

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** **and ending** **SEP 30, 2013**

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	C Name of organization 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, town, or post office, state, and ZIP code PHOENIX, AZ 85008 F Name and address of principal officer: KENNETH J. SCHUTZ SAME AS C ABOVE	D Employer identification number 86-0136925 E Telephone number 480-481-8155 G Gross receipts \$ 15,231,373. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.DBG.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1937 M State of legal domicile: 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	40
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	231
	6 Total number of volunteers (estimate if necessary)	6	830
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	7,059,774.	9,400,884.
	9 Program service revenue (Part VIII, line 2g)	3,324,756.	3,386,863.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101.	1,316.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,395,928.	1,417,387.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,780,559.	14,206,450.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,523,156.	6,803,013.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,697,878.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,043,013.	6,075,028.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,566,169.	12,878,041.
	19 Revenue less expenses. Subtract line 18 from line 12	214,390.	1,328,409.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	21,028,917.	23,677,768.
	21 Total liabilities (Part X, line 26)	4,601,806.	5,859,073.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,427,111.	17,818,695.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer		Date	
	▶ KENNETH J. SCHUTZ, EXECUTIVE DIRECTOR			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	JEFFREY A. BITHER			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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 9,536,782. including grants of \$) (Revenue \$ 3,438,676.) 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 440,000 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 9,536,782.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in 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 and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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
21 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? If "Yes," complete Schedule I, Parts I and II		X
22 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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	X	
27 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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	110		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	231		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?	9a			
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	40		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?		X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
b Each committee with authority to act on behalf of the governing body?		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 VICE PRESIDENT	5.00	X					0.	0.	0.	
(6) CRAIG CLIFFORD TREASURER	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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 VICE PRESIDENT	5.00	X						0.	0.	0.
(22) TAMMY MCLEOD SECRETARY	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.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								661,455.	0.	47,789.
d Total (add lines 1b and 1c)								661,455.	0.	47,789.

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 **4**

	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
KITCHELL-PEREZ, LLC, 748 W. PIERCE STREET, SUITE B, PHOENIX, AZ 85007	CONSTRUCTION	1,717,487.
FABULOUS FOODS 120 S. 26TH STREET, PHOENIX, AZ 85034	FOOD & BEVERAGE	326,658.
CHIHULY STUDIO 111 NW 50TH STREET, SEATTLE, WA 98107	ARTIST	240,000.
ORIGINS SAFARIS 5TH FLOOR, LANDMARK PLAZA, NAIROBI, KENYA	TRAVEL AGENT	228,827.
P.S.STUDIOS, INC. 3002 N. THIRD STREET, PHOENIX, AZ 85012	MARKETING	191,583.

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 **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) 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 PAST PRESIDENT	5.00	X		X			0.	0.	0.	
(39) SHELLEY COHN TRUSTEE	5.00	X		X			0.	0.	0.	
(40) BARBARA HOFFNAGLE PRESIDENT	10.00	X		X			0.	0.	0.	
(41) MARTA MORANDO TRUSTEE	5.00	X		X			0.	0.	0.	
(42) GAIL BRADLEY TRUSTEE	5.00	X		X			0.	0.	0.	
(43) MARK LANDY TRUSTEE	5.00	X					0.	0.	0.	
(44) KIMBER LANNING TRUSTEE	5.00	X					0.	0.	0.	
(45) KATHY MUNSON TRUSTEE	5.00	X					0.	0.	0.	
(46) SCOTT SCHAEFER TRUSTEE	5.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ARCHER SHELTON TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(48) BRIAN SCHWALLIE TRUSTEE	5.00	<input checked="" type="checkbox"/>						0.	0.	0.
(49) KEN SCHUTZ EXECUTIVE DIRECTOR	40.00				<input checked="" type="checkbox"/>			236,736.	0.	23,400.
(50) MARYLYNN MACK DEPUTY DIRECTOR	40.00					<input checked="" type="checkbox"/>		115,569.	0.	6,575.
(51) BEVERLY DUZIK DEVELOPMENT DIRECTOR	40.00					<input checked="" type="checkbox"/>		123,000.	0.	14,095.
(52) MICHAEL OLSON DIRECTOR OF FINANCE	40.00					<input checked="" type="checkbox"/>		112,750.	0.	3,719.
Total to Part VII, Section A, line 1c								588,055.		47,789.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 2,259,130.				
	c Fundraising events	1c 1,501,367.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 137,647.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,502,740.				
	g Noncash contributions included in lines 1a-1f: \$	563,503.				
	h Total. Add lines 1a-1f		9,400,884.			
	Program Service Revenue	2 a <u>ADMISSIONS</u>	Business Code 900099	2,734,900.	2,734,900.	
b <u>GROUP SERVICES</u>		900099	357,393.	357,393.		
c <u>EDUCATION / CLASSES</u>		611600	294,570.	294,570.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			3,386,863.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		218.		218.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)		1,098.		1,098.	
	8 a Gross income from fundraising events (not including \$ 1,501,367. of contributions reported on line 1c). See Part IV, line 18	a		475,863.		
		b Less: direct expenses		475,863.		
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a		11,344.			
	b Less: direct expenses		492.			
	c Net income or (loss) from gaming activities		10,852.		10,852.	
10 a Gross sales of inventory, less returns and allowances	a		1,638,228.			
	b Less: cost of goods sold		392,944.			
	c Net income or (loss) from sales of inventory		1,245,284.		1,245,284.	
Miscellaneous Revenue		Business Code				
11 a <u>CONCESSION SALES</u>		722210	74,584.		74,584.	
	b <u>GROUP SERVICES - OTHER</u>	900099	51,813.	51,813.		
	c <u>MISCELLANEOUS</u>	900099	34,854.		34,854.	
	d All other revenue					
e Total. Add lines 11a-11d			161,251.			
12 Total revenue. See instructions.			14,206,450.	3,438,676.	0.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response 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	256,603.		256,603.	
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	5,319,994.	3,887,395.	657,677.	774,922.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	160,721.	103,195.	33,521.	24,005.
9 Other employee benefits	658,584.	519,288.	58,701.	80,595.
10 Payroll taxes	407,111.	306,083.	44,079.	56,949.
11 Fees for services (non-employees):				
a Management				
b Legal	13,621.	5,237.	8,384.	
c Accounting	54,081.	171.	53,910.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,039.	773.		266.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	253,355.	213,453.	39,902.	
12 Advertising and promotion	258,376.	181,055.	5,000.	72,321.
13 Office expenses	1,331,922.	1,096,476.	74,088.	161,358.
14 Information technology	64.		64.	
15 Royalties				
16 Occupancy	596,635.	346,356.	180,025.	70,254.
17 Travel	181,615.	79,849.	84,393.	17,373.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	65,731.	65,731.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,089,911.	1,089,911.		
23 Insurance	77,025.	55,269.	11,850.	9,906.
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 OUTSIDE SERVICES	1,560,626.	1,131,456.	119,351.	309,819.
b SPECIAL EVENTS EXPENSE	103,393.	310.		103,083.
c BEVERAGE EXPENSE	84,253.	84,253.		
d EXHIBIT PLANNING	58,549.	58,549.		
e All other expenses	344,832.	311,972.	15,833.	17,027.
25 Total functional expenses. Add lines 1 through 24e	12,878,041.	9,536,782.	1,643,381.	1,697,878.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,679,548.	1	2,204,993.	
	2 Savings and temporary cash investments	1,032,707.	2	519,516.	
	3 Pledges and grants receivable, net	1,271,156.	3	2,229,635.	
	4 Accounts receivable, net	64,216.	4	53,697.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other 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 instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use	65,443.	8	38,342.	
	9 Prepaid expenses and deferred charges	148,359.	9	331,807.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,232,059.			
	b Less: accumulated depreciation	10b 15,163,756.	16,614,440.	10c	18,068,303.
	11 Investments - publicly traded securities	79,190.	11	157,617.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	73,858.	15	73,858.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,028,917.	16	23,677,768.		
Liabilities	17 Accounts payable and accrued expenses	1,092,710.	17	1,260,660.	
	18 Grants payable		18		
	19 Deferred revenue	1,351,131.	19	2,174,062.	
	20 Tax-exempt bond liabilities	600,000.	20	600,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	550,000.	22	470,000.	
	23 Secured mortgages and notes payable to unrelated third parties	100,000.	23	100,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	907,965.	25	1,254,351.	
	26 Total liabilities. Add lines 17 through 25	4,601,806.	26	5,859,073.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	12,596,005.	27	11,855,862.	
	28 Temporarily restricted net assets	3,831,106.	28	5,962,833.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	16,427,111.	33	17,818,695.		
34 Total liabilities and net assets/fund balances	21,028,917.	34	23,677,768.		

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	14,206,450.
2 Total expenses (must equal Part IX, column (A), line 25)	2	12,878,041.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,328,409.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,427,111.
5 Net unrealized gains (losses) on investments	5	<43.>
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	63,218.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,818,695.

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

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

2012

Open to Public Inspection

Name of the organization **Employer identification number**
 DESERT BOTANICAL GARDEN, INC. 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 - Non-functionally integrated
- 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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶ <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		▶ <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		▶ <input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,189,180.	3,342,443.	3,278,757.	5,020,363.	7,141,754.	21,972,497.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13,546,529.	8,535,928.	8,157,008.	8,303,613.	7,771,428.	46,314,506.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,735,709.	11,878,371.	11,435,765.	13,323,976.	14,913,182.	68,287,003.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	549,748.	817,561.	941,185.	2,278,162.	1,837,052.	6,423,708.
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	1,344,309.	641,669.	250,000.	411,015.	1,116,476.	3,763,469.
c Add lines 7a and 7b	1,894,057.	1,459,230.	1,191,185.	2,689,177.	2,953,528.	10,187,177.
8 Public support (Subtract line 7c from line 6.)						58,099,826.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	16,735,709.	11,878,371.	11,435,765.	13,323,976.	14,913,182.	68,287,003.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	654,694.	9,079.	3,207.	127.	218.	667,325.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	654,694.	9,079.	3,207.	127.	218.	667,325.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	202,461.	152,091.	96,858.	134,905.	161,251.	747,566.
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,592,864.	12,039,541.	11,535,830.	13,459,008.	15,074,651.	69,701,894.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	83.35 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	81.03 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.96 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	2.21 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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

2012

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

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) (2012)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
1	To respect 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.)
2	To respect our donors' privacy, we have redacted their personal information.	\$ <u>20,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	To respect our donors' privacy, we have redacted their personal information.	\$ <u>260,660.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	To respect our donors' privacy, we have redacted their personal information.	\$ <u>5,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	To respect our donors' privacy, we have redacted their personal information.	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	To respect 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.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>7</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>18,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	To respect 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>10</u>	To respect 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>11</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>61,052.</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 respect our donors' privacy, we have redacted their personal information.	\$ <u>5,900.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>13</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>13,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>14</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>52,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>15</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>7,940.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>16</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>300,000.</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 respect our donors' privacy, we have redacted their personal information.	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>18</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>19</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>65,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>20</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>16,200.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>21</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>22</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>12,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>23</u>	To respect 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>24</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>15,541.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>25</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>26</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>14,000.</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 respect our donors' privacy, we have redacted their personal information.	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>28</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>48,815.</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 respect our donors' privacy, we have redacted their personal information.	\$ <u>23,989.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>30</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>5,500.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
31	To respect our donors' privacy, we have redacted their personal information.	\$ 13,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	To respect our donors' privacy, we have redacted their personal information.	\$ 55,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	To respect our donors' privacy, we have redacted their personal information.	\$ 100,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	To respect our donors' privacy, we have redacted their personal information.	\$ 37,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	To respect our donors' privacy, we have redacted their personal information.	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	To respect our donors' privacy, we have redacted their personal information.	\$ 6,500.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
37	To respect our donors' privacy, we have redacted their personal information.	\$ 11,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	To respect our donors' privacy, we have redacted their personal information.	\$ 585,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	To respect our donors' privacy, we have redacted their personal information.	\$ 86,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	To respect our donors' privacy, we have redacted their personal information.	\$ 46,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	To respect our donors' privacy, we have redacted their personal information.	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	To respect our donors' privacy, we have redacted their personal information.	\$ 6,750.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
43	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	To respect our donors' privacy, we have redacted their personal information.	\$ 21,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	To respect our donors' privacy, we have redacted their personal information.	\$ 5,444.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	To respect our donors' privacy, we have redacted their personal information.	\$ 10,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	To respect our donors' privacy, we have redacted their personal information.	\$ 33,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	To respect our donors' privacy, we have redacted their personal information.	\$ 12,500.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
49	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	To respect our donors' privacy, we have redacted their personal information.	\$ <u>8,810.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	To respect 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.)
52	To respect our donors' privacy, we have redacted their personal information.	\$ <u>11,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	To respect our donors' privacy, we have redacted their personal information.	\$ <u>29,855.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
55	To respect 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.)
56	To respect our donors' privacy, we have redacted their personal information.	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	To respect our donors' privacy, we have redacted their personal information.	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	To respect 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.)
59	To respect our donors' privacy, we have redacted their personal information.	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	To respect 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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
61	To respect our donors' privacy, we have redacted their personal information.	\$ <u>6,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	To respect our donors' privacy, we have redacted their personal information.	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	To respect our donors' privacy, we have redacted their personal information.	\$ <u>12,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	To respect our donors' privacy, we have redacted their personal information.	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	To respect our donors' privacy, we have redacted their personal information.	\$ <u>25,000.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
67	To respect our donors' privacy, we have redacted their personal information.	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	To respect our donors' privacy, we have redacted their personal information.	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	To respect our donors' privacy, we have redacted their personal information.	\$ 138,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	To respect our donors' privacy, we have redacted their personal information.	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
73	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>12,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>6,240.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>43,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
77	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>6,798.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>6,045.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
79	To respect our donors' privacy, we have redacted their personal information.	\$ <u>6,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	To respect our donors' privacy, we have redacted their personal information.	\$ <u>183,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	To respect our donors' privacy, we have redacted their personal information.	\$ <u>37,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	To respect our donors' privacy, we have redacted their personal information.	\$ <u>200,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	To respect our donors' privacy, we have redacted their personal information.	\$ <u>8,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	To respect 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.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
85	To respect our donors' privacy, we have redacted their personal information.	\$ 5,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	To respect our donors' privacy, we have redacted their personal information.	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	To respect 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 respect our donors' privacy, we have redacted their personal information.	\$ 8,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	To respect our donors' privacy, we have redacted their personal information.	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	To respect our donors' privacy, we have redacted their personal information.	\$ 7,000.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>91</u>	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>26,345.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>92</u>	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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>93</u>	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>11,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>94</u>	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>239,679.</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>	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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>96</u>	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>11,250.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
97	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>10,260.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>12,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
101	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>6,930.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>10,938.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
103	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
104	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>12,830.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>142,347.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
107	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>46,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>10,365.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
109	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>52,510.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
111	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
112	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>21,355.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	<div style="background-color: black; color: white; padding: 10px; font-size: 1.2em;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
115	To respect our donors' privacy, we have redacted their personal information.	\$ 16,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	To respect our donors' privacy, we have redacted their personal information.	\$ 2,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	To respect our donors' privacy, we have redacted their personal information.	\$ 11,691.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	To respect our donors' privacy, we have redacted their personal information.	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	To respect our donors' privacy, we have redacted their personal information.	\$ 19,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	To respect our donors' privacy, we have redacted their personal information.	\$ 50,760.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
<u>121</u>	To respect 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>122</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>59,396.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>123</u>	To respect 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>124</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>125</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>126</u>	To respect our donors' privacy, we have redacted their personal information.	\$ <u>10,200.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
127	To respect our donors' privacy, we have redacted their personal information.	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	To respect 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.)
129	To respect our donors' privacy, we have redacted their personal information.	\$ <u>12,002.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	To respect our donors' privacy, we have redacted their personal information.	\$ <u>6,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	To respect our donors' privacy, we have redacted their personal information.	\$ <u>264,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	To respect our donors' privacy, we have redacted their personal information.	\$ <u>37,286.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
133	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>15,133.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
135	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
136	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
138	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
139	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>29,360.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>47,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
142	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <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.)
143	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>25,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ <u>5,312.</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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
145	To respect our donors' privacy, we have redacted their personal information.	\$ 52,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	To respect our donors' privacy, we have redacted their personal information.	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	To respect our donors' privacy, we have redacted their personal information.	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	To respect our donors' privacy, we have redacted their personal information.	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	To respect our donors' privacy, we have redacted their personal information.	\$ 17,750.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
151	To respect our donors' privacy, we have redacted their personal information.	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	To respect our donors' privacy, we have redacted their personal information.	\$ 20,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	To respect our donors' privacy, we have redacted their personal information.	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	To respect our donors' privacy, we have redacted their personal information.	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	To respect our donors' privacy, we have redacted their personal information.	\$ 14,485.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
157	To respect our donors' privacy, we have redacted their personal information.	\$ 39,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158	To respect our donors' privacy, we have redacted their personal information.	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159	To respect our donors' privacy, we have redacted their personal information.	\$ 12,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160	To respect our donors' privacy, we have redacted their personal information.	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161	To respect our donors' privacy, we have redacted their personal information.	\$ 52,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162	To respect our donors' privacy, we have redacted their personal information.	\$ 7,100.	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 DESERT BOTANICAL GARDEN, INC.	Employer identification number 86-0136925
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b)	(c) Total contributions	(d) Type of contribution
163	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ 7,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ 8,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167	<div style="background-color: black; color: white; padding: 10px; text-align: center;"> To respect our donors' privacy, we have redacted their personal information. </div>	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>	AUCTION ITEMS _____ _____ _____	\$ <u>160.</u>	<u>09/30/13</u>
<u>4</u>	GERTRUDE'S RESTAURANT ALUMINUM SIGN _____ _____ _____	\$ <u>5,200.</u>	<u>09/30/13</u>
<u>12</u>	AUCTION ITEMS _____ _____ _____	\$ <u>900.</u>	<u>09/30/13</u>
<u>13</u>	AUCTION ITEMS _____ _____ _____	\$ <u>150.</u>	<u>09/30/13</u>
<u>15</u>	AUCTION ITEMS _____ _____ _____	\$ <u>350.</u>	<u>09/30/13</u>
<u>20</u>	AUCTION ITEMS _____ _____ _____	\$ <u>16,200.</u>	<u>09/30/13</u>

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
24	40 SHARES JOHNSON & JOHNSON STOCK AND AUCTION ITEMS	\$ 2,843.	12/12/12
29	110 SHARES STRYKER CORP STOCK	\$ 7,792.	07/22/13
31	TWO BICYCLES	\$ 100.	09/30/13
32	TWO BOOJUM TREES	\$ 55,000.	09/30/13
40	FOUR PAINTINGS FOR GERTRUDE'S	\$ 20,900.	09/30/13
44	AUCTION ITEMS	\$ 2,773.	09/30/13

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
45	LOGO WATER BOTTLES, BASKETS, AND TERRACOTTA POTS	\$ 5,444.	09/30/13
64	CAROLINA ESCOBAR SCULPTURE	\$ 12,000.	09/30/13
66	PICK AXE HEAD SAGUARO CACTUS & BOXED TREE SCULPTURE	\$ 25,000.	09/30/13
79	AGAVE BOVICORNUTA ROSETTE MURAL	\$ 6,500.	09/30/13
85	4 AGAVE CONTAINERS, CUSTOM GREENS, ASSORTED PLANTERS	\$ 5,157.	09/30/13
86	AUCTION ITEMS	\$ 10,000.	09/30/13

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>88</u>	AUCTION ITEMS _____ _____ _____	\$ <u>4,050.</u>	<u>09/30/13</u>
<u>91</u>	AUCTION ITEMS _____ _____ _____	\$ <u>1,100.</u>	<u>09/30/13</u>
<u>99</u>	TWELVE LARGE YUCCA RIGIDA _____ _____ _____	\$ <u>12,000.</u>	<u>09/30/13</u>
<u>101</u>	AUCTION ITEMS _____ _____ _____	\$ <u>330.</u>	<u>09/30/13</u>
<u>104</u>	AUCTION ITEMS _____ _____ _____	\$ <u>330.</u>	<u>09/30/13</u>
<u>105</u>	SOFTWARE FOR 100+ COMPUTERS _____ _____ _____	\$ <u>142,347.</u>	<u>09/30/13</u>

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
108	AUCTION ITEMS _____ _____ _____	\$ <u>365.</u>	<u>09/30/13</u>
109	643 SHARES PIONEER MUTUAL FUND STOCK AND AUCTION ITEMS _____ _____ _____	\$ <u>25,160.</u>	<u>07/30/13</u>
112	320 SHARES HEARTLAND FINANCIAL USA INC STOCK AND AUCTION ITEMS _____ _____ _____	\$ <u>11,225.</u>	<u>02/06/13</u>
116	35 MOVING BLANKETS _____ _____ _____	\$ <u>175.</u>	<u>09/30/13</u>
117	35 SHARES OF VIASAT INC STOCK AND AUCTION ITEMS _____ _____ _____	\$ <u>1,428.</u>	<u>02/06/13</u>
120	85 SHARES CANADIAN NATIONAL RAILWAY STOCK, 24 SHARES VISA INC STOCK _____ _____ _____	\$ <u>12,055.</u>	<u>07/30/13</u>

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
132	<u>AUCTION ITEMS</u> <hr/> <hr/> <hr/>	\$ <u>4,079.</u>	<u>09/30/13</u>
144	<u>AUCTION ITEMS</u> <hr/> <hr/> <hr/>	\$ <u>212.</u>	<u>09/30/13</u>
145	<u>102 SHARES MCDONALD'S STOCK, 55 SHARES STEINER LEISURE LTD STOCK</u> <hr/> <hr/> <hr/>	\$ <u>12,676.</u>	<u>06/10/13</u>
150	<u>TRAVEL VOUCHERS</u> <hr/> <hr/> <hr/>	\$ <u>17,750.</u>	<u>09/30/13</u>
156	<u>EXTERNAL HARD DRIVE FOR TSI VIDEO CLIPS</u> <hr/> <hr/> <hr/>	\$ <u>145.</u>	<u>09/30/13</u>
159	<u>AUCTION ITEMS</u> <hr/> <hr/> <hr/>	\$ <u>140.</u>	<u>09/30/13</u>

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
165	POTS AND PLANTERS	\$ 3,200.	09/30/13
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," 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

2012

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor information.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (table with 2 columns: Description, Held at the End of the Tax Year). 3-9. Other questions about easements, monitoring, and reporting.

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.

Form with 2 main questions: 1a. If not reporting art/historical treasures, provide footnote text. 1b. If reporting, provide amounts for revenues and assets. 2. If received/held for financial gain, provide amounts for revenues and assets.

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 XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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	9,715,876.	9,327,182.	9,218,659.	6,719,079.	
b Contributions	216,224.	<379,198.>	108,523.	2,499,580.	6,719,079.
c Net investment earnings, gains, and losses	1,026,065.	1,338,225.	<494,099.>	748,412.	288,123.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	506,542.	570,333.	<494,099.>	748,412.	288,123.
g End of year balance	10,451,623.	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII 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		14,449,876.	5,168,657.	9,281,219.
c Leasehold improvements		15,862,586.	7,434,787.	8,427,799.
d Equipment		2,919,597.	2,560,312.	359,285.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ **18,068,303.**

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)		
Total. (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)		
Total. (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)	
Total. (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) BANK LINE OF CREDIT	750,000.
(3) NOTE PAYABLE MERIDIAN BANK	135,000.
(4) INTER-COMPANY PAYABLE - ENDOWMENT	19,351.
(5) NOTE PAYABLE COMMUNITY FOUNDATION	350,000.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,254,351.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

1	Total revenue, gains, and other support per audited financial statements	1	15,178,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	<43.>
	b Donated services and use of facilities	2b	481,731.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.)	2d	1,036,252.
	e Add lines 2a through 2d	2e	1,517,940.
3	Subtract line 2e from line 1	3	13,661,022.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	545,428.
	c Add lines 4a and 4b	4c	545,428.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,206,450.

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

1	Total expenses and losses per audited financial statements	1	13,246,468.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	481,731.
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	45,095.
	e Add lines 2a through 2d	2e	526,826.
3	Subtract line 2e from line 1	3	12,719,642.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIII.)	4b	158,399.
	c Add lines 4a and 4b	4c	158,399.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	12,878,041.

Part XIII 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, lines 2d and 4b; and Part XII, 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 565 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 XIII 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, 2013, 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 565 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 XIII 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, 2013, 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 FILES INFORMATION RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN CERTAIN STATE AND LOCAL JURISDICTIONS. AS OF SEPTEMBER 30, 2013, U.S. FEDERAL INFORMATION RETURNS FOR YEARS ENDED PRIOR TO SEPTEMBER 30, 2010 AND STATE RETURN FOR YEARS ENDED PRIOR TO SEPTEMBER

Part XIII Supplemental Information (continued)

30, 2009 WERE CLOSED TO ASSESSMENT. INTEREST AND PENALTIES, IF ANY, ARE ACCRUED AS A COMPONENT OF ADMINISTRATION EXPENSES WHEN ASSESSED.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

REVENUE REPORTED ON DESERT BOTANICAL GARDEN FOUNDATION EIN:

26-3305761	1,036,252.
------------	------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECEIVABLE DISCOUNT	-63,218.
IN-KIND AUCTION ITEMS	158,399.
GRANTS FROM DESERT BOTANICAL GARDEN FOUNDATION	450,247.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	545,428.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES REPORTED ON DESERT BOTANICAL GARDEN FOUNDATION

EIN: 26-3305761	45,095.
-----------------	---------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

IN-KIND AUCTION ITEMS

158,399.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

**Open To Public
Inspection**

Name of the organization <p align="center">DESERT BOTANICAL GARDEN, INC.</p>	Employer identification number <p align="center">86-0136925</p>
--	---

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" 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 (add col. (a) through col. (c))
		DINNER ON THE DESERT (event type)	LUMINARIA (event type)	8 (total number)	
Revenue	1 Gross receipts	645,398.	1,010,899.	320,933.	1,977,230.
	2 Less: Contributions	489,963.	624,721.	386,683.	1,501,367.
	3 Gross income (line 1 minus line 2)	155,435.	386,178.	<65,750.>	475,863.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	155,435.	386,178.	<65,750.>	475,863.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(475,863)
11 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. 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: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

Part I Questions Regarding Compensation

	Yes	No								
<p>1a 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)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 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, but 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									
4 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:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.										
5 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:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" to line 5a or 5b, describe in Part III.										
6 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:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" to line 6a or 6b, describe in Part III.										
7 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	7	X								
8 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	8	X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2012

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 1 a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(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				
(i) KEN SCHUTZ	186,736.	50,000.	0.	22,500.	900.	260,136.	0.
(ii) EXECUTIVE DIRECTOR	0.	0.	0.		0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(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)

Transactions With Interested Persons

OMB No. 1545-0047

2012

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
KATE BAKER		DBG OPER	X		25,000.	0.		X	X		X	
LEE COHN		DBG OPER	X		75,000.	0.		X	X		X	
CLIFF DOUGLAS		DBG OPER	X		100,000.	100,000.		X	X		X	
ARDIE/STEVE EVA		DBG OPER	X		50,000.	50,000.		X	X		X	
BART FABER		DBG OPER	X		25,000.	25,000.		X	X		X	
MIKE GILMAN		DBG OPER	X		25,000.	25,000.		X	X		X	
BILL HUIZINGH		DBG OPER	X		75,000.	75,000.		X	X		X	
TED LAGREID		DBG OPER	X		50,000.	50,000.		X	X		X	
BRUCE MACDONOUG		DBG OPER	X		50,000.	45,000.		X	X		X	
MARTA MORANDO		DBG OPER	X		25,000.	25,000.		X	X		X	
Total						\$ 470,000.						

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 of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: KATE BAKER

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: LEE COHN

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: CLIFF DOUGLAS

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: ARDIE/STEVE EVANS

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: BART FABER

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: MIKE GILMAN

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: BILL HUIZINGH

Part V Supplemental Information

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

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: TED LAGREID

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: BRUCE MACDONOUGH

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: MARTA MORANDO

(C) PURPOSE OF LOAN: DBG OPERATING

(A) NAME OF PERSON: DON OTTOSEN

(C) PURPOSE OF LOAN: DBG OPERATING

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (F) BALANCE DUE \$ 25,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

(A) NAME OF PERSON: BOB TANCER

(C) PURPOSE OF LOAN: DBG OPERATING

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (F) BALANCE DUE \$ 25,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

Part V Supplemental Information

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

(A) NAME OF PERSON: NANCY SWANSON

(C) PURPOSE OF LOAN: DBG OPERATING

(D) LOAN TO OR FROM ORGANIZATION? = TO

(E) ORIGINAL PRINCIPAL AMOUNT \$ 25,000. (F) BALANCE DUE \$ 25,000.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

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	3	43,500.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		2,814.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	78,418.	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>PLANTS/EXHIBI</u>)	X	5	147,499.	FMV
26 Other ▶ (<u>SOFTWARE 100+</u>)	X	100	142,347.	FMV
27 Other ▶ (<u>AUCTION ITEMS</u>)	X	167	131,175.	FMV
28 Other ▶ (<u>TRAV.VOUCHERS</u>)	X	1	17,750.	CASH VALUE

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** **1**

	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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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 23,343 PARTICIPANTS IN THE SCHOOL PROGRAM IN
2012-2013.

PROGRAMMING FOR ADULTS INCLUDE WORKSHOPS, HIKES, TRIPS AND

CERTIFICATION CLASSES, INCLUDING THE DESERT LANDSCAPING SCHOOL. OVER

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

3,200 PARTICIPANTS TOOK PART IN ADULT PROGRAMMING OPPORTUNITIES IN 2012-2013.

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 28,064 AND 28,160 RESPECTIVELY. TWELVE ADDITIONAL SEASONAL MAILINGS ARE DISTRIBUTED EACH YEAR WITH AN AVERAGE CIRCULATION OF 28,000 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 1,800 CALLS AND EMAILS ANNUALLY. "ASK A GARDENER" RECEIVES MORE THAN 1,300 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 13 PEER-REVIEWED PAPERS RESULTING FROM THEIR RESEARCH

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

AND GAVE 10 PRESENTATIONS AT SCIENTIFIC MEETINGS.

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

Name of the organization

DESERT BOTANICAL GARDEN, INC.

Employer identification number

86-0136925

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 9, CHANGES IN NET ASSETS:

RECEIVABLE DISCOUNT

63,218.

FORM 990, PART XI, LINE 2C:

EXPLANATION TO DESCRIBE ANY CHANGES TO PROCESS OF OVERSIGHT OF THE AUDIT:

NO CHANGE IN THE CURRENT YEAR.

SCHEDULE R (Form 990)
 Department of the Treasury Internal Revenue Service

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.

Employer identification number
86-0136925

Name of the organization
DESERT BOTANICAL GARDEN, INC.

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

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

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?		
a	Receipt of (i) interest (iii) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DESERT BOTANICAL GARDEN FOUNDATION	C	450,247.CASH	
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	DESERT BOTANICAL GARDEN, INC.	86-0136925
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1201 N. GALVIN PKWY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PHOENIX, AZ 85008	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MICHAEL OLSON

- The books are in the care of **1201 N. GALVIN PARKWAY - PHOENIX, AZ 85008**
Telephone No. **480-481-8155** FAX No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **AUGUST 15, 2014**.
- For calendar year _____, or other tax year beginning **OCT 1, 2012**, and ending **SEP 30, 2013**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **TAXPAYER'S AUTH. REP.** Date **5/12/14**