE 5: INCENTIVE COMPENSATION, ALTHOUGH LINKED TO PRE-DETERMINED COMBINATIONS OF SPECIFIC INSTITUTIONAL AND INDIVIDUAL RESULTS, IS NOT A SPECIFIC DOLLAR AMOUNT NOR IS IT A PERCENTAGE OF REVENUE OR EARNINGS.

PART I, LINE 6: INCENTIVE COMPENSATION, ALTHOUGH LINKED TO PRE-DETERMINED COMBINATIONS OF SPECIFIC INSTITUTIONAL AND INDIVIDUAL RESULTS, IS NOT A SPECIFIC DOLLAR AMOUNT NOR IS IT A PERCENTAGE OF REVENUE OR EARNINGS.

PART I, LINE 7: PERFORMANCE BASED BONUS PLAN

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

Department of the Treasury  
Internal Revenue Service

**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. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open To Public Inspection**

Name of the organization **DESERT BOTANICAL GARDEN, INC.** Employer identification number **86-0136925**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) 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) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	KATE BAKER - DBG	X				25,000.	25,000.		X	X
LEE COHN - DBG OP	X		75,000.	75,000.		X	X		X	
CLIFF DOUGLAS - D	X		100,000.	100,000.		X	X		X	
ARDIE/STEVE EVANS	X		50,000.	50,000.		X	X		X	
BART FABER - DBG	X		25,000.	25,000.		X	X		X	
MIKE GILMAN - DBG	X		25,000.	25,000.		X	X		X	
BILL HUIZINGH - D	X		75,000.	75,000.		X	X		X	
TED LAGREID - DBG	X		50,000.	50,000.		X	X		X	
BRUCE MACDONOUGH	X		50,000.	50,000.		X	X		X	
MARTA MORANDO - D	X		25,000.	25,000.		X	X		X	
<b>Total</b> .....				\$ 550,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

SEE PART V FOR CONTINUATIONS



**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: TED LAGREID

(A) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: BRUCE MACDONOUGH

(A) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: MARTA MORANDO

(A) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: DON OTTOSEN

(A) PURPOSE OF LOAN: DBG OPERATING

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (D) BALANCE DUE \$ 25,000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BOB TANCER

(A) PURPOSE OF LOAN: DBG OPERATING

(B) LOAN TO OR FROM ORGANIZATION? = TO

(C) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (D) BALANCE DUE \$ 25,000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

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.**

Name of the organization **DESERT BOTANICAL GARDEN, INC.** Employer identification number **86-0136925**

**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 .....	X	1	65,000.	FMV
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		4,817.	FMV
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	10	55,136.	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 ▶ ( <u>AUCTION ITEMS</u> ) .....	X	135	88,695.	FMV
26 Other ▶ ( <u>TRAV. VOUCHERS</u> ) .....	X	1	17,500.	CASH VALUE
27 Other ▶ ( <u>PLANTS/EXHIBI</u> ) .....	X	13	11,040.	FMV
28 Other ▶ ( <u>EQUIPMENT</u> ) .....	X	6	1,398.	FMV

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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**SCHEDULE M, LINE 32B: THE ORGANIZATION UTILIZES A FINANCIAL BROKER TO  
SELL NON-CASH STOCK CONTRIBUTIONS.**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

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

RESEARCH, EXHIBITION, AND CONSERVATION OF DESERT PLANTS OF THE WORLD

WITH EMPHASIS ON THE SOUTHWESTERN UNITED STATES, AND ENGAGING IN ANY

LAWFUL ACT OR ACTIVITY NOT FOR PECUNIARY PROFIT FOR WHICH NONPROFIT

CORPORATIONS MAY BE ORGANIZED, SO FAR AS IS OR MAY BE PERMITTED BY THE

LAWS OF THE STATE OF ARIZONA AND SECTION 501(C)(3) OF THE CODE.

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

PROFIT FOR WHICH NONPROFIT CORPORATIONS MAY BE ORGANIZED, SO FAR AS IS

OR MAY BE PERMITTED BY THE LAWS OF THE STATE OF ARIZONA AND SECTION

501(C)(3) OF THE CODE.

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

CAMPS AND SERVICE-LEARNING TEEN PROGRAMS ARE OFFERED AS WONDERFUL

RESOURCES TO STIMULATE A CONNECTION TO NATURE AND DISCOVERY OF THE

WORLD WE LIVE IN.

WE INTEGRATE A PLACE-BASED FOCUS ON SCIENCE, ART, MUSIC, LITERATURE AND

SOCIAL STUDIES INTO ALL OF OUR PROGRAMS AND RELY ON THE EXPERTISE OF

THE GARDEN'S ENTHUSIASTIC STAFF, DEDICATED VOLUNTEERS, AND DIVERSE

PARTNERSHIPS WITH OTHER ORGANIZATIONS TO ENSURE HIGH-QUALITY OFFERINGS.

INQUIRY-BASED SCHOOL PROGRAMS OFFER DESIGNED CURRICULUM FOR STUDENTS

K-8 AND CORRELATE EDUCATIONAL OBJECTIVES AND ARIZONA ACADEMIC

STANDARDS. WE SERVED 25,000 PARTICIPANTS IN THE SCHOOL PROGRAM IN

2011-2012.

PROGRAMMING FOR ADULTS INCLUDE WORKSHOPS, HIKES, TRIPS AND

CERTIFICATION CLASSES, INCLUDING BOTANICAL ART AND ILLUSTRATION SCHOOL

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
---	--

AND DESERT LANDSCAPING SCHOOL. OVER 3,700 PARTICIPANTS TOOK PART IN ADULT PROGRAMMING OPPORTUNITIES IN 2011-2012.

COMMUNITY OUTREACH - INFORMING GARDEN MEMBERSHIP AND THE PUBLIC ABOUT ACCESSING HORTICULTURE AND PLANT INFORMATION; EDUCATION PROGRAMS FOR TEACHERS, STUDENTS, ADULTS AND OTHER LIFE-LONG LEARNERS; AND ONGOING EVENTS, EXHIBITS AND ACTIVITIES AT THE GARDEN. UTILIZING LOCAL, STATE, NATIONAL AND TOURISM ADVERTISING, NEWS AND ENTERTAINMENT OUTLETS, THE GARDEN'S WEB SITE AND MEMBER PUBLICATIONS, WE ARE ABLE TO REACH MILLIONS OF RESIDENTS AND VISITORS TO ARIZONA WITH IMPORTANT INFORMATION ABOUT DESERT PLANTS AND THE ENVIRONMENT. GARDEN PUBLICATIONS INCLUDE THE "SONORAN QUARTERLY" AND THE "CALENDAR OF EVENTS", EACH PUBLISHED FOUR TIMES A YEAR, WITH AN AVERAGE CIRCULATION OF 25,300 AND 28,800 RESPECTIVELY. FIFTEEN ADDITIONAL SEASONAL MAILINGS ARE DISTRIBUTED EACH YEAR WITH AN AVERAGE CIRCULATION OF 26,200 AS WELL. THE GARDEN'S WEB SITE HAS MORE THAN 70,000 HITS PER MONTH. THE GARDEN ALSO STAFFS A PLANT HOTLINE THAT RESPONDS TO MORE THAN 1,300 CALLS AND EMAILS ANNUALLY. "ASK A GARDENER" RECEIVES MORE THAN 1,000 QUERIES ANNUALLY.

RESEARCH - INVESTIGATING THE BIOLOGY, ECOLOGY, AND CONSERVATION OF THE DESERT PLANTS AND ENVIRONMENT. THE GARDEN HAS AN EXTENSIVE HERBARIUM CONTAINING NEARLY 72,000 PLANT SPECIMENS AND A LIBRARY WITH OVER 7,000 BOOK TITLES AND 565 BOTANICAL JOURNALS AND NEWSLETTER TITLES TO ASSIST THE PUBLIC AND RESEARCHERS IN THEIR STUDIES. THE GARDEN IS ALSO A PRIMARY RESEARCH CENTER AND HAS A PERMANENT RESEARCH STAFF CONDUCTING A NUMBER OF ONGOING RESEARCH PROJECTS. DURING THE CURRENT YEAR, THE GARDEN PUBLISHED 12 PAPERS RESULTING FROM THEIR RESEARCH.

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
---	--

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION HAS AMENDED ITS BYLAWS WITH CHANGES TO PROVISIONS OF THEIR EXECUTIVE COMMITTEE AND ADDING A SECTION FOR THEIR AUDIT COMMITTEE. SEE ATTACHED AMENDED BYLAWS FOR DETAIL.

FORM 990, PART VI, SECTION A, LINE 6: NOT-FOR-PROFIT CORPORATION WITH MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: ALL GARDEN MEMBERSHIP LEVELS HAVE VOTING PRIVILEGES FOR BOARD POSITIONS.

FORM 990, PART VI, SECTION A, LINE 7B: ALL MEMBERSHIP LEVELS CAN VOTE ON AND CONFIRM BOARD MEMBER ELECTIONS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11: THE REVIEW OF THE FORM 990 IS DELEGATED TO THE FINANCE COMMITTEE, A SUBGROUP OF THE BOARD AND THEN THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST FORMS ARE SIGNED UPON ACCEPTANCE TO THE BOARD, AND RETURN OF FORMS IS TRACKED BY THE ADMINISTRATIVE COORDINATOR. ALL BOARD MEMBERS REVIEW THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION FOR EXECUTIVE DIRECTOR IS PERFORMED ANNUALLY BY THE MEMBERS OF THE PERSONNEL COMMITTEE, A COMMITTEE OF THE BOARD OF TRUSTEES AND A NON-BOARD MEMBER WHO SERVES AS A HUMAN RESOURCE CONSULTANT. THE PERSONNEL COMMITTEE USES COMPARABLE DATA TO DETERMINE COMPENSATION BY CALLING OTHER NON-PROFITS OF EQUAL SIZE AND ALSO USES TOOLS SUCH AS GUIDESTAR AND OTHER

Name of the organization DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
---	--

PERSONNEL BASED WEB SITES. THE CURRENT FISCAL YEAR INCLUDED AN UPDATED COMPENSATION STUDY.

FORM 990, PART VI, SECTION C, LINE 19: THE GARDEN POSTS ITS FORMS 990 AND ITS AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE WWW.DBG.ORG, AVAILABLE FOR PUBLIC VIEWING. ANNUAL REPORTS ARE FILED WITH AZ CORPORATION COMMISSION, WHICH ARE AVAILABLE ON THE WEB.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-232.
RECEIVABLE DISCOUNT	-15,934.
TRANSFER OF ENDOWMENT TO DESERT BOTANICAL GARDEN FOUNDATION	-8,000.
REPURPOSE OF ENDOWMENT FUNDS (SEE STATEMENT BELOW)	500,000.
TOTAL TO FORM 990, PART XI, LINE 5	475,834.

FORM 990, PART XI, LINE 2C:  
EXPLANATION TO DESCRIBE ANY CHANGES TO PROCESS OF OVERSIGHT OF THE AUDIT:  
THE ORGANIZATION ADDED AN AUDIT COMMITTEE DURING THE YEAR TO OVERSEE THE AUDIT OF THE FINANCIAL STATEMENTS. THIS CHANGE IS REFLECTED IN THE ORGANIZATION'S AMENDED BYLAWS.

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **DESERT BOTANICAL GARDEN, INC.** Employer identification number **86-0136925**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DBG AGAVE, LLC 1201 N. GALVIN PKWY PHOENIX, AZ 85008	RECEIVING AND HOLDING CONTRIBUTED INTERESTS IN REAL ESTATE.	ARIZONA	0.	0.	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DESERT BOTANICAL GARDEN FOUNDATION - 26-3305761, 1201 N. GALVIN PKWY, PHOENIX, AZ 85008	TO MANAGE ENDOWMENT FUNDS FOR THE DESERT BOTANICAL GARDEN.	ARIZONA	501(C)(3)	11A	N/A		X





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DESERT BOTANICAL GARDEN FOUNDATION	C	509,648.	CASH
(2) DESERT BOTANICAL GARDEN FOUNDATION	R	500,000.	CASH
(3)			
(4)			
(5)			
(6)			



